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ORAL HISTORY, ARCHIVAL COLLECTIONS, AND CONTEMPORARY HISTORY: THE EXAMPLE OF AIDS

The AIDS History Group of the American Association for the History of Medicine sponsored a luncheon workshop in Buffalo, New York at the sixty-ninth annual meeting of the American Association for the History of Medicine. Chaired by Victoria A. Harden, Director, National Institutes for Health (NIH) Historical Office and the DeWitt Stetten, Jr., Museum of Medical Research, the workshop provided three different perspectives on the ways in which oral history contributes to archival collections and the writing of contemporary history. Presenters included Robin Chandler, Head, Archives and Special Collections, University of California-San Francisco (UCSF) Library and Director, UCSF AIDS History Project Archives, and Sally Smith Hughes, Research Historian, Department of the History of the Health Sciences, UCSF speaking on the AIDS oral history projects at the University of California, Berkeley, and the University of California-San Francisco and the documents collected by the San Francisco AIDS History Project at the UCSF Library; Barbara Smith Irwin, Managing Librarian, Special Collections, University of Medicine and Dentistry of New Jersey (UMDNJ) Libraries describing the New Jersey AIDS Collection at the UMDNJ Libraries; and Caroline Hannaway, NIH Historical Consultant, talking on the AIDS Oral History Project at the NIH.

AIDS HISTORY SAN FRANCISCO: ARCHIVAL DOCUMENTATION AND ORAL HISTORY

Simply put, history is everything that happened in the human past. From another perspective, history is the surviving evidence - the traces left from events in the past - which take the form of written documents, artifacts, and the memories of living persons. Recently, archivists, librarians

and historians have been taking an active role in capturing and preserving the evidence of contemporary history, before it becomes the debris of the past by applying current archival appraisal tools and oral history methodology. To document the response to the AIDS crisis in the city of San Francisco, two ambitious projects, the AIDS History Project (AHP) and the San Francisco Bay Area AIDS Oral History Project, were developed to capture both the written record and the experiences of the medical response to the epidemic.

To preserve the documentary record of the AIDS crisis in the city of San Francisco since 1981, the Archives and Special Collections at the Library and Center for Knowledge Management (CKM) at the University of California, San Francisco, have sponsored the AIDS History Project (AHP). As an archival documentation project, the purpose of the AHP is to secure documentation on the response to the AIDS crisis in San Francisco; acquire, arrange, and describe records from AIDS-related agencies; and deposit these materials in cooperating local archives including the UCSF Archives and Special Collections, the San Francisco Public Library, and the Gay and Lesbian Historical Society of Northern California.

San Franciscans began early to build community-based organizations (CBOs) to deal with the growing numbers of sick and dying. The collaboration of city and state agencies, hospitals, health care providers, political activists, and CBOs became known as the "San Francisco model" of AIDS care. A large array of services evolved to help people affected by HIV. It is the evolution of this complex web that the AIDS History Project aims to capture by preserving the history of the CBOs - often ad hoc groups - whose records, without archival intervention, could follow a path directly to the recycling center.

AHP archival appraisal decisions rely partially on the tool known as a documentation plan, developed for application in health care by Joan Krizack in her work entitled *Documentation Planning for the U.S. Health Care System*. In the case of the AHP, rather than documenting all the activities of specific agencies, this technique concentrates on documenting a specific range of functions and activities and assessing various agencies to see which best chronicle each of these. The AIDS History Project plan calls for four distinct accessioning activities. The first documents the functions and activities of AIDS agencies surveyed by the AHP targeting regulation; fund raising; policy formation; health promotion; health care; and support of legal, emotional, financial, spiritual, and practical needs. Organizations documented in this effort include the AIDS Office of the San Francisco Department of Public Health, Bay Area Physicians for Human Rights, Stop AIDS Project, San Francisco General Hospital, and the AIDS Emergency Fund.

The comprehensive documentation of one AIDS agency is the second accessioning activity of the AHP. The San Francisco AIDS Foundation (SFAF) was selected as the ideal agency primarily because it was the first community-based AIDS organization in San Francisco and a model for later CBOs and because it is a multi-service organization.

The third accessioning activity is the concise documentation of several agencies by collecting a

core set of records for these agencies that document their history, intent, and activities, such as board meeting minutes, policy and planning documents, and newsletters. The final accessioning activity is an "artificial" collection comprised of education and prevention materials, posters, and other ephemera, newsletters, reports, surveys, and - if preservation issues can be settled - a large and colorful array of condoms and other safe-sex materials.

The AIDS History Project represents the primary documentation plan currently used to capture the written record of the rise of AIDS and the resources mobilized against it within the California region. The work of the AHP is complemented by a concurrent oral history program, co-sponsored by the Bancroft Library's Regional Oral History Office, the UCSF History of Health Sciences Department, and the UCSF Library and CKM, entitled the San Francisco Bay Area AIDS Oral History Project. This program is comprised of three phases: the medical response, 1981-1984; the response of the nursing profession; and the community physicians.

Aimed at capturing the factual, contextual, and personal information, as well as recording the experiences of medical personnel which will enhance the written record, the San Francisco Bay Area AIDS Oral History Project, currently in progress, is focusing on three major areas. Phase One is the AIDS Physician and Scientists Series. This phase documents the responses of physicians and scientists having key roles in the early years

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conducted with seventeen university and public health physicians, scientists, and medical administrators active in the early years of the San Francisco AIDS epidemic. This phase features interviews with Selma Dritz, Mervyn F. Silverman, Donald I. Abrams, Marcus Conant, Andrew R. Moss, Arthur J. Amman, Paul A. Volberding, Donald P. Francis, and Constance B. Wofsy.

Phase Two is the AIDS Nurses Series. This phase documents the response of nurses with influential roles in Bay Area AIDS medicine. It includes interviews with eight nurses, one hospital administrator, and one medical journalist at the University of California, San Francisco; San Francisco General Hospital; and the Visiting Nurses Association who were active in the early years of the AIDS epidemic. This phase features interviews with Michael Helquist, Helen Schietinger, Gayling Gee, Angie Lewis, Diane Jones, and Diane Miller. With interviews currently underway, Phase Three is the AIDS Community Physicians Series. This phase will document the responses of medical practitioners with large HIV practices in San Francisco and/or significant roles in early AIDS politics.

Oral history in our time has proven to be an invaluable technique for collecting and preserving first-hand information about communities of all kinds. In this instance, oral history has been applied to capture the medical response of a community to an epidemic while events are still fresh in the minds of participants. For the aggregate historical record, oral history has grown increasingly valuable for complementing and enhancing "traditional" historical sources of information. Taking their place alongside archival primary sources, the materials of oral history are yet another source for the raw data of historical scholarship. Archival documents provide a record of what transpired, while oral history provides a sense of how and why events transpired. In addition, archival documents provide a check to the collective memory, while oral history provides a context, and gives insight to experience not recorded.

Recently completed, the AHP has constructed a website which provides online access to the research products of this documentation project. While primarily describing the written evidence preserved by the project, the website features a description of the ongoing San Francisco Bay Area Oral History Project. The AHP website seamlessly provides informational access to important historic archival material complementing current resources in AIDS-related research now online. Recently the UCSF Library and CKM mounted the AIDS Clin-

ical Trials Database on the Web. In the future, additional AIDS resource materials on the Internet will be linked through the library website named GALEN II. The AHP website provides an overview of the project's purpose, provides a context for the collections by describing the documentation planning process by which significant records were selected, and describes the archival records secured to a global audience by providing online access to electronic versions of collection finding aids. Please visit the AHP website at <http://www.library.ucsf.edu/sc/ccp/ahp>.

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THE NEW JERSEY AIDS ORAL HISTORY PROJECT AND AIDS COLLECTION

BACKGROUND

New Jersey's first AIDS case, diagnosed retrospectively, occurred in 1980.¹ By December 1995, New Jersey was fifth among states in the number of adults and children with AIDS² and first in the percentage of women testing positive for HIV.³ Last month, the CDC reported that Jersey City had the highest rate of AIDS among the nation's cities in 1995, and Newark was in the top five.⁴

Ten years ago, inspired by the AIDS History Group's call to document the epidemic, the UMDNJ Libraries' Department of Special Collections began collecting materials documenting the history of the epidemic in the state. It was the first organized attempt by the University Libraries at collecting contemporary history.

THE AIDS COLLECTION

The collection grew rapidly. Included were state statistics, newspaper articles, brochures, posters, newsletters, and ephemera distributed at local health fairs. Working with limited financial resources and inadequate space, we opted not to collect records at that time.

Like the epidemic itself, the collection increased in size each year. Nevertheless, if we were documenting the epidemic in progress, we recognized the need to go beyond traditional resources

to capture the actual experiences of people who were personally and professionally involved in the epidemic. AIDS narratives would fill this need. Oral histories would provide real life experiences of people involved in and coping with the epidemic.

THE ORAL HISTORY PILOT PROJECT

In 1993, a pilot project was undertaken to interview individuals connected with the AIDS epidemic within the Garden State. Four interviews focused on one organization, New Jersey Women and AIDS (NJ-WAN); the interviewees were a founder, executive director, a volunteer, and an HIV-infected AIDS activist.

About the early years of developing support for AIDS in New Jersey, the founder told us:

...AIDS in New Jersey looks very different from the rest of the nation...those of us...working with the harder-to-reach clients, or people living with AIDS, became very frustrated quickly. ...the word wasn't getting out, and...there weren't particular attention and programs and services being developed to meet these people's needs. ...About 1985-86,..we started to put together a coalition...a bunch of different, for the most part social service, providers [who]... came together and were trying to figure out a way to organize...⁵

Two other interviews were conducted with UMDNJ medical staff. One, a nurse who coordinated a family-centered pediatric AIDS/HIV clinic, mused about her vision of the future when she could say to the families, "Come here and get your HIV treatment and cure, and...you'll be fine."⁶ The other, a physician who established the first clinic in the state for women with AIDS, told us:

...in October 1988...I set up a small clinic where I would see women who were HIV positive. My first clinic session...was a little dismal. I was just sitting around waiting, and we had I think...six or eight patients, and we thought that maybe this wouldn't work. Well, that was exactly the opposite of what happened...Unofficially word got out that this was a wonderful clinic and everyone should go,..and we were overwhelmed with female HIV positive patients.⁷

The six pilot interviews proved to be so powerful that we knew we had to seek funds to continue interviewing others.

THE GRANT

A proposal was submitted to the New Jersey Historical Commission for a modest grant. It was based on the assumption that oral histories conducted during the epidemic offered a unique opportunity to gather valuable information about the actual impact on individuals, families, communities, health care workers, organizations, and institutions in New Jersey.

The focus of the project was to look back to the early 1980s when HIV and AIDS were first identified within New Jersey and to document a variety of approaches over the years in response to the epidemic. We selected sixteen individuals who had made personal contributions or who represented organizations that responded to the needs of people whose lives were impacted by the epidemic.

As it turned out, eight interviews were conducted, not sixteen, as a result of reduced funding. The people selected represented a variety of organizations and occupations including two affiliated with religious groups and others from non-profit service agencies. Two physicians were included; one, a former Commissioner of Health represented a state government point-of-view. The people and the organizations were from a wide geographic distribution over the state. And, because problems of confidentiality had yet to be resolved, we did not specifically target people with HIV.

I'd like to summarize the interviews in the grant for you:

The Program Director of the AIDS Center at Hope House in Dover talked about his experiences as a Chaplain leading to working with people with AIDS. He discussed the role of Hope House, a multi-disciplinary social service agency of the Roman Catholic Diocese of Paterson, changing community attitudes, an encounter with a hospitalized AIDS patient, and problems of HIV in jails.

A former Commissioner of Health for the State of New Jersey discussed the State Department of Health's first plan for fighting the epidemic and the creation of an Advisory Council on AIDS. As a physician, she spoke about AIDS as a public health issue. She described her frustration mobilizing support to implement recommendations in the State AIDS Plan.

A Roman Catholic priest talked about his work with Straight and Narrow, a long-term drug treatment center in Paterson for men with HIV. In addition to recounting his experiences living with AIDS patients, he reflected on problems establishing housing for people with HIV.

The executive director of Hyacinth Foundation, New Jersey's first AIDS service organization, incorporated in 1985, discussed education, politics, fundraising, and needle exchange. As an attorney, her analysis of legal services for people with AIDS was a significant contribution to the project.

The Program Director for the South Jersey AIDS Alliance talked about clients' needs and services in three of the state's southern counties. The Alliance was founded in 1985 by a group of gay men; now 70% of clients are infected through IV drug use, a change that occurred in the early 1990s. She told us that the perception in rural areas is that the Alliance is a radical group promoting alternative lifestyles; as a result, educating the public about AIDS has been extremely difficult.

A pediatrician who specializes in infectious diseases and immunology described his work with families and children with AIDS. As the first to describe AIDS in children, this physician talked about the politics of AIDS, clinical trials, funding, and international training programs for healthcare workers.

The Director of Buddy Services for the AIDS Coalition of Southern New Jersey, provided a unique perspective. After being diagnosed HIV-positive, she joined a buddy support group where she was the only woman in a group of gay men. Eventually, she joined the Coalition staff where now she is responsible for Buddy Services and a Teens' AIDS Line.

The first home for children with AIDS in the U.S., St. Clare's, was established in New Jersey. The founder described establishing that home and others and the AIDS Resource Foundation for Children. He discussed a summer camp for families run by the foundation. He told us about providing support for pregnant Haitian refugees who were flown to Newark for treatment from the Guantanamo Naval Base in Cuba. And, he recounted experiences organizing a medical team that visited Russia to care for children with AIDS.

CONCLUSION

What we learned from the interviews far exceeded our expectations.

We learned that because the state of New Jersey was slow in providing support services to those with HIV and their families, a wide variety of grass roots social service agencies developed and are flourishing.

New Jersey was different, because of the large number of women and children caught in the epidemic. This difference presented a host of problems from medical to child-care issues, including CDC's definition of AIDS.

The influence of several of our informants extended well beyond the borders of New Jersey when they assumed leadership roles in international training programs for AIDS healthcare workers.

We learned what it meant for an HIV-infected young woman to decide not to have a child and the reasons why her entire family became political activists.

We also learned that information about social services and support groups was communicated most often through informal channels - from person to person.

In conclusion, the Oral History Project has turned out to be the most important part of our AIDS archives thus far. Contacts and information gathered during the fourteen interviews provided leads to further collecting opportunities and documentation, such as records of the organizations and videotaped "memory" messages recorded for kids by parents with AIDS about their lives and dreams for their children's futures. There is much more to be done including interviewing the same people in the New Jersey AIDS Project five years from now to provide data on changing attitudes and expectations.

Information about the collection and abstracts of the interviews are available on the Internet as part of the University Libraries' Home Page. We encourage your questions and welcome your interest.

Finally, the ultimate value of our AIDS Collection, of course, will be determined by historians who will analyze these resources when writing the history of the epidemic. It is also possible

that in the long run projects such as ours may even help in demonstrating the need for earlier support services for other possible outbreaks of as yet unrecognized diseases.

Barbara Smith Irwin
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Dentistry of New Jersey Libraries

Endnotes

¹ New Jersey State Department of Health. New Jersey: A State Organizing to Fight AIDS..., 31 January 1991: iii.

² G Scott, "Grim AIDS Stats," *Newark Star-Ledger* 1995 Nov 30; 1.

³ *New York Times* 1995 Oct 30; NJ6.

⁴ J Hassel. "Jersey City, Newark ranks among top 5 U.S. cities in AIDS infection rate." *Newark Star-Ledger*, 1996 Apr 19; 10.

⁵ Riki Jacobs, "The New Jersey Women and AIDS Network," an oral history conducted March 4, 1994 by Janet Koch, Special Collections, UMDNJ Libraries, p. 3.

⁶ Robin C. Scudder, "The Central New Jersey Pediatric AIDS Program," an oral history interview conducted October 28, 1993 by Barbara S. Irwin, Special Collections, UMDNJ Libraries, p. 43.

⁷ Patricia Kloser, MD, "AIDS Services at the UMDNJ University Hospital," an oral history interview conducted October 6, 1993 by Barbara S. Irwin, p. 6.

THE NIH AIDS ORAL HISTORY PROJECT: DOCUMENTING THE NIH RESPONSE TO AIDS (1981-1991)

The NIH AIDS Oral History Project focuses on documenting the reaction, research, and activities of scientists and other personnel working at the National Institutes of Health (NIH) campus in Bethesda, Maryland, when confronted by the AIDS epidemic in the period 1981-1991. The aim is to gain insight into how the leading federal biomedical research establishment in the United States reacted to the threat of a new disease and to determine how the advent of AIDS affected the research programs of the institutes that make up the NIH, their organization, and the levels of funding available for them. The goal of the NIH became by the mid-1980s the increase in understanding of the character of the human immunodeficiency virus (HIV), including its pathogenic mechanisms and the body's immune response, by basic and clinical research. Two institutes, in particular, the National Institute of Allergy and Infectious Diseases (NIAID) and the National Cancer Institute (NCI), were affected the most by AIDS in terms of changing research emphasis, organization, and funding.

The NIH project differs from some other AIDS oral history projects in that it concentrates primarily on the views and activities of the scientists and research administrators at NIH with regard to AIDS. It does not focus on exploring the experience of people who have AIDS, although interviews are being conducted with personnel who have cared for AIDS patients being treated under research protocols at the NIH hospital, known as the Clinical Center. The instigator and organizer of the project was Victoria A. Harden, the NIH Historian, and it was initially conducted by her and her associate, Dennis Rodrigues.¹ I have been privileged to be involved in this project as a historical contractor in the last two years and will continue to be involved until its completion.

In the first phase of the project, twenty-seven oral history interviews were conducted, primarily with research scientists and research administrators, but also with clinicians and nurses. In the second and current phase of the project, twenty-five to thirty more interviews are being conducted with a range of NIH staff in order to obtain as broad a perspective as possible on the NIH response to AIDS. The areas and topics needing further investigation and the persons to be approached have been identified by an analysis of the already conducted interviews and from recommendations re-

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ceived. One subject that will be pursued further, for instance, is the process by which safety guidelines for health care personnel and laboratory personnel were established and instituted, not only at the NIH but also elsewhere with NIH input. Another subject needing more exploration is the contributions of NIH scientists both in NIAID and NCI to research in virology, especially of retroviruses. Besides research scientists at different levels of seniority, additional laboratory and hospital personnel who have been involved with AIDS materials and patients at the NIH will be interviewed in the second phase of the project. The project also includes the collection, review, and organization of NIH documentary material relating to AIDS.

The outcome of the project will be a book analyzing the NIH response to AIDS utilizing excerpts from the transcripts of interviews obtained in the AIDS Oral History Project and information gained from collected source material. Themes that will be important in the book include: 1) the attempt by NIH scientists to understand the range of clinical patterns observed in early AIDS patients; 2) the organization of an interdisciplinary and inter-institute team of researchers at the NIH to address the conditions observed in early AIDS patients; 3) the search for the cause of AIDS; 4) the issue of biosafety policies in dealing with an unknown disease; 5) the role of the NIH in protecting the nation's blood supply; 6) the development of animal models for AIDS; 7) the role of nurses in AIDS care and education; and 8) the roles of other support staff, such as laboratory technicians, in AIDS research at the NIH.

To give an idea of the information and insights that have been gained so far in this project, excerpts from three of the oral histories already conducted follow describing how several of the scientists interviewed first learned of AIDS, how it affected their research, and the effects on the NIH.

The first source is Dr. Anthony S. Fauci, one of the leading figures in AIDS research at the NIH, and now Director of the National Institute of Allergy and Infectious Diseases. At the time of the first cases of what came to be known as AIDS, Fauci's laboratory concentrated on research on regulation of the immune system:

I first heard about the cases that ultimately turned out to be AIDS from the Centers for Disease Control's *Morbidity and Mortality Weekly Report*. The cases were those reported in June 1981. I remember very clearly. I picked up the *MMWR* and read

of these unusual cases among gay men of a strange immunosuppression associated with opportunistic diseases. I remember looking at the report, thinking first that possibly some sort of a drug that the men had taken was toxic to their immune systems, but in the back of my mind was the question that maybe they were infected with an unusual strain of CMV [cytomegalovirus]. We were well aware that CMV was an important cause of infection in gay men. I thought that maybe there was some mutation of CMV that gave a very virulent course in these individuals and was suppressing their immune systems. But I put the idea to the back of my mind.

Then, when the second report came out later that summer, I started to get a little worried thinking that this might be the emergence of a new disease. Very soon thereafter, still in 1981, towards the early fall, it became clear that intravenous drug users were getting AIDS. I can remember that I started to get goose pimples. I said, "This could be an infection that is transmitted by blood and by sex, and I do not have the foggiest idea of what it is." We do not usually think of new and emerging microbes [as causes of disease], unless we are aware of a new and emerging microbe.... I can remember thinking about AIDS as a potential new disease and saying, "This is something that is really very serious."²

In his interview, Fauci went on to describe how he began to discuss this syndrome with others working in his laboratory and to develop a proposal for his laboratory group to study some people who had AIDS. He recorded:

There was a gradual and then an accelerated transition of my laboratory. It had been 100 percent fundamental immunology, predominantly looking at diseases of hyper-reactivity of the immune system.... I made the decision that we would have to switch over to research on this disease [AIDS], because, with every month that went by, I became more convinced that we were dealing with something that was going to be a disaster for society.³

As Fauci noted, his decision was not universally applauded by his scientific colleagues:

Some people, I remember, were a little concerned about me. They said, "He has been so successful in what he is doing with fundamental immunology and the hypersensitivity diseases. Why does he want to switch over to an area where we do not have any idea what the disease is and in which he is not an expert?" But the fact was, nobody was an expert yet.⁴

Fauci put together his group:

In those months from the summer of 1981 through 1982, we put together our small AIDS group.... We decided that we could do the research. We had to have a group in place. We could not admit patients in a vacuum because these people were too sick. Then we started to switch virtually the whole laboratory over to AIDS research. When the virus became recognized as HIV [Human Immunodeficiency Virus], then what we could do with the research exploded in a mushroom fashion.⁵

Another scientist, Dr. Robert Biggar, was working in the Division of Cancer Etiology of the National Cancer Institute when AIDS first appeared. When asked about the response of the NCI to AIDS, he commented as follows:

I think that NCI involvement with AIDS resulted from the interest of individual investigators. There was no organized, formal surveillance of anything new coming up. People who became involved with AIDS at that stage were basically doing it on their own. They were working with what they gleaned from the literature themselves, heard in corridor rumors, and so on. I know of no organized surveillance [for new diseases].... I became involved more or less by default, as did others in my section.⁶

He continued:

There was nobody at the top saying, "You have to be involved with this," or "You should get interested in this." Everybody followed his or her own interests, with the top brass saying, "If you are interested, go ahead, choose your own projects."⁷

In contrast to Fauci, Biggar and others believed that the outbreak of Kaposi's sarcoma noted in early reports might be a short term phenomenon:

There are many examples of diseases that have come and gone. The NIH was never designed to respond to emergency conditions. This has not been our role in the past. There was no sense on anybody's part in saying that we ought to stop doing what we were doing and focus our attention on AIDS. In fact, if anything, there was a stout resistance to such an attitude, because strange disease events in the past, like swine flu and Legionnaires' disease, had come and gone. The attitude that one should not divert major programs away from important subjects in order to take care of a transient phenomenon added to the complacency of the people who were administering the NIH at the time.⁸

The NIH's structure of institutes devoted to various disease problems also affected any plan for coordinated research. As Biggar describes:

It was fairly obvious from the early days of AIDS that, although Kaposi's [sarcoma] was part of this syndrome, it was only one part, and the fundamental problem was not going to be a problem with cancer, but with immune suppression. That posed a problem for the NIH, because there is no National Institute of Immune Suppression. There was an institute for cancer, but cancer was only part of AIDS. There was an institute for infectious disease, but nobody knew for sure that AIDS was an infectious disease.... It was not anyone's particular mandate.⁹

Other scientists echo Biggar's view that the nature of AIDS made it difficult in the beginning to determine which institute should carry out research on AIDS. Dr. Bruce Chabner, Division of Cancer Treatment, National Cancer Institute, commented in his interview:

[AIDS] was not a disease that fell naturally within the mandate of the [National] Cancer Institute. Anything we did up to the [summer of 1982] and even after that was a function of our own personal interest in the disease. We already had a hunch that we knew what was going on.... There was no congressional mandate for the Cancer Institute to study AIDS, because, by most people's estimation, it was an infectious disease. If it was not that, it was a toxic disease. It was not a malignancy.¹⁰

Chabner went on to say:

Until it became clear what the cause of this disease was, it was not clear which institute was responsible for it. I think, because it was an immunodeficiency disease, NIAID probably had the primary role and interest, and this certainly became the case after AIDS was demonstrated to be the result of an infection. But up to that point many people were working on it.¹¹

As these sample quotations from the oral history interviews already conducted reveal, early reactions to AIDS and thoughts on the significance of this new syndrome and how to investigate it varied considerably amongst scientists at the NIH. The impact of AIDS on the organization of institutes at the NIH and its effect on the direction of research were only to become apparent with time. Much changed at the NIH in the first decade of AIDS. The evidence that the NIH AIDS Oral History Project is providing, and the book that will be an outcome of the project, will help to demonstrate the combination of scientific, organizational, and political forces that have impinged on the biomedical research community's response to the AIDS epidemic.

Caroline Hannaway
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Endnotes

¹ For the context in which the NIH formulated its response to AIDS, see Victoria A. Harden and Dennis Rodrigues, "Context for a new disease: aspects of biomedical research policy in the United States before AIDS," in Virginia Berridge and Philip Strong, eds., *AIDS and Contemporary History* (Cambridge: Cambridge University Press, 1993), pp. 182-202.

² Oral history interview with Dr. Anthony S. Fauci, 29 June 1993, transcript, NIH Historical Office, pp. 1-2.

³ Ibid., pp. 4-5.

⁴ Ibid., pp. 5-6.

⁵ Ibid., p. 6.

Reminder:
Deadline for submission to the
Winter issue of *The Watermark*
is 1 December 1996

⁶ Oral history interview with Dr. Robert Biggar, 6 November 1989, transcript, NIH Historical Office, pp. 2-3.

⁷ Ibid., p. 5.

⁸ Ibid., p. 7.

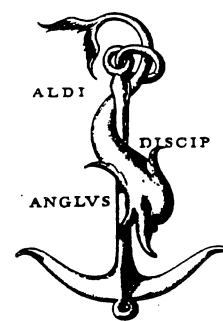
⁹ Ibid., p. 14.

¹⁰ Oral history interview with Dr. Bruce Chabner, 17 November 1989, transcript, NIH Historical Office, p. 5.

¹¹ Ibid., pp. 5-6.

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ETHICAL ISSUES FOR THE ARCHIVIST: THE BROWN AND WILLIAMSON COLLECTION AND BEYOND

This paper will address issues of professional ethics (particularly as they relate to archives, records, and special collections management) through three anecdotes, one of which is the Brown and Williamson case. Each anecdote, I believe, helps us explore issues important to consider as we move towards developing a viable, comprehensive, professional ethics for archivists. As a paper on a philosophical topic, however, it will of course raise lots of questions and provide no final answers. I should also mention that I write this as a special collections librarian who, not long ago, worked for several years as an institutional archivist and records manager.

To the first anecdote. In July 1995, the Archives and Special Collections Department at the University of California, San Francisco (hereafter UCSF) announced the opening to the public of the Brown and Williamson tobacco company documents for research purposes. Not only were these records made available, but they were scanned, indexed, and posted on the UCSF library World Wide Web pages as part of a broader effort known as the Tobacco Control Archives.

That this action sparked an open and heated debate on the Archives Listserv and elsewhere in the archival community initially comes as a surprise. The materials came to the UCSF Special Collections as part of a deposit of a faculty member's personal papers -- nothing unusual there. That they were "published" on the Web may seem innovative but is hardly provocative. What makes this case interesting is the deeper background history of these materials.

The Brown and Williamson documents came to the UCSF faculty member anonymously in the mail from a source identified as "Mr. Butts" (from the Doonesbury cartoon). The materials were internal documents (scientific reports, memoranda, and correspondence) concerning the harmful effects of tobacco smoke and the addictive nature of nicotine, topics whose importance we all recognize. As it turns out, the documents were unknowingly photocopied and provided to the UCSF faculty member by a paralegal working for the law firm representing Brown and Williamson. Regardless of the legalities involved, this can be construed as a

clear violation of the attorney-client privilege, the foundation of the legal code of ethics. With regard to this realm of professional behavior, there is no doubt about the ethical issue at hand. But archivists are not lawyers, and their ethics need not be the same.

Ethics are about values, and the debate sparked by UCSF's actions revealed a deep split in the archival community, a split I felt personally from having worked in both institutional archives and special collections settings. Initial reaction, which seemed reasonable enough to me, was against the "publication" of these documents.

Everett Wilkie's initial posting, 7/19/95:
Unless I am missing something here, does anyone besides me find it disturbing that these documents were obviously surreptitiously removed from or copied at Brown & Williamson without their permission and then sent to a public institution, which now asserts that it may do what it pleases with them? *Is such an act on the University's part responsible* (read "ethical") *archival behaviour?* I am hesitant to think of the general mischief that could ensue if anyone were at liberty to photocopy confidential institutional documents and then just send them to a library, where they would be made widely available to one and all. ... I can see a "compelling public interest" in revealing all sorts of things about all sorts of people and all sorts of institutions, *but I'm not real sure that this is the route archives should take to accomplish that end.*

Everett Wilkie again, 7/20/95: If I follow this line of reasoning correctly, then the following scenario would also be appropriate. An employee of my Society, in a fit of disgust or whatever, copies sensitive information from the Society's archives and sends copies to a U.S. representative, a couple of newspapers, and a university faculty member. This person does this without any authorization from the Society and without the Society's knowledge. (We are a private entity, without any connection to any state agency.) The representative decides to hold a few hearings about this and releases some of the documents he has been sent. The newspapers decide to publish a few of them. The faculty member decides to donate his copies to an archive, so everybody can see the whole thing. All of this is done with what is basically Society property and with-

out the Society's consent. Are we, as a profession, really saying that scenario is OK? That the ends justify the means, especially if we are fighting some huge, evil corporate giant? And especially when the collection[s] involved in this case has an almost prurient interest in acquiring such material? Do we really wish to encourage and reward this type of behaviour among employees? If you don't like what we're doing, revenge is as close as the nearest photocopier? ... I believe it is *real* important here to consider what each person's and each institution's reaction would be if it were *your* ox getting gored like this.

Others noted that "responsible" records managers would long ago have destroyed these documents in the name of limiting liability. While I have deep reservations about this practice -- for management reasons, e.g., loss of corporate memory, and historical reasons -- we can see the clear imperative of the institutional archives and records management community: we exist to serve our parent companies. And this does not seem unreasonable.

However, the tide on the listserv gradually turned and another perspective emerged, one for which so many of us (myself included) have great sympathy.

Bruce Montgomery, 7/21/95: I'm not sure the issue is so clear cut. The tobacco companies have conducted numerous scientific studies on the effects of tobacco on human health. Their own studies have repeatedly shown the ill effects of tobacco, yet they have adamantly maintained that its adverse consequences remain unproven. Tens of millions of dollars in deceptive advertising, lobbying, and global marketing have diverted attention away from the fact that smoking is a dangerous enterprise. Corporations of this ilk--like chemical companies that market outlawed pesticides in third world countries that produce food that is imported back into the U.S.--operate in their own self-interest regardless of the consequences on human health. What we have is a political battle between tobacco firms, public interest groups, and scientists. *Where do the ethics really lie?* Who is really being deceptive here? *Is the disclosure of purloined documents the greater wrong, or can it perhaps be construed as a virtuous act designed to better human health and save lives?* Should an archives be absolute in its thinking in

these kinds of cases? The Pentagon Papers were also purloined documents that were published in the press revealing the deceptions surrounding the War in Southeast Asia. Which was the greater wrong--the stealing and publication of these documents or the lies and deceptions promoted by the U.S. military?

Ethics is not law, and what may be illegal can occasionally be ethical, such as many instances of civil disobedience.

Bruce Montgomery, 7/21/95: I'm not sure UCSF is guilty for any wrong doing for publicizing documents that were already in the public domain. Given the documents are photocopies and were in the public domain before UCSF received them, can they be construed to be stolen property? It would be interesting to see how the courts addressed this issue. Further, *perhaps UCSF should be commended for taking a public position on preserving documents that shed light on an important controversy that affects public health.* These materials have powerful incriminating value concerning a corporation that has engaged in deceptive and false practices. Although we should avoid political advocacy as a profession, we cannot entirely shun our responsibility to promote the public's right to know.

But in response:

Charlie Mutschler, 7/21/95:] Bruce has a point about the greater common good or the big picture. However, let me point out that:

1. Smoking is legal. B&W is engaged in the operation of a business recognized as legal and legitimate under our laws.
2. B&W has consistently claimed the documents were stolen from them, and has asked for their return.

I don't think it's appropriate for us to condone theft of property because we support the aim of the thieves. If we want to ultimately outlaw smoking, fine, let's do it through legislation. Of course, we tried this with booze, and it didn't work very well, but that's a different point I'm still concerned by what I see as a strain of *situational ethics.* Archivists should be con-

cerned that the public doesn't see us treating different groups differently. So, Bruce, I'm back to my first point: The stuff was stolen, and should be returned.

Thus, these two sides appeared, squared off, found no common ground, and the disagreement remained.

Surely we can turn to the appropriate code of ethics and resolve this issue, for both ARMA (Association of Records Managers and Administrators) and SAA (Society of American Archivists) have codes of ethics. Reading the ARMA document, we find some passages that vaguely may be relevant, most of which focus on the concerns of the employer.

"Information and records managers support the free flow and oppose censorship of *publicly available information* as a necessary condition for an informed and educated society." These documents, however, were not publicly available (although many of them at this point were in the public domain); they were the private property of the corporation released under dubious circumstances, and the ARMA commentary clearly applies this dictum to government and not corporate records.

"Information and records managers condemn and resist the unethical or immoral *use of* or concealment of information" -- and theft can easily be construed as 'immoral use'.

"Because of their responsibilities to their employers or clients as well as to their profession, information and records managers... serve the client or employer at the highest level of professional competence." (Additional commentary reads: "This serves the employer's or client's best long-term interests")... [and] maintains the confidentiality of privileged information (commentary mentions 'classified' for national defense purposes or 'restricted' for proprietary or privacy reasons as examples of valid limitations on access).

The emphasis, where it is clear at all, is on the rights and interests of the employer. And this does make some sense. Certain Department of Energy laboratories keep classified decades-old documents about atomic and nuclear weapons that are themselves generations old -- but are at the capabilities of many of the more fanatic world gov-

ernments today, and stopping nuclear proliferation is a good thing. Most corporations keep proprietary secrets, for obvious reasons. Isn't the principle that a private entity, be it an individual or a corporation, has a right to its own property and to its own privacy? Surely it does, and I think most institutional archivists and records managers would agree on this matter.

But, what are the broader responsibilities of corporations, individuals, and archives? Bruce Montgomery asked whether we were evading our greater responsibility to the public and whether the *New York Times*, for instance, should have qualms about publishing such information [7/28/95]. (At this point, someone might say "but archivists are not journalists, and their ethics need not be the same.") In its defense of its actions, UCSF Special Collections stated:

These are very important and historic papers, and their extraordinary nature and potential as sources for scholarly research make it important that they be available for public use. *It is the purpose of this archives to provide access to information for research use* [7/20/95].

And while the SAA Code of Ethics states that "[archivists] weigh the need for openness and the need to respect privacy rights", privacy refers to individuals who created or were subjects of documents, not to corporate entities. Soon after, the SAA Code of Ethics states "Archival materials should be made available for use (whether administrative or research) as soon as possible". The clear emphasis here is on the openness and free flow of information. After all, haven't we lauded the effort to open the records of the human radiation experiments and proclaimed it a success? And weren't those records similarly posted on the World Wide Web, by the Department of Energy no less? Were they to have been posted by a special collections without the knowledge or permission of the Department of Energy, would our opinion really change?

In other words, institutional archivists and records managers have their ethical sympathies more with, say, a legal code of ethics (emphasizing confidentiality), while special collections archivists and librarians have their ethical sympathies more with, say, a journalistic code of ethics (emphasizing access to information). The ARMA and SAA codes of ethics, such as they are, seem to match this divide. And concerning the Brown and Williamson case, the two sides *have no common ground*.

This reference to journalism is a fortunate transition to my second anecdote. A few years ago, I listened to a presentation by Martin Walker, a reporter for the English newspaper, *The Guardian*, and sometime NPR commentator, at an ethics seminar at the University of Pittsburgh's library school. Of particular interest was his condemnation of the use of the dictum "closed for national security reasons" when referring to records or interview topics. Walker spent quite some time describing the evil misuse of this phrase, both from a reporter's viewpoint and the perspective of a citizen in a democracy. "National security" is used in much the same way as, say, the attorney-client or doctor-patient privilege, i.e., as a way of restricting access to information. As someone who came to political awareness during Watergate and the revelations of Nixon White House activities, his discussion resonated well with me. Not surprising, this restriction of information is anathema to reporters -- as well as special collections archivists and librarians, whose primary mission is to make materials widely available for research.

By contrast, Walker discussed the phrase "in the public interest" as a way of contrasting a reporter's ethics with a businessman's or a bureaucrat's ethics. As he continued to speak, I became quite uneasy with his presentation and examples. One particularly vivid story concerned his blackmail of a government official into revealing classified information. This was a clear-cut example of ends-justify-means reasoning, not at all unlike what he was condemning in others. Perhaps catchy phrases like "in the public interest" can all too easily be used rhetorically to mask the more accurate description "in this particular reporter's interest" in getting an early beat on a story that will spread far and wide -- a reporter's dream.

I raise this story in order to highlight similar divisions in the archival community. On one hand, we make materials accessible. The San Francisco Superior Court judge specifically pointed out "a strong public interest" in having the Brown and Williamson documents available. On the other hand, we recognize privacy rights and confidentiality, and many of us probably feel uneasy about such extreme ends-justify-means reasoning. Above all, we should be suspicious when high-sounding principles become used more as rhetorical devices and rationalizations than as the basis for sound ethical decision-making and action. I say this not to suggest that UCSF has done this (I don't think that this is the case), but that all of us should become very aware of ourselves and watch that we do not make

the subtle shift from ethics to mere rhetoric or from reason to rationalization. But back to ethics.

What makes the Brown and Williamson debate and the Martin Walker example so vexing is a sense, especially on the part of those of us who have worked on both sides of the fence, that there is a good case to be made on either side. This involves what Rushworth Kidder describes in his 1995 book, *How Good People Make Tough Choices: Resolving the Dilemmas of Ethical Living*, as right-versus-right quandaries. Kidder wrote this book as an outcome of a different project where he interviewed leading intellectual and political figures about humankind's future. The six major issues that emerged were the nuclear threat; environmental degradation; the population explosion; large and widening economic gaps; the need for education reform; and the breakdown of morality. Following this revelation about the need for an effective ethics in the contemporary world, Kidder led seminars where businessmen and women and other professionals brought out specific cases for examination. This grounding in real-world activities makes the book highly relevant to developing a professional ethics.

Kidder rightly emphasizes the reasons why ethical reflection is valuable (pp. 22-23):

- 1) it helps us realize that ethical dilemmas are rarely unique and are thus recognizable, analyzable, and manageable;
- 2) it helps us cut away extraneous detail and get to the point; and
- 3) it helps separate out right-versus-wrong cases from right-versus-right cases.

This last reason is especially useful in separating (and dealing with) easy ethical cases versus much harder ones. Right-versus-wrong situations can no doubt produce temptation (e.g., to cheat on your taxes) or serious consequences (such as not lying for your employer), but intellectually they are relatively clear-cut.

This mention again of professional ethics brings me to my third anecdote. For four years I worked as archivist and records manager for a professional nursing association. One of our duties was to staff the national conferences like this one, the larger one having an attendance of about 5,000 members. On occasion we could take breaks. Attending the clinical sessions did not do much

for me, but I did make an effort to attend sessions on professional issues, just to see the difference between the archives world and the nursing world.

One session on nursing ethics was particularly interesting to me. The session, with a large audience, consisted of a skit that laid out a problematic scenario concerning a patient, how much information was revealed to the patient and by whom, and potential assistance to the patient that might be construed as counter to a healthcare worker's code of ethics. The skit was followed by discussions within audience groups of about eight to ten people, and then an open discussion and summary by the presenters.

What rapidly became obvious (other than a repeated focus on the power relations between physicians and nurses) was that, when it came to professional conduct and the ethics of decision-making and action, nurses were left out in the cold by their training. In Kidder's words, they lacked a framework for discerning right from wrong (pp. 32-33). Because of this lack of a well-developed, well-articulated, well-known, and readily applicable code of ethics, nurses generally were forced to rely on their personal codes of ethics, i.e., whatever their upbringing had taught them. These personal codes of ethics were usually poorly thought-out, not at all reflective, not particularly applicable, and hardly systematic across the discipline. Nurses' professional training had clearly failed them here. But what can be said of nurses, I think, can equally well be said of archivists.

What does a code of ethics buy us, if it's well done? According to Kidder, it provides us with a shared frame of reference that may help recognize situations that are clearly wrong from those that are more problematic -- and how and why the latter are problematic. A code of ethics can provide us with well thought-out, reflective, appropriate criteria that can be consistently applied in a wide variety of circumstances.

So how might we begin developing an ethical basis for our decision-making and our actions? Here are some tentative suggestions.

- 1) Get a good, basic introduction to ethical theory in order to understand the foundation for a professional ethics. There exists a fairly small number of reasoning patterns in ethics, each with well-known strengths and weaknesses. We should know these.
- 2) Examine the ethics of other professions in order to see how ethical theories apply to professions. Reasonably well-developed areas of the professional ethics literature include medical, legal, journalistic, and business ethics. While the circumstances vary from profession to profession, there is value in just examining the application of ethical theory (which, after all, is fairly ethereal) to professions that -- as all professions do -- move beyond theory and into activity.
- 3) Search for other relevant ethics literature, such as Rushworth Kidder's *How Good People Make Tough Decisions*, which move us into the real world. One good literature would be the ethics of whistleblowing, perhaps directly relevant to the Brown & Williamson case, for whistleblowing represents a genuine dilemma between loyalty to your employer and more abstract concepts such as justice, fairness, or truth.
- 4) Meet in small, structured groups where we can share and analyze real-world cases of ethical dilemmas in archives, as Kidder did with businessmen/women and other professionals. Such tales can provide useful case studies that present different situations and the ways in which issues are resolved, as well as helping identify different core values within the profession.
- 5) Assess the basic values of the archival profession, in order to provide a framework of values in which to develop ethical strategies. This stage may (will) reveal where our basic values can and do conflict with one another, thereby forcing us to determine when and how to establish priorities.
- 6) Develop ethical decision-making strategies within this framework, complete with a broad variety of case studies of ethical dilemmas and their resolutions.
- 7) Develop a code of ethics that embodies the values and ethics of the profession, but only *after* the reading, research, and reflection are done. Professional codes of ethics, which often follow a pre-defined script, are consequently vague,

ungrounded, and without consequence. We should also develop a code of ethics with some teeth in it, some consequences for ethical violations (possibly including censure?).

- 8) Incorporate ethics into our graduate and continuing education programs.

While all this sounds good in principle, I have one deep reservation about its success. A theme that echoes throughout this discussion has been the difference between institutional archivists and records managers and special collections archivists and librarians. The former emphasize values that can and do come into direct conflict with the values of the latter as has happened with the Brown and Williamson case. So the task at hand may actually be insurmountable, or at least appear that way. Such a division seems evident to me with respect to SAA's guidelines for a Master's degree in archival studies, a document that is (I think) much more geared towards institutional archives than collecting repositories.

But the consequence of *not* following through on the task is this. The archives profession has many features in common with what were dubbed almost three decades ago the "semi-professions": teaching, nursing, and social work. One reason for this similarity is the lack of a well thought-out foundation for ethical decision-making and action. I say this not to promote archives "as a profession," (a controversial topic I prefer not to address here), but because it will lead to better practice.

Stephen C. Wagner
University of Oklahoma

[Editors' Note: This paper was originally presented at the Sixtieth Annual Meeting of the Society of American Archivists in San Diego, California, 29 August 1996, in a session entitled "Lighting Up on the Internet: The Brown and Williamson Documents."]

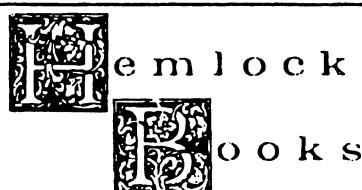
PRESIDENT'S COLUMN

Retrospect...

This has been my Summer to look back, to review past accomplishments, and to reflect on the next steps for myself and the collections for which I am responsible. As I have done this, I realized that many of the researchers and physicians here in Houston also seem to be reviewing the accomplishments of their specialties, clinics, and institutions. This Summer's research request forms reveal an unusually large number of requests for quotes from the writings of Sir William Osler, for photographs of medicine's founding fathers, and for basic historical texts in various specialties. Is it the approach of the year 2000 or is it the widespread changes in health care delivery and in patterns of funding for hospitals and academic institutions that has everyone slightly unsettled and reviewing their foundations?

Recently, I found I was not alone in this retrospection among the curators of the health sciences collections. A wonderful pamphlet, *Medical History at UCLA, 1950-1995*, arrived with an overview of disparate programs and faculty interests which have led to the present state of medical history resources at the University of California at Los Angeles. In the accompanying letter, Kathy Donahue and the editors, write "As we face new ventures and possibilities in the next millennium, we thought our first step should be to assemble a record of our past. Please take this as encouragement..." Encouragement, yes indeed! In reviewing this pamphlet, I was encouraged to see how series of public lectures, dispersed faculty, and curators in touch with these clients have built wonderful resources and educational programs in the history of the health sciences.

I would like to encourage each of our members to indulge in a bit of retrospection. It does seem like an indulgence when there are so many new technical tools to master and new faculty to serve. Yet, if we are to build vital collections to serve the next millennium, we need to maintain a sense of our place in history and to value the myriad tasks we finish each day. In the re-dedication and naming of my historical department, John P. McGovern, M.D., quoted William Osler and reminded the attendees that "In the continual remembrance of a glorious past, in-



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dividuals and nations find their noblest inspiration."

Elizabeth Borst White
Houston Academy of Medicine

P.S. Where do you find your inspiration? Is it something medieval or ancient? Is it a recent event, quotation, or long-sought-and-barely-hoped-for gift? Or is it a quotation found in the signature on someone's e-mail? I am compiling a list, posting them on my bulletin board, and passing them around the office. Send me one, two, three of your favorites. If I get a few, you may see them in the next issue. If there are many, I will gather them for the Virginia meeting. Hope to see you all in Williamsburg!

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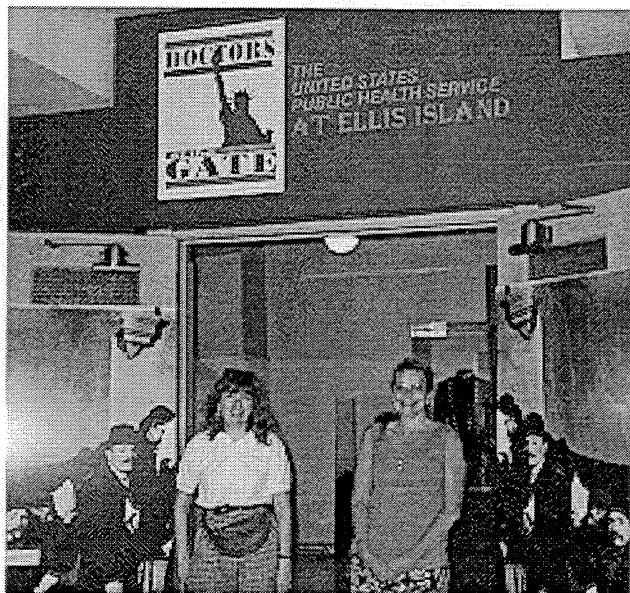
FROM THE EDITORS

While many of you may think that the JKs are inseparable, some of you learned this summer that it is possible to see one of us without the other. Joan traveled alone to the Left Coast to attend the annual meeting of the Society of American Archivists in San Diego, California. She took advantage of her proximity to Los Angeles and San Francisco to see ALHHS friends and colleagues in those cities. Fortunately, the fall deadline of *The Watermark* provided us with an opportunity to catch up with one another again. This reunion was almost postponed by Hurricane Fran that wreaked havoc in Virginia and the Carolinas. In fact, both of our universities closed for a day so that employees could wait out the storm in the safety of their homes, even if they were without electricity. Happily the JKs are now together, with electricity, and although the James River has been rising all day, we are confident that the worst is over and Joan will be able to return to Charlottesville once again!

Our summer began with a joint trip to Ellis Island to "review" the exhibit curated by John Parascandola entitled "Doctors at the Gate: The United States Public Health Service at Ellis Island." Thanks to the hospitality offered by one of our favorite hosteries, the Frusciano Inn, we were able to stay in nearby South Brunswick, New Jersey, and travel to Ellis Island from Jersey City, rather than Battery Park in Manhattan. Embarking from this port provided us with a unique perspective on Lady Liberty. We were treated to a spectacular view of her backside! What a difference a state makes.

The "Doctors at the Gate" exhibit featured items from many collections and showcased them dramatically. We were particularly taken with the diorama illustrating the health problems posed by the prevalence of rats on shipboard and around the dock. Another eye-catching display was the one showing immigrants' clothing that had been chalk marked with a physicians' shorthand indicating a perceived medical problem. The entire list of symbols for the most frequently encountered ailments was included in the poignant display of children's clothing. Each garment was accompanied by letters that described actual cases where immigrants





had been detained, and in some cases deported, because of the medical afflictions.

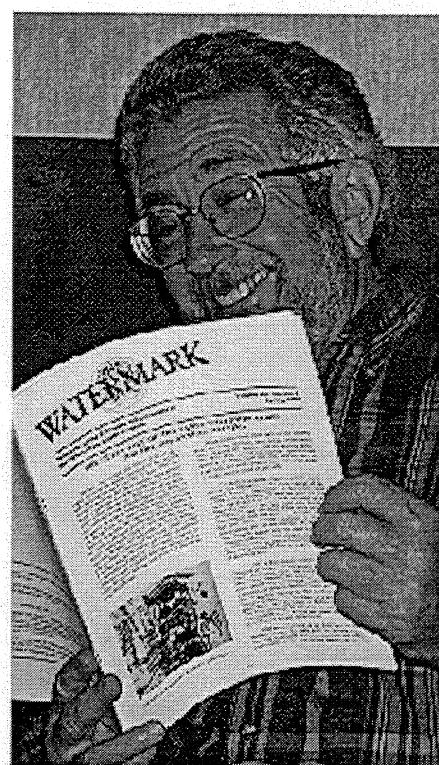
Rare Book School 1996 at the University of Virginia was a focal point for both of us this summer. Joan and Kathy Donahue undertook the arduous task of creating a course for this intense continuing education program. Jodi contributed by talking about archives and artifacts when the class traveled to Richmond for a field trip to the Tompkins-McCaw Library. The class, "Introduction to the Curatorship of Historical Health Sciences Collections", had seven students, many of whom are ALHHS members. This number allowed for a very intensive seminar experience. As you will see from the reports on Rare Book School in this issue, the week was a rewarding experience for instructors and participants alike. As in past summers, the four weeks of Rare Book School gives us an opportunity to socialize with some of you. We have learned to look forward to these mini-ALHHS reunions and encourage those of you who have not experienced Rare Book School to try it out.

Now that fall is upon us, we are busy once again with teaching in a new semester, planning another lecture series, and generally getting down to business. One item of business remains from the Summer issue. The wonderful article on Elizabeth Latimer Shimpton, M.D., mistakenly credited only to Eric v. d. Luft, was actually written by both Eric and Diane K. Hawkins. We apologize to Ms. Hawkins for this oversight.

As you will read in "Ex Libris," we are losing our friend and contributing editor, Peter Nelson. For the past year Peter has compiled the "From the 'Net" column. In his new position he will no longer have the time to edit the column. Therefore, we are once again looking for someone to take on this task. We would also be interested in hearing from any of you who would like to become involved in the production of *The Watermark*. It has been a rather large undertaking and we realize that we need to groom our successor(s) so that there will be a smooth editorial transition. We hope some of you will consider joining in the fun. If nothing else, we hope our little columns describing the adventures of Joan and Jodi illustrate that ALHHS work is rewarding and can also be entertaining.

Over the next several months we will be busy planning for your visit to the Old Dominion! We will be meeting with officers from the Medical Museums Association to plan our joint ALHHS/MeMA meeting scheduled for Thursday, 3 April 1997 in Virginia's colonial capital, Williamsburg. On 2 April our annual Wednesday night dinner will be held in Shield's Tavern where we will have a chance to enjoy colonial fare, customs, and entertainment in an eighteenth-century ambiance. We look forward to seeing y'all in Williamsburg.

Joan Echtenkamp Klein
Jodi Koste



Ed Glaser enjoys *The Watermark*

NEWS FROM HMD

Here at the National Library of Medicine, the push for "reinventing government" and "improving customer service" has meant several changes. One is a proposal for a Customer Service Team to be formed in early 1997 to respond to incoming customer inquiries, whether by phone, mail, fax, or e-mail. The members of the team will be expected to answer 80 percent of all queries, forwarding only questions requiring specialized knowledge to the reference librarians and curators in the different divisions. HMD will be contributing staff time to this effort although, like all experimental efforts, we don't yet know to what extent (or whether) this innovation will improve the speed and efficiency with which incoming calls are handled.

In HMD, some recent purchases should make visitors more comfortable: new chairs for the Reading Room, a new microfilm reader-printer, and a magnifier to increase print size for those who need assistance in reading small print. To improve the efficiency of staff work, we have acquired a new xerox machine, fax machine, and ergonomic chairs. It's been a relief to say farewell to some of our more antiquated equipment and collapsing chairs!

We have instituted new photocopy procedures for onsite patrons, intended to make ordering and payment for photocopies more efficient. In process is a new contract for copying slides and photographs which we hope will prove effective for all those needing prints and slides.

Visitors will also start noticing some improvements underway in the lobby/exhibit area: the lobby now has some handsome new plants and folding screens. These are partly decorative and partly intended to cut down the light so that valuable objects on exhibit will be better protected. The current exhibit, "Extraordinary Objects--Extraordinary Stories: Celebrating the NLM Collections," organized by Margaret Kaiser and Sheila O'Neill, is especially beautiful. On display are some of the most prized books, manuscripts, prints, photographs, and ephemera from the collection.

Some of the more intriguing and unusual items on exhibit include Joseph B. Brown's surgical notebook of 1786, recording plastic surgical operations on prison inmates, a quarantine proclamation against plague issued in 1630 by Philip IV of Spain, and an 1824 broadside relating the "lamentable end" of a family stricken with hydro-

phobia after drinking milk from a cow which had been bitten by a mad dog. Also included are a number of exquisite herbals, including a hand-written and lavishly illustrated manuscript from Padua, 1730; George Washington's instructions for preserving the health of soldiers in the United States Army; a rare medieval treatise on gynecology; and many other treasures. This exhibit will be open until late October. It will be followed by an exhibit on "Emotions and Disease," organized in conjunction with the National Institute of Mental Health (NIMH), which will be open to the public from 14 November to 28 February 1997. Esther Sternberg of NIMH, Anne Harrington, Harvard University, and Theodore Brown, University of Rochester, are serving as organizers and curators, and Lou Storey, of the New York Public Library, is exhibit designer. Anne Whitaker of the HMD staff is serving as research curator.

We have a lively series of historical seminars organized by Jim Cassedy, to which all those in the Washington area are warmly invited; in the last few months, HMD has hosted the following seminars:

Gerald L. Geison, "Louis Pasteur: Scientific Method and Ethical Quandaries," 12 June 1996.

Lou Storey, "To the Book and to the Letter: Exhibiting Books, Manuscripts, and Documents," 27 June 1996.

Frank N. Snowden, "The Killing Fields: Infectious Disease in Italy, ca. 1850-1945," 23 July 1996.

Claudia Stein, "The Fugger Hospital and 'the French Disease' in 16th Century Augsburg," 14 August 1996.

Elizabeth Toon, "The Metropolitan Life Insurance Company and the Popularization of Public Health, 1923-1958," 18 September 1996.

Please call for a schedule or send your e-mail address if you would like to receive notices of these and other special events.

Elizabeth Fee
National Library of Medicine

EXHIBIT AND PORTRAIT HONOR PIONEER OF NEURORADIOLOGY

The third floor conference room of the Library of the SUNY Health Science Center at Syracuse was filled to overflowing the afternoon of 18 June 1996 as well-wishers gathered to honor Arthur D. Ecker, M.D., Ph.D. for lifelong achievement in three areas: (1) his contributions to progress in neuroradiology and neurosurgery, (2) his service as a military surgeon in World War II, and (3) his unselfish support of the Health Sciences Library.

Representatives of the Health Science Center unveiled Ecker's portrait and opened an exhibit, "From Plain Films to Cerebral Angiography: The History of Neuroradiology Before CT," consisting of a selection from his recent gifts. The portrait now hangs in the Library's "Hall of Fame" alongside those of Stephen Smith, Elizabeth Blackwell, Thomas Szasz, and many other prominent medical professionals with Syracuse connections. The exhibit continued through Labor Day.

President Gregory L. Eastwood, M.D. remarked that the Syracuse newspapers in the days just before the ceremony seemed to contain nothing but stories about Ecker. Interim Library Director Patricia W. Onsi used the occasion to announce the Library's new oral history project, "Health Science the Way it Was," to preserve first-hand accounts of local medical history. Ecker has already contributed two taped interviews about his career to this project.

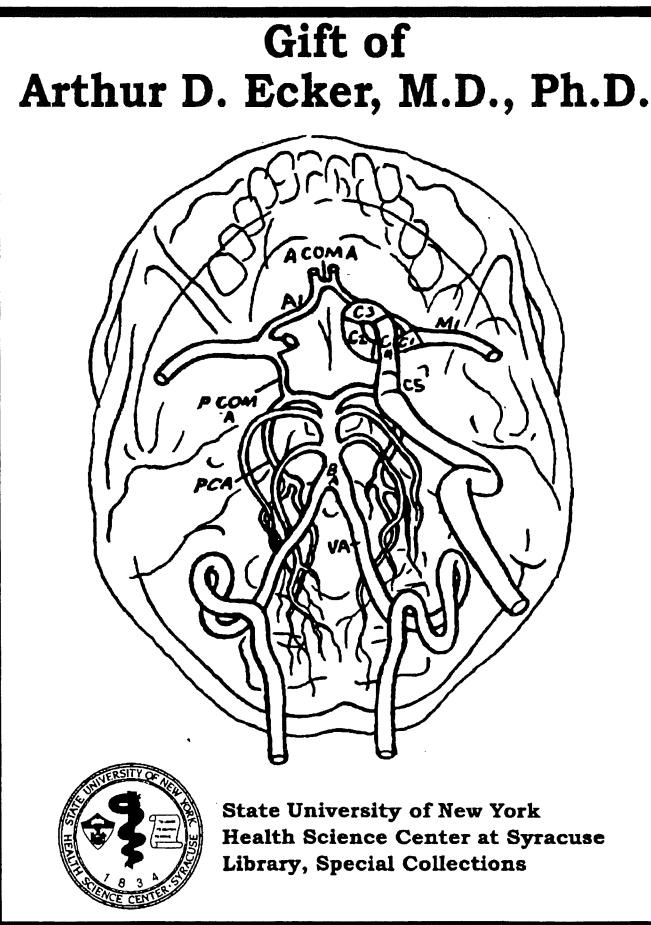
Ecker was born in New York City in 1913. He received his A.B. summa cum laude from Dartmouth in 1931, his M.D. from Johns Hopkins in 1934, and his Ph.D. in Neurology from the University of Minnesota in 1938. He served as a Fellow in Neurology and Neurosurgery at the Mayo Clinic from 1935 to 1939, then came to the Syracuse University College of Medicine, where he founded the Department of Neurosurgery in 1939. He practiced in Syracuse until his retirement in 1988.

As a pioneer of neuroradiology, neurosurgery, and cerebral angiography, he published two books and 119 articles. Among his works are the first demonstration of cerebral vasospasm¹ and the first American monograph on cerebral angiography.² For over two decades the U.S. had lagged behind Europe, especially Sweden, in the acceptance and development of cerebral angiography, which had been

developed by Egas Moniz in the late 1920s. But Ecker had translated Egas Moniz for his own use in the 1930s. His typescripts of these translations are among his gifts to the Library.

Brain herniation is a leading cause of death among patients with brain tumors. Adolf Meyer had described only sideward and downward shifts of the brain tissue;³ Ecker was the first to describe upward shifts into the foramen magnum or through the tentorial notch.⁴

In July 1944, when Ecker was stationed in England as a neurosurgeon with the U.S. Army 52nd General Hospital (a wartime medical unit formed at Syracuse University), a British artist named Gursenner painted his portrait in an elongated "El Greco" style. Because of the severe wartime shortage of materials in Britain, Gursenner used burlap instead of artist's canvas and either boat paint or linseed-oil-based house paint instead of artist's oil paint. The painting was recently restored and stabilized by professional conservator Peter Schulz.



Dr. Ecker's gift bookplate, which shows a drawing of the base of the brain from his 1951 book.

As a promoter of medical knowledge, Ecker has been for many years among the most generous donors to the Health Sciences Library. Between 1987 and 1994, he supplemented his previous gifts to the Library with 772 additional titles. This donation provides the Library with a comprehensive research collection in the early history of neuroradiology and significantly augments its historical holdings in neurology, neurosurgery, neuroanatomy, gross anatomy, medical illustration, and medical biography. Included are classic works by Scultetus, Willis, Charles and John Bell, Cushing, Egas Moniz, Dandy, Charcot, S. Weir Mitchell, the Monros Primus and Secundus, Swan, Horsley, and Gowers; as well as several portraits of prominent physicians, such as a Yousuf Karsh photo of Frederick Moersch and Henry W. Wolman.

Ecker began collecting antiquarian medical books in 1943 in England. After D-Day his collecting activities had to be put on hold, but he resumed in earnest after the war. His collection was very tightly focused in the history of his own professional field, and now the Health Sciences Library has become the beneficiary of that careful planning.

Eric v. d. Luft
SUNY Health Science Center

Endnotes

¹ Arthur D. Ecker, Paul A. Riemenschneider, "Arteriographic Demonstration of Spasm of the Intracranial Arteries with Special Reference to Saccular Arterial Aneurysms," *Journal of Neurosurgery*, 8 (1951): 660-667. Cf. Arthur D. Ecker, "Spasm of the Internal Carotid Artery," *Journal of Neurosurgery*, 2 (1945): 479-484. Cf. also Arthur D. Ecker, "The Discovery of Human Cerebral Arterial Spasm in Angiograms: An Autobiographical Note," *Neurosurgery*, 10 (1982): 90.

² Arthur D. Ecker, *The Normal Cerebral Angiogram*. Springfield, Illinois: Charles C. Thomas, 1951.

³ Adolf Meyer, "Herniation of the Brain," *Archives of Neurology and Psychiatry*, 4 (1920): 387-400.

⁴ Arthur D. Ecker, "Upward Transtentorial Herniation of the Brain Stem and Cerebellum Due to Tumor of the Posterior Fossa," *Journal of Neurosurgery*, 5 (1948): 51-61.

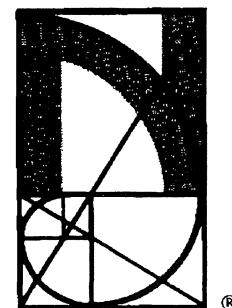
RARE BOOK SCHOOL 1996

"THE AMERICAN BOOK IN THE INDUSTRIAL ERA: 1820-1940"; MICHAEL WINSHIP, INSTRUCTOR

I usually find myself exhausted at the *end* of Rare Book School classes, but I must confess that I *began* this course feeling exhausted. This confession is in no way an indictment of Michael Winship, our very knowledgeable and enthusiastic instructor; rather, I had just finished a week of team-teaching a Rare Book School course with Kathy Donahue and had learned through personal experience that the only thing more tiring than *taking* an RBS class, is *teaching* an RBS class!

Michael Winship's excitement about machine-made books proved contagious. He woke me up! The University of Virginia held its first class session in 1825 and medicine was included in the curriculum from the very beginning. As a consequence, many of the works in the University of Vir-

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ginia Health Sciences Library's Historical Collections represent medical education texts from the period covered by Michael's course. He truly delights in books created in the nineteenth and early twentieth century, a somewhat surprising perspective among a faculty who specialize in and teach about earlier texts. In this course I learned more about the books in my collection and their context in the larger book world of the era.

In the course of a week we covered paper and paper-making; type founding and design; quasi-facsimile description; composition and plate-making; imposition and presswork; collation, format, structure, and signing; publishers' bindings; illustration and ornamentation; distribution and publishing; author-publisher relations and copyright; bibliographical classification and organization; reading and literacy; history of the book, or print culture, and future needs. Is it any wonder that one leaves the Rare Book School environs at the end of a week mentally stimulated but very tired?

Joan Echtenkamp Klein
University of Virginia

INTRODUCTION TO THE CURATORSHIP OF HEALTH SCIENCES COLLECTIONS

This past July, seven individuals came together at the University of Virginia in Charlottesville to participate in a Rare Book School course as the charter class for the newly offered "Introduction to the Curatorship of Health Sciences Collections." The intensive week-long course was ably co-taught by ALHHS members, Katharine Donahue of UCLA's Louise M. Darling Biomedical Library and Joan Echtenkamp Klein of UVA's Claude Moore Health Sciences Library, where the class met.

The seminar was a truly exhilarating and collegial experience. A very diligent syllabus had us together for forty hours of intense instruction which provided an excellent perspective on the management of historical health sciences collections. A number of guest lecturers provided us with information on many topics of interest, such as fundraising and exhibits.

The class made a pilgrimage to Richmond one day for a field trip to visit the Tompkins-McCaw Library on the Medical College of Virginia campus of Virginia Commonwealth University. We viewed the collections and heard Jodi Koste speak about the curatorship of medical artifacts; Tompkins-McCaw has a wonderful historical collection.

Throughout the week, there were abundant handouts which I expect to refer to again and again. Although the course primarily reaffirmed for me that my knowledge base is extensive, nevertheless, I found the experience both useful and very rewarding, and recommend it highly to other ALHHSers.

Lois R. Densky-Wolff
University of Medicine and Dentistry of New Jersey

NEW COURSE OFFERED AT THE RARE BOOK SCHOOL

The course "Introduction to the Curatorship of Historical Health Sciences Collections" was offered for the first time at the Rare Book School at the University of Virginia. The instructors Katharine E.S. Donahue, Head, History and Special Collections, Louise M. Darling Biomedical Library, UCLA and Joan Echtenkamp Klein, Assistant Director for Historical Collections and Services, Health Sciences Library, University of Virginia Health Sciences Center lobbied long and hard to gain permission to teach this course.

The topics covered in the course ranged from security, physical facilities, collection development, outreach and inreach, archives and artifacts, electronic resources, and professional development issues. The precourse readings were fine back drops. All the guest speakers provided a wealth of information and willingly shared their experiences. While the title includes the word introduction, the level of discussion between the instructors and seven students was more advanced. It reflected the variety and years of experiences they all brought to the course. The instructors should be applauded for organizing this welcome addition to the roster of outstanding Rare Book School courses.

The University of Virginia campus is lovely. The grounds and architecture are simply outstanding. RBS Director Terry Belanger, staff, and the faculty work hard to make the RBS experience rewarding and stimulating. The education just doesn't take place in the classrooms. There is time allotted to network with classmates, faculty, and guests to gain even more knowledge. If you appreciate learning and things bookish, the Rare Book School is a must!

Margaret A. Irwin
Houston Academy of Medicine-Texas Medical Center Library

MEDICINE AND ART EXHIBITION

Until 11 September, the New Visions Gallery at the Marshfield Wisconsin Clinic is showing 175 prints, drawings, and broadsides from the collection of Lois and Bruce Fye. It is a superb exhibition, enlivened by carefully researched labels describing each of the objects displayed and it should not be missed by anyone within striking distance of Marshfield.

There are sections on advertising, anatomy, the doctor-patient relationship, hospitals, therapeutics, phrenology, quackery, surgery, and military medicine, among others. There are classical medical images and portraits of physicians who have made contributions to the advance of medical science. There are prints by Winslow Homer, Thomas Eakins, and William Hogarth. There are drawings by George Cruikshank; a Persian miniature of a medical scene; anatomical prints by Vesalius and Gautier d'Agoty; caricatures by Thomas Rowlandson and Honor Daumier along with examples by several artists from *Puck*, the American comic weekly. In the popular arts, there are advertisements for such long forgotten products such as Wittemore's Concentrated Vegetable Syrup, the Cerevisia Anglicana or English Diet Drink and Dr. Talbot Watts' Electro-Magnetic Medicine. Among the more novel images are prints satirizing Morison's Pills and even a comic valentine insulting the physician for whom it was intended with this kind sentiment: "...Ere all your patients neath the sod are laid, Twould pay Life Insurance Companies to give you a fee, to leave off practice and go o'er the sea."

As many readers of CADUCEUS know, Bruce Fye has long had a serious interest in medical books, and within recent years has begun to embrace medical prints and medical images as well. The building of this exhibition began in earnest only three years ago, and it is obvious that a great deal of attention has been devoted to it in a short span of time.

As yet there is no catalogue, but those of us who have

been privileged to see the exhibition have been insistent in our demands for one.

Bill Helfand
New York, New York

MURRAY GOTTLIEB PRIZE

The Murray Gottlieb Prize is awarded annually by the Medical Library Association for the best unpublished essay on the history of medicine and allied sciences written by a health sciences librarian. The Gottlieb Prize was established in 1956 by Ralph and Jo Grimes of the Old Hickory Bookshop, Brinklow, Maryland in order to recognize and stimulate the health science librarian's interest in the history of medicine. The author of the winning essay receives a cash award of \$100 and a certificate at the Association's Annual Meeting. Deadline for submissions of papers is 1 November 1996.

1997 HOLLOWAY AWARD

The ALHHS Awards Committee is seeking nominations for the Lisabeth M. Holloway Award which recognizes an individual who has made significant contributions to ALHHS. Nominees must be members of ALHHS. Deadline for nominations is 31 October 1996. Send nominations to Philip M. Teigen, Deputy Chief, History of Medicine Division, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20895; FAX (301) 402-0872; E-MAIL phil_teigen@occshost.nlm.nih.gov.



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NEW MEMBERS

ALHHS welcomes new members:

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MEMBERSHIP DIRECTORY UPDATE:

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ALHHS MEMBERSHIP DIRECTORY

In January 1997, I plan to put together the new ALHHS Membership Directory and have it out to you as quickly as possible. To that end, I shall be mailing out the 1997 dues reminder letters in late October. Please mail back your checks and updated Member Information Sheets (address, phone numbers, etc.) as quickly as possible, so I can correct and update the data base by the end of December. Therefore, I'm making 31 December 1996 the deadline to receive your information in the form you wish to have it appear in the new Directory.

For the time being, please file this notice away in the back of your mind--you will be receiving your very own reminder in late October from me.

Thanks!

Elizabeth Ihrig
ALHHS Secretary-Treasurer

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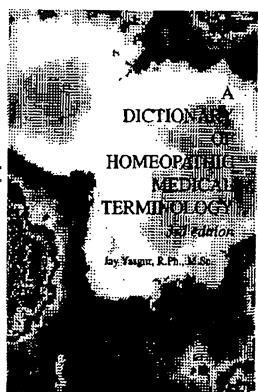
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FROM THE 'NET

The Hanford Health Information Archives announces its grand opening: 24 July 1996!

The Archives is a unique collection of materials about personal health and experiences donated by "Hanford downwinders" -- people exposed to radiation released from the Hanford Nuclear Reservation in southeastern Washington state from 1944 to 1972. People who lived in or visited the areas downwind from Hanford, or on the Columbia river downstream from Hanford are contributing to the Archives' collections.

In the seven months preceding the Archives' opening, more than 3500 people requested information about how to donate to the Archives. As of 24 July 1996, 220 people have contributed their health and personal records. The Archives was established at the request of people whose experiences it preserves who wanted an opportunity to contribute information that may add to the knowledge about the health effects of radiation exposure.

The Archives is a project of the Hanford Health Information Network and Gonzaga University. The Network is sponsored and managed by the state health agencies of Idaho, Oregon and Washington, in concert with nine Indian nations. A citizen advisory board provides guidance on the Archives' program and policy matters.

This project is the nation's first and only public collection of health information and personal records from people exposed to radiation released from Hanford. It is designed to enable Hanford downwinders to compare their health experiences with the experiences of others who lived in the exposure area.

For further information, please call Pennington Ahlstrand or John Bolcer at 1-800-799-4442, or visit our website at <http://www.foley.gonzaga.edu/hhiahome.html> (ARCHIVES 24 July 1996)

The Mid-Atlantic Regional Archives Conference (MARAC) recently instituted a scholarship program to provide two annual scholarships of \$525 to cover tuition for one individual to attend each of the Modern Archives Institutes (winter and summer). This scholarship is established in honor of MARAC member Leonard Rapport and is known as the Leonard Rapport Modern Archives Institute Scholarship.

To qualify for this program an individual must meet the following criteria: 1. Be a new member in good standing of MARAC, with a membership of less than three years duration at the time of application, and a member of a State Caucus, 2. Be a new employee of at least one and no more than five years in an archival or archives-related field at the time of application, 3. Not have received any MARAC scholarships prior to this award.

TO APPLY, applicants should submit a current resume; a letter outlining compliance with the qualifications AND including a statement indicating the perceived benefit of attending the Institute; and two letters of recommendation from persons having definite knowledge of the applicant's qualifications. All scholarship applications should be sent to the Chair of the MARAC Education Committee, L. Eileen Parris, c/o Virginia Historical Society, P.O. Box 7311, Richmond, VA 23221-0311. Applications for the winter Institute scholarship should be received no later than 1 October; recipients will be notified by 1 December. Applications for the summer Institute scholarship should be received no later than 1 February; recipients will be notified by 1 April.

Individuals accepting the scholarship agree to write an essay not to exceed 1,000 words for publication in the Mid-Atlantic Archivist describing their experiences at the Institute. Please note: APPLICATION IS FOR SCHOLARSHIP ONLY. APPLICANTS MUST ALSO CONTACT THE MODERN ARCHIVES INSTITUTE TO RESERVE SPACE. For further information about the Modern Archives Institute, contact Mary Rephlo, Staff Development Officer, National Archives and Records Administration, (301) 713-7390 ext. 260 E-MAIL mary.rephlo@arch2.nara.gov (EX LIBRIS 7 August 1996)

On 7 August 1996, Pascal Rod, President of the International Federation of Nurse Anesthetists (IFNA) made the American Association of Nurse Anesthetists (AANA) Archives the official repository of its records in Park Ridge, Illinois. The records will be made available for research on an unrestricted basis and administered in accordance with the AANA Archives established policies.

The records contain annual reports, bylaws, ephemera, minutes, publications, lists of meeting attendees, and audio tapes collected or produced by IFNA since 1988. Publications include international nurse anesthesia meeting abstracts and programs. Meetings documented include the International Congress of Nurses (20-25 June 1993), and 4th World Congress for Nurse Anesthetists (12-14 April 1994), 5th World Congress for Nurse Anesthetists (26-30 April 1997), Second International Symposium for Nurse Anesthetists (12-16 June 1988), and Health Volunteers Overseas (1992). IFNA minutes (1986-1989) and a Planning Committee report (1 February 1986) document the founding of the organization. Audio tapes document recordings of sessions from the Second International Symposium for Nurse Anesthetists in Amsterdam, the Netherlands. (ARCHIVES 7 August 1996)

The AHA has created "The History News Service" designed to develop linkages between historians and the popular press. Newspapers want op-ed articles that reveal how an historical knowledge of a current issue deepens a reader's understanding or provides a new perspective rather than provide mere historical background. We need historians to generate ideas for op-ed pieces, contact potential writers and help edit submissions. We have a web site: <http://www.fas.harvard.edu/~jhurley/ahamedia.html>. If you'd like to be involved, contact Joyce Appleby at Appleby@history.ucla.edu or by phone at (310) 470-8946.

(CADUCEUS-L 5:34 25 Aug 1996)

A person knowledgeable about science, technology, and medicine, 1600-1754, is sought to write

a chapter for a reference work designed for high school and public libraries. The work will carry a stipend. Please contact Jessica Kross by e-mail at Kross@garnet.cla.sc.edu or by mail at: Department of History, University of South Carolina, Columbia, SC 29208.

(CADUCEUS-L 5:23 23 Aug 1996)

New book reprints Army Medical Museum's Civil War photographs: *Photographic Atlas of Civil War Injuries* by Bengston and Kuz reprints 550 photographs of wounded Civil War soldiers from the Museum's collections. The volume reprints 400 photographs originally printed and distributed between 1864 and 1881 as *Photographs of Surgical Cases and Specimens* (also called *Surgical Photographs*). Also included are other photos from the Museum's collections, which until now could only be found in

the Museum's Otis Archives. The original text for the photographs, written by the second Museum Curator George Otis, is reproduced as well. A new foreword written by the Museum's Archivist, Michael Rhode, explains the history of the photographs. The book costs \$125 and is available from Medical Staff Press at (616)

363-8655. Also available is a shorter publication with Museum photographs, *Orthopaedic Injuries of the Civil War* by Bengston and Kuz, at \$9.95.

(CADUCEUS-L 5:23 23 Aug 1996)

The 1996 Lewis H. Wright Memorial Lecture of the Wood Library-Museum of Anesthesiology will be presented at the ASA Annual Meeting in New Orleans. This lectureship has been an annual event at the ASA meeting since 1975. Joseph F. Artusio, Jr., M.D. will deliver the 1996 Wright Lecture on Tuesday, 22 October 1996 at the Morial Convention Center in New Orleans. A leader in his chosen field, Dr. Artusio has distinguished himself as a teacher, clinician and researcher. His lecture, "From Symmetrical to Asymmetrical: An Historical Perspective," will recount the development of inhalation anesthetics in which he was a major

contributor during his service to anesthesiology for almost five decades.

(CADUCEUS-L 5:33 22 Aug 1996)

With a gift from Ameritech, the Library of Congress is sponsoring an open competition to enable public, research, and academic libraries, museums, historical societies and archival institutions (except federal institutions) to create digital collections of primary resource material for distribution on the Internet in a manner that will augment the collections of the National Digital Library Program at the Library of Congress. The National Digital Library is conceived as a distributed collection of converted library materials and digital originals to which many American institutions will contribute. The Library of Congress's contribution to this World Wide Web-based virtual library is called American Memory and is created by the Library's National Digital Library Program.

In the 1996-97 competition, applications will be limited to collections of textual and graphic materials that illuminate the period 1850-1920 and that complement and enhance the American Memory collections already mounted in the National Digital Library. The deadline for applications is 1 November 1996 (postmark).

Awards will range from \$50,000 to \$75,000 for projects that can be accomplished in twelve to eighteen months. Repositories in the United States with collections of primary resource material that are significant for education and research in United States history and culture are encouraged to apply.

Guidelines and application instructions for the LC/Ameritech National Digital Library competition will be available in hard copy 19 August. Current information may be found at <http://lcweb2.loc.gov/ammem/award/>, where the guidelines and application instructions will also be posted 19 August.

(CADUCEUS-L 5:31 15 Aug 1996)

The International Society for History, Philosophy and Social Studies of Biology (ISHPSSB) is pleased to announce the establishment of The Marjorie Grene Prize. This prize is intended to advance the careers of younger scholars, and will be awarded to the best manuscript based on a paper presented at one of the previous two ISHPSSB meetings by someone who was, at the time of presentation, a graduate student. ISHPSSB encourages, but does not require, all entrants to be members of the Society.

The award will consist of a certificate and up to \$200 towards expenses incurred in attending the following meeting of the Society and not reimbursed from another source. If the manuscript is not al-

ready under review by a journal, the prize committee will promote the winning entry to one of the leading journals.

The postmark deadline for submissions for the first competition is 1 February 1997. The winning entry will be announced by 15 April 1997. Send three copies of manuscripts to Prof. R. Rainger, History Department, Texas Tech University, Lubbock, TX 79409.

(CADUCEUS-L 5:25 26 Jul 1996)

Washington University School of Medicine is pleased to announce the publication of *The Bernard Becker Collection in Ophthalmology: An Annotated Catalog* in its third enlarged and revised edition. The Bernard Becker Collection is one of the most comprehensive resources for scholarly research in the history of ophthalmology and optics. It consists of almost 600 rare books of exceptional quality, some unique manuscripts, more than 120 post-1900 imprints, and several noteworthy prints and pieces of graphic art, all representing the "science of the eye."

The catalogue of the Becker Collection was first published in 1979, and its second revised and enlarged edition appeared in 1983 with 160 new entries. This third edition includes approximately 100 new titles. The elegant hard bound volume contains annotated descriptions of the books and numerous illustrations, many in color. Copies are available at the price of \$45 each; handling and shipping charges included. Please send your order to: Lilla Wechsler, The Bernard Becker Medical Library, Washington University School of Medicine, Campus Box 8132, 660 South Euclid Avenue, St. Louis, MO 63110.

(CADUCEUS-L 5:24 24 Jul 1996)

13th Annual Nursing History Conference, 11-13 October 1996. Topics and schedule are posted at the American Association for the History of Nursing's web site: <http://users.aol.com/NsgHistory/Conf.html>. Please drop by to see what research nursing historians will be presenting. The titles of past conferences are also available at the Web site.

(CADUCEUS-L 5:24 24 Jul 1996)

Fellowships: The Library Company of Philadelphia each year offers a number of short-term fellowships for research in residence in its collections, which are capable of supporting scholarship in a variety of fields and disciplines relating to the history of North America, principally in the 18th and 19th centuries. Founded in 1731, the Library Company was the largest public library in America until the 1850s and thus contains printed materi-

als on every aspect of American culture and society in that period. It has since become a research library with well over half a million books, pamphlets, newspapers, periodicals, prints, maps, photographs, and manuscripts.

The fellowship program supports both postdoctoral and dissertation research. The project proposal should demonstrate that the Library Company has primary sources central to the research topic. Candidates are encouraged to inquire about the appropriateness of a proposed topic before applying.

The fellowships are tenable for one month at any time from June 1997 to May 1998. The stipend is \$1,400. International applications are especially encouraged, since a separately endowed fund provides an additional allowance to one fellow whose residence is outside the United States. Fellows will be assisted in finding reasonably priced accommodations.

Candidates must apply by 1 February 1997. Appointments will be made by 15 March. There are no application forms. To apply please send four copies each of a curriculum vitae, a two- to four-page description of the proposed project, and a single letter of reference to: James Green, Assistant Librarian, Library Company of Philadelphia, 1314 Locust Street, Philadelphia, PA 19107; (215) 546-3181; FAX (215) 546-5167; E-MAIL jg24@libertynet.org. The Andrew W. Mellon Foundation, The Barra Foundation, Inc. and The McLean Contributionship have provided generous support for this program.

(CADUCEUS-L 5:22 22 Jul 1996)

Call for papers: The 17th Workshop on Ancient Medicine will take place in Mainz, Germany, on 22 June 1997. Send inquiries and offers of papers by 15 March 1997 to: Medizinhistorisches Institut, Uni-Klinikum, D-55101 Mainz, Federal Republic of Germany; FAX +49-6131-176682.

(CADUCEUS-L 5:21 18 Jul 1996)

A Mellon Foundation postdoctoral teaching-research fellowship is available in the Department of Science & Technology Studies at Cornell University for 1997-1998. While in residence at Cornell, postdoctoral fellows hold department affiliation, and have limited teaching duties and the opportunity for scholarly work. Applicants are encouraged from any of the four component fields of Science and Technology Studies: sociology of science and technology; history of science and technology; philosophy of science and technology; politics and policy of science and technology.

The postdoctoral teaching-research fellowship will begin 1 July 1997 and offers a stipend of

\$28,000. Applicants must have received the Ph.D. degree after September 1991. Applicants who will receive the Ph.D. degree by 30 June 1997 are eligible to apply. Fellowships are limited to citizens of the United States, Canada, or those with permanent U.S. residency cards. To apply, please contact: Ms. Agnes Sirrine, Program Administrator, Mellon Postdoctoral Fellowships, Cornell University, A.D. White Center for the Humanities, 27 East Avenue, Ithaca, NY 14853-1101; (607) 255-9274.

All application materials (including letters of recommendation) must be postmarked on or before 4 January 1997. Awards will be announced in February 1997.

For further information about the Department of Science & Technology Studies, please contact Lillian Isacks, Administrative Assistant, Department of Science & Technology Studies, 726 University Avenue, Cornell University, Ithaca, NY 14850-3995; (607) 255-6234; FAX (607) 255-0616; E-MAIL li10@cornell.edu; S&TS home-page address: <http://www.sts.cornell.edu/CU-STS.html>.
(CADUCEUS-L 5:16 28 Jun 1996)

Call for Papers: Interdisciplinary Nineteenth-Century Studies welcomes proposals for its 12th Annual Conference, to be held at the University of California, Berkeley, 4-6 April 1997. Conference theme is "Death and Life." Suggested topics include: elegies and other writing about the dead, ceremonies and technologies of birth and death, disease and epidemic, war and mutinies, the concept of population, capital punishment, labor, midwifery, male birthing, pathos, sentimentality, mourning, anatomical illustration, and picturing the dead.

Send 200 word abstracts, and, if possible, papers (15 pages maximum). We will consider proposal for inter-disciplinary panels that draw on scholars from at least *three* different disciplines. When proposing a panel, please indicate whether you would like individual papers considered separately if the panel is not accepted.

DEADLINES: Abstracts due 15 October 1996; Notification sent by 1 December 1996; completed papers due 15 January 1997.

Direct all correspondence to: INCS-Berkeley, English Department, 322 Wheeler Hall, University of California, Berkeley, CA 94720-1030; E-MAIL incs@violet.berkeley.edu. Selected conference papers will be published in *Nineteenth-Century Contexts: An Interdisciplinary Journal*.

(CADUCEUS-L 5:12 12 Jun 1996)

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by Elaine Challacombe

MAIN ENTRIES

Congratulations to **Edwina Walls** who married her long-term sweetheart, Bill Mann, on 14 July 1996 in Coy, Arkansas. After a cruise in the Bahamas, the couple returned to Little Rock, where Edwina will continue to serve as head of the historical research center for the University of Arkansas Medical Sciences Library.

It is with great pleasure that **Billie Broadbudd** announces the appointment of **Margaret E. Yax** as the Albert B. Savin, M.D. Archivist for the University of Cincinnati Medical Heritage Center (CMHC). She joins the staff as of 15 September. This is an exciting time for the Center as this is the first archivist in CMHC history. Since the Sabin collection is the largest body of archival material at the Center, over 400 linear feet, it will be a major project, one that Maggy is well-qualified to organize.

Currently, Maggy is Archivist at the Wright State University, Fordham Health Sciences Library, Dayton, Ohio. Among her professional activities she is Chair of the History of Health Sciences Section, Medical Library Association and editor of its newsletter *Incipit*.

H.J.M. Symons, Curator, Early Printed Books at the Wellcome Institute for the History of Medicine submits the following:

David R. S. Pearson has been appointed Librarian of the Wellcome Institute for the History of Medicine to succeed Eric Freeman, who retires in March, 1997. He will join us as Librarian-Elect in November. Since 1992 he has been at the Na-

tional Art Library, Victoria and Albert Museum, where he is currently Head of Collection Development. Previous posts have been at Durham University Library and at the British Library. He is Secretary of the Bibliographical Society and Secretary for the IFLA Section for Rare Books and Manuscripts. He has published extensively, particularly on the history of bookbinding and book collecting, his latest book being *Provenance Research in Book History* (British Library, 1994).

As another step in the ongoing series of changes "at the top" in the Wellcome Library, Robin Price, Deputy Librarian since 1973, retired at the end of June after 29 years of service. Since 1970, he has also acted as Curator of the American Collections and was responsible for the *Annotated Catalogue of Medical Americana*, published in 1983. A regular attender of AAHM meetings, he will be well known to many readers of *The Watermark*. He will continue as Honorable Secretary of the Friends of the Wellcome Institute.

Peter Nelson has accepted a new position as Project Coordinator at Five Colleges, Inc. in western Massachusetts (including Amherst, Smith, Mt. Holyoke, Hampshire Colleges, and the University of Massachusetts). He will be leaving Thomas Jefferson University effective 18 October. In his new position, Peter will undertake a pilot project to explore digitization of archival collections, in a geographic location.

ANALYTICS

From **Barbara Irwin** we learn the following: The University of Medicine and Dentistry of New Jersey (UMDNJ) Libraries announce the acquisition of the records of the medical Alliance to the Medical Society of New Jersey (1927-1992). The collection is processed, a register was compiled, and the papers (14 linear feet) are open to researchers.

The Medical Alliance (MAMSNJ) was established in 1927 under its original name, the Woman's Auxiliary to the Medical Society of New Jersey. Comprised of the wives of physician members of the Medical Society of New Jersey (MSNJ), its mission was to assist the MSNJ units work and to promote fellowship among physician's families. Membership is now open to spouses of physicians.

Among the projects undertaken by the organization which are documented in the collection are the formation of emergency nursing groups and transportation squads during World War II; fundraising for medical education; lobbying efforts of the establishment of the New Jersey Visiting Homemaker Service; sponsorship of the Future Nurses Clubs in the state; and Eye Health screening.

For information about the MAMSNJ papers, contact UMDNJ Libraries, Special Collections by phone at (201) 982-7830 or 982-6293. E-mail correspondence may be sent to: densky@umdnj.edu or irwin@umdnj.edu. The department is located at the UMDNJ George F. Smith Library of the Health Sciences, 30 Twelfth Avenue, Newark, New Jersey 07103-2754.

Elizabeth White has announced that a new name for the Houston Academy of Medicine-Texas Medical Center Library's historical department was unveiled 15 August 1996. The Library's Board of Directors chose the name, John P. McGovern Historical Collections and Research Center, to honor a Houston physician who has helped support the historical collections and other library projects for the past three decades.

The largest book collection in the Research Center reflects Dr. McGovern's interest in nineteenth and twentieth century American medicine, allergy, pediatrics, and the writings of William Osler. Additionally, there are major collections on arthritis and other rheumatic diseases, on the Atomic Bomb Casualty Commission, on public

health, and on the development of the Texas Medical Center. There are also nearly 45,000 photographs related to the history of health care in Houston, portraits of American physicians and biomedical researchers, and Texas hospitals. The archive houses over 90 manuscript collections related to Houston health care, rheumatology, and the Atomic Bomb Casualty Commission.

Billie Broaddus submits the following update: The University of Cincinnati Medical Heritage Center (CMHC) has been heavily involved with fund raising for the past year. In order to continue the services and operations in the Heritage Center, staff has worked with the CMHC Advisory Board, the University of Cincinnati Foundation, and the Director of the Medical Center Libraries to increase funding sources.

A professional fund raiser was assigned to work part time with the CMHC for one year. The CMHC staff, working under the guidance and assistance of the fund raiser, prepared grants, gave receptions and tours to individuals, families and medical organizations from the surrounding communities. It has been an interesting process and a profitable one. Due to this effort, approximately \$375,000 has been raised in the past year. The good news is that the services of a professional fund raiser will continue to be offered to the CMHC. Staff will continue to work toward the establishment of an endowment fund for the Center and its operation.

The Johns Hopkins resident humorist, Ed Mormon, sends the following story and announcement to us:

Hopkins Institute's Incunable Count Increases by an Incredible 44% With No Funds Spent!

Early this summer, a dedicated student assistant found a previously unreported incunable in a storage area that he was straightening up. In what may be its original binding, this folio volume contains a 1493 Venice edition of Aristotle's works in Latin (Goff A962), with the sections arranged in an unusual order.

I reported this find to Martin Davies of the *Incunable Short Title Catalogue* at the British Library, with the casual observation that we had eleven other fifteenth-century titles. Mr. Davies responded that,

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according to Goff, the Hopkins Institute should hold fourteen. We set out to search for the three mysteriously missing books, and were successful in little time. It turns out that, some time before 1960, someone at Hopkins did indeed identify all fourteen, but that institutional memory can be short. Not all of them had been catalogued, and the fact that two of the seldom-used pre-1501 volumes each had two works bound together, had been forgotten.

We're in the process of updating our incunable cataloging, including creating several new OCLC records.

The Johns Hopkins Institute of the History of Medicine has recently acquired some significant nineteenth-century manuscript material from the estate of Huntington Williams, a Hopkins medical graduate who later served as Health Commissioner of Baltimore.

Most appropriate for the Hopkins collection is a very brief autograph letter to an unknown man, signed by Edward Jenner. Hopkins's collection of more than a hundred Jenner letters, donated by Henry Barton Jacobs in the 1930s, was edited by Genevieve Miller and published as *Letters of Edward Jenner and other documents Concerning the Early History of Vaccination* (Baltimore: Johns Hopkins University Press, 1983).

A second manuscript letter, dated 22 November 1887, is from Robert Koch to August Joseph Lutaud, editor of the *Journal de Medecine de Paris*. Koch thanks Lutaud for sending him a copy of his recent attack on Pasteur and assures him that he will personally make certain the book is placed in the library of the Berlin Institute of Hygiene. This

letter was unfortunately damaged in a recent fire, but it remains legible.

A third letter, substantially longer than the other two, is dated June 19, 1824, and is from R. T. H. Laennec to Jean Cruveilhier. In this letter, Laennec advises Cruveilhier on career choices and discusses his thoughts about the state of medical education in Montpellier and elsewhere in France.

Also from Hopkins, Lisa Mix, Processing Coordinator of the Alan Mason Chesney Medical Archives, Johns Hopkins has sent the following announcements:

The Web site for the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions can be found at the URL: <http://www.med.jhu.edu/medarchives/awelcome.htm>. This site features information about the Archives, our collections, and our staff, as well as an Exhibits section. The Exhibits section features an online exhibit; our plan is to rotate the featured exhibit. Currently on view is an exhibit concerning the Blalock-Taussig Blue Baby Operation.

Also, this summer we conducted a conference via the World Wide Web. The conference concerned the research of Curt P. Richter, a psychobiologist who was a long-time faculty member at Johns Hopkins. The Medical Archives has custody of over 50 years of Richter's data, and we are currently engaged in an appraisal project, determining in what form the data should be maintained, and exploring methods of digitization. The cyberconference was a way for us to invite scientists, historians, archivists, and other interested parties to comment on the value of the data and on the formats in which they would like to see the data. The URL for the cyberconference is: <http://www.med.jhu.edu/confer/pbl/ricabout.htm>.

Further information can be gotten from Lisa Mix at (410) 955-3043 or E-MAIL lmix@welchgate.welch.jhu.edu.

Conference Announcement: "Searching for Connections: Women Working Together for Health Care," interdisciplinary conference, 9 Nov. 1996, at The Health Museum of Cleveland, Ohio. Women and Health Care in Cleveland 1796-1996 (WHCC), The Health Museum of Cleveland, The Cleveland Foundation, and other sponsors. CEUs available. The one-day event will launch Women and Health Care in Cleveland 1796-1996, an innovative research effort. WHCC seeks to bring to light women's key roles in urban health care over time and emphasizes the critical nature of collaboration between and among individuals and health care institutions.

Regina Morantz Sanchez of the University of Michigan will deliver the keynote address, "Mothers of Invention: Exploring the History of Women and Health Care in the U.S." A panel of five health care scholars/specialists - Sr. Mary Denis Maher, Janice N. Neville, Jimmy Wilkinson Meyer, Elizabeth DiNatale Johnson, and May Wykle - will probe "The Cleveland Connections" among health care volunteers, professionals, and trustees. Conference attendees will help identify key issues, "Making the Connections" to direct future WHCC scholarship. The event will conclude in time for participants to visit the traveling exhibits at The Health Museum, "Say Ahh!" and "Psychology."

Seating is limited; pre-registration is required! Contact: WHCC, 135 Alexander Dr., Cleveland, OH 44035-1833, or Jimmy Meyer, (330) 263-2243: E-MAIL jmeyer@acs.wooster.edu.

EXHIBITS

Toby Appel submits the following exhibit description written by Wanda Bubriski, art historian and curator of the exhibit: *Salubrious Destinations: Spas, Sanatoria and other Places of Medical Retreat* Cushing/Whitney Medical Library, Yale University.

Salubrious Destinations is an exhibit that presents, in word and image, those places over the centuries to which people have resorted for better health. Drawing on the large and varied collections of the Historical Library, the exhibition includes period prints, photographs, publications, and ephemera. *Salubrious Destinations* will be on display in the rotunda of the Medical Library from mid-July through September 1996.

Journeying from home to a remote place in quest of a cure has a long tradition within Western culture. Pilgrimages to sacred sites, whether the sanctuaries of the ancient healer-god Asklepios or the modern equivalent found at Lourdes, have attracted supplicants anticipating a miraculous cure mediated by a divine presence. The exhibit focuses upon the secularized pilgrimages increasingly taking place during the nineteenth and into the twentieth century. The health pilgrim knew to expect a gradual cure, one tempered by a medical rationale and guided by touristic interests.

This exhibition looks at the types of health resorts emerging in nineteenth-century Europe and America. Moving from spas and seaside resorts, to sanatoria and mountain retreats, some of the exhibit's destinations include Karlsbad and Saratoga Springs, Brighton and Block Island, Davos and Lake Saranac. The show presents the material culture (medical journals, guidebooks, maps, picture postcards) that shaped the curative

experience while leading a clientele to these *Salubrious Destinations*.

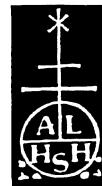
From Suzanne Porter we learn the following: The History of Medicine Collections at Duke University Medical Center Library has loaned its set of elaborate seventeenth-century flap anatomies known as *The Four Seasons* as well as a contemporary hand-colored copy of Bartisch's *Ophthalmodouleia* to the National Gallery of Canada in Ottawa for an exhibition entitled *The Ingenious Machine of Nature: Four Centuries of Art and Anatomy*. The exhibition, which will open on 31 October 1996 and run through 5 January 1997 before traveling to other venues, will explore the parallel developments in figurative art and the science of human anatomy.

One hundred twenty drawings, prints, illustrated books, small sculptures, and anatomical waxes ranging from the late fifteenth to mid-nineteenth century have been gathered from museums and medical history institutions, libraries, and private collections thought the world.

The exhibit can also be seen at the Vancouver Art Gallery, 25 January-23 March 1997 and the Philadelphia Museum of Art, 20 April-15 June 1997. A smaller selection of items from the exhibit will go on to the Israel Museum in Jerusalem for July and August of 1997.

"Antiqua Medicina: From Homer to Vesalius", created by the University of Virginia Health Sciences Library Historical Collections staff, is currently on display at The Claude Moore Health Sciences Library. The exhibit has been well-received and is being used for teaching purposes by several UVa professors. The Historical Collections staff plans to put both the exhibit and the extensive catalogue/bibliography which accompanies it up on the World Wide Web. A symposium on ancient medicine, based on the exhibition, is also being planned as part of the Library's "1996/97 History of the Health Sciences Lecture Series".

"Doctors of Medicine," an exhibition of printed books and manuscripts illustrating the social history of the profession from 1230 to 1930 with materials from the collection of Andrew T. Nadell, M.D. will be shown at the Perkins Library at Duke University from 15 November through 15 January 1997.



The Watermark is issued quarterly to members of Archivists and Librarians in the History of the Health Sciences and is edited by Joan Echtenkamp Klein and Jodi Koste.

Membership information may be obtained from Elizabeth Ihrig, ALHHS Secretary/Treasurer, Bakken Library and Museum, 3537 Zenith Avenue, South, Minneapolis, MN 55416; (612) 927-6508; FAX (612) 927-7265; E-MAIL ehrig@aol.com.

Production deadlines are 1 December, 1 March, 1 June, and 1 September.

Submissions may be sent to: Joan Echtenkamp Klein, Historical Collections, The Claude Moore Health Sciences Library, Box 234, University of Virginia Health Sciences Center, Charlottesville, VA 22908; (804) 924-0052; FAX (804) 924-0379; E-MAIL jre@virginia.edu or Jodi Koste, Special Collections and Archives, Tompkins-McCaw Library, Box 980582, Richmond, VA 23298-0582; (804) 828-9898; FAX (804) 828-6089; E-MAIL jkoste@gems.vcu.edu.

Submissions for Ex Libris should be sent to: Elaine M. Challacombe, Wangensteen Historical Library, Bio-Medical Library--Diehl Hall, 505 Essex Street, SE, Minneapolis, MN 55455; (612) 626-6881; FAX (612) 626-2454; E-MAIL e-chal@maroon.tc.umn.edu.