



Newsletter

AMERICAN ASSOCIATION FOR THE HISTORY OF MEDICINE

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PRESIDENT'S MESSAGE

Adventures on the Edge

Ten years ago I joined a group of Duke social scientists in a year-long interdisciplinary seminar around themes of race and health. At the initial meeting one prominent sociologist in the group suggested that we begin by going around the room and talking about “our database.” I was bewildered. Did I have a database?

Turns out, sociologists, political scientists, epidemiologists, economists and public policy types routinely draw on massive databases such as the NHANES study (National Health and Nutrition Examination Survey), YRBSS (Youth Risk Behavior Surveillance System), and many others. One colleague from the law school was mining the information within the Duke employee health care system. (Wait a minute, I thought, that’s me!) Suitably blinded, he said with sanctimony, suitably blinded.

This year-long experience did more than rectify my total naiveté about the work patterns of colleagues in the social sciences. I learned phrases such as “social determinants of health” and “social capital.” As my cloud of confusion slowly cleared I also realized that we as historians knew all about these factors, although we tended to use different labels for them.

In the past year the AAHM has instituted a new prize to honor the memory of George Rosen, whose work can be characterized as being in part the study of social medicine. We’ve had some difficulty defining exactly what that phrase means today, and meant in the time of his scholarship. History of public health, understood as the actions of governments or NGOs to better population health, certainly falls under this rubric. But so, I would argue, is the broad range of influences on health that modern social scientists include under the phrase “the social determinants of health.”

I live in North Carolina, whose eastern counties bear the unfortunate honor of having twice the rate of cerebral vascular accidents (aka, strokes) as the U.S. average, landing it the accolade of being the Buckle on a stroke belt that extends across the southern states. In recent days a new report on obesity rates appeared in the media, with every state scoring 20% obese population or higher, but with the southern states as a whole again leading the nation. Those who hope to alter these patterns have to think in terms of the “social determinants” of their origin. Yes, poverty, but exactly how does poverty act to create these figures? Lack of access to medical care? Inability to

afford medications? Distrust of doctors? Cultural food choices? Information about managing their diet and health? The list of potentialities is long, and each one in turn generates a possible policy solution.

Why the South? It's the history, stupid (to paraphrase the W. J. Clinton campaign mantra of 1992). There is some surprise among modern physicians that given the power of pharmaceuticals, hypertension should persist at all. Yet of course, it does. Racial determinants of health is another prickly topic, one that also has a rich history documented by many AAHM members. Our database may be quirky (to social science eyes) and our statistical power less than impressive at times, but we do know many of the answers.

Another concept to emerge from my year amidst the social scientists was the idea of "social capital." In the past year I have given a lecture on comparative case mortality rates in the Civil War. Turns out that Confederates and black Union troops were two to three times as likely to die from disease as white Union troops. As I talked about this phenomenon to audiences at Countway and Dartmouth, I realized that this work offers an odd twist on the modern quandaries regarding health disparities.

Few people think that Civil War health care had much to offer, so the expectation would be that the poor sods who got sick should have died at the same rate. What difference should it make what color the uniform, or the skin, happened to be, since the medical care was so bad?

The Civil War story highlights the importance in the non-pharmacological aspects of health care, aspects that are as relevant today as in 1860. Food was and is of primary importance, both in promoting healing as well as causing disease. Southerners died at a greater rate because Confederate hospital patients, especially in the mega-hospitals in Richmond, were Vitamin C deficient at best, and starving at worst. Union troops in hospital got lemonade, strawberries, and the loving attention of the U.S. Sanitary Commission.

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News items of 250 words or less are invited and may be submitted by e-mail, fax, or regular mail. Deadlines: 15 February, 1 July, and 1 October.

Editors' Note

The editors apologize for omitting the notice about the 2015 Genevieve Miller Lifetime Achievement Award winner Caroline Hannaway in the last issue of the *AAHM NewsLetter*. Please see [page 3](#) for more details.

Hospital nursing care was the duty of enslaved blacks in the south; northern hospitals were staffed by white women volunteers and sometimes nuns. In day to day survival, this made a difference.

But what of the black Union troops? I'm finally getting back here to the concept of "social capital," a phrase that refers to all the social supports a given person has among his/her family and acquaintances and other sources that helps promote survival and comfort. One common example in the modern day would be: what happens to the person who loses her job? Does she have family or friends to fall back on? Or does she end up homeless because she can't pay the rent?

The comparison of black Union troops with white ones illustrates the deadly nature of a deficit in social capital. White regiments were drawn from a single geographic area, and their officers were likewise men from that area. Regiments were numbered by state (e.g., the 22nd Illinois) and the men had relatives back home in those states. Letters home that complained of hospital care and conditions, wretched food or other cruelties, would find their way to local and state politicians. Such letters could summon family members to the bedside, who brought with them the power to "speak to the doctor" or failing that, "speak to their congressman." The United States Sanitary Commission, provider of food and comforts to the hospitalized, could likewise be activated. The power of the Civil War letter home to lower mortality rates should be recognized.

Black troops by and large lacked this key piece of social capital. 75% were ex-slaves, and almost all were illiterate. Aside from a few regiments, most were gathered into the U.S. Colored Troops, nationally and not state based. Their family members were mostly unreachable, and had very little political power. The black troops were treated as second class soldiers in camp and their hospitals were famously dirty and poorly run.

All of which is to urge my colleagues in medical history to recognize the value we bring to discussions

of health disparities and the social determinants of health. The success of Jonathan Metz's Medicine, Health and Society Center at Vanderbilt has shown how magnetic such programs, properly framed, can be for pre-medical students. The medical audiences I have talked to have been likewise enthusiastic that "someone is finally talking about this." Through the various initiatives of AAHM, including the CLIO project, we can take our message to a broader audience. The historical archive, aka our database, offers powerful messages for modern medicine and health policy.

*Margaret Humphreys,
AAHM President*

AAHM NEWS

2015 Genevieve Miller Lifetime Achievement Award

On Saturday evening, 2 May 2105, Caroline Hannaway was presented with the 2015 Genevieve Miller Lifetime Achievement Award. John Parascandola, chair of the 2015 award committee, presented the award to Hannaway. His remarks follow below.

It is a distinct pleasure for me to be able to present this year's Genevieve Miller Lifetime Achievement Award to Caroline Hannaway, who I am sure is known by almost everyone in this room and loved by all who know her. I have known Caroline for some 35 years (which shows how old we both are), and she is a dear friend as well as a colleague. I have personally witnessed the many contributions that she has made to our association and our profession. Coming to us from Australia in the 1960s (our gain and Australia's loss), she obtained her Ph.D. in History of Science from the Johns Hopkins University. She married Hopkins faculty member Owen Hannaway, who was known to many of you, and began her professional career at the Johns Hopkins Institute of the History of Medicine. She has made her mark in our profession in various ways, not least of which is as an editor *par excellence*. Caroline played a key role in the

editorial work of the two most important American journals in the history of medicine, and also edited a third journal in the field.

Anyone who was actively involved in medical history in the 1980s is probably aware of the crucial role that she played as editor of the *Bulletin of the History of Medicine* as a time of crisis in its history. I spent the 1979-80 academic year as a visiting faculty member at the Institute, and I observed first-hand how Caroline took hold of a floundering publication and re-established it as the premier journal in the field. At the time, she was listed on the masthead as assistant or associate editor, but for all practical purposes she was serving as the editor of the *Bulletin*, a title she was officially given in 1983. The *Bulletin* was not coming out on schedule, papers were not being reviewed or published in a timely fashion, and correspondence was often not answered. Many historians of medicine expressed concerns about the future of the *Bulletin*. Within a relatively short period, however, Caroline cleared up the backlog of papers and correspondence, got the *Bulletin* back on schedule and restored faith in the publication. The Association and the profession are in her debt for her successful efforts in this connection.

The *Bulletin* continued under her capable guidance until 1990, when she left Hopkins to become the Director of the Francis Clark Wood Institute for the History of Medicine at the College of Physicians of Philadelphia, a position she held until 1992. In her usual way, Caroline provided excellent leadership and increased the visibility and influence of the Wood Institute during her tenure. She also continued her editorial contributions by serving as the editor of the *Transactions and Studies of the College of Physicians of Philadelphia*. She then began a career as a historical consultant to federal history of medicine programs, e.g., the National Library of Medicine, the PHS History Office and the FDA History Office. Her primary role as a consultant, however, was with the NIH History Office, where she worked on multiple projects from 1992 to 2008. Caroline was involved with the development of exhibits, preparing website content, carrying out research, and, of course, editing,

both books and oral histories. In this latter connection, she took rough drafts of oral history memoirs and polished them into shape for use by scholars.

From 2004 to 2013, she also served as interim and then associate editor of the *Journal of the History of Medicine*, thus continuing her contributions to disseminating scholarship in our field. Somehow in the midst of all of these activities, Caroline also found time for scholarly research and publication, making important contributions to the history of French medicine and the history of biomedical research. Last but not least, I need to mention her extensive contributions to this Association. She has served as a Council member twice, and has chaired or served on more Association committees than anyone I know. There are far too many for me to list them. I could cite other professional contributions of Caroline as well, but it is time to turn the floor over to her. I give you the 2015 Genevieve Miller Lifetime Achievement Award recipient, Caroline Hannaway.

*John Parascandola, Chair,
Genevieve Miller Lifetime Achievement Committee*

Award Acceptance

I am very honored to receive this award from the American Association for the History of Medicine. It means a lot to me. The AAHM is the group that has been most consequential in my professional life and first educated me about the field of history of medicine in the United States. I am also, of course, proud to be the first Australian to win the award and hope I will not be the last. (Here I was presented with a toy platypus by the Australians.)

I never set out to make a career in the history of medicine. As you have heard my undergraduate honors degree was in the history and philosophy of science. The University of Melbourne organized teaching at that time in the British style. We studied it all, history of astronomy, physics, mathematics, chemistry, and biology. One seminar was offered in the history of medicine. It was taught by the Reader

in the Department, a notable woman named Diana Dyason. She believed in the value of reading primary texts and so we embarked on the study of disease in nineteenth-century Britain with, among other works, Jenner on smallpox, Snow on the cholera, and William Farr on medical statistics. This study piqued my interest in the history of medicine and led to my deciding to move on to working for a Ph.D. in the subject. Programs for such work in England were known, but no one in Melbourne knew much about North America.

Three programs were identified, one at Yale, one at McGill, and one at Johns Hopkins. I wrote to all three. McGill said I should study in the United States, Yale lost out on my later expertise by not bothering to reply, and Johns Hopkins ended up inviting me to come there with a fellowship and tuition. So my American sojourn began. And I ended up staying, which was not my original intent, largely because of my marriage to a wonderful and creative historian of science known to many of you, Owen Hannaway. A good omen for the future was that Dr. Owsei Temkin and his wife Lilian attended our wedding in Baltimore.

My research on French medicine in the eighteenth and nineteenth century for my dissertation was encouraged both by Owen and by William Coleman, the professor of history of biology and medicine. As Bill pointed out, if you worked on French topics, you got to spend weeks in Paris enjoying the food and historical sights as well as having adventures and fun in the archives. I still remember, for instance, the day the first Xerox machine was installed in the Bibliotheque Nationale. At 12 noon sharp it was solemnly covered with a sort of blanket for its lunch break until 2 p.m. Bill of course followed the strategy of working on French subjects himself and to good effect. Owen loved research in Paris too, so it all worked out well. It was only much later that I became better acquainted with 20th-century American medicine.

My first knowledge of the AAHM was in 1969 when its meeting was held in Baltimore, but in my second

year in the U.S. it was hard to make sense of the people involved and it was not so long after the Baltimore 1968 riots. My more vivid recollection was of the AAHM meeting where I presented my first paper, a challenge for all young historians of medicine. This was in 1971 at the Broadmoor Hotel in Colorado Springs and in terms of accommodation it was one of the best meetings ever. I had a two-room suite in a resort hotel which cost only \$19.00. There was only one session at a time, so I was confronted with an audience of about 400 people in a ballroom. The chair of the session was Genevieve Miller, who was a stickler for speakers keeping to the time allotted. Moreover she had a large, old-fashioned alarm clock with a loud tick which she stationed on the podium. It was set for 20 minutes and if you went over you would be cut off in mid syllable by a loud alarm. Needless to say this was nerve racking. The podium was high and I learnt after the session that as I was short only my hair could be seen by many in the audience. Several senior members of the Association said kind things about my maiden effort, but my confidence was dashed when one insisted that I had mispronounced a word in my paper. I mention this experience to encourage young scholars to persevere. I did survive these vicissitudes and went on to build my history of medicine career.

My career took a new turn in 1979 when I started work in the editorial office of the *Bulletin of the History of Medicine*, the AAHM's journal as well as that of the Johns Hopkins Institute. My education for this position was acquired on the job. And I soon learned a whole new set of lessons about the history of medicine. One of my early lessons in the editing enterprise was that I had to broaden my knowledge of the work being produced in the field of the history of medicine. I had to move quickly away from the habit most of us have of keeping in close touch with the dozen or so people who have related research interests and instead attempt to comprehend at least in a minimal fashion the diversity of questions being investigated across the field. Of course the reading of hundreds of manuscripts (and the *Bulletin* averaged over a hundred submissions a year in the time I was

there) on an enormous variety of topics was very educational too. So was the opportunity to examine the ever increasing and more numerous range of books for review on medical history that flooded into the *Bulletin* office. The eighties and nineties were boom periods for the field.

I also found that to be a successful editor there was other knowledge that had to be acquired and that came only through time and experience. For instance, it was not sufficient simply to know who was working on a topic. An editor also had to know what the individual's relationship was, both personally, if possible, and in terms of approach, with others of similar research interests. The process of peer review, admirable in conception and eminently worthy of being upheld, is mined with pitfalls for an unwary editor. Academic objectivity is not a myth, but it is a reality hard to achieve, and the history of medicine is a small field.

One other aspect of the editorial enterprise that I learned over the years was that one's fellow editors were both friends and enemies. No one else is so sympathetic when one wants to have a moan about the unreliability of authors and reviewers, the iniquities of publishers, and the slipshod efforts of printers. No one else appreciates in quite the same way the horrors of covers being printed upside down, pictures being located in the wrong article or paragraphs of text that inexplicably disappeared. Yet, being human, one's fellow editors also delight in one's unfortunate typos that are missed (always, always be wary of any paper using the words "public health" frequently. That "l" in the adjective so easily vanishes) and we all know from the exhortations of dental hygienists that plaque is a serious menace to our health, but it cannot be identified as the cause of the Black Death of the fourteenth century.

I could continue with many further reminiscences but the time allotted for me to speak is short, but for those who want to know more I have threatened to write my memoirs under the title "All you wanted to know about the history of medicine but were afraid to ask." I am encouraged to see the field flourishing

at this 88th meeting of the AAHM and a whole new range of topics coming under scrutiny. Thank you, AAHM, for giving me this Genevieve Miller Lifetime Achievement Award. I will treasure it.

Caroline Hannaway
2015 Genevieve Miller Lifetime Achievement Winner

AAHM in Minneapolis, 2016!

Please join us in Minneapolis, Minnesota for the 89th annual meeting of the American Association for the History of Medicine, 28 April 1 May 2016. Tackling Minnesota's snowbound image head-on, we want to reassure you: historical statistics show that between 1891 and 2011, Minneapolis averaged only two days in April and not even one full day in May with snowfall greater than one-tenth of one inch. We're looking forward to welcoming you to a great program, spring flowers, walks along the Mississippi River and the Walker Sculpture Garden, and many cultural opportunities.

This year, the AAHM and the American Osler Society (AOS) are both meeting in Minneapolis and we are celebrating by holding two joint sessions on Sunday morning. One on the Clio Project--articulating the role of history of medicine in medical education--features Jackie Duffin, David Jones, John Harley Warner, Jeremy Greene, and Ken Ludmerer. The other, "Beecher at 50," with Susan Lederer and Laura Stark, commemorates the 50th anniversary of Henry Beecher's landmark *New England Journal of Medicine* paper on the ethics of clinical research. The American Osler Society's McGovern Lecture, also on Sunday morning and open to both societies, will be delivered by Mark Dimunation, Chief of the Rare Book and Special Collections Division at the Library of Congress. He has played a seminal role in rebuilding the Jefferson collection there.

Program Committee Co-Chairs Scott Podolsky (also an AOS member) and Sarah Tracy are putting together a rich and diverse program. Reflecting Minnesota's history as a pioneering site for gender reassignment surgery and the presence of the Jean

Nikolaus Tretter Archival Collection in GLBT Studies, Thursday evening's roundtable entitled "From Transgressive to 'Transparent': Writing the Transgendered History of Medicine" will feature historical, clinical, and archival talks. And the Sigerist Circle's Thursday afternoon session will offer a distinctly midwestern perspective on issues of "Environment, Justice, and Health History."

The Minneapolis meeting will feature a number of other innovations as well. We are combining the prize awards on Friday evening with the Garrison Lecture by Susan Lederer followed by a sumptuous reception. The graduate student lunch is moving to a more convivial time and destination. The banquet is disappearing in favor of a series of themed (either by historical topic or food interest) happy hours at local restaurants and pubs. This will give you time to enjoy the local restaurant and music scene, maybe even taking in some theater or a baseball game! We're trying to make this an affordable, "green" meeting: you can walk or take public transportation to many of the city's museums and cultural venues, archives and special collections, universities and colleges, restaurants, bars, and sports stadiums.

Our meeting will take place at the Minneapolis Marriott City Center hotel on Nicollet Mall in downtown Minneapolis. The Marriott is conveniently located near public transportation, including the light rail's Blue Line, which goes directly to and from the Minneapolis-St Paul International Airport, and the Green Line that goes to the University and downtown St. Paul. We're proud to welcome you to a city that *Saveur* recently named America's next great food city www.saveur.com/north-country-fare-restaurants-minneapolis. A farm-to-table food culture supports a multitude of creative and renowned restaurants, with many Twin Cities establishments nominated for and winning James Beard awards last year, including Spoon and Stable, Bachelor Farmer, Salty Tart, and Patisserie 46. Minnesota also has a booming craft beer industry, with 105 breweries opening in the last 10 years alone. Many have tap rooms in Minneapolis and are within easy walking, light rail, or cab distance from the

conference hotel. Other spots of interest around town include the Walker Art Center, Minneapolis Institute of Arts, The Bakken, Mill City Museum, and the new Twins and St. Paul Saints ballparks (both are architectural gems). The Guthrie Theater, with its stunning architectural contribution to the riverfront, is just one of many vibrant theater, dance, and music venues within easy reach. (Note for diehard Prince fans: Paisley Park is not easily accessible by public transportation, but some of Bob Dylan's haunts are.) The Twin Cities of Minneapolis-St. Paul are second only to New York City in live theater per capita.

Established in 1851, the University is Minnesota's flagship land grant university. The University's Twin Cities campus is comprised of three distinct parts: Minneapolis's East Bank and West Bank campuses (spanning the Mississippi River), and the St. Paul campus. The Weisman Art Museum--Frank Gehry's prototype for the Guggenheim Museum in Bilbao, Spain--perches on the edge of the Mississippi River gorge at the entrance to the East Bank campus. There are just over 51,000 undergraduate, graduate, and professional students that study at the Twin Cities campus. The university supports 10 galleries and museums and 14 libraries, including several rare book and archive collections. We're especially excited to share the collection of the Wangensteen Historical Library of Biology and Medicine with meeting attendees. Founded by Dr. Owen H. Wangensteen, the 80,000-volume collection highlights include one of only twelve known copies of Andreas Vesalius's *Epitome* and a group of Japanese public health posters from a 19th-century measles outbreak. Many members may also find their research appetites tempted by the University's archival collections, located in Andersen Library on the West Bank. These include the Social Welfare History Archives, the Kautz Family YMCA Archives, the Tretter Collection in GLBT Studies, the Charles Babbage Institute, and the Immigration History Research Center Archives, to name a few. In addition, The Bakken offers an extensive library and artifact collection related to electricity and medicine, and the Minnesota Historical Society collection in St. Paul is a treasure trove for a wide range of topics.

We look forward to welcoming you to the cities of Minneapolis and St. Paul and the University of Minnesota!

*Jennifer Gunn, Chair,
Emily Beck, Graduate Student Organizer,
2016 Local Arrangements Committee*

New AAHM Speaker's Bureau

Do you like to talk to the media about the history of medicine, or help independent investigators discover research materials, or speak to the general public about our specialized field of history? If so, AAHM wants you! AAHM has established a speakers' bureau to connect our members with those interested in special expertise in the history of medicine. The Office of the Secretary receives weekly inquiries seeking experts who can speak about various aspects of the history of medicine. There is no easy way of connecting these individuals with our membership. Thanks to the efforts of AAHM Council member Paul Berman, we have a way of gathering the names and other pertinent information of members who wish to participate in this initiative. Sign up today at: www.histmed.org/?p=1445. Only names, contact information, and publication lists will be shared with those asking for a history of medicine specialist. The AAHM Speakers' Bureau list will not be posted online, distributed in blast emails, or circulated on listservs.

New Pedagogy Section in the *Bulletin*

The *Bulletin of the History of Medicine* will be adding a three-part focus on pedagogy beginning with its 2016 volume. The spring issue will introduce a new journal section covering topics related to teaching in the history of medicine today. Along with the print section, the journal will debut a pedagogy blog, a more immediate and informal place for the history of medicine teaching community to share what has worked in their diverse classrooms. In addition, the *Bulletin* will be maintaining a syllabus archive, similar to the one previously hosted by the NLM. Interested contributors to the pedagogy section, blog, or

syllabus archive should contact the *Bulletin's* editors at bhm@jhmi.edu. Please send all syllabi as PDF files.

Ninety for the Ninetieth: Building the Next Generation

Just a reminder that you still have an opportunity to contribute to AAHM's "Ninety for the Ninetieth" campaign. Funds raised will allow us to expand travel support for young scholars and explore other ways to help them achieve professional success. Please join us in contributing \$90 (or more) in honor of the AAHM's 90th birthday, and to support the continued vigor of our academic enterprise. Donate online at aahm.press.jhu.edu/membership/join.

Call for Nominations, AAHM Awards, 2016

AAHM Award Committees are still accepting nominations for the Osler Medal Essay Contest, Shryock Medal Essay Contest, the J. Worth Estes Award, 2016, and the Pressman-Burroughs Wellcome Award. Additional information may be found on the AAHM website: www.histmed.org/about/awards. The awards will be presented at the AAHM annual meeting in Minneapolis, MN, on 29 April 2016.

NEWS OF MEMBERS

Intolerant Bodies: A Short History of Autoimmunity, by Ian R. Mackay and **Warwick Anderson**, won the 2015 NSW Premier's Award for General History. Anderson is the only historian to have won this award twice having previously being recognized in 2009 for *The Collectors of Lost Souls*.

ARCHIVES/LIBRARIES/MUSEUMS

The Health Sciences Library at the University of North Carolina at Chapel Hill is proud to announce the debut of the North Carolina History of Health Digital Collection database dc.lib.unc.edu/cdm/landingpage/collection/nchh. This database consists of books, journals, reports,

bulletins, minutes, proceedings, and histories covering topics in medicine, public health, dentistry, pharmacy, and nursing, dating from 1849 to the present.

“We’re proud to be able to document the history of health care in North Carolina, and make a wealth of historical materials available online,” Special Collections Librarian Dawne Lucas said. “This collection demonstrates the development of health care and health professions in our state, and makes up a significant part of our cultural heritage.”

The database features full-text and image searching; a full listing of PDFs are available on the Health Sciences Library website.

This project was made possible by a multi-year NC ECHO (Exploring Cultural Heritage Online) digitization grant. NC ECHO is funded by the State Library of North Carolina through the Library Services and Technology Act (LSTA). The Health Sciences Library plans to continue adding appropriate materials to this collection as they become available.

The Dittrick Medical History Center and Museum is pleased to report that the National Endowment for the Humanities (NEH) will fund its project, “How Medicine Became Modern.” In January, the Dittrick (co-PIs James Edmonson and Brandy Schillace) filed an application for NEH support under the category of “Museums, Libraries, and Cultural Organizations: Implementation Grants.”

The NEH funds fewer than 20% of the applications submitted, and previous winners include innovative museums and institutions like the New York Botanical Garden, Philadelphia Museum of Art, Folger Shakespeare Library in Washington, D.C., and Baltimore’s Walters Art Gallery. To be funded by the NEH is a great honor; our project “How Medicine Became Modern” stood out among many other competitive projects, in part because of its emphasis on the history of medicine, a field not previously

funded in a significant way by the NEH. But the review panel also evidently found our approach innovative and path-breaking, as we will bring medicine’s past to our audiences via 21st century digital media.

The concept for “How Medicine Became Modern” resulted from a joint planning process for the future Medical Education Building. This innovative building will accommodate the Lerner College of Medicine of the Cleveland Clinic as well as Case Western Reserve University’s schools of medicine, nursing, and dentistry. The new space, it was suggested, could and should accommodate a digital history component. We needed to craft something to appeal to a tech-savvy audience, something unique and daring. We didn’t have to look far; Gallery One, the Cleveland Museum of Art’s innovative digital introduction to its galleries and collections, offered inspiration that catalyzed our ideas. Like Gallery One, the objects and images in the Dittrick collections become the vehicles for exploring the medical past. While “How Medicine Became Modern” is rooted in the Cleveland experience of medical innovation, a narrative will be woven into its presentation that encompasses the essential features of American medical achievement. Jim Edmonson identified key Dittrick Museum artifacts to be featured in the project, many of which may be seen on our website artsci.case.edu/dittrick/online-exhibits/explore-the-artifacts/, and over the last several months Brandy Schillace, with the aid of an intern from Case Western Reserve University’s Inamori International Center for Ethics and Excellence, has been preparing content for this digital project.

In 2013, the **Robert L. Brown History of Medicine Collection of the University at Buffalo’s (UB) Health Sciences Library**, acquired the Collection of Dr. H.T. Jackson (1846-1926), an upstate New York physician and UB alumnus who practiced in the rural village of Verona, N.Y. during the late 19th century. The Collection consists of medical instruments and equipment, personal items, handwritten notebooks, photographs and postcards. Thanks to a 2014-15 grant from the Middle Atlantic Region of the

National Network of Libraries of Medicine (NN/LM), the manuscript components of Dr. Jackson's Collection have been digitized and added to the University Libraries' Digital Collections digital.lib.buffalo.edu/cdm/. This valuable online resource consists of 15 notebooks and pieces of affiliated ephemera which detail Jackson's medical treatments and procedures, pharmacologic formularies, UB medical school class notes, and his reactions to professional literature.

News from the National Library of Medicine

In 1957, the USSR Academy of Medical Sciences in Moscow released an unusual motion picture, *Neural and Humoral Factors in the Regulation of Bodily Functions (Research on Conjoined Twins Исследования на неразделившихся близнецах)*. The Russian-language film was never widely circulated and is extremely rare: today the only accessible copy can be found in the historical audiovisuals collection of the U.S. National Library of Medicine. The 45-minute movie documents research conducted on two pairs of conjoined twins (Ira and Galia, and Masha and Dasha), each of whom had a shared circulatory system, but completely separate nervous systems. Supervised by the founder of Soviet neurocybernetics Petr Anokhin (1898-1974), the first pair was studied during 1937-38 and the second in 1950-57. Never intended to reach beyond a narrow specialist audience, the film offers a rare glimpse into the history of Soviet physiology and "scientific cinema," a peculiar cinematographic genre that had a long and distinguished history in Soviet Russia.

While the conjoined twins presented a unique opportunity for research into a variety of interesting questions—physiological and also psychological, genetic, immunological, and embryological—the movie only addresses the issue of the relative roles of neural and humoral (circulatory and lymphatic) factors in the functioning of the human organism, according to the theories espoused by Ivan Pavlov (1849-1936), Russia's first Nobel Prize winner and the doyen of Soviet physiology. Yet surprisingly, Pavlov himself is never mentioned in the film's

running commentary, and the film gives very little information on either Ira and Galia or Masha and Dasha. Only Masha and Dasha lived to adulthood and, even though they were made to serve as child human research subjects, without the consent of parents or guardians, in some ways the film marks the happiest part of their lives, up to around the time of their seventh birthday, when they were well attended to and received relatively good treatment.

These puzzles are the subject of Nikolai Kremontsov's article, "A Cinematic and Physiological Puzzle: Conjoined Twins Research, Scientific Cinema and Pavlovian Physiology". To see the film in its entirety (in both a Russian-language closed-captioned-for-the-hearing-impaired version and an English-subtitled version)—and to read the essay, go to "Medical Movies on the Web" www.nlm.nih.gov/hmd/collections/films/medical_moviesontheweb/index.html. For more information, contact Michael Sappol michael.sappol@nih.gov.

News from the Wellcome Library

A new volume of Wellcome Witnesses to Contemporary Medicine is freely available to download at the History of Modern Biomedicine Research Group website: *A History of Bovine TB c.1965–c.2000* www.histmodbiomed.org/witsem/vol55 Overy C and Tansey E M. (eds) (2015) Wellcome Witnesses to Contemporary Medicine, vol. 55. London: Queen Mary University of London. ISBN 978 1 91019 505 5

A Witness Seminar looking at the history of bovine TB from the mid-1960s to c.2000, chaired by Professor Wyn Grant and introduced by Professor Keir Waddington, with contributions from veterinary scientists, biologists, members of conservation and animal welfare groups, and farmers. Discussion includes the first links between badgers and bovine TB in cattle; government responses to the rise in bovine TB; ecological perspectives; the rise of public protest; and the problems of the various interest groups working together to find a solution.

OTHER NEWS

Reproductive BioMedicine & Society (RBMS)

is a new open-access journal dedicated to interdisciplinary discussion and debate of the rapidly expanding field of reproductive biomedicine. It is intended to bring to attention new research in the social sciences, arts and humanities on human reproduction, new reproductive technologies, and related areas such as human embryonic stem cell derivation. Its audience comprises researchers, clinicians, practitioners, policy makers, academics, and patients.

RBMS will accept high-quality original articles, reviews and commentaries on topics in the Social Sciences, Arts and Humanities concerning Reproductive Bioscience and Medicine. The subject areas of interest will include Politics, Sociology and Social Policy, Philosophy, Psychology, Anthropology, the Visual and Written Arts, Economics, History, Ethics and Law related to Reproductive Biomedicine. The editors are Sarah Franklin and Martin Johnson (Cambridge, UK). For more information: www.rbmsociety.com.

The fall issue of ***Hektoen International: A Journal of Medical Humanities*** includes a number of brief histories of hospitals including Westerbork Hospital in the Netherlands, Cook County Hospital in Chicago and notable hospitals of Central and South America. The online journal is available at www.hektoeninternational.org/index.php.

ABC-CLIO/Greenwood is looking for an editor for a three-volume book tentatively titled *Health and Medicine through History: From Ancient Practices to 21st-Century Innovations*. *Health and Medicine through History* will be three volumes and will cover our understanding of, challenges to, and innovations in health and medicine around the world in four time periods: antiquity through the middle ages, the Renaissance and Enlightenment, the 19th century,

and the 20th century and beyond. Each time period will follow a standardized chapter structure and include such topics as medical training, infectious diseases, women and children's health, and representations of health and medicine in art and literature. Each time period will also include a selection of primary source documents and data. The book is intended for an upper high school, community college, and lower undergraduate audience, and thus the writing level and content of the work should be accessible and not overly academic.

Although this is a very large project, most of it is actually already done. The editor who takes on the project will need to write content for the 20th century and beyond time period (about 85,000 words) and select and write introductory notes for the data and documents used throughout the book. For further information please contact Maxine Taylor, Acquisitions Editor, mtaylor@abc-clio.com; (805) 880-6854.

AAHM member Dr. Lawrence Parish has several journals to offer to those who may be interested. They include a complete run of the *Bulletin of the History of Medicine* from 1963 to the present. The issues are bound and often include the annual meeting program.

In addition, Lawrence is also offering these bound dermatology titles:

Journal of the American Academy of Dermatology, 1979 to the present
Cutis, 1965 to the present
International Journal of Dermatology, 1970 to the present.

Please contact Dr. Lawrence for further information at larrderm@yahoo.com

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