



## New directions: history of health science

### librarianship at the crossroads

by Joyce M. Ray

For too long, librarians in the history of the health sciences have been "bound" by traditional forms of medical history, i.e., rare books. The early part of the present century was a time for the building of great medical history library collections and of reverence for the men who produced the medical classics. The reality of the 1980's is that the great medical history libraries have already been built, and that smaller medical history collections will never be the equals of the major research centers. Smaller collections might be able to justify their continued existence if, as many small public libraries and branches, they were used by their respective communities and defended by a loyal core of patrons. But rare book departments can seldom compete with other library units in terms of items circulated, attendance at sponsored events, or other measures of popularity.

Must the small, frequently one-professional, special collections departments be content with seldom-used, second-rate collections, ever fearful of the budget-cutter's axe? Obviously I think not or I would not pose the question so dramatically. If we look to trends in history itself, we will see that a course has been charted for us that could have important implications for medical history collections, large and small alike.

For the past twenty years historians have been concerned with analyzing trends in society. An increasing number of medical historians are asking questions about trends in medical education, patient care, and relationships among physicians, medical institutions, and the general community. Such questions demand the examination of archival material — administrative records of institutions, patient records, personal papers of even non-influential physicians, etc. A recent review article, "Writing the History of Hospitals," decried the dearth of hospital archives:

Examination of administrative records frequently poses a difficulty; many hospitals lack a policy for preserving such materials. Some hospitals, such as the University of Michigan Hospital, Lakeside

Hospital, and the Municipal Hospital of Cincinnati, have well-organized archives readily available to scholars. Such institutions are the exception. More commonly, the records are poorly preserved, if they are preserved at all.<sup>1</sup>

Even closer to home is the issue of medical school archives. Another review essay, "Medical Schools: How Should We Write Their Histories?" lays the blame for the often poorly-written histories of medical schools in part on the institutions themselves for not preserving their own internal records more systematically:

Many medical schools are open to criticism for their lack of archival policies and their capricious manner in saving records, a matter in which they strikingly deviate from the methodical and scientific approach they espouse in other activities. The actions of all institutions, including medical schools and the people who comprise them, reflect the mood of the society in which they operate. The record of those actions and the reasoning on which they were based may provide a glimpse of that society quite as real as its novels, its architecture, or its leisure pastimes. Should not this record, too, ultimately become part of the public domain?... The failure of most institutions to develop objective and rational archival policies and procedures has been another significant factor in limiting the importance of institutional history.<sup>2</sup>

Probably many of us are willing or even eager to actively collect archival materials but have no specific mandate to do so and no clear idea of where to start. What is lacking is a body of literature that would provide the basis for rational policies and procedures governing the collection of medical archives. The archival profession itself is striving to place appraisal techniques on a more theoretical basis. An excellent article by Michael Lutzker in *The American Archivist* proposes the application to archival theory of Weberian and post-Weberian organizational models drawn from the disciplines of sociology, social psychology, public administration and history.<sup>3</sup>

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As an example of how various models might be applied to archival theory, Lutzker cites a hospital case study by Charles Perrow<sup>4</sup> as representative of the Institutional School of Sociology:

Perrow emphasizes the interrelatedness of goals and power structures. He traces a shift of control over the years from the trustees to the medical staff, to the administrative staff, and then to a system of multiple leadership involving checks and balances. In addition to analyzing the conflicts within the hospital hierarchy, Perrow's study is noteworthy for showing how these conflicts are related to shifting patterns in the medical profession, changes in the community, and new directions in government funding. In other words, the environment in which the institution functions markedly affects its policies and ultimately its power structure. Perrow's work demonstrates how the actual policy-making function may shift from one administrative group of another, and this suggests that the archives must develop an appraisal method sensitive to such changes.<sup>5</sup>

Medical archivists could do much worse than to adopt such models in developing their own institutional archives. Of course it is easier to make proposals than to implement them. Special collections librarians with no previous archival experience usually cannot train on the job under the guidance of a senior archivist. The isolation and the press of divided responsibilities can make the task seem formidable. But the possibilities of developing unique research collections that will make a real contribution to historical scholarship should encourage us to forge ahead.

Just as medical libraries have been in the forefront of information science, so could medical archives with their varied but identifiable types of records become important as models for more general collections. If the pages of The Watermark were used not only to announce the acquisition of archival records but to describe the processes by which the records were acquired and the appraisal techniques employed, a "meaningful dialogue," as they say, could be established. Not only would we be creating a body of literature on the collection of medical archives but we could solve the problem of finding contributors for The Watermark.

To kick off the discussion I would like to offer a few of my own ideas for building archival collections that would be truly representative of medical practice in a particular region:

- 1) Archivists usually agree that their first duty is to collect the records of their own institutions. We may not have the necessary staff to create a complete records management/archives program, but might we not create roles for ourselves as consultants for the management of inactive records at our institutions? Offering a service can be an effective means of introducing archival concepts to institutional personnel.
- 2) Given the fact that most hospitals do not have

trained archivists, could we not also offer consultant services to area hospitals? Knowing that if we do not assume some responsibility probably no one will, we should try to create "spheres of influence" to ensure that hospital records, both patient and administrative, are properly preserved in our vicinity.

- 3) As local health clinics and organizations are shut down by the budget cutbacks of Reaganomics, we archival buzzards should be on hand to pick the bones and transport them back to our collections where they will be available for future scholars.

I would argue that such activities would enhance our value to our employers, increase our visibility in the community, and eventually pay off in the donation of valuable source material to our collections.

A review of the papers given at the 1982 annual meeting of the American Association for the History of Medicine reveals that a significant number of historians are relying on archival records in conducting their research, but more often than not these records are not housed in medical library special collections. If we do not heed the trends taking place in the historical profession, smaller special collections will remain on the periphery of medical history scholarship, and even the major research collections may find their resources utilized by a dwindling number of scholars.

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1. Kenneth M. Ludmerer, "Writing the History of Hospitals," Bulletin of the History of Medicine 1982, 56:106-109.
2. Edward Atwater, "Medical Schools: How Should We Write Their Histories?" Bulletin of the History of Medicine 1980, 54: 455-460.
3. Michael A. Lutzker, "Max Weber and the Analysis of Modern Bureaucratic Organization: Notes toward a Theory of Appraisal," The American Archivist 1982, 45:119-130.
4. Charles Perrow, "Goals and Power Structures: A Historical Case Study," in Eliot Friedson, ed., The Hospital in Modern Society (New York: Free Press of Glencoe, 1963).
5. Lutzker, "Max Weber," p. 129.

**ERRATUM** In our last issue, we reported Mildred Hallowitz's retirement at the University of Buffalo. She is now History of Medicine Librarian Emeritus -- we forgot the Emeritus. Our apologies.

**WANDERING SCHOLAR** A postcard from mainland China reported the happy wanderings of Bill Beatty. We look forward to any comments that Bill may have for us on historical medicine in China -- and anywhere else, for that matter.



## The Watermark:

## Index to Volumes I-V

- 
- ALHHS - Constitution and by-laws I(1): [3], Oct '76
- History V(1 & 2): 14, July-Oct '81
- Meetings
- 1976 - Galveston, I(1): [1, 2], Oct '76
- 1977 - Madison I(2): 3, Feb '78
- 1978 - Kansas City I(4): 3, Apr '78
- 1979 - Pittsburgh II(4): 4, Apr '79
- " - " III(1): 4, Jul '79
- 1980 - Bethesda III(4): 1, Apr '80
- 1981 - Toronto IV(3 & 4): 7, Jan-Apr '81
- V(1 & 2): 13, Jul-Oct '81
- 1982 - Baltimore V(3): 5, Jan '82
- Members, Lists
- 1976 - I(1): [4], Oct '76
- 1979 - II(4): 5-6, Apr '79
- 1980 - IV(1): 5-6, Jul '80
- Members, New
- I(3): 4, Feb '78
- II(3): 5, Jan '79
- III(1): 4, Jul '79
- III(2): 3, Oct '79
- IV(3 & 4): 6, Jan-Apr '81
- V(1 & 2): 14, Jul-Oct '81
- Officers
- Nominations
- 1976 I(1): [2], Oct '76
- 1980 IV(2): 3, Oct '80
- Elections
- 1977 I(3): 1, Feb '78
- 1979 II(3): 3, Jan '79
- 1980 III(3): 4, Jan '80
- Watermark - Honorarium V(3): 5, Jan '82
- APS [American Philosophical Society] storage folder (designed by William Spawn) III(1): 5, Jul '79
- Abbey newsletter III(3): 3, Jan '80
- An afterthought on internes, graduate students, work-study help, etc... (Editorial comment) III(1): 2, Jul '79
- Albert, Warren -- thanks to III(4): 5, Apr '80
- Allen, Virginia E. Review of Chaff, Sandra L., et al., eds. Women in medicine.... II(2): 2, Oct '78
- American newsletters in the history of medicine and related fields: a checklist, by Philip J. Weimerskirch III(4): 1-2, Apr '80
- Archives, Medical - Canada -- Canadian projects in documentation III(2): 5, Oct '79
- Arizona. University. Arizona Health Sciences Center Library. II(2): 4, Oct '78
- Arkansas University for Medical Sciences Library I(3): 5, Feb '78
- Bakken Museum of Electricity in Life I(2): 4, Apr '78
- Beatty, William K. But what about yesterday? III(3): 1-2, Jan '80
- \_\_\_\_\_. The paper chase. I(2): 1, Oct '77
- Biography, Medical -- North America -- Bibliography I(2): 2, Oct '77
- Biography, Medical -- U.S. -- Bibliography. L. M. Holloway: Civil War surgeons: notes for a bibliography of lists and collected biographies. III(2): 1-3, Oct '79
- Blake, John B. Cataloging in the History of Medicine Division, NLM IV(1): 1-3, Jul '80
- \_\_\_\_\_. History of Medicine Division, NLM II(4): 1-2, Apr '79
- Books -- Conservation.
- Gunner, Jean. Simple repair and preservation techniques for collection curators.... Reviewed by Janet Kubinec IV(2): 3, Oct '80
- Books -- Conservation -- Bibliography.
- Bowman, Inci A. Recent literature on preservation. II(2): 1-2, Oct '78
- Books -- Prices
- Crawford, Helen. Buying books at auction. II(3): 4-5, Jan '79
- Discussion on valuation. II(2): 3-4, Oct '78
- Dring, E. M. The valuing of rare books. II(3): 1-3, Jan '79
- Bowman, Inci A. Recent literature on preservation. II(2): 1-2, Oct '78
- Brodman, Estelle. Chronological coverage of principal medical indexes. I(3): 2, Feb '78
- \_\_\_\_\_. Some American medical-biographical compendia. I(2): 2, Oct '77
- \_\_\_\_\_. What is your collection worth? (in Discussion on valuation) II(2): 3, Oct '78
- But what about yesterday? by William K. Beatty. III(3): 1-2, Jan '80
- Buying books at auction, by Helen Crawford. II(3): 4-5, Jan '79
- California Historical Society. III(2): 6, Oct '79
- Cartoons by Jody Millard. III(4): 3, Apr '80
- IV(1): 4, Jul '80
- Cataloging in the History of Medicine Division, NLM, by John B. Blake IV(1): 1-3, Jul '80
- Cavanagh, G. S. T. Catalog of the Bernard Becker Collection in Ophthalmology at the Washington University School of Medicine Library. III(1): 3, Jul '79
- \_\_\_\_\_. The Evan Bedford Library of Cardiology: Catalogue of books, pamphlets, and journals (book review) III(1): 4, Jul '79
- \_\_\_\_\_. Heirs of Hippocrates: the development of medicine in a catalogue of

- historic books in the Health Sciences Library, the University of Iowa (book review) V(1 & 2): 13, Jul-Oct '81
- \_\_\_\_\_. A new edition of Harvey? (book review of Classics of medicine edition 1978) II(4): 3-4, Apr '79
- \_\_\_\_\_. The Osler Library...(book review) III(3): 3, Jan '80
- \_\_\_\_\_. Pricing of old medical books (in Discussion on valuation) II(2): 3-4, Oct '78
- Chaff, Sandra L., et al., eds. Women in medicine: a bibliography.... Reviewed by Virginia E. Allen. II(2): 2, Oct '78
- \_\_\_\_\_. Women physicians biographical information; or, If everyone's grandfather was a dentist, then everyone's grandmother was a physician. III(1): 2-3, Jul '79
- A chart of graduating classes of American medical colleges before 1907, by L. M. Holloway. V(1 & 2): 1-12, Jul-Oct '81
- Chicago Historical Society. I(3): 5, Feb '78
- Cincinnati, University of. Medical Center Libraries. History of Health Sciences Library and Museum. III(4): 6, Apr '80
- Civil War surgeons: notes for a bibliography of lists and collected biographies.... by L.M.Holloway III(2): 1-3, Oct '79
- College of Physicians of Philadelphia. Library. I(2): 4, Apr '79
- Colleges, Medical -- U.S.  
A chart of graduating classes of American medical colleges before 1907, by L. M. Holloway. V(1 & 2): 1-12, Jul-Oct '81
- Colorado Historical Society. Documentary Resources Department. I(4): 5, Apr '78
- Confessions of an amateur exhibit-mounter, by L. M. Holloway. I(2): 5, Oct '77
- Conservation & preservation  
Bowman, Inci A. Recent literature on preservation. II(2): 1-2, Oct '78
- Finkel, Kenneth. The care and handling of glass negatives. IV(3 & 4): 5-6, Jan-Apr '81
- Spawn, William [designer] 'The APS storage folder. III(1): 5, Jul '79
- Copying photographs for fun and profit... by L. M. Holloway. III(4): 4, Apr '80
- Crawford, Helen. Buying books at auction. II(3): 4-5, Jan '79
- Crellin, Ian. History of medicine collections in Toronto. IV(3 & 4): 7-8, Jan-Apr, '81
- Deaths [of ALHHS members, and others involved in history of medicine]  
Moll, Wilhelm III(1): 4, Jul '79  
Necker, Walter L IV(1): 3, Jul '80  
Rosen, George I(2): 6, Oct '77
- Dental biographical information, or, Everyone's grandfather was a dentist, by Aletha Kowitz and Christine Dolan II(4): 3, Apr '79
- Directory of libraries in the history of the health sciences.  
History of the project I(4): 4, Apr '78
- Index to date III(3): 4, Jan '80
- Discussion on valuation [articles on book-pricing] II(2): 3, Oct '78
- Dolan, Christine. Dental biographical information, or Everyone's grandfather was a dentist, by Aletha Kowitz and Christine Dolan. II(4): 3, Apr '79
- Dring, E. M. The valuing of rare books. II(3): 1-3, Jan '79
- Duke University. History of Medicine Collection. I(2): 4, Oct '77  
II(3): 4, Feb '78
- Emory University. Robert W. Woodruff Library. Special Collections Dept. & A. W. Calhoun Medical Library. III(1): 2, Jul '78  
English short-title catalogue... III(3): 3, Jan '80
- Erlen, Jonathan. Litman, T. J. The sociology of medicine (book review) II(1): 2, Jul '78  
\_\_\_\_\_. A plea for assistance. IV(3 & 4): 9, Jan-Apr '81
- Evan Bedford Library of Cardiology: Catalogue of books, pamphlets, and journals (book review) by G. S. T. Cavanagh. III(1): 4, Jul '79
- Exhibits  
Holloway, L. M. Confessions of an amateur exhibit-mounter. I(2): 5, Oct '77
- Facsimiles  
Cavanagh, G. S. T. A new edition of Harvey?(book review of Classics of medicine edition, 1978) II(4): 3-4, Apr '79
- Finkel, Kenneth. The care and handling of glass negatives. IV(3 & 4): 5-6, Jan-Apr '81
- Fransiszyn, Marilyn. MLA connections with Montreal. IV(3 & 4): 8, Jan-Apr '81
- Gartrell, Ellen J. II(2): 4, Oct '78
- Gunner, Jean. Simple repair and preservation techniques for collection curators, librarians and archivists. Reviewed by Janet Kubinec. IV(3): 3, Oct '80
- Gyorgyey, Ferenc. Editorial comment [on the death of George Rosen] I(2): 6, Oct '77
- Hahnemann Medical College. Library. I(2): 4, Oct '77  
Archives and History of Medicine Collection. IV(2): 4, Oct '80
- Hallowitz, Mildred -- Retirement V(3): 3, Jan '82
- Handbook of medical library practice (chapter on Special collections, history of health sciences, and archives), by N. W. Zinn III(3): 3, Jan '80
- Heirs of Hippocrates... Reviewed by G.S.T. Cavanagh. V(1 & 2): 13, Jul-Oct '81
- History of medicine -- Bibliography  
Erlen, Jonathan. A plea for assistance. IV(3 & 4): 9, Jan-Apr '81

## History of medicine -- Bibliography (cont'd)

- Weimerskirch, Philip J. American newsletters in the history of medicine and related fields: a checklist. III(4): 1-2, Apr '80
- Weimerskirch, Philip J. A select list of catalogs of rare medical books and bibliographies on the history of medicine published in 1976 and 1977. I(3): 3, Feb '78
- History of the health sciences special procedures questionnaire, by N. W. Zinn. IV(3 & 4): 1-4, Jan-Apr '81  
V(1 & 2): 14, '81
- Holloway, Lisabeth M. A chart of graduating classes at American medical colleges before 1907. V(1 & 2): 1-12, Jul-Oct '81
- \_\_\_\_\_. Civil War surgeons: notes for a bibliography of lists and collected biographies.... III(2): 1-3, Oct '79
- \_\_\_\_\_. [Comment on Philip Teigen's History of medicine libraries observed.] III(3): 2, Jan '80
- \_\_\_\_\_. Confessions of an amateur exhibit-mounter. I(2): 5, Oct '77
- \_\_\_\_\_. Copying photographs for fun and profit.... III(4): 4, Apr '80
- \_\_\_\_\_. Historical literature of podiatry. V(3): 4-5, Jan '82
- \_\_\_\_\_. Non-medical sources for medical history. I. Genealogy and local history. I(4): 1-2, Apr '78
- Houston Academy of Medicine -- Texas Medical Center Library. III(4): 5, Apr '80
- Isetts, Charles A. Marketing, media, and making money; or, Why not "sell" your historical collection? IV(2): 1-3, Oct '80
- Jenkins, Glen P. The nature, care and handling of historical materials: a course for students in librarianship, history, archives and museology. II(1): 1-2, Jul '78
- \_\_\_\_\_. Volunteers in special collections. III(1): 1, Jul '79
- Kansas State Historical Society. Manuscript Department. II(2): 5, Oct '78
- Kansas. University Libraries. Spencer Research Library. Kansas Collection. IV(2): 4, Oct '80
- Key, Jack D. William Alexander Hammond, M.D., 1828-1900. [Book announcement.] III(2): 5, Oct '79
- Kowitz, Aletha. Dental biographical information, or, Everyone's grandfather was a dentist, by Aletha Kowitz and Christine Dolan. II(4): 3, Apr '79
- Krivda, Marita J. Literature related to the development of optometry in the United States. V(3): 1-3, Jan '82
- Kubinec, Janet. President's column. III(4): 2, Apr '80
- \_\_\_\_\_. Review of Gunner, Jean. Simple repair and preservation techniques for collection curators.... IV(2): 3, Oct '80
- Librarianship, Medical. Oral history of medical librarianship IV(1): 3, Jul '80
- Librarianship, Medico-Historical -- Education
- Jenkins, Glen P. The nature, care and handling of historical materials: a course for students in librarianship, history, archives and museology II(1): 1-2, Jul '78
- Libraries, Medico-Historical
- Teigen, Philip. History of medicine libraries observed, with commentary.... III(3): 1, Jul '79
- Libraries, Medico-historical -- Financing
- Isetts, Charles A. Marketing, media and making money; or, Why not "sell" your historical collection IV(2): 1-3, Oct '81
- Literature related to the development of optometry in the U.S., by Marita J. Krivda. V(3): 1-3, Jan '82
- Litman, T. J. The sociology of medicine.... 1976. Reviewed by Jonathan Erlen. II(1): 2, Jul '78
- Loma Linda University. Vernier Radcliffe Memorial Library. I(3): 5-6, Feb '78
- Louisiana. State University. Department of Archives and Manuscripts. I(4): 5, Apr '78
- MLA -- History of Medicine Group -- Meetings.
- 1976 - Minneapolis I(1): [1-2], Oct '76
- 1977 - Seattle I(2): 3, Oct '77
- 1978 - Chicago I(3): 4, Feb '78  
II(1): 4, Jul '78
- 1979 - Honolulu II(4): 4, Apr '79  
III(2): 5, Oct '79
- 1980 - Boston III(4): 2, Apr '80
- 1981 - Montreal IV(3 & 4): 7, Jan-Apr '81
- MLA -- Other historical activities I(1): [1-2] Oct '76
- McGill University. Bethune year, 1979 [announcement]. III(2): 5, Oct '79
- McGill University. McGill Medical Library. Osler Library of the History of Medicine.
- [Directory entry] III(3): 4-5, Jan '80
- [News items] I(3): 4, Feb '78  
II(4): 5, Apr '79
- Cavanagh, G. S. T. The Osler Library (book review). III(3): 3, Jan '80
- Marketing, media, and making money, or, Why not "sell" your historical collection, by Charles A. Isetts IV(2): 1-3, Oct '80
- Maryland Historical Society. II(1): 4-5, Jul '78
- Maryland. University. Health Sciences Library. I(2): 4, Oct '77  
III(4): 5-6, Apr '80
- Mayo Medical Library. I(2): 4, Oct '77
- Medical University of South Carolina.
- Waring Historical Library. III(3): 5, Jan '80
- Memorial University of Newfoundland.
- Clinch Chair in Medical History. II(4): 4-5, Apr '79
- Millard, Jody. Cartoons on librarianship and medicine. III(4): 3, Apr '80  
IV(1): 1, Jul '80
- Minnesota. University. Biomedical Library. Owen W. Wangensteen Historical Library of Biology and Medicine. III(2): 6, Oct '79
- Moll, Wilhelm, -1979. Travelling in Europe -- 1977. I(4): 3, Apr '78
- Obituary of III(1): 4, Jul '79
- Murray Gottlieb prizewinners I(4): 4, Apr '78

- National Library of Medicine, History of Medicine Division, by John B. Blake II(4): 1-2, Apr '79
- National Library of Medicine, History of Medicine Division, Cataloging in, by John B. Blake IV(1): 1-3, Jul '80
- National Union Catalog of Manuscript Collections I(2): 1, Oct '77
- The nature, care and handling of historical materials: a course for students in librarianship, history, archives and museology, by Glen P. Jenkins II(1): 1-2, Jul '78
- Nebraska State Historical Society. II(2): 5, Oct '78
- Necker, Walter L. Death notice of. IV(1): 3, Jul '80
- Nevada State Historical Society. I(4): 5, Apr '78
- New directions: history of health science librarianship at the crossroads, by Joyce M. Ray. V(4): 1-2, Apr '82
- A new edition of Harvey? (book review) by G.S.T.Cavanagh. II(4): 3-4, Apr '79
- Ohio Historical Society. I(3): 6, Feb '78
- Optometry -- History.  
Krivda, Marita J. Literature related to the development of optometry in the U.S. V(3): 1-3, Jan '82
- Oregon Historical Society. II(3): 6, Jan '79
- Osler commemorative issue, JAMA III(4): 5, Apr '80
- Overmier, Robin I(2): 4, Oct '77
- The paper chase, by William K. Beatty I(2): 1, Oct '77
- Pennsylvania. State University. Milton S. Hershey Medical Center. The George T. Harrell Library. I(4): 5, Apr '78
- Philadelphia General Hospital. I(2): 4, Oct '77
- Photograph Conservation III(3): 3, Jan '80
- Photographs -- Conservation  
Finkel, Kenneth. The care and handling of glass negatives. IV(3 & 4): 5-6, Jan-Apr '81
- Podiatry -- History  
Holloway, L.M. Historical literature of podiatry. V(3): 4-5, Jan '82
- Pricing of old medical books, by G.S.T. Cavanagh. II(2): 3-4, Oct '78
- Questionnaire: History of the health sciences special procedures, by N.W. Zinn. IV(3 & 4): 1-4, Jan-Apr '81
- Ray, Joyce M. New directions: history of health science librarianship at the crossroads. V(4): 1-2, Apr '82
- Recent literature on preservation, by Inci A. Bowman. II(2): 1-2, Oct '78
- Rochester, University of. History of medicine collections. I(2): 4, Oct '77  
II(4): 5, Apr '79
- Rosen, George, 1910-1977. Editorial comment by Ferenc Gyorgyey. I(2): 6, Oct '77
- Rucker, Laura A. -- Retirement. V(1 & 2): 14, Jul-Oct '81
- Some American medical-biographical compendia, by Estelle Brodman i(2): 2, Oct '77
- South Carolina Historical Society. I(4): 6, Apr '78
- Spawn, William [designer]. The APS storage folder. III(1): 5, Jul '79
- Still, Claire -- Retirement V(1 & 2): 14, Jul-Oct '81
- Survey or Sources for the History of Biochemistry and Molecular Biology, at Library, American Philosophical Society I(2): 1, Oct '77
- Teigen, Philip. History of medicine libraries observed, with commentary. III(3): 1, Jan '80
- Texas. University. Medical Branch at Galveston. Moody Medical Library. I(4): 6, Apr '78  
II(2): 4, Oct '77
- Texas A & M University. I(4): 6, Apr '78  
II(2): 4, Oct '77
- Toronto, History of medicine collections in, by Ian Crellin. IV(3 & 4): 7-8, Jan-Apr '81
- Travelling in Europe - 1977, by Wilhelm Moll. I(4): 3, Apr '78
- Unger, Carol. The Special Collections Department of the Library, Uniformed Services University of the Health Sciences. III(2): 4, Apr '79
- Uniformed Services University of the Health Sciences -- Special Collections Department, by Carol Unger. III(2): 4, Oct '79
- Urban & Schwarzenberg Collection of Anatomical Art. I(2): 4, Oct '77
- The valuing of rare books, by E. M. Dring. II(3): 1-3, Jan '79
- Volunteers in special collections, by Glen P. Jenkins III(1): 1, Jul '79
- Wangensteen, Owen H. Talk. I(1): [2], Oct '76
- Washington. University. School of Medicine. Library. II(1): 5-6, Jul '78
- \_\_\_\_\_. Catalog of the Bernard Becker Collection of Ophthalmology. Reviewed by G.S.T.Cavanagh. III(1): 3, Jul '79
- Weimerskirch, Philip J. II(2): 4, Oct '78  
V(1 & 2): 14, Jul-Oct '81
- \_\_\_\_\_. American newsletters in the history of medicine and related fields: a checklist. III(4): 1-2, Apr '80
- \_\_\_\_\_. [Comment on P. Teigen's History of medicine libraries observed.] III(3): 2, Oct '79
- \_\_\_\_\_. A select list of catalogs of rare medical books and bibliographies published in 1976 and 1977. I(3): 3, Feb '78
- Wellcome Library, London -- Classification and archives. V(3): 6, Jan '82
- What is your collection worth? by Estelle Brodman. II(2): 3, Oct '78
- Wisconsin, University. II(4): 5, Apr '79
- \_\_\_\_\_. Wm. S. Middleton Library. II(1): 6, Jul '78
- Women physicians biographical information; or, If everyone's grandfather was a dentist, then everyone's grandmother was a physician, by Sandra L. Chaff. III(1): 2-3, Jul '79
- Yale University. Yale Medical Library. Historical Library. II(2): 5-6, Oct '78

Zinn, Nancy Whitten. Advice wanted... [for chapter on Special collections, history of health sciences and archives in Handbook of Medical Library Practice] III(3): 3, Jan '80  
 . History of the health sciences special procedures questionnaire. IV(3 & 4): 1-4, Jan-Apr '81  
 . MLA in Honolulu, June, 1979. III(2): 5, Oct '79  
 . President's column. I(3): 1, Feb '78

ALHHS at Baltimore. Doris Thibodeau, our new President, presided over the largest and probably the liveliest meeting we have had. More than forty persons were in attendance, to hear Bruce Fye open the meeting with an excellent general survey of the activities and concerns, past and present, of librarians in the history of the health sciences, and their challenges and opportunities for the future. Lisabeth Holloway made some observations on the joys and sorrows of the compiler. Nicholas Dewey discussed relations between librarians and booksellers. Some of these presentations may find their way into print.

The business meeting, under the direction of Janet Kubinec, our retiring President, to whom we owe much thanks, began with the Treasurer's report of a balance of \$816.00. Members are frequently remiss in sending dues, and it was agreed that a standard dues-year should be established.

Janet remarked that November is an awkward time to conduct elections, since it means that the new President has hardly time enough to prepared for the spring meeting. After much discussion, it was moved, seconded, and passed that dues collection should be combined with the voting process, and should take place in January, with the incoming officers taking office at the spring meeting. The member's check will accompany his or her ballot, and will validate the ballot.

The Editor's plea for more material for The Watermark met with encouraging response. Joyce Ray raised the topic of local history and archival-collection and management, and it was suggested that a symposium on archives constitute the program at a future meeting of ALHHS, and would also appear in this newsletter. Several persons expressed interest in contributing to such a symposium. Conservation was also mentioned as a continuing concern. The subject of payment for articles accepted for The Watermark (announced in the last issue as a definite prospect) was reopened for debate, but no discussion followed.

Janet announced that Dorothy Whitcomb has volunteered to serve as the Association's archivist.

Next year ALHHS will meet in Minneapolis, at the Bakken Library and Museum of Electricity in Life, in Minneapolis, on May 4, 1983. Nancy Roth has agreed to act as Local Arrangements chairman.

MLA History of Medicine Section will meet Monday, June 14, 1982 at Anaheim, California, to hear a talk by Carolyn Tilley, Head, MEDLARS Management Section, on "NLM Histline Overview."

ALA's Health Care Libraries Section (HCLS) will meet on Sunday, July 11th, 1982 in Philadelphia

at the Pennsylvania Hospital, 11:30 to 2:00, for a program entitled "Librarians Reaching Out: Case Studies." A picnic box-lunch is included, as is a guided tour of the Historic Library, Nursing Museum, "Lunatic Basement" and other entertainments of our oldest hospital. Interested persons should send a stamped, self-addressed envelope, and a check for \$5 made out to ASCLA-HCLS to Caroline Morris, Pennsylvania Hospital, 8th & Pine Streets, Philadelphia, Pa., 19107, by July 1st.

Lunch followed at the Sheraton-Johns Hopkins Inn, and members were then encouraged to visit the local institutions of interest: Alan Chesney Medical Archives, the Institute of the History of Medicine and the Welch Medical Library, the Peabody Branch of Enoch Pratt, the Medical and Chirurgical Faculty of the State of Maryland, and the Health Sciences Library of the University of Maryland. Wine and cheese at the Institute concluded a well-planned and stimulating meeting.

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