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Old Books in a New Age: The Role of a Historical Collection in Today's Medical Library

In a time of new technology and shrinking budgets, why should medical libraries devote human and fiscal resources to building and maintaining collections of rare books, manuscripts, and other historical materials? The role that historical collections can play in today's medical library is explored in the following three papers from the perspectives of a library director, a special collections librarian, and a faculty member user. The papers were originally presented at the annual meeting of the Medical Library Association, May 1992, in a session co-sponsored by the History of the Health Sciences Section and the Research Libraries Section.

OLD BOOKS IN A NEW AGE: THE ROLE OF A HISTORICAL COLLECTION IN TODAY'S MEDICAL LIBRARY

From the Perspective of a Library Director

By Lucretia W. McClure

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Edward G. Miner Library

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One day a group of people were discussing library funding. Among them was a member of the University's Board of Trustees. He meant to be helpful—they always do. After hearing from the librarians and the budget administrator, he jumped up and exclaimed: "I have a wonderful idea! I am on the Board of my local historical society and we just sold our Audubons for a magnificent sum. Why couldn't we do that in the libraries? Nobody needs all those old books and we could amass enough for an endowed fund."

There was dead silence for a moment. Those of us who were appalled wanted to calm our anger and think about a logical response. He had supporters for this idea—I could see the gleam in the budget officer's eye. What I wanted to say was "over my dead body," but perhaps he was willing to pay that price!

I marshalled my thoughts and raised objections in three areas.

First, what would be the impact on the collection as a whole if we were to sell our rare treasures. There is a very fragile line between being old and being rare. What is it that makes a library great? What instantly comes to mind when you say the word library to people? Even though we are in an electronic world, to many, a library is described by the strength of its collections, for you can have all the electronic access there is to no avail if the resources are not at hand. Can you honestly tell the dean or administration of your institution that you have enough depth and variety in your collection to provide for the education of young physicians and the clinical needs of practitioners?

I would declare that whatever else a library does to make it an excellent resource, the foundation for its quality is the collection. In describing a collection, the first measure is its wholeness. Does it represent medicine in the broadest sense? I know that our rare and historical collections make a difference, both in actual use and in how we are viewed by users. If someone asks what happened in the nineteenth century, the user should be able to find out in our collection. We owe a great debt to past librarians who collected wisely and we must credit today's librarians who are preserving the materials from the past.

Today there is great emphasis on new diseases—AIDS, lyme disease, Legionnaire's disease. Can one not get a glimpse of what is happening by looking at the past? What differences did vaccines make? Can you not learn by looking at Jenner?

Dr. Donald Henderson is a graduate of the University of Rochester School of Medicine and Dentistry. When he came back to give a lecture on the successful eradication of small pox, he called the Library and asked "if I would bring our Jenner to his lecture." Note that he did not say, "Do you have a Jenner?" He fully expected that we would have this book in our collection. As a library director, I consider the quality of the collection my responsibility. The wholeness of the collection is important; not just the strength of separate parts. After all, would you want a car with no wheels or a pie without apples?

My first response to this friend and trustee was to tell him that he could NOT sell our rare books any more than he could sell our works on surgery or pediatrics. All branches of medicine come from the central vine and that is our storehouse of knowledge, built over centuries, with much wonderful fruit and much pruning along the way.

The second reason for opposing his suggestion was purely selfish and political. The history collections generate tremendous gifts and good will. Many of our older physicians begin to think about their "old" books (whatever that may mean to them). What will happen to them? Does anyone want them? We can honestly say--yes, we do want your books, papers, photographs, etc. The atmosphere created in the history section brings gifts when that atmosphere is one of genuine interest and appreciation. Our library has received many wonderful gifts for the history collection. People in the community know that we will take collections, that we are eager to do so. Not every gift reveals treasures, but many do. And we make clear to our donors that what we cannot use will be made available to others. Everyone benefits.

Along with the fine pieces that come our way is a warmth and good will for the University. The materials enrich our collections in various ways. Donors become friends of the Library, they tell the Dean they are pleased with our response and the Library's value to the institution increases. Many of them give money to the University and often it is earmarked for the Library.

The third reason for maintaining a history of medicine collection is perhaps the most important. Even though I thought the trustee would be convinced when he learned that rare collections attracted gifts and donors, I had one more quiver in my bow. Plain and simple: special collections foster learning. Young people come to study medicine, to become physicians or scientists, and then to proceed into what they have chosen to practice. Along with that practice or research is (or should be) a commitment to continuing education or what Osler called lifelong learning.

Pick up any newspaper or popular magazine and you can read about the problems of medicine--skyhigh malpractice insurance, medical mistakes, obstetricians leaving the field. The practice of medicine can be hazardous to the patient. The amount of information available today in medicine and science is staggering, but the practitioner cannot afford to be ignorant of the latest. Keeping abreast is essential.

And what does history and special collections have to do with it? History tells about the mistakes of the past, the landmarks and achievements of our predecessors, the false starts and the controversies. The student (or physician or resident, for that matter) who thinks diagnosis began with the CAT scan needs a jolt from his professors and mentors and librarians.

Machines do not treat patients, human physicians do. And in fifty years the CAT scan may be as obsolete as the iron lung is today.

Medical advancements do not occur in a sensible order. We may not be smart enough to learn from the past, but we need to know there was a past. Libraries and librarians can contribute much to establishing a pattern of lifelong learning in our students. The student who was graduated in 1972 had never heard of AIDS--but if he read about and learned about other epidemics--cholera, the plague, tuberculosis--he has a basis of understanding our current epidemics. Perspective is gained from the reading of history.

It is said that medical students must learn 50,000 facts during their first two years of medical school. But what does that mean unless there is a grounding in understanding of medicine and in developing a way to continue the study of and education in the ways of medicine for the rest of a practitioner's life. And the library has a strong part to play in giving all our users the opportunity to learn.

The responsibility for collections, the value of gifts and good will, the availability of resources for learning were my arguments to the trustee. He has not broached the subject again and I hope that he will shoot down any talk of selling our rare books from others in the future. Would you want a physician who has not studied anatomy? Of course not. Would you want a physician who had never looked at the body through Vesalius' eyes or who is not awed by reading Harvey or Beaumont or Hunter? I would not. Speaking as a director, I could and would defend the building of special collections. Look at the strength and depth it gives to the collection, at the support it brings to the library and the institution, and to the unique role it plays in developing medical students and others into lifelong learners.

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OLD BOOKS IN A NEW AGE: THE ROLE OF A HISTORICAL COLLECTION IN TODAY'S MEDICAL LIBRARY

From the Perspective of a Special Collections Librarian

By Nancy Whitten Zinn
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In Washington where one is surrounded by history, it is difficult to escape mementoes of our antecedents. One is constantly reminded, by the architecture, by battlefields and cemeteries, by monuments and roadside plaques. A glance from the windows of the hotel in any direction reveals these reminders against the skyline: the Capitol, the Washington Monument, the National Cathedral.

More specific to our interests, here we find collections of all things imaginable and unimaginable: gathering of artifacts and memorabilia, of works of art, of books and manuscripts, all of which hold the key to the history of some event, some life, some successful or failed attempt, of heroic or minor proportions, in business, in government, in science. From the Library of Congress, the National Library of Medicine, the Smithsonian, the National Archives, the National Gallery, the message is clear: history is important, the collective memory of a nation, of a group, of an individual is important.

In talking to this group, I feel I am bringing coals to Newcastle. Who knows better than you the significance of historical collections in an academic medical library. Who better than you can appreciate the changes which are sweeping the medical library field, and the need to realign and recommit the energies necessary to keep the historical message in its proper perspective. I offer some plain talk about historical collections, talk about facts, curiosity, passion and commitment.

We have all heard during the days preceding this about management leadership, about management, informatics and the revolution in technology, about focus groups, debates on important questions. Throughout, you will have noted, speakers could not eliminate references to history, to traditions, to classic ideas and processes. The facts of current institutional life are changing, as is the face and substance of medical librarianship. Goals and missions are radically revised, "downsizing" has nothing to do with ducks and everything to do with the scale of library operations everywhere.

Financial support, always a major imperative, has become even more so in today's declining economy. We're all painfully aware of what the shrinking dollar will buy abroad as well as at home, and budgets

are shrinking along with the dollar. Definitions of clientele are changing dramatically. Where we once looked beyond our own institutions to embrace historians of every definition in need of our collections, today some of us are more likely to be narrowing our focus to the members of our own academic community.

The traditional role of the library has always been to provide support for the mission of the institution in which it resides. In health science institutions such missions encompass teaching, research and patient care. Libraries in these institutions also carry out the same responsibilities according to their own specific charges, to provide information support. While the mission itself has probably changed little, today the mechanisms for and the ability to achieve such goals have changed substantially.

Even in this day of instant communication each of us may tend to think parochially of our own financial situation, of our current role of significance to our institution. However, a glance at the evening paper, at the *Chronicle for Higher Education*, or our professional literature disabuses us of this misconception. Those of you who participate in the listserv Exlibris may have caught Terry Bellanger's abbreviated version of his cogent 1991 Malkin Lecture, where he viewed the situation in darkest hues.¹ Michael Ryan, is curator of special collections and director of library collections at Stanford University. Recently, in an article in *Journal of Academic Librarianship*, he wrote:

The management culture of the nineties (with us already) values speed, flexibility, opportunism, entrepreneurship. This is the culture of high technology: local, fragmented, assertive, competitive. It demands much of institutions like large research libraries. We represent huge capital investments, but the inertia embodied in our buildings and library materials may make us appear immovable, passive, even stagnant. In the coming age of selective excellence or of repositioning, we will need to manage by refocusing and retargeting, pruning and weeding, and in this process there well be new emphasis on quality, on depth rather than breadth, on cost-benefit analysis, on operations and downsizing.²

Our current struggles over financial and staff resources, space and recognition are widely shared, but perhaps something for which many of us are little prepared.

For the last twenty years or so, special collections in the history of health sciences have been expanding. Many have found themselves housed in elegant surroundings, even when there was no special staff assigned to care for and provide access to such collections. Many collections which do command their own staffs found their budgets increasing, some have acquired substantial endowments and consequently increased their acquisitions and their activities. However, I think sometimes our administrations look on us as a kind of encapsulated historical presence through which they can bring noted visitors. We also provide alternatives, perhaps, to the pressures of hard-edged technology and science: access to humanistic litera-

ture, to works of humor and beauty. It is very hard to put a dollar value on these aspects of our expertise and our collections.

In growing numbers, history of health science librarians have found their responsibilities called for greater professional consultation with their colleagues, many of whom were not members of MLA. As a result they established the Association of Librarians in the History of Health Sciences, or ALHHS. The founding meeting was held at the College of Physicians in Philadelphia in 1976 at the meeting of the American Association for the History of Medicine (AAHM), where they began to establish a presence.

As well as having their own separate program, ALHHS offers luncheon programs at the annual AAHM meeting, panels incorporating the viewpoints of historians, physicians, dealers and librarians, addressing topics of mutual interest, presentations on bibliographic specialties, on reader's needs, on a host of health science disciplines and formats. Members can discuss issues of common concern, and are kept informed of current and future activities by the ALHHS quarterly newsletter, *The Watermark*.

To the above activities we must add today, the effect of speedier communication in the form of fax and e-mail. Thanks to one of its energetic members, Inci Bowman, ALHHS now has its own listserv, Caduceus. The ability to discuss problems at a moment's notice with colleagues across the country continues to broaden our personal resources. The contributions resulting from such professional involvement by librarians in historical collections enrich the profession as a whole and further justify the institutional support afforded these collections.

Special or historical collections also support institutional goals, yet their responsibilities are broader, in the sense that their focus is Janus-like. They look backward and forward: backward to the rich heritage of the past, and forward to the possibilities of the future. Like the general library collection, special collections provide materials, access and expertise. Driven by budget imperatives and technology which moves faster than most of us can comprehend, general collections are being forced to concentrate their resources -- financial and personnel -- on the now. Historical collections cannot afford to deny the past, abandon concern for what was. Yet such collections also must look to the future, documenting the now by employing new technologies, sharpening their collecting foci, establishing relationships with other similar entities, and enlisting the active support of users in the competition for dollars and materials.

The last quarter century (sounds much longer than 25 years!) has seen major changes in the historical profession; this is perhaps even more apparent in the history of health sciences. It has emerged as a major academic discipline, whether in general history

departments or those in medical schools. Medical history writing and publishing have experienced phenomenal growth; faculties have expanded; student research has blossomed. The nature of historical interest has changed from the single, notable male, whose career personified medical progress, to include the broad spectrum of practitioners (female as well as male), traditional and alternative healing methods, gender and ethnic studies, patients, social constructs such as hospitals, health technology, professionalization, and contemporary individuals and events.

This immensely enlarged scope of interest, legitimized by the growing numbers of historians, has significantly changed collecting in history of health science collections across the country, and has crucial implications for the survival and continued growth of these collections. Added to this is the effect of technological imperatives (negative and positive): participation in cataloging utilities, access to online databases and sophisticated systems for publication indexing, exploration of database management systems for record-keeping, access to specialized collections, tracking processing, maintaining statistics and a host of other possibilities which demand exploration. However, they require continuing equipment and software upgrades, which themselves demand continuing education for use of new programs and applications. Such technology has come later to the humanities than to the health sciences, so in that respect those of us in academic historical collections in the health sciences are well ahead of our humanities colleagues. Even so, history of health science librarians must be guides to the retrospective literature which has yet (if ever) to be made available electronically.

Somehow we must find the energy and the passion to keep up with all this, and with continuing developments in the historical profession. The writing of history implies revision, which requires the identification and provision of access to resources. The historian's need/desire to keep everything must be balanced by the institution's mission and finances. History is also about curiosity, the library and the historian seeking answers, involved in a partnership in seeking sources: librarians preserve them and provide access to them; historians provide synthesis and interpretation. The passion for collecting materials must be equalled by a passion to provide the best possible service: spreading the information about availability and services, making collections known through exhibits, guides, press releases; developing rapport with patrons; seeking methodologies for continuing or expanding service on a cost-effective basis.

Collecting in history of health sciences is changing in dramatic ways. Driven by the new social history, there is a major emphasis on contemporary history, and consequently on manuscript and archival collections. Yale University's Contemporary Medical

Archives Collection, the Contemporary Medical Archive Centre (Wellcome History Medicine Library) are but two manifestations of this trend. NLM's symposium on Documenting 20th Century Medicine examined the problems of writing history close to the event. History of health sciences librarians are now addressing the problems of collecting contemporary records, whether personal or institutional: issues of confidentiality and copyright, which may be compounded by tricky institutional, society or local politics.

Burgeoning electronic technology has already made substantial inroads into the survival of modern records. While the ubiquitous photocopy machine (and now the fax machine) has frequently filled files with useless copies, the telephone has significantly reduced correspondence files; will e-mail which flies off into the aether further eliminate access to information about significant events? Should it be saved electronically or in hard copy? As electronic journals appear on the horizon and inexorably move toward paperless publication, can we devise strategies for the preservation of this information? protect it from technological innovation for future users? This doesn't even begin to consider electronic data, which needs its own evaluation and preservation procedures.

Frequently a medical library historical collection is the sole repository interested in, knowledgeable about and able to preserve the records of local health-related, health care agencies and societies. No longer are we passively waiting decades for spotty collections to show up on our doorsteps; with the support of historians we have to determine the existence and value of these records and make efforts to preserve them. Analogous to this, special collections in the history of health science frequently carry the history of their institutions. In a situation where there is no campus or institutional archive, we are given responsibility for the records created by the institution in carrying out its work, which means we have records of administrative offices/officers, records of deans, student records and publications, photographs, art work, and the list goes on.

Often the history of health sciences librarian/collection is intimately involved with the local medical history society, as the locus for meetings or cooperating in devising programs. Frequently the collection is founder of part of an oral history of program collection information about the parent institution, about faculty and graduates, about local medical societies and practitioners. Working with faculty, students, practitioners we are involved in a reciprocal relationship which may bring us support (Friend's Groups?), news of important collections (books or manuscript) to pursue, and will help us increase our own knowledge in many areas.

Are we exploring ways to act collectively with other libraries and collections in our area, to carry out

programs we could not implement alone? Have we looked at the myriad ways in which we can provide service to our institution's users? Has any one explored historical approaches to problem-based learning? Are we looking for novel but legitimate and constructive ways to fit into the curriculum, keeping up with changes and using the technology to our advantage? Can we be creative and look for ties to developing fields in literature and art? How do we fit in with post-modern librarianship? More of us should be examining some of the questions identified above and doing the research which will answer the questions: no more publishing wall-flowers!

On the other hand, are we doing a good job publicizing our collections and the programs in which we are currently involved? Are our administrators aware of the value and importance of our collections, and the significance of our services, to them as well as to our readers? Even in times of financial stringency passion and commitment are possible and necessary, but institutional commitment is also necessary if the equation is to work. Frequently I find myself wishing for an expression of solidarity from administration and users alike, and with Peter Pan, ask that you clap your hands if you believe in history!

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OLD BOOKS IN A NEW AGE: THE ROLE OF A HISTORICAL COLLECTION IN TODAY'S MEDICAL LIBRARY

From the Perspective of a Faculty User

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Thank you for letting me be with you. Many of you are old friends whose collections I have visited, used, or borrowed from. Much of what I am going to say in this informal talk you already know and do. I will try to address the topic John Parascandola assigned me from the viewpoint of the various kinds of users of your collections, and use the history of medicine as my focus.

Let me begin by denying that I speak for all faculty. There are two kinds of faculty. There are those who come in and say, "I need this now," and you say, "I can't get it until tomorrow." And they say, "If I had wanted it tomorrow, then I would have asked for it tomorrow." I hope I represent the great majority -- those who cherish libraries and librarians, especially special collections and those who manage them. You are the people to whom people like me owe an enormous debt. It doesn't matter if you work in clinical medicine, as I did once upon a while, or in science, as I did once upon a while, or in history, as I do now. All of us view our libraries as the intellectual commons of our universities or hospitals.

Permit me to frame part of these comments from a personal perspective. I was lucky enough to be caught young and raised right. You all know that wonderful history of medicine library at Yale, where I went to medical school. I was raised by John Fulton and by two women that the more senior members of the audience knew -- Elizabeth Thompson and Madeline Stanton. So that from a very early age, a special collection shaped my head. (They also taught me to keep my feet off the library furniture and not to sleep and snore on the library's comfortable chairs, but that is more an issue of socialization than education.)

Let me begin with an anecdote that happened in our library. We have the longest required course in the history of medicine of any of the 126 medical schools in this country. We require a research paper of some twenty pages. Students choose their own topics, and then we help them get focused. I had told a student to look at John Pringle's 1753 book on military medicine, of which we have a copy in our library. I walked by, and the student was sitting there reading it. She looked up at me and she said, "Dr. Joy, this book is over 200 years old." I said, "Yes, I'm aware of that." She said, "I've never seen a book 200 years old before. It's wonderful! I've never seen

anything like this before and had it in my own hands." I replied, "Yes, that's why we have a special collection in military medicine and that's why this book is here for you to read." This led into, "But the paper is so good," so we talked about old and modern paper. This led into the funny little Ss and Fs; we talked about them. Then how come at the bottom of the page in these books there's a letter or a word, and talked about how sheets were folded.

That young woman, for the rest of her life as a practicing physician, is going to remember that once she held a book that was more than 200 years old. Now, that is what I call imprinting. And the only reason she was able to do that is that we have a special collection in military medicine.

So that leads me to our medical students.

They come to us elegantly educated in science. They are usually very badly educated in the humanities. They usually have done no writing. Our medical school and most of their colleges examine by computer card and they just fill in the little squares because their SATs and MCATs and national boards are examined that way, and they learn how to take multiple choice examinations. We admit 165 students a year, the great majority of whom have never written an essay; and who really don't know how to use a library. In college they use texts, they are given handouts, they are given these assembled collections by their professor that have gone through a "Kinko" process, pasted together with a binder and handed out. Memorize them, and you can pass the professors' examinations.

Then we say to them in medical school, "First memorize this stack of books." They say, "You mean consult them." "No, we mean memorize them. That's the 50,000 facts you need." On the other hand, we say, "You're going to be writing histories and physicals for the rest of your life, especially as medical students and house officers. That history of the patient will tell you as much or more about the disease or problem of the patient than all that elaborate laboratory work. It's the history of the present illness, the history of the past illness, the review of symptoms, the history of the family that you will record." "You mean I'm going to have to talk to people and write it all down?" "You sure are. That's what you're going to get paid for when you graduate." Thus part of the reason we require a paper is to accustom them to writing an essay -- the history of their patients.

So for medical students, the library and a special collection provide a way for students to begin to learn how to assemble specialized information and write it down.

We have one of these anonymous faculty assessment systems. At the end of the year, students write down formal grades, on a computer card, about what they think about the faculty and the course, and then they write comments. About five percent of our

students bitterly resent having to write a history paper. "Why can't you give us an exam? Why can't you make it pass/fail? Why can't you judge it on the basis of coming to class?" Fifteen student say, "Thank God I had to write a paper. It's the first time I used my mind all year long." Well, access to our special collection is where they got the data so they could use their minds.

Only ten to fifteen medical schools in this country offer anything like a history of medicine program of any regularity to their students, and only five have required courses. Canada is better. Of their sixteen schools, thirteen have history programs, and three or four of those are required. But even without that, medical students can go, will go, will be driven, can be attracted and baited, or are assigned, even by a non-historical faculty, if there are people and/or a place where they can go. You are those people and that place.

Both Lucretia and Nancy have mentioned house staff. Because we have a history department, Dr. Dale Smith and I get house staff from our teaching hospitals, Walter Reed, National Naval Medical Center, and others, who come to us and say, "I'm doing grand rounds in two weeks, and I would like to begin with the history of leukemia." "Well, okay. How much time did you plan to spend on that?" "Oh, about five minutes." "That's fair enough. Shimkin and Wintrobe have written good secondary sources. Go read them and come back, talk to us about it, we'll fill it in, tell you how to interpret them and how to organize your pitch." And they go away happy. Then the next year, as chief resident, they call and say, "Can you do a historical ground rounds for us? And can you help me write this

history paper I want to do?" And it's off to the special collection.

Let me turn to the practitioners. Continuing medical education is required in many places for hospital affiliation or for continuing licensure. More and more CME programs are including history. I do seventy-five to eighty CME lectures a year, and Dale does about half that many. The specialty medical organizations are getting more and more interested in the history. The neurologists have a half-day to one-day history session. The neurosurgeons have a formal history of neurosurgery section, and they have just endowed a history lecture at the American College of Surgeons. The dermatologists have a program and a history prize. The American College of Obstetrics and Gynecology has a fellowship and a prize. The anesthesiologists, through the Wood Library, run the biggest and best history of anesthesiology program in the world. The American College of Surgeons is thinking seriously of establishing a history of surgery program for the annual ACS meetings. There are whole communities of physicians where the interest in history has returned. When you're a young doctor, you're still struggling to learn the trade, but by the time you get to be about forty, you've basically learned it. At that point we are seeing more and more people (not just the white-haired emeritus professor), but men and women in their forties, active associate professors and full professors in the schools, active practitioners in the community. They are actively interested in the history of their discipline, by specialty -- and you are special collection librarians. If you look at your collection and your community, is there an historical enthusiasm in some part of that community? Can you tap it for use and support?

Some of the faculty of your medical school probably use your collection for teaching, the way I do, or partly for their own research. That community of mid-range physicians is getting more interested in the history of medicine. If I can exaggerate a bit, one of them will tell you, "I am going to be giving the greater upstate New York Society of Ear Twitchers presidential lecture, and I would like to focus on the history of ear twitching. What have you got?" The standard medical library will maybe have a secondary source and will hand over John Parascandola's NLM bibliography. You can say, "Oh, yes, we have the eighteenth, nineteenth, and early twentieth century information on the topic. We have data on the founding of your specialty and its boards. We can tell you a little bit about its presi-

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dency. By the way, here are two good secondary sources and a biography of the most notorious of your people, the one that went to jail for stealing from the Society." And now your faculty member can put together a lecture on the history of ear twitching. That cannot be done in a standard medical library. There have to be the resources of a special collection.

Special collections attract visiting researchers. We get about six a year. We've just had a graduate student spend two weeks with us. He's doing a dissertation in military history of the Philippine campaigns of 1899 and 1900, and his dissertation advisor said, "Weren't there disease there?" Because we specialize in military medical history he came to us. Janice Mueller gave him a visitor's library card and turned him loose in the collection. We gave him office space, access to our Xerox, and advice. He now has a chapter in his dissertation on the health of the army in the Philippines in 1899-1900. He is not atypical. The history of Army nursing is being written from our shop. Other books and many papers have been written from our section and its special collection. (I love to help others write books I want to read and am too lazy to write.)

One of the things that I get involved in is consulting. People say, "We'd like to have a history of medicine program. Please come, give a lecture. Tell us how to put a program together. After I find out about faculty, curriculum, time and money, I spend a lot of time in the library. What is there that can be used to teach, and especially what is there that could be the nidus of a special collection? How could it be developed? Is there a local medical history society or a local history society? Are there antiquarians and anecdote collectors who like to talk about the history of eastern Wyoming or something. Go talk to these folks. Get them interested in your history course, your library, your collection, your interests. If they are behind you, you'll get donations, you'll get interest, and those laymen or those medical practitioners in that community are the kinds of people your administrators have to listen to. It doesn't matter whether it's a private or public medical school, library, or hospital. Those are taxpayers and people who have clout. They can be a useful group, carefully cultivated, so that a tour of the library, an exhibition, a special lecture, can spark support for your collection.

I tell them that if the faculty care about medical history, be sure they speak for you to the administration. They can help you beat on the administration for money. I hate to talk bottom line, but nothing happens without money. The dean would much rather spend the money on a new computer but books and journals in history don't cost that much. I advise you ask for \$5000. That's not much (if you're not going to go out and buy Vesalius), \$5000 will buy a fair number of early twentieth century and very late nineteenth century

texts. It will help a lot with the journal collecting. You can get some microfilming done. You could buy some dissertations.

I tell them about other special collections; I often use the example of Lucretia's internationally known yellow fever holdings. It began with an old doctor in Rochester who was interested in yellow fever, and then Lucretia and others purchased, collected, and encouraged yellow fever donations. And now Chris Hoolihan has just published an annotated catalog on the collection. I ask them, where is the power in your community? Who runs medicine there? The surgeons? The OB-GYN people? The pediatricians? The internists? Get them involved. Build your collection over time to support those interests, and then it snowballs.

Finally, I emphasize the importance of donated books and journals. I tell them how Mrs. Mueller and I spent a day going through the library of a deceased Brigadier General of the Medical Corps, and how we scarfed up about twenty-five or thirty darn good books, old ones and a couple of modern ones that weren't in our collection. I explain how we get calls from the military medical community, and we never say no, even though a lot of what we get is trash. It is what was on the shelf on retirement, or what the spouse found after death.

I admit that it is work to go through fifteen or twenty cartons of books. I tell the story of how fifteen years ago we had such a gift and it was pure junk. Down at the bottom of one carton was a little paper-bound book, pamphlet almost, Report of the Typhoid Commission, Walter Reed, William Vaughn, Edward Shakespeare. Not the two-volume 1904 work -- this was the preliminary report. They only printed 500 copies of it. I can't imagine how this old Medical Corps colonel ever got a copy of it. It came out in 1900 and it's one of the prizes of our collection. It shows how the later big volumes happened, and Reed wrote it while doing the yellow fever work. And there it was, sitting in the bottom of this case, not mildewed or damaged. I don't think it had been read. So we threw away all the rest of the material, but we kept that. And as we can tell, I still get a warm glow about it.

I make clear to them, as they are just beginning, that building a medical history collection today does not mean first editions of "the classics." John Parascandola's division at NLM, Yale, Harvard, Kansas, and a couple of other places have sequestered all the good stuff. They aren't going to be able to build the kind of collection that Lucretia, Susan, and Nancy have. The books aren't out there, and they couldn't afford them if they were.

So what should they collect? And now I speak directly to you here today as well as to my consulting hosts. I hate to tell you this, but the twentieth century is history. As Gert Brieger at Hopkins has pointed out,

the twentieth century is over. It began for the United States in 1917 when we marched to France. We became a world power in 1945. Our medical issues and our social issues, our general politics as it impinged on medicine, and medicine as it impinged on politics is twentieth century. And no one questions our twentieth century world dominance in medical research and practice.

So what are you doing to collect the twentieth century texts? Where is the twentieth century material, certainly since 1920? It's in journals. It costs a lot of money to keep a journal. They're hard to store, the paper is terrible, they cost money to get bound, but that's where the history is. The librarian wise enough to collect them, and wise enough to keep them is going to be blessed by the historians of the future. As I go around the country, to libraries, medical schools, university departments of history, hospitals, medical societies, and so on, I find regular medical librarians discarding journals. They're out of space, the journals are crumbling, they're hard to use, they are not in MEDLINE, or "I have no users for them. Whoever asks for a 1910 *Journal of the American Medical Association*?" If somebody around you is about to dump those journals, go and get them, take the mildew off, and put them on your shelves, microfilm them -- do what you have to do to keep them. Because that's where the medical history of this century is; it's in the journals.

Lastly, what else can a collection do? It can inspire, especially the young. That's why I told you that anecdote about my student. You can put a book, a journal, an artifact, a manuscript, whatever, in front of a student, a house officer, a practitioner, and they can say, metaphorically in their own time and terms, and in terms of what they're looking at, "My God, this is a 200-year-old book!"

We are literally across the street from the National Library of Medicine. John has commented that in February, March, and April, with student papers due in May, his attendance doubles and the average age drops by twenty-five years. Some of those attendees will be back over the next twenty-five to fifty years; caught early, interested, inspired. They'll drift away. They have to drift away. Being a house officer is a full-time job. Starting a practice is a full-time job. But if you catch them early, it sticks. Years from now, your successors will be supported by the people whom you started when they were young.

If I had to summarize this informal talk, I would say: you care about the history of medicine and its written records. You are therefore charged with the difficult and awesome task of transmitting that care and those records to succeeding generations who will better practice the medicine of the future because they know the medicine of the past.



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HOLLOWAY AWARD ANNOUNCEMENT

Nominations are requested by Archivists and Librarians in the History of the Health Sciences (ALHHS) for the first recipient of the Lisabeth M. Holloway Award. The award will honor outstanding service to the Association and/or outstanding leadership in the curatorship of sources in the history of the health sciences. The announcement and presentation will take place at the ALHHS annual meeting in Louisville, Kentucky, May 1993.

The award is named to honor Lisabeth M. Holloway, a founder of the Association, who served as President Pro Tem in 1975 and as editor of *The Watermark* for many years. Ms. Holloway is the compiler of *Medical Obituaries: American Physicians' Biographical Notices In Selected Medical Journals Before 1907* (Garland, 1981).

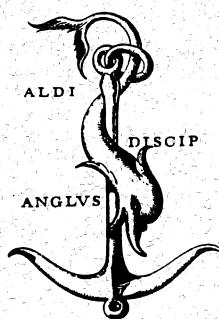
Nominations are to be submitted in a one- or two-page letter describing the nominee's outstanding professional achievements and/or leadership. A current

curriculum vitae should be included. Nominations should be accompanied by one or two letters of support describing the nominee's achievements and the impact of the contribution to the Association and/or the profession. Letters of support are to be limited to one-page.

The winner will receive a cash award of \$200 and a printed citation. Send nominations and supporting documents by December 31, 1992 to Barbara S. Irwin, ALHHS/Honors & Awards Chair, University of Medicine & Dentistry of New Jersey, George F. Smith Library, 30 Twelfth Avenue, Newark, NJ 07103-2754.

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LISABETH HOLLOWAY

By Nancy Whitten Zinn

At the ALHHS meeting in Seattle this spring, those present unanimously accepted the Steering Committee's recommendation for the establishment of the ALHHS distinguished service award, to be named the Lisabeth M. Holloway Award. It was suggested that perhaps not all current members are as familiar with Lisabeth and her notable qualities as are some of we older members, and I was pleased to be asked to contribute some account of her Life and Letters.

Librarian (Cataloger, acquisitions expert, conservator), author, editor and compiler, motivator and sustainer of causes (not to mention daughter, wife, mother, and now, grandmother), there's little that Lisabeth Holloway hasn't essayed and accomplished. A daughter of the plains and an alumna of the University of Pennsylvania and Drexel University, Lisabeth spent most of her life in the environs of Philadelphia. Lisabeth and I are both alumnae of Drexel and the College of Physicians in Philadelphia (CPP) (as is Robin Overmier, for that matter), but while I left CPP for the West coast in 1966, she was there until 1976. At CPP Lisabeth identified and carried out a whirlwind of activities, reorganizing stacks, cleaning collections, and especially, cataloging and providing access to books and the major manuscript collections held by the College. As W.B. McDaniel, 2nd (curator of the Historical Collections when Lisabeth arrived), put it,

never before in the long history of the College has its Library's historical collections been served so absolutely and comprehensively as they have since the advent of Mrs. Lisabeth M. Holloway. It seems accurate, in short, to characterize her varied activities... as "phenomenal."¹

Lisabeth and I also worked together in the History of Medicine section of MLA, then in ALHHS. One of the projects we collaborated on at MLA (only a collaboration initially, Lisabeth carried on long after I had gone on to other things) was the beginning of a directory of special collections in the history of health sciences. It was she who devised the survey forms, compiled and edited the results and prepared them for publication in *The Watermark*.

In looking back through the early issues of *The Watermark* it becomes abundantly clear just how important Lisabeth's involvement was in the early years of ALHHS. She took on the editorship of *The Watermark* from its second issue in October 1977 (Robin had done the first) and held the position until volume 11, Summer 1987. ALHHS was formally brought to life that year (1977), and she had held the position of chairman *pro tempore* from 1975 until the first officers were elected, when she stepped into the editor's job.

From the first Lisabeth devoted her attention and the pages of *The Watermark* to many important areas she saw languishing. She printed the newsletter on acid-free stock, and urged her colleagues to prevail upon publishers of all types to adopt similar standards for their paper -- a practice more commonplace today because of her efforts and those of like-minded professionals. Also in the name of conservation Lisabeth yearned for a planetary copy machine which could be used without harming books and vigorously promoted this cause; this too has come to pass, albeit a long way from universally installed.

She wrote articles on exhibit installation and on copying photographs, on biographical and genea-

logical sources in the health sciences, and, after taking a position at the Philadelphia College of Podiatry, as Director of the Center for the History of Foot Care (1981), on the historical literature of podiatry.

One has to remember also that this publication antedated, for most of us, the introduction and proliferation of the now-ubiquitous computer and desk-top publishing programs. For the most part, *The Watermark* was produced almost single-handedly (sometimes husband George was roped in too) on Lisabeth's typewriter at home -- it was an early model electronic machine, which was considered pretty marvelous at the time! Ten years of quarterly issues, complete with feature articles (frequently cajoled out of the authors), news of members and meetings, of acquisitions and publications, and especially the Directory entries. In the January 1982 issue an index of the first five volumes appeared.

Until she retired recently, Lisabeth was also a resource for neophytes and for contemporaries with quandaries; generous with her time and talents, she was always willing to bring her acuity of mind to the aid of colleagues everywhere. And ALHHS was far from the only string to her bow. She has participated in a wide variety of community efforts, on example being her service as vice president (1986-) of the Germantown Historical Society and editor of *The Crier*, the Society's newsletter. Germantown, where she lived until her recent retirement and move to Boone, North Carolina, is an historical neighborhood just outside Philadelphia.

Lisabeth has contributed her expertise in other published ventures, many of which gladden the heart of anyone doing reference; the most significant titles are listed below. Her unflagging energy, broad interests and capabilities are an inspiration to us all. Nothing could be more appropriate than giving her name to the award which will honor those who have followed in her footsteps.

1. "Annual report of the Library. Historical Collections," *Tr. & Stud. Coll. Phys., Philadelphia*, 4th ser., 1967/68; 35: 222.

Brief Bibliography of Lisabeth M. Holloway:

1. *Directory of libraries and information sources in the Philadelphia area*. Lisabeth M. Holloway, ed. 12th ed. (Philadelphia: Special Libraries Council of Philadelphia, 1968).
2. *Philadelphia resources in the history of medicine*; comp. for the History of Medicine Group, MLA. (Philadelphia: [s.n., 1975]).
3. Konkle, Burton Alva. *Standard history of the medical profession of Philadelphia*. 2nd ed. enl. and corr., 1973-74, by L. M. Holloway. (New York: AMS Press, 1977).

4. *Medical obituaries: American physician's biographical notices in selected medical journals before 1907*. (New York: Garland, 1981).
5. Peterson, Brian. "Forgotten images, photography in Germantown, 1840-1927: an exhibition in honor of the 300th anniversary of the founding of Germantown..." (Philadelphia: Germantown Historical Society, 1983).
6. *A fast pace forward: chronicles of American podiatry*... Philadelphia: Pennsylvania College of Podiatric Medicine, 1987.

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THE GROLIER CLUB EXHIBIT AND ALHHS 100 Books Famous in Medicine

The Grolier Club is the premier organization in America of distinguished bibliophiles. During more than a century, it has produced major exhibitions of books, manuscripts and prints, among the most important of which have been *100 Books Famous in English Literature*, *100 Influential American Books* and *100 Books Famous in Science*, the last of which was published in 1958. While the decision to limit choices to 100 posed a challenge to organizing committees, the number did seem manageable and had some appeal to collectors in the chosen fields. Indeed, the catalogues of these exhibitions have continued to be in demand long after the exhibitions closed. The catalogues of the first two were reprinted in 1967 and the catalogue of the science exhibition, published in an edition of 1000 in 1964, has been out of print for some time.

In 1991, the Grolier Club approved a proposal by Haskell F. Norman, M.D., one of its members, to organize a similar exhibition of 100 Books Famous in

Medicine to be held March through May, 1994. Dr. Norman, a world-renowned bibliophile with 40 years experience as a collector of great books in medicine, presented a program with three stages, to create a committee of noted librarians, bibliophiles, scholars and booksellers to prepare a list of the 100 famous books, to locate an important copy of each book, and to prepare a catalogue containing annotated descriptions, full collations, pagination, plate counts as well as illustrations in black and white and in color. Work on each of these stages is now ongoing.

The exhibition will portray the evolution of medicine from ancient times (the Edwin Smith Surgical Papyrus, 3000-1600 B.C.) to the discovery of DNA in 1953 and the CAT scan in 1973. It is expected to have a broad appeal, not only to physicians and other health professionals, but also to the general public. There will be assembled under one roof an extraordinary collection of outstanding representatives of each of the 100 famous books. To our knowledge, this has not been accomplished previously. We anticipate that the catalogue of the exhibition will take its place as a valuable reference work, but it is also intended that it will be produced as an attractive and worthwhile book in itself, on the exhibition itself.

What will distinguish this exhibition from others is our plan to include an important and distinguished example of each of the selections. We are searching for an author's copy, dedication copy, presentation copy to an important contemporary, a copy with an unusual binding, or a copy with a special provenance. In the case of incunabula and sixteenth century books, we are searching for copies with attractive illuminations or with a significant provenance. In addition, we would want to include important manuscript material relating to each of the titles, as well as signed portraits or photographs.

The assistance of ALHHS members in locating extraordinary copies and related manuscript materials would be greatly appreciated. A list of the titles being sought for the exhibit follows:

100 BOOKS FAMOUS IN MEDICINE

ANCIENT TIMES AND MIDDLE AGES

1. a. HIPPOCRATES

Opera [Latin] (Tr: Marcus Fabius Calvus, fl. 1520). Rome: Ex aedibus Francisci Minitii Calvi Novocomensis, 1525.

HIPPOCRATES

Opera [Greek]. Venice: In aedibus Aldi et Andreae Asulani socii, May 1526.

HIPPOCRATES

Iusitrandum (Tr: Petrus Paulus Vergerius). (*Issued in Articella*. Venice: Hermannus Liechtenstein, 29 March 1483). First printing of Hippocratic oath.

b. EDWIN SMITH PAPYRUS.

2. ARISTOTLE. 384-322 B.C.

De animalibus. (Tr: Theodore Gaza fl. 1400-1475. Ed: Ludovicus Podcatharus.) Venice, Johannes de Colonia & Johannes Manthen, 1476.

Opera [Greek]. Venice: Aldus Manutius, I) Nov. 1495; II) Feb. 1497; III) 29 Jan. 1497; IV) June 1497; V) June 1498.

3. a. DIOSCORIDES, Pedanius, Anazarbeus. fl. ca. 54-68.

De materia medica. (Comm: Pietro d'Abano, c. 1250-1316). Colle: Johannes de Medemblick, July 1478.

First Greek edition – Venice: Aldus Manutius, July 1499.

b. THEOPHRASTUS of Eresos. circa 371 - circa 287 B.C.

[*De historia et causis plantarum*]. [Treviso, Bartholomeus Confalonarius, 1483].

4. CELSUS, Aulus Aurelius Cornelius. 25 B.C. - A.D. 50.

De medicina. Florentiae, Nicolaus [Laurentius], 1478.

5. GALEN. A.D. 130-200

Librorum pars prima [-quinta]... 5 vols. [Venetiis, in aedibus Aldi, et Andreae Asulani socii, 1525].

Opera [Latin] (Ed: Diomedes Bonardus). Venice: Philippus Pincius, 27 Aug. 1490.

MIDDLE AGES

6. a. RHAZES [Abus Bakr Muhammad ibn Zakariya Al-Razi]. circa 854-925 or 935.

Liber nonus Almansoris. (*Issued with Ferrari, Gianmatteo. Practica cum textu noni ad Almansorem*. [Milan: Philippus de Lavagna, 1472/73])

b.

Liber ad Almonsorem, libri X (with other medical tracts). Milan: Leonardus Pachel and Uldericus Scinzenzeler, 14 Feb. 1481.

7. AVICENNA [Abu-'Ali Al-Husayn ibn Adallah ibn-Sina]. 980-1037.

Liber canonis. Mediolani, P. de Lavagna, 1473.

8. GUY DE CHAULIAC. ? 1298-1368.

La pratique en chirurgie du maistre Guidon de Chauliac. Lyon, Barthelemy Buyer, 1478.

RENAISSANCE

9. BAGELLARDO, Paolo. d. 1494.

De infantium aegritudinibus et remediis. [Pauda, B. de Valdezocchio & Matinus de Septum Arboribus, 1472].

10. a. KETHAM, Johannes de. d. circa 1490.

Fasciculus medicinae. Venetiis, per Johannem & Gregorius fratres de Forlivio, 1491.

Fascicolo di medicina. Venice: Johannes & Gregorius de Gregorii, de Forlivio, 1493/4.

b. MONDINO DE'LUZZI [Mundinus]. ? 1275-1326.

Anathomia. Papiae, Antonio De Carcano, 1478.

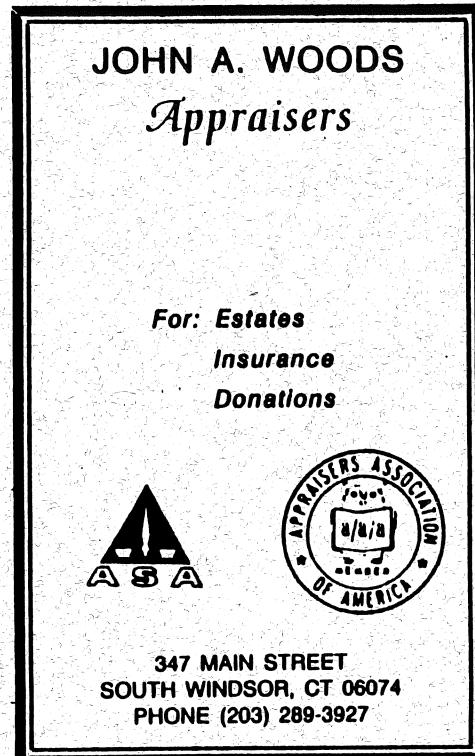
11.a. ZERBI, GABRIELE. 1485-1505.

[*Gerontocomia*.] [Rome, Eucharius Silber, alias Franck, 1489.]

b. CORNARO, Luigi. 1467-1566.

Trattato de la vita sobria. Padova, G. Perchacino, 1558.

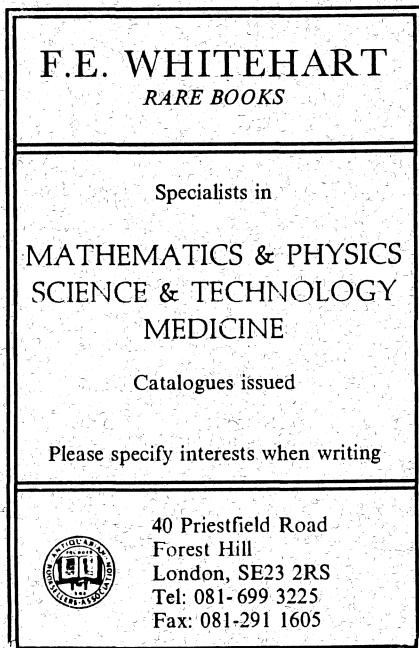
- BENIVIENI, Antonio. 1443-1502.
De abditis nonnus ac mirandis morborum et sanationum causis.
 Florentiae, P. Giuntae, 1507.
13. ROSSLIN, Eucharius [Rhodion; Roslin]. d. 1526.
Der swangern frawen und hebammen roszgarten. [Hagenau, H. Gran.] 1513.
14. a. GERSDORFF, Hans von. fl. 1500.
Feldbuch der wundartzney. Strassburg, J. Schott, [1517].
- b. BRUNSWIG, Hieronymus [Braunschweig], circa 1450-circa 1512.
Dis ist das buch der Cirurgia hantwirkung der wundartzny von Hyeronimo brunschwig. Strassburg, [J. Gruninger], 1497.
15. a. BERENGARIO DA CARPI, Giacomo. circa 1460-1530[?].
Commentaria cum amplissimis additionibus super anatomia Mundini una cum textu ejusdem in pristinum et verum nitorem redacto.
 Bonoiae, imp. per H. de Benedictis, 1521.
- b. BERENGARIO DA CARPI, Giacomo. circa 1460-1530[?].
Tractatus de fractura calve sive cranei. [Bologna, Hieronymus de Benedictis, 1518.]
16. a. FUCHS, Leonhart. 1501-1566.
De historia stirpium commentarii. Basileae, in off. Isingriniana, 1542.
- b. BRUNFELS, Otto. 1488-1534.
Herbarum vivae eicones. 3 vols. Argentorati, apud I. Schottum, 1530-36.
17. a. VESALIUS, Andreas. 1514-1564.
De humani corporis fabrica libri septem. Basileae, ex off. Ioannis Oporini, 1543.
-
- Suorum de humani corporis fabrica librorum epitome.* Basileae (ex off. J. Oporini, 1543)
- b. ESTIENNE, Charles [Stephanus]. 1504-1564.
De dissectione partium corporis humani. Parisiis, apud S. Colinaeum, 1545.
18. a. PARE, Ambrose. 1510-1590.
La methode de traicter les playes faictes par hacquebutes et autres bastons a feu; et de celles qui sont faictes par fleches, dardz et semblables. Paris, Ches viuant Gaulterot, 1545.
- b. GUIDI, Guido [Vidius]. 1508-69.
Chirurgia e greco in latinum conversa. Paris, Petrus Galterius, 1544.
19. a. EUSTACHI, Bartolomeo [Eustachius]. circa 1510/20-1574.
Opuscula anatomica. Venetiis, Luchinus, 1564.
- b. EUSTACHI, Bartolomeo [Eustachius]. circa 1510/20-1574.
Libellus de dentibus. In his *Opuscula anatomica*, Venetiis, Vincentius Luchinus, [1563]-64.
20. WEYER, Johann [Wier]. 1515-1588.
De praestigiis daemonum. Basileae, per J. Oporinum, 1563.
21. a. BARTISCH, Georg. 1535-1606.
Ophthalmodouleia, das ist, Augendienst. Dresden, M. Stockel, 1583.
- b. DAVIEL, Jacques. 1693-1762.
Sur une nouvelle methode de guerir la cataracte par l'extraction du cristalin. *Mem. Acad. roy. Chir.* (Paris), 1753, 2, 337-54.
22. TAGLIACOZZI, Gaspare. 1545-1599.
De curtorum chirurgia per insitionem. Venetis, apud G. Bindonum, jun., 1597.



17TH CENTURY

23. CASSERI, Giulio [Julius Casserius Placentinus]. 1552-1616.
De vocis auditusque organis historia anatomica. 2 pts. Ferrariae, exc. V. Baldinus, typ. Cameralis, 1600-01.
24. Santorio, Santorio [Sanctorius]. 1561-1636.
Ars... de statica medicina aphorismorum sectionibus septem comprehensa. Venetiis, apud N. Polum, 1614.
25. ASELLI, Caspare. 1581-1626.
De lactibus sive lacteis venis. Mediolani, apud Io. B. Bidellium, 1627.
26. a. HARVEY, William. 1578-1657.
Exercitatio anatomica de motu cordis et sanguinis in animalibus. Francofurti, sumpt. Guilelmi Fitzeri, 1628.
- b. SERVETUS, Michael. 1511-1553.
Christianismi restitutio. Venee, Balthasar Arnoulet, 1553.
- c. FABRIZIO, Girolamo [Fabricius ab Aquapendente]. 1537-1619.
De venarum ostiolis. Patavii, ex typ. L. Pasquati, 1603.
27. a. RUDBECK, Olof. 1630-1702.
Nova exercitatio anatomica, exhibens ductus hepaticos aquosos, et vasa glandularum serosa. Arosiae, exud. E. Lauringerus, 1653.
- b. BARTHOLIN, Thomas. 1616-1680.
Vasa lymphatica. Hafniae, Petrus Hakus, 1653.
- c. PECQUET, Jean. 1622-1674.
Experimenta nova anatomica, quibus incognitum chyli receptaculum, et ab eo per thoracem in ramos usque subclavis vasa lactea deteguntur. Parisiis, Apud Sebastianum Cramoisy et Gabrielem Cramoisy, 1651.

28. GLISSON, Francis. 1597-1677.
Anatomia hepatis. Londini, typ. Du-Gardianis, 1654.
29. MALPIGHI, Marcello. 1628-1694.
De pulmonibus observations anatomicae. Bononiae, B. Ferronius, 1661.
30. DESCARTES, Rene. 1596-1650.
De homine figuris et latinitate donatus a Florentio Schuyl. Lugduni Batavorum, apud F. Moyardum & P. Leffen, 1662.
31. WILLIS, Thomas. 1621-1675.
Cerebri anatome: cui accessit nervorum descriptio et usus. Londini, typ. J. Flesher, imp. J. Martyn & J. Allestry, 1664.
32. LOWER, Richard. 1631-1691.
Tractatus de corde. Londini, J. Allestry, 1669.
33. MAURICEAU, Francois. 1637-1690.
Des maladies des femmes grosses et accouchees. Paris, chez l'Auteur, 1668.
34. SYDENHAM, Thomas. 1624-1689.
Observationes medicæ circa morborum acutorum historiam et curationem. Londini, G. Kettiley, 1676.
35. DU VERNEY, Guichard Joseph. 1648-1730.
Traite de l'organe de l'ouie; contenant la structure, les usages et les maladies de toutes les parties de l'oreille. Paris, E. Michallet, 1683.
36. LEEUWENHOEK, Antonij Van. 1632-1723.
Ontledingen en ontdekkingen, etc. 6 vols. Leiden, Delft, 1693-1718.
38. a. BOERHAAVE, Herman. 1668-1738.
Institutiones medicæ in usus annuae exercitationis domesticos digestae. Lugduni Batavorum. J. van der Linden, 1708.
- b. BOERHAAVE, Herman. 1668-1738.
Aphorismi de cognoscendis et curandis morbis. Lugduni Batavorum, J. vander Linden, 1709.
39. FAUCHARD, Pierre. 1678-1761.
Le chirugien dentiste, ou traite des dents. 2 vols. Paris, J. Mariette, 1728.
40. HALES, Stephe. 1677-1761.
Statical essays, containing haemastaticks. Vol. 2. London, W. Innys & R. Manby, 1733.
41. ANDRY, Nicholas. 1658-1742.
L'orthopédie ou l'art de prévenir et de corriger dans les enfans, les difformités du corps. 2 vols. Paris, la veuve Alix, 1741.
42. LIND, James. 1716-1794.
A treatise of the scurvy. Edinburgh, Sands, Murray & Cochran, 1753.
43. a. SMELLIE, William. 1697-1763.
A treatise on the theory and practice of midwifery. London, D. Wilson, 1752.
- A sett [sic] of anatomical tables, with explanations, and an abridgement, of the practice of midwifery. . . London, Printed in the year 1754.*
- b. HUNTER, William. 1718-1783.
Anatomia uteri humani gravidi tabulis illustrata. The anatomy of the human gravid uterus exhibited in figures. Birmingham, John Baskerville, 1774.
44. AUENBRUGGER, Leopold, Edler von Auenbrugg. 1722-1809.
Inventum novum ex percussione thoracis humani ut signo abstrusos interni pectoris morbos detegendi. Vindobonae, J. T. Trattner, 1761.
45. MORGAGNI, Giovanni Battista. 1682-1771.
De sedibus, et causis morborum per anatomen indagatis libri quinque. 2 vols. Venetiis, typog. Remondiniana, 1761.
46. MESMER, Franz Anton. 1734-1815.
Mémoire sur la découverte du magnetisme animal. Geneve, Paris, P.F. Didot le Jeune, 1779.
47. UNDERWOOD, Michael. 1737-1820.
A treatise on the diseases of children. London, J. Mathews, 1784.
48. WITHERING, William. 1741-1799.
An account of the foxglove, and some of its medical uses. Birmingham, G.G.J. & J. Robinson, 1785.
49. GALVANI, Luigi. 1737-1798.
De viribus electricitatis in motu musculari commentarius. Bonon. Sci. Art. Inst. Acad. Comment., Bologna, 1791, 7, 363-418.
50. BAILLIE, Matthew. 1761-1823.
The morbid anatomy of some of the most important parts of the human body. London, J. Johnson & G. Nicol, 1793.



18TH CENTURY

37. a. RAMAZZINI, Bernardino. 1633-1714.
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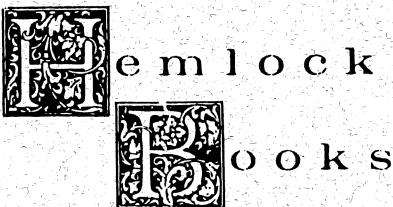
A series of engravings, accompanied with explanations, which are intended to illustrate the morbid anatomy of some of the most important parts of the human body. London, W. Bulmer & Co., 1799-1803.

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 Paris, Richard, Caille & Ravier, an IX [1801].
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De ovi mammarium et hominis generesi, Lipsiae, L. Vossius, 1827.
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- c. GRAFF, Regner de. 1641-1673.
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- b. CRUVEILHIER, Jean. 1791-1874.
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ANTIQUARIAN BOOK TRADE

This is the first in a series of articles to be written for *The Watermark* by Edwin and Peter Glaser on the relationship of the antiquarian book trade with librarians and archivists in the health sciences.

To those who are not engaged as booksellers in the antiquarian book trade, the question of the pricing of used, second-hand, and rare books must sometimes seem quite mysterious, arbitrary, and capricious.

Where do they get those prices from?

Is that book really worth it?

How can I be sure I'm getting the "right" price?

What if six months later I see another copy for half of what I originally paid?

These are all legitimate questions of concern to the librarian whose responsibility it is to maximize the value of his or her all too anemic budget. And, of course, it is also of concern to the bookseller whose ultimate success is dependent upon a reputation for fair dealing. One of the authors of this article annually lectures on pricing at the Antiquarian Book Trade Seminar, now approaching its 15th year at the University of Denver. Some of the students are invariably disappointed to hear this, but one of the principle points of the lecture is that there is no simple, easy, foolproof formula for the pricing of out-of-print and antiquarian books. Nor is there a single "right" price. Instead, we utilize a variety of tools and resources and do our best to interpret the derived data. It is both an art and a science. The science is knowing what the tools and resources are; the art is in the interpretation of that data, which is, often enough, conflicting and puzzling.

One of the principle sources for our data is from the compilations of auction records: *American Book Prices Current*, *Book Auction Records*, and the like. These price records often vary greatly and appear contradictory. A given book might bring \$600.00 at one sale, and six months later another copy might bring only \$120.00 at another sale. Sometimes a clue for the variation is given, usually a problem of condition; but often enough there is no explanation. The dynamics of the auction rooms vary. The first sale might have been that of a well-known and highly-publicized collection and that attracted all the specialists in the field; the second sale might have been a miscellany with few high spots in which the competition was not nearly as spirited. Then too, we have the problem of how to work with the price of a book that has not appeared at auction in 20 years. Just what does it mean in terms of today's market that the book brought 40 pounds in 1972? And does the fact that it hasn't turned up at auction in 20 years mean it's a truly rare book? And does rarity always have a direct relation with price? And does the fact that a dealer bought it mean that it's a wholesale price which he is going to mark up for resale?

You can see that the data itself raises many, many questions that are beyond the scope of an article of this nature. But we do have, at the least, a record of what a given copy sold for on a given day.

Another source of pricing data is from the various compilations of dealer catalogue prices such as the *Bookman's Price Index* published twice a year by Gale and the *International Rare Book Prices* put out annually by the Clique. The problems with interpreting these prices are manifold. To begin with, the selection of the dealers represented seems rather arbitrary. Many highly-respected specialists are included, but many are not, and there are far too many dealers whose reputations and "expertise" leave something to be desired, to put it mildly. And, we usually have no way of

knowing whether the book actually sold at the price listed. Again, considerable experience and skill is required to evaluate the information we find from these sources.

The art of book pricing boils down to that wonderful German word: "fingerspitzengefühl." Ultimately you feel it in your fingertips: knowledge, experience, intuition. There is really no single "right price." Rather, there is, an acceptable range of prices for a given book, based on the track record for that title, and the particular condition and provenance of a given copy, with many, many circumstances contributing to the ultimate figure. As a librarian, you really cannot expect to always get a book at the lowest price it was ever offered at. On the other hand, you should be aware of the dynamics of the marketplace and not consistently pay the highest known price for an item. Most dealers subscribe to the belief that books come and go, but reputations endure. This book world is a very small one; when one of us sneezes in Boston, someone in San Francisco is likely to say *gesundheit*. News travels fast. We know our reputations and judgements are on the line daily. Consequently, you can expect to be treated fairly in your dealings with a reputable firm.

There are many ironic aphorisms about pricing in the book trade. Such as: "There are only two prices: too High, and too Low." And: "This is the most forgiving business of all. We only have to sell 40% of our stock. The rest we call inventory."

We hope this necessarily brief overview has shed some light on how dealers go about making a pricing decision. And we hope it will contribute to further understanding and trust between librarians and dealers.

LATE-BREAKING 1992 ANNUAL ALHHS MEETING NEWS

The ALHHS premeeting dinner was held at McCormick and Schmicks, a very highly regarded fresh seafood restaurant. It is near the waterfront, six blocks from the convention hotel. Along with the regular menu it also has a daily menu featuring 30 or so in-season entrees. Although the restaurant is in a fairly new building, the ornate facade, circa 1912, of the previous building was retained and incorporated into the new structure. The interior reflects the flavor of historic Seattle. There were 36 ALHHS members attending the dinner. Many attendees made it a point to say what excellent food and an enjoyable time they had. Several, impressed with the premeeting dinner experience, returned for lunch and for dinner other evenings.

The antiquarian bookdealers who supplied refreshments for the meeting are as follows:

Jeremy Norman and Jim Goodrich sponsored the liquor tab at the dinner, Ed Glaser sponsored the coffee service at the morning break, and Michael Phelps sponsored the wine for the luncheon. Our thanks to all of them for their support.

Nancy Zinn was the Program Committee chair. The other members of the Program Committee were Susan Alon, Barbara Irwin and Colleen Weum.

The Local Arrangements Committee was a committee of one -- Colleen Weum. She made all the arrangements for the premeeting dinner, meeting location at the Waterfront Activities Center, charter bus transportation, luncheon, coffee service, brochures, campus guides, arranged Special Collections Tour, plus handled the millions of little details, e.g. liquor license, flowers, welcome signs, and AV equipment.



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MAIN ENTRIES

BIG NEWS from: John Parascandola, History of Medicine Division, National Library of Medicine, Bethesda, Maryland. "I have just accepted a position as Historian for the Public Health Service (a newly-created office), effective October 5. I am excited about the new position, but will regret many things about leaving my position as Chief of HMD. Not the least of which will be the pleasure that I have taken in working with my colleagues in other historical collections. I intend to retain an association with ALHHS and certainly to do what I can to support history of medicine collections. But of course my relationship with the group will be a very different one. I have the consolation of knowing that I will still continue to see you, my friends, at the AAHM meetings." (From: Caduceus: 1:26 8/28/92)

Judy Weinland is now the Archivist at the Abraham Pollen Archives and Rare Book Library, Massachusetts Eye and Ear Infirmary, Boston, MA.

ANALYTICS

An electronic bulletin board has been established for ALHHS. CADUCEUS--History of Medicine Collections Forum is a moderated news and discussion group organized to enhance communication among individuals interested in medical history collections. Organized in May 1992 for the benefit of the ALHHS members, CADUCEUS currently has over 90 members. Announcements, inquiries, and responses are compiled and distributed once or twice a week, depending on the volume of traffic. To subscribe send a message, including your name and institutional affiliation, to CADUCEUS@UTMB (If you are on Bitnet) or CADUCEUS@Beach.UTMB.Edu (If you are on Internet). It should be noted here that Inci Bowman is the moving spirit behind this effort and has made it a success.

The staff of the Waring Library have all been busy of late. Betty Newsom, Curator, and Dr. Curtis Worthington, Director, are editing a Special Issue of the *Journal of the South Carolina Medical Association* on pioneer women in medicine in South Carolina - featuring six early, prominent women physicians in South Carolina. It is scheduled to be the January 1993 issue.

Jane Brown, Associate Curator and staff responsible for preservation planning, recently coordinated and participated in a book restoration/conservation workshop with James A. Wayre, Conservator for the County of Kent and Canterbury Cathedral, Canterbury, England. The workshop, fifth of many, was held at the Dudley Vaille Bindery in Charleston. Each participant worked on her own projects which ranged from restoration of 18th century volumes to vellum

bindings to ledger bindings to full leather on 20th century fiction.

The most exciting news from the Waring Library is the formation of a Student Medical History Club. It is a very loosely constructed organization that meets monthly for lunch in the Waring Library with a short, informal talk on some subject in the history of the health sciences. Attendance has averaged 25 which is about comfortable capacity for our small library. Also, this size allows informality and congeniality. Talks have ranged from Dr. Worthington's introduction to the Art and Science of Medicine to Margot Freudenberg's reminiscences of early 20th century German, her flight to the U.S. in 1938 and her physical therapy practice here.

Special Collections Celebrates Donations

At a recent reception two significant events were celebrated by the UAMS Library and the History of Medicine Associates. Dr. William W. Stead was honored for his contribution of his personal collection of books on tuberculosis to the Library's Special Collections Division. The collection numbered 74 volumes and is a timely addition to Special Collections especially with the recent recurrence of tuberculosis.

The second event celebrated was the official opening of the "History of Public Health in Arkansas Collection." The collection was compiled by Sarah Hudson Scholle when she wrote *The Pain in Prevention: A History of Public Health in Arkansas*. An exhibit was available for viewing using materials and photographs from that collection. Mrs. Scholle was present for the opening and photographed autographing a copy of the book for Edwina Walls. Several papers have already been written using materials in this collection. Our Special Collections Division obtains many of its materials through donations such as these. We encourage others to do likewise! The book may be purchased by sending \$10.00 to: Arkansas Department of Health, Division of Health Education & Promotion, Slot 36, 4815 West Markham, Little Rock, AR 72205-3867.

The Archives of the Mount Sinai Medical Center had a busy September. On September 23 the new hospital building, the Guggenheim Pavilion, was dedicated. To mark the occasion there was a two week celebration period of in-house events. The Archives activities included: -research and writing support of two speeches; -3 exhibits: Mount Sinai in 1904, Throught the Patient's Eye, 1904-1992 and A Growing City/A Growing Hospital; -provided slides for the opening of the employee cabaret; -wrote a booklet tracing the history of Mount Sinai's relationship with the Guggenheim family; -provided photographic images for a variety of publications produced for the event, including a supplement to the *New York Magazine*, Sept. 28th issue.

Post-Diluvian/After the Flood.

Glenn Jenkins writes, "I am happy to report that freeze-drying has considerably reduced the number of damaged books in our Freud and Darwin Collections. We are left with approximately 115 Freud Books and 55 Darwin works to be restored, boxed or replaced. Don Etherington from Information Conservation, Inc. will be doing our conservation. Reckoning with the insurance company is next. Still camping out in the Archives."

MEMBERS IN PRINT/RECOMMENDED READING

Elizabeth Young Newsom, Curator of the Waring Historical Library, MUSC, Charleston, SC, has had an article entitled "Unto the Least of These: The Howard Association and Yellow Fever" published in the *Southern Medical Journal*, Vol. 85, no. 6, June 1992.

NEW ACQUISITIONS

Our name change came none too soon. It is noteworthy that two out of the three "new acquisitions" submitted are of papers.

Sherill Redmon, University of Louisville, Health Sciences Library sent notice of the following acquisition: The Peter K. Knoefel Papers

The Kornhauser Library's Historical Collections unit recently acquired the personal papers of Dr. Peter K. Knoefel (1906-). A native of New Albany, Indiana, one of Louisville's bedroom communities, and a Harvard graduate, Dr. Knoefel chaired the University of Louisville Department of Pharmacology from 1941-1966. His scientific contributions were most notable in the area of diagnostic agents. Upon retiring, Dr. Knoefel turned his attention to the origins of toxicology. Knowfel is perhaps best known to medical historians as the author of *Felice Fontana: Life and Work* (1984) and the translator/editor of *Francesco Redi On Vipers* (1988).

The papers focus on Knoefel's historical scholarship. The bulk of the collection is correspondence, research notes, and final drafts of his articles and books on the earliest students of poisonous snakes. Microfilm and photocopies of unpublished Latin, Greek, and Italian texts, most from European libraries, make a valuable addition to this material.

While most of the manuscripts date from the 1960s through 1990, a few family photographs and other documents date from the middle of the nineteenth century. Among other earlier material are lecture notes from the University of Wisconsin, where he earned bachelors and masters degrees. When added to items already deposited at the Kornhauser -- notably a videotaped oral history interview conducted by Eugene H. Conner, M.D., and a complete set of his reprints --the Knoefel Papers occupy 12 linear feet.

Elizabeth (Betty) Young Newsom and Jane McCutchen Brown of the Waring Historical Library, Medical University of South Carolina, Charleston report

the acquisition of 8 linear feet of papers related to the professional life of Hiram Curry, M.D., who was board certified in Internal Medicine, Neurology and Family Medicine. An early advocate of Family Medicine, he founded the Family Medicine Department at MUSC in 1971. His department served as a model for other programs around the country.

Judy Weinland, Archivist, at the Abraham Pollen Archives and Rare Book Library of the Massachusetts Eye and Ear Infirmary, Boston, reports the acquisition of two works pertinent to their collection: Thomas Gataker's *An account of the structure of the eye, with occasional remarks on some disorders of that organ, delivered in lectures at the Theatre of Sugeons*. (London, 1761); and G.J. Guthrie's *A treatise on the operations for the formation of an artificial pupil*. (London, 1819). Guthrie was instrumental in founding the Royal Westminster Ophthalmic Hospital in London, and was England's earliest teacher of the subject of ophthalmology.

EXHIBITS

In cooperation with the department of Surgery and in conjunction with the annual Horace Smithy lecture and the unveiling of a bust of Dr. Smithy presented to the University by the College of Medicine Class of 1991, the Waring Library, Medical University of South Carolina, mounted an exhibit on "Early Heart Surgery at MUSC." The exhibit features unique items i.e.: a valvulotome designed by Smithy and made on campus for one of the earliest heart valve operations; several hand sewn nylon grafts executed by surgical nurses; a very primitive heart catheterization apparatus. Smithy was a professor at MUSC who performed some of the earliest heart valve surgeries. His interest in the subject stemmed in part from his own valvular disease. Smithy died before someone could be trained to perform the operation on him.

"Radium and Radiation, 1896-1993" is the theme of an exhibit opening at the University of Medicine & Dentistry of NJ(UMDNJ)-G.F. Smith Library in October. The exhibit focuses on a small but significant portion of the history of radium and radiation, especially as it relates to medicine. The history depicted in the exhibit emphasizes that part of the story which occurred in New Jersey: events leading to Dr. Harrison S. Martland's landmark research in industrial radium poisoning, the "Radium Dial Painters," and the continuing problem of radon in homes. It concludes with the clinical work and research being performed at UMDNJ by the New Jersey Medical School's Divisions of Nuclear Medicine and Radiation Research; and the the UMDNJ - Office of Radiation Safety Services.

A new exhibit entitled "Mind and Body: Ren'e Descartes to William James" opened at the National Library of Medicine on 7 August and will close on 15 December. The exhibit is co-sponsored by the Ameri-

can Psychological Association and is being held in honor of the APA's centennial celebration. A 70 page catalogue to accompany the exhibit has been prepared by Robert H. Wozniak. Single copies of the booklet may be obtained without charge by writing to: Chief, History of Medicine Division National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894. I will also forward on any requests received electronically addressed to peter_hirtle@occshost.nlm.nih.gov. (From Cadeuces 1:25, 8/21/92)

Exhibits and Fund Raising for Conservation

An exhibit entitled "The Book as Patient; Crisis in the Printed Text" was mounted in January to call attention to the plight of both rare and contemporary materials in the library's collection. The exhibit offered a profile history of the book and went on to describe the anatomy, physiology, pathology and surgery of the book (and binding). A special case was set aside to treat 19th and 20th century materials describing conservation efforts for the modern collections. In addition, the NLM traveling exhibit on brittle books was borrowed to display in a different area of the library, one that receives far more traffic than special collections. With the running captions of the exhibit, individual items were selected from the rare book collections that needed conservation and were displayed with all defects. The importance of the book and author was placed in context of the history of medicine and treatment reports were originated as well as estimated cost of conservation. For the contemporary materials, a brittle book was pulverized and the particles placed in a nice little heap for all to see. This case contained

treatment methods used in our library, and those contemporary journal runs that are initially being targeted for conservation (as most important, i.e. *Brain*, *JAMA*, etc.). The rare materials ranged from a Mesue incunabulum (1489) to the earliest run of the *Archives of the Roentgen Ray*, 1896-1916. Conservation costs ranged from \$300 to \$2,300 per item. 17 items were displayed with a plea to "restore a patient." We managed to find sponsors for 16 of the 17 items, and a few scattered contributions of lesser amount. In all, slightly less than \$17,000 was pledged and a permanent rare book conservation fund was begun. In concert with the Development office and planned giving, we are hoping to interest our sponsors into making a yearly pledge to library conservation. As we are competing with every sector of the university for funds, raising the visibility of library needs, especially special collections, is critical. Sponsors were solicited (shamed actually and strong-armed) on an individual basis with a possible sponsor list prepared early on. As our "exhibit gallery" is next door to a faculty center used to host many different functions, when appropriate a rare book exhibit was mounted inside the reading room and guests invited to wander and see some of the treasures. There was always a "table of troubled books" that graphically displayed and described further the plight facing libraries in general, and a flyer was prepared for them to take away. In this fashion I was able to corner trustees and alumni, as well as department heads, deans, and directors. Once a pledge had been made a letter of thanks was sent to the individual with a copy of the exhibit text of

the book that would be restored and the treatment report, and instructions on where to send the check in the amount of... The text of the exhibit captions concerning conservation techniques and definitions was framed from standard works on these topics. Historical data on the books and authors from usual sources. The conservation treatment reports and estimates were determined with assistance from a local conservator who graciously donated her time. Estimates were made on the very high end in order to accommodate restoration costs that were not initially calculated. If any of our colleagues would like to utilize the text portion of this exhibit for their own Book as

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Patient fund raising efforts, we will be glad to share our text copy. Unfortunately I am unable to do it gratis but need to request a nominal fee for preparation of \$ 75 I can send it on disk (WP5.1) or as hard copy. The exhibit was a dramatic statement that I believe raised a good deal of consciousness about the embrittled collections as well as the need for funds for conservation of rare materials. Since everyone seems to be undertaking an adopt-a-book campaign, this was my way of trying for a little originality in order to capture our [medical] audience. You can easily take some of your collection treasures that deserve conservation and place them in context of the exhibit.

Our conservation method of choice is photoduplication (on acid free paper of course, with original illustrations photocopied and also encapsulated and inserted with duplicated illustration. Since this returns a hard copy to the shelves with an estimated life of [sic] 500 years, it is preferred to a microformat and costs approximately \$150 per volume. For further details on archival photoduplication, please contact me.

If anyone is interested, please contact Susan Alon, Washington University School of Medicine Library, 660 S Euclid, St Louis, MO 63110. Tel# 314 362-4234 FAX 314 362-0190 or alons@mcf002.wustl.edu

More Exhibits

The History & Special Collections Division of the Louise Darling Biomedical Library is mounting an exhibit entitled "Aid to the Ailing: Medicine in Two Worlds" as part of the Quincentenary Program at UCLA and in conjunction with and in support of "Medicine in the Age of Columbus." The exhibit focuses on medicine prior to 1501 in Europe and in Pre-Columbian Mexico; through images and artifacts the practice of medicine is examined in the two broad cultural areas prior to contact. The exhibit is being funded by NEH and UCLA.

A traveling exhibit is also being prepared which will travel to various lecture sites in Los Angeles and vicinity. The lectures will be part of the NEH funded UCLA Programs in Medical Classics' yearlong series titled "Medicine in the Age of Columbus."

QUERIES

As a newcomer to this forum I am writing to ask for suggestions regarding a common problem: what to do with surplus books. These come to us in a variety of ways and types, from older books in people's collections that e already have or don't need, to new books that are not appropriate for the collections. This actually seems to be two problems. Where older books are concerned I have made an effort to contact other institutions (mostly medical history museums) that might want them, and am now considering ways to transfer any leftovers to medical book dealers for a purchasing credit (this would only be done after receiv-

ing written permission from the donor). Unfortunately, many of the books in this category are too old for current use, but not old enough to be antique. New books are a different story, since someone somewhere could undoubtedly use them. I had an address for an outfit in Florida that claimed to distribute these to third world countries, but could not get them to send me any info or provide any assistance. Any suggestions out there?

[Phillip Seitz, American Academy of Otolaryngology-Head and Neck Surgery Foundation] (From: Caduceus 1:19 7/21/92)

CALENDAR

UCLA Programs in Medical Classics; Medicine in the Age of Columbus is a year long series of lectures funded by the NEH and UCLA as part of the Quincentenary Program.

20 October 1992: Nancy G. Siraisi, Ph.D., "Girolamo Cardano and Medical Education in the Renaissance." (For further information, contact K.E.S. Donahue, History & Special Collections, Biomedical Library, UCLA. (310) 825-6940).

16 November 1992: Tom Horrocks will give the Anton and Rose Zverina Lecture for the Historical Division, Cleveland Health Sciences Library. Title: "History of Medicine at the College of Physicians of Philadelphia."

17 November 1992: UCLA Programs in Medical Classics; Medicine in the Age of Columbus. Jerome J. Bylebyl, Ph.D., "Andreas Vesalius and the Structure of the Human Body." Introduction: Ynez V. O'Neill, Professor of Medical History, UCLA. (For further information, contact K.E.S. Donahue, History & Special Collections, Biomedical Library, UCLA. (310) 825-6940).

19 November 1992: Waring Library Society of the Medical University of South Carolina will sponsor the Warren A. Sawyer Lecture, featuring Francis E. ("Pete") Cuppage, M.D., Professor of Pathology, the University of Kansas Medical Center. The topic of his talk will be "Disease, Exploration and Settlement: James Cook and the Conquest of Scurvy--1768-1780."

8 December 1992: UCLA Programs in Medical Classics; Medicine in the Age of Columbus. Michael P. McVaugh, Ph.D., "Medical Licensing and Learning in Aragon and New Spain." Introduction: Joaquin MK Fuster, M.D., UCLA. (For further information, contact K.E.S. Donahue, History & Special Collections, Biomedical Library, UCLA. (310) 825-6940).

PUBLICATIONS

Peter Hirtle, NLM, writes that "Single copies of the following publications are available without charge from NLM." Write to: History of Medicine Division, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20894:

American Contributions to Cardiovascular Medicine and Surgery, an Exhibit. By W. Bruce Fye, 1986. 22p.

American Contributions to the New Age of Dental Research. By

- Ruth Harris, 1988. 25pp.
Bibliography of the History of Medicine, 1964-1969, No. 5. 1474 pp.
- A Biomedical Index to the Correspondence of René Descartes*.
By Thomas Steele Hall, 1986. 15 pp.
- Blacks in American Medicine: A Bibliography of Secondary Sources, 1970-1987*. Compiled by Peter B. Hirtle and Diane E. Rothenberg, 1988. 25 pp.
- Catalog of An Exhibit in Honor of the Sesquicentennial of the Birth of Louis Pasteur*. 1972. 16 pp.
- A Century of American Physiology, an Exhibit*. By John Parascandola, Toby Appel, and Daniel Gilbert, 1987. 19 pp.
- Conrad Gesner - A Quatercentenary Exhibit*. By Richard J. Durling, 1965. 20 pp.
- A Directory of History of Medicine Collections*. Compiled by Elizabeth Tunis, 3rd edition, 1992.
- Early Western Manuscripts in the National Library of Medicine: A Short-Title List*. Compiled by Elizabeth Tunis, 1989. 6 pp.
- Educating Physicians in the Nineteenth Century*. By Thomas Neville Bonner, 1988. 11 pp.
- The Emergence of Experimental Embryology in the United States*. By S. Robert Hilfer, 1990. 23 pp.
- The Extravagant Georges Fatet: Caricature and French Dentistry*. 1991.
- Fielding Hudson Garrison, M.D.: A Finding Aid to His Papers*. By Peter B. Hirtle, 1992k. 39 pp.
- Historical Treasures of the National Library of Medicine*. 1985. 6 pp.
- The History of Cardiology: A Bibliography of Secondary Sources*. By W. Bruce Fye, 1986. 6 pp.
- John Adriani, M.D.: A Finding Aid to His Papers*. By Marcia L. Meldrum, Francesca C. Morgan, and Peter B. Hirtle, 1991. 83 pp.
- John Shaw Billings - an Autobiographical Fragment* 1905. 1965.
- John Shaw Billings Centennial*. 1965.
- Louis Pasteur: 1822-1895*. An Exhibit. 1973.
- Manuscript Sources in the History of Ophthalmology in the National Library of Medicine*. By Peter B. Hirtle, 1989.
- Medicine and the Naturalist Tradition*. By Katherine Boyd, 1989. 30 pp.
- Medicine of the Civil War*. 1973. 8 pp.
- Medicine on the Early Western Frontier*. An Exhibit. 1978. 12. pp.
- Midwife Means with Woman. An Exhibit*. By Linda V. Walsh, 1991. 16 pp.
- Mike Gorman: A Finding Aid to His Papers*. By Franscesca Morgan, 1991. 18 pp.
- The New Age of Health Laboratories, 1885-1915, an Exhibit*. By James H. Cassedy, 1987. 18 pp.
- Public Health in New York City in the Late Nineteenth Century*. By Madeline Crisci, 1990. 22 pp.
- Public Health Service Hospitals Historical Collection, 1895-1982: A Finding Aid to the Collection*. By Elizabeth Toon, 1991. 22 pp.
- To Your Health: An Exhibition of Posters for Contemporary Public Health Issues*. By William Helfand, 1990. 30 pp.
- The United States Public Health Service: An Historical Bibliography of Selected Sources*. By Margaret Kaiser, 1989. 11 pp.
- "Single copies of the following publications are available for purchase from NLM. Prepayment is required." Make check or money order payable to the Treasurer of the United States and mail order to History of Medicine Division, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20894.
- Catalogue of Sixteenth Century Printed Books in the National Library of Medicine*. Compiled by Richard J. Durling, 1967. 698 pp. \$12.00.
- Centenary of Index Medicus, 1879-1979*. Edited by John B. Blake, 1980. vii, 115 pp.
- Highlights in Medicolegal Relations*. Compiled by Jaroslav Nemec, 1976. vii, 166 pp. \$5.00

HISTORY OF HEALTH SCIENCES SECTION MEDICAL LIBRARY ASSOCIATION ANNUAL MEETING, 20 May, 1992 MINUTES

The official meeting was held at the Washington Sheraton on May 20, 1992. It was called to order at 8:00 a.m. by John Parascandola, chair. Thirteen members were present. The secretary-treasurer reported a balance in the account of \$527.37.

The minutes of the last meeting, which were published in *Incipit*, were unanimously accepted.

As of April 7, 1992, there were sixty-one members of the section.

Mary McCarl, secretary-treasurer, who is working on a book on the history of American printing and publishing, declined to run again for the position. She will be replaced on June 1, 1992 by Barbara Irwin, who was elected unanimously by mail ballot. By the same mail ballot, John Parascadola was elected as the Section's nominee for the MLA nominating committee.

Suzanne Porter gave a Council Report. The Board is stressing cost-effectiveness and increased communication. She also announced that the national program committee would like a contact person two years in advance of the MLA meeting. It was felt that the chair of the section filled that role.

This was the first year of official Interest Groups, less formal than sections. Members of the section voted to approve three proposed Interest Groups: Vision Science, Outreach, and Problem-Based Medical Education.

This led into a discussion of the perennial question of whether the History of the Health Sciences Section should become one of these Interest Groups. Lucretia McClure felt that members as individuals probably bring history to the attention of the full membership of MLA by serving on other committees, and meeting together as an Interest Group. She felt that one of the most important of these committees was the Oral History Committee, which might then become the Section for librarians involved in the history of medicine. At the moment the Oral History Committee is considered a subcommittee of the Section, but with separate funding.

Mary Ryan explained that there are advantages to being an Interest Group. Interest Group meetings will be in the official program and have meeting time slots allocated. There would be no paperwork: MLA Headquarters asks only for a statement of purpose, fifteen members minimum, and a designated Liaison Officer. (The Chair and Secretary-Treasurer both felt that the paperwork requirements demanded for a section are overly cumbersome for such a small group. They also felt that the charge, \$1.88 of the \$10.00 dues, was excessive for sending

out the membership list once a year.) An Interest Group would probably not charge dues. A MOTION was made and carried that a mail ballot be sent to the membership before the next meeting to move to become an Interest Group and give up Section Status.

Mary Rhinelander McCarl,
Secretary-Treasurer

OSLER LIBRARY OF THE HISTORY OF MEDICINE POSITION AVAILABLE

Applications are invited for the tenure track position of History of Medicine Librarian which will be available from June 1, 1993. Salary and rank will be commensurate with experience and qualifications. McGill University librarians have academic status and are thus eligible for sabbatical leave and tenure.

The Osler Library of the History of Medicine has a world renowned collection of over 40,000 rare books, manuscripts, and secondary works in the history of medicine and the health sciences. Its acquisitions budget is about \$60,000 per annum and the library presently has a staff of two librarians and three library assistants. The Osler Library is a part of the McGill University Library System and the History of Medicine Librarian is responsible to the Life Sciences Area Librarian, (who is also the head of the Health Sciences Library) for the management of the Osler Library. The History of Medicine Librarian is Secretary to the Osler Library's Board of Curators and reports to it on matters under its jurisdiction.

Candidates should hold an MLS degree from an ALA accredited library school, or equivalent, and have proven competence as a librarian with management responsibilities. In addition, they should have competence as a scholar in the history of medicine or allied subjects. Appropriate language knowledge necessary for scholarship in these fields is expected; a knowledge of French is required.

Applications should be in writing and must include the names and addresses of three referees. They should be received by November 15, 1992.

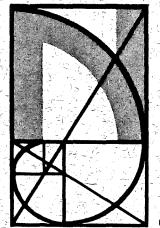
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