

MEDICAL



COLLECTORS



ASSOCIATION

M. Donald Blaufox, M.D., Ph.D.
President

Montefiore Medical Park
1695A Eastchester Road
Bronx, New York 10461
Phone: (718) 405-8454
FAX: (718) 824-0625
Email: blaufox@aecom.yu.edu

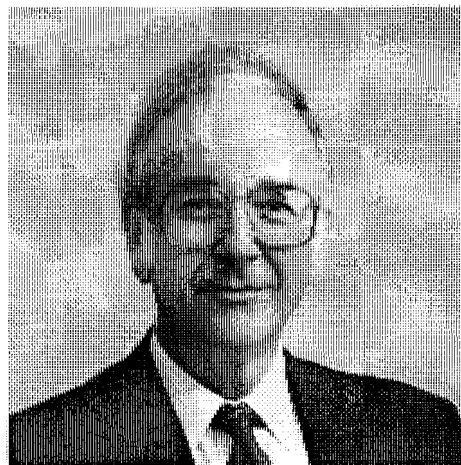
Newsletter #37 August, 2000

I hope that everyone is having a pleasant summer and beginning to look forward to Labor Day weekend. I am currently taking a one-year sabbatical to write a book. The book will be on the evolution of the stethoscope and will be appearing sometime next year in a format similar to the blood pressure book which I published in 1998.

Since I am not in the office most of the time and do not have ready access to my usual resources and since I am trying to spend most of my time writing the book, I will only be distributing one newsletter this year. This is it and to compensate for the fact that there will only be one, I have made it longer and more extensive than usual.

Let me first remind everybody that there are still a couple of places open for the MCA meeting in October and the program is enclosed. Also in connection with the meeting I have enclosed a flyer from The New England Antique Arms Society announcing a meeting which is very close in time for those of you who have an interest in gun collecting as well as medical instrument collecting. If you wish to combine your two hobbies with one trip you can take advantage of registering for this other meeting which will be held October 14-15.

Let me also mention that I have not received any answers about the instrument which was submitted by Bob Kravetz in the "Can You Identify" column. Does this mean no one knows what it is or does this mean no one has taken the time to try to identify it? Since Bob is still seeking an answer, I have enclosed in this issue another copy of the "Can You Identify" page and I am asking you once again can anyone tell us what this is.



I have chosen a somewhat unusual patent to include in the issue this month. It is not exactly medical but surely is medically related. In view of the increasing frequency with which people are having various parts of their body pierced, I thought it might be of interest to look at a patent on ear piercers from the 19th century. This is included in this Newsletter as well as the continuing contribution from Bill Helfand, which is always interesting.

I am sure that all of us as collectors are interested in medical museums of one sort or another. A very interesting article about the Mutter Museum by Erin McLeary, MA, was published in the Annals of Internal Medicine this year. For those of you who do not subscribe to that journal, I am enclosing as one of the major articles in this Newsletter a reprint of that very interesting description of how this museum came to be. I have also photocopied one page of a brief description of who Escalapius was (or may have been) that was sent to me by Irwin Rugendorff. Although the pictures are not as well reproduced as one might like, I think it should be of interest to everyone to understand something about this person (or diety) who has come in many ways to symbolize medicine. Although all of us are aware of Escalapius as a Greek god I do not think many of us are aware that in fact he was modeled after a real physician. At least that is what some people believe. Another contribution from Erwin is a very interesting discussion of patent medicines for the treatment of genitourinary diseases. This was kindly sent to me along with the note about Escalapius.

I have included an article written by Eric Soiferman about James Hope with some supporting material. Dr. Hope was one of only three or four physicians who had a major influence on the acceptance of the stethoscope in England. Although Laennec's book essentially solidified the importance of auscultation, many physicians were reluctant to take up the use of the stethoscope.

It is interesting that in France, where the discovery was made, physicians continued to use the ear to listen to the chest rather than the stethoscope well into the 19th century. Dr. Hope's story is an interesting one and it is highlighted by Eric's recent acquisition of one of Dr. Hope's presentation stethoscopes.

In addition to these, there are a number of commercial and related enclosures. While I was visiting Charleston, South Carolina, I went to a fair at one of the antebellum mansions celebrating Southern Medical History. At that fair there was a display of old medical instruments. It turned out that the instruments were reproductions. They were of very good quality and I have obtained the catalogue from the manufacturer, which is included with this Newsletter. It can also be accessed on the web.

Peter Delehar has sent us announcements for the next Scientific Instrument Show which will take place in London on Sunday, October 22nd. Any of you who have not attended that show should if you have the opportunity to get to London at that time go there. It is a unique opportunity to see an outstanding assortment of scientific and medical instruments for sale.

Dave Coffeen has asked me to include the flyer to announce Tesseract's publication of their catalogue 65, a special issue on Art and Science, which is easily found in this issue.

Once again, we are enclosing the news release about the Society of Civil Surgeons, which I hope you find of interest.

The last item included with this Newsletter is like, the Bill Helfand contribution, starting to become a regular. Once again the New York Academy of Medicine has been kind enough to supply me with extra copies of the Newsletter for the friends of the Rare Book Room. This very scholarly publication has lots of very interesting and relevant information for our membership.

Once again I wish you all an enjoyable remainder of the summer. Since I am leaving shortly for Europe, I have asked my secretary to send out the Newsletter in my absence so this material will not have been proofread the way it usually is but I ask you forbearance and I hope you will find the enclosed material as interesting as I have.

Once again, keep in mind that places for the MCA meeting in Hartford are limited. It is being held at an exceptionally attractive time of the year and in a wonderful location. If there is any way you can free up your schedules to get there, I urge you all to attend which will be a most enjoyable event.

Best wishes.

Sincerely,

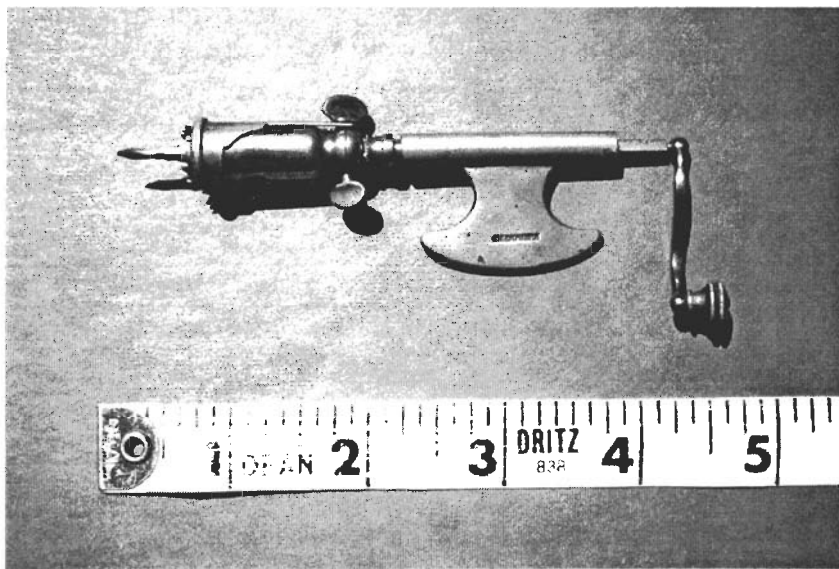
M. Donald Blaufox, M.D., Ph.D.

CAN YOU IDENTIFY THIS?

Submitted By: Robert E. Kravetz, M.D.

Description: This small item 4 1/2" looks like it would be used in neurosurgery.

I think this is a:



UNITED STATES PATENT OFFICE.

ADOLPHUS GIPPERICH, OF RICHMOND, VIRGINIA, ASSIGNOR TO MULFORD & BONNET, OF NEW YORK CITY.

IMPROVEMENT IN EAR-PIERCERS.

Specification forming part of Letters Patent No. 205,185, dated June 25, 1878; application filed April 3, 1878.

To all whom it may concern:

Be it known that I, ADOLPHUS GIPPERICH, of Richmond, in the county of Henrico and State of Virginia, have invented a new and useful Improvement in Ear-Piercers, of which the following is a specification, reference being had to the accompanying drawings.

The invention relates to instruments for piercing ears.

It consists in the employment of a piercer composed of a tubular needle having a detachable point, in connection with a clamping device, consisting of a guide-tube, a clamp, and a cushion to receive and retain the detachable point of the needle. The clamping device is operated by means of a lever, by actuating which it is attached or loosened, at will. The details of construction are fully set forth hereinafter.

The object of the invention is to afford a ready, safe, and effective means of piercing ears, and especially to insure the insertion of the piercer at right angles to the plane of the ear-lap, and exactly at the place that may be desired.

Referring to the accompanying drawings, Figure 1 is a side elevation of the invention, with the devices in position for piercing the ear. Fig. 2 is a similar view, showing the griper and cork-holder thrown back. Fig. 3 is a top view of the invention. Fig. 4 is a view of the needle or piercer. Fig. 5 shows plan and sectional views of the griper and cork-holder.

In the accompanying drawings, A represents the piercer or device for puncturing the ear, which consists of a handle, a beft or shank, and a tubular needle, *a*, the last named being adapted to receive the base of a steel point, B, one end of which is reduced so as to fit nicely into the needle *a*, the other end being sharp-pointed.

The clamping device or instrument for holding the ear consists of a plate of metal, D, at one end of which is provided an aperture, *b*, forming the outlet of the tube *d*, which is rigidly secured to the plate on the side removed from the pivot-stand and parts connected therewith. At the center of the plate is provided a slotted pivot-stand, C, at the lower portion of

which is pivoted the center of the lever E, the lower end of which is provided with a finger-rest. Opposite the finger-rest is rigidly secured to the plate D the lower end of the slotted spring F, the spring being extended upward upon either side of the pivot-stand, its arms terminating in curved seats X, adapted to receive the ears *n* when the griper II is thrown back, as hereinafter mentioned.

II is a griper, the lower end of which is divided, and provided on each side with the curved ears *n*, which are pivoted on each side of the pivot-stand, their points being in contact with the upper end of the spring F, and so disposed as to give the forward end of the griper a tension toward the plate D. The upper end of the griper II consists of a disk, flat upon one side and concave on the other, at the center of which is provided an aperture, which, when the griper is in position, is coincident with the aperture and tube at the upper end of the plate D. The upper end of the lever E is provided with a stud, *h*, which comes in contact with the lower portion of the griper II, and thus serves to actuate it. In the upper outer corner of the pivot-stand is pivoted the lower end of the cork-holder I, which is provided with an aperture to receive a cork or other substance, for the purpose of receiving and retaining the piercing-point when free.

In operation, a piece of cork is fitted into the cork-holder. The lever E is then partially depressed, which elevates the griper II, between which and the plate D the ear-lap is inserted. The lever E is now released, and the ear-lap is thus held securely between the plate D and the griper II. The needle *a*, provided with the detachable steel point B, is now inserted into the tube on the upper end of the plate D and forced entirely through the ear, the point being driven securely into the cork in the cork-holder I. The lever E is now fully depressed. This causes the griper II to be elevated until the points of its ears *n* pass over the shoulders near the seats X in the upper ends of the spring, which throws back and trips the griper and cork-holder, carrying the point B with the cork, the needle remaining in the ear-lap and the ears *n* rest-

ing and being securely held in the seats X. The wire of the ear-ring is now placed in the tubular aperture in the needle, protruding through the ear-lap, through which the needle is withdrawn, the ear-lap being held back by the portion of the plate adjacent to the aperture therein, and as it is withdrawn the needle carries with it the wire of the ear-ring, which is thus passed through the aperture in the ear.

While the tube *d* is a highly-important element, and one which greatly facilitates the ready manipulation of the piercer, it may be omitted without in any degree impairing the operation of the clamping mechanism. The same is true of the cork-holder I, in lieu of which a detached cushion or cork may be employed. It is plain, too, that the features and elements described may be otherwise modified in divers respects.

I do not therefore limit my claim to the exact construction and operation heretofore set forth; but

What I claim as new, and desire to secure by Letters Patent, is—

1. As a means of piercing ears, a needle having a detachable point, in combination with a receiving-cushion and a clamping device, having coincident apertures, between which the ear-lap is held, substantially as specified.

2. The plate D, provided with the aperture *b*, with or without the tube *d*, in combination with the griper II and cork-holder I, substantially as set forth.

3. The combination of the spring F, attached to the plate D, griper II, cork-holder I, and lever E, substantially as set forth.

4. The combination of the plate D, having the aperture *b* and tube *d*, griper II, spring F, and lever E, substantially as specified.

In testimony that I claim the foregoing improvement in ear-piercers, as above described, I have hereunto set my hand this 6th day of March, 1878.

ADOLPHUS GIPPERICH.

Witnesses:

JAMES E. TYLER,
CHAS. T. LOEHR.

A. GIPPERICH.
Ear-Piercers.

No. 205,185.

Patented June 25, 1878.

Fig. 1.

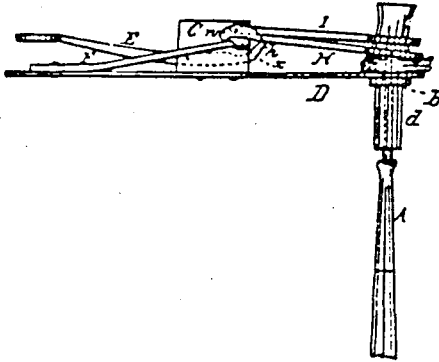


Fig. 2.

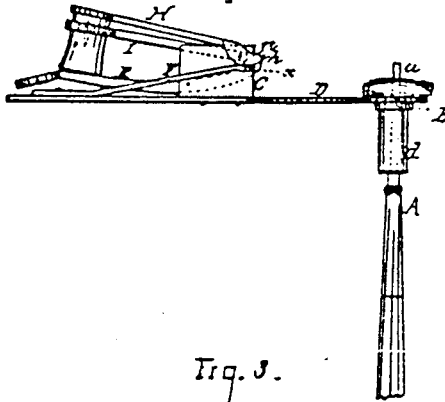


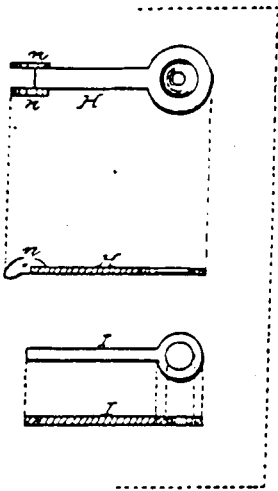
Fig. 3.



Fig. 4.



Fig. 5.



WITNESSES -
Chas. Hill
J. S. Johnson

INVENTOR -
Adolphus Gipperich
By his Attys.
Cox & Cox

Historical Images of the Drug Market—XXXVI

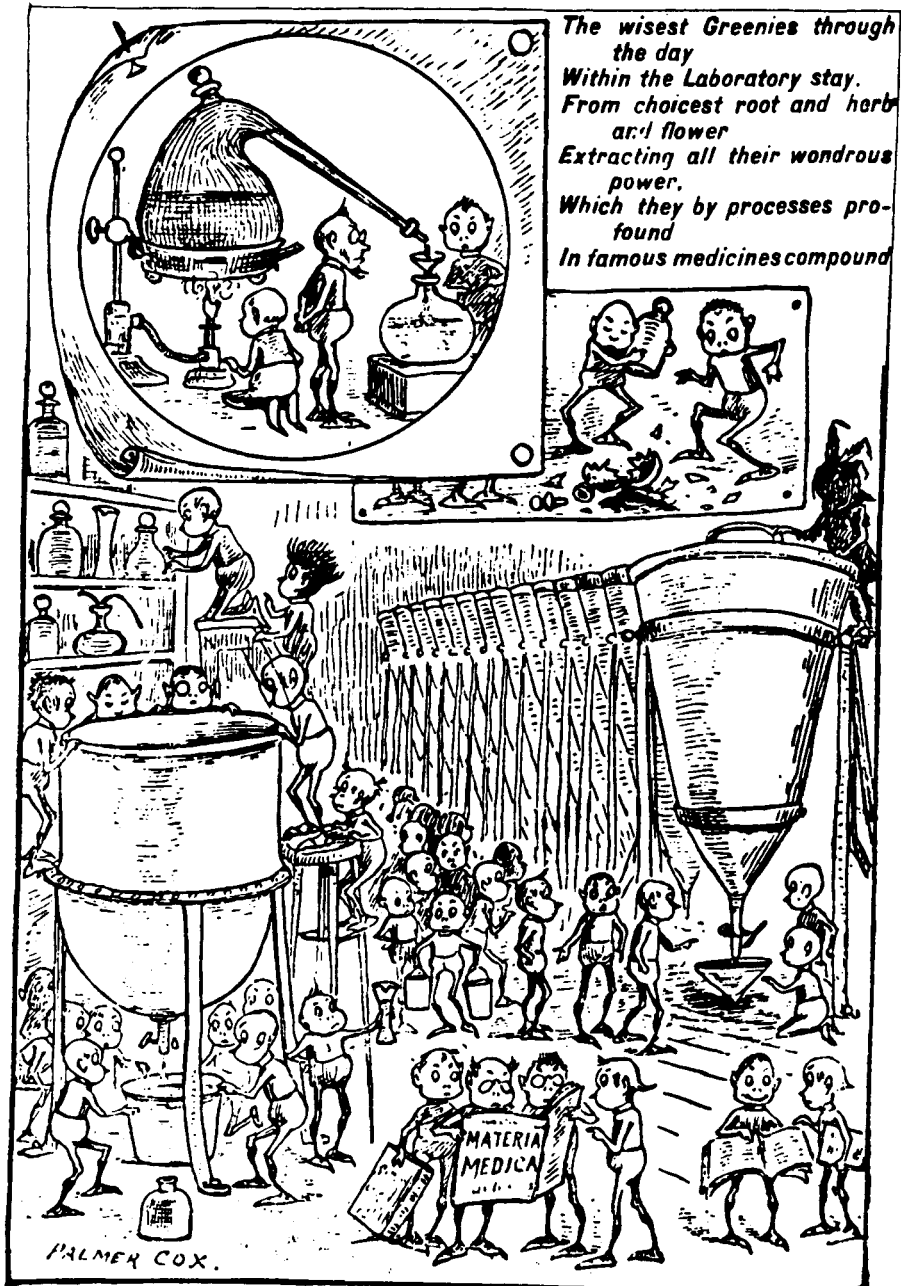
by William H. Helfand

PALMER COX (1840–1924) had a successful career as a cartoonist in San Francisco and New York before beginning work for the New York Daily Graphic in the 1870s. He contributed political cartoons, wild slapstick, and delicate satire, but in 1883 he developed a group of small figures that he called the "Brownies," and their immediate success changed his career completely. Not only did additional cartoons of the Brownies follow, but so also did commissions for children's books and magazines, and for commercial publications. For the G. G. Green Company, of Woodbury, New Jersey, and their chief products, August Flower, German Syrup, and Ague Conqueror, Cox developed an analogous group of diminutive figures which he naturally called the "Greenies," and their foreign adventures were detailed in the Green's August Flower and German Syrup almanac of 1890. Further exploits of the Greenies were chronicled

in almanacs issued in 1896 and 1897. The Green firm then published Cox's drawings separately in an 1890 booklet of "Wit and wisdom well worth reading, containing the Greenies at home." More than a dozen illustrations show the Greenies in various activities, going to school, sailing a boat, playing baseball, and one even has them studying the "materia medica" where

from choicest root and herb and flower
extracting all their wondrous power,
which they by processes profound
in famous medicines compound.

But the Green booklet was intended to show more than Cox's drawings alone, for a note under one of the illustrations admonishes the reader that "while entertained by the pictures, remember that the rest of the book is interesting too, though it does talk about medicine."



The Mütter Museum: Education, Preservation, and Commemoration

In the mid-19th century, Austrian anatomist Joseph Hyrtl began to collect skulls: skulls from every ethnic group in Eastern Europe, skulls of robbers and of prostitutes, skulls of men killed by violence and men killed by grief. These skulls were more than an impressive demonstration of ethnic variation. The skull collection, along with Hyrtl's other anatomical preparations—microscopic injections of lymphatics and comparative anatomy collections—was a source of income for the anatomist. Like many vendors of unique wares, Hyrtl advertised and issued catalogs, some of which made their way to the United States. In 1874, Philadelphia physician Thomas Hewson Bache traveled to Austria and acquired the skull collection for 6410 Prussian thaler, or about \$4800. For the past 125 years, these 139 skulls have peered down at visitors to the Mütter Museum of the College of Physicians of Philadelphia (1).

Today, the Mütter Museum looks largely as it did when the Hyrtl skulls were first installed in the museum's wood-and-glass wall cases. The museum retains the organization adopted by many 19th-century medical museums: Specimens demonstrating various pathologic states are arranged by the affected organ system, and many objects are still displayed with their original labels. Teratology occupies one corner of the museum's ground floor, next to the models of pelvic deformities. Across the room is a display illustrating dozens of eye diseases and injuries modeled in wax. The skeleton of a giant and a dwarf share a freestanding display case (Figure 1). Syphilitic skulls and more wax models illustrate diseases of the skin.

Medical museums like the Mütter Museum were found in almost all medical schools and many hospitals in the 19th century, and they remained an integral part of medical education until the mid-20th century. Such museums, however, have largely disappeared from the medical landscape, and collections like the Hyrtl skulls have become divorced from their original functions. Instead of ethnic variation, the modern visitor can just as easily view the skulls as examples of postmortem ethnic exploitation; instead of anatomical knowledge, the visitor sees atomized bodies.

As these museums disappeared, the functions they used to fulfill have been forgotten. It is the medical

museum's role in preserving artifacts for study that is most immediately evident to the modern visitor, who is frequently struck by the sheer strangeness of the medical world preserved within the surviving museums' walls. In their prime, however, these museums served three major functions for their primary audience of medical practitioners and researchers: preservation, education, and commemoration.

Preservation

The Mütter Museum opened in 1863, created by the College of Physicians's small pathologic cabinet and the extensive pathologic teaching collection of Philadelphia surgeon Thomas Dent Mütter. The surgeon's collection, which contained pictures, calculi, bones, casts, wet preparations, skeletons, and models, was the product of 24 years of effort and had cost Mütter more than \$20 000 to accumulate and preserve. Mütter requested that the museum created at the College bear his name and be open "without fee or charge" to physicians and medical students. The College was to further provide in the museum all the accessories needed for quiet contemplation and study—tables, chairs, paper, and ink. (All information about the Mütter Museum not otherwise referenced is drawn from the museum's records, which are housed in the Library of the College of Physicians of Philadelphia.) For an example of a similar setting, see Figure 2.

Mütter's donation of his collection to form a museum was not unusual. In Philadelphia, Pennsylvania Hospital had perhaps the oldest museum collection in the city; it contained a set of plaster casts and crayon drawings depicting the stages of pregnancy that was sent to the hospital from London in 1762. English anatomist Abraham Chovet, who settled in Philadelphia in 1770, used his private museum as the basis for his anatomical lecture series. His advertisement noted that because wax models and dried specimens were used, the course would not be affected by "the disagreeable sight or smell of recent disease and putrid carcasses, which often disgust even the students in Physick, as well as the curious, otherwise inclined to this useful and sublime part of natural philosophy" (2). At Philadelphia General Hospital, the holdings of the museum were increased by requiring every student at the

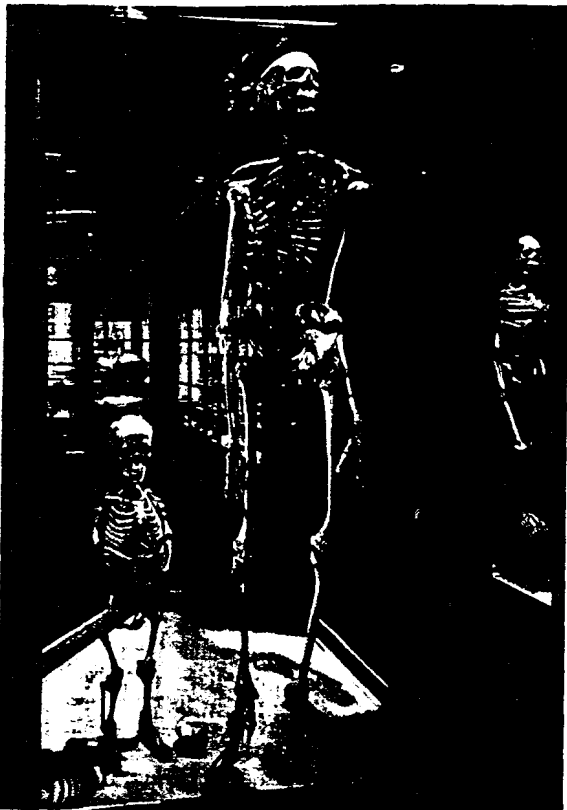


Figure 1. Interior of the Mütter Museum, housed in the College of Physicians of Philadelphia. The skeleton of a giant and that of a dwarf are exhibited together. Photograph by Jack Ramsdale. Courtesy of the College of Physicians of Philadelphia.

hospital in the early part of the 19th century to leave in the museum a preparation of his own making. Around the same time, the widow of anatomist Caspar Wistar donated her husband's private teaching collection of anatomical and pathologic specimens to the University of Pennsylvania to form a museum, which was expanded by Wistar's successor, William Horner. Pennsylvania College, the Homeopathic Medical College (later Hahnemann Medical College), and the Female Medical College (later the Medical College of Pennsylvania) all had museums sufficiently interesting to merit mention in an 1860 guide to Philadelphia. Philadelphians with less academic interests in the human body could visit popular anatomic museums, including the so-called European Museum, established in 1858 and open to "gentlemen only."

Through the collection and preservation of pathologic and anatomic specimens, medical museums instructed medical students in pathology, particularly pathologic anatomy, and served as places in which physicians could increase their knowledge of this field. The advances associated with post-revolutionary French medicine, which promoted clinical observation correlated with postmortem investigation, had made pathology the heart of 19th-century medicine. Preserved materials (wet specimens in alcohol and, later, formaldehyde solutions; dried spec-

imens; and specimens injected with wax or other substances to demonstrate venous, arterial, and lymphatic systems) and wax, wood, papier-mâché, and plaster models were used to teach anatomy and pathology in the museum at a time when opportunities for human dissection were scarce (Figure 3). Although many physicians expressed a preference for "fresh material" for research and teaching purposes, many states lacked effective legal mechanisms for the provision of cadavers to medical schools until late in the 19th century. Pennsylvania, for instance, did not have an effective "Anatomy Act" until 1883. Even after the passage of these laws, cadavers remained scarce.

Education

The museum's preservational and educational roles were closely intertwined—museum curators preserved specimens for use as educational objects. Medical museum curators frequently compared the museum to a library, one stocked not with books but with the things about which books were written. In the museum, the medical student or researcher could experience, unmediated, the actual specimen or preparation. No textual or verbal description, in curators' view, could approach the educational experience provided by exposure to the object itself. Museums allowed students to study at their leisure diverse pathologic conditions, from the rare to the mundane. Study of the patient case histories associated with particular specimens allowed students to work on correlating the clinical signs of disease observed at the bedside to the physical lesions produced by the disease that were preserved in the museum. In addition to these educational functions, physicians and students used museums as sources of illustrations for lectures, articles, and books (Figure 4).

In its ideal form, the medical museum was more than simply a storehouse, classroom, or library. The museum also functioned as a laboratory, a site of medical research and experimentation for both students and researchers. In 1897, for instance, physician Oscar Allis received permission from the Mütter Museum's administrators to use the museum's facilities for his work on dislocations and fractures. The museum not only provided work space for Allis's experimental production of dislocations but also located fresh anatomic samples. To reciprocate, Allis donated the specimens he prepared to the museum. Many museums in the late 19th and early 20th centuries also housed microscopes for bacteriologic and histologic research and study, refrigerators for the preservation of fresh material when available, and other technical tools.

The role of medical museums in medical education was emphasized by Abraham Flexner in the



Figure 2. The museum at Tulane Medical School, New Orleans, as it was used to study topographic anatomy in the 1920s. Students would sit at tables (shown on the right) and study specimens that they selected from the collection. From Hardesty I. Department of Anatomy, Tulane University School of Medicine. In: *Methods and Problems in Medical Education*, series 16. New York: Rockefeller Foundation; 1930:174-89.

influential 1910 report on American medical schools that he undertook for the Carnegie Foundation for the Advancement of Teaching (3). Flexner used the presence or absence of a well-maintained museum as an indicator of a school's educational seriousness and carefully noted the condition of the museum for every medical school in North America. Flexner considered the sciences of anatomy and pathology to be of basic importance in training physicians. Flexner stressed not just the skills of dexterity learned in the dissection room but also the importance of acquiring the mental ability to reconstruct the body, which could be gained only through prolonged study. "It is one thing," he wrote, "to take the body to pieces: it is something else to conceive the severed and disassociated elements in stereoscopic relation . . . : hence . . . the prominence now given to reconstruction through drawing and modeling, and the close study of charts and of cross-sections, of models and of special preparations that form the indispensable teaching museum." For Flexner, "the conclusive evidence of lack of educational conscience or pride is the general absence of a decent museum."

Commemoration

The Mütter Museum, perhaps because of its association with the honorary College of Physicians, began to accept historically oriented donations in the 1880s. With these donations, the museum adopted a commemorative function in addition to its educational and preservational roles. Particularly popular as donations were collections of antiquated medical instruments given by physicians at the end

of their careers. Such collections possessed more than historical interest to the museum and its users; they embodied a physician's career and, through their own obsolescence, represented the progress of medical science. Other items found their way into the museum's collections as well, such as a Chinese bound foot retrieved by a missionary doctor in 1874 and Florence Nightingale's sewing kit.

Professional Organization and Medical Change

Flexner's praise of the educational role of medical museums came just a few years after the formation of the International Association of Medical Museums, a professional organization composed primarily of pathologists who were dedicated to promoting the museum as a method of medical teaching. This association had broad-minded ideas about the purposes of the medical museum; many of its members, for example, believed that the same medical museum they deemed so important in medical education could serve as a potent force in the instruction of the public about health and medicine. By the 1930s, the International Association of Medical Museums had approximately 320 members, most of whom were American. (For comparison, the number of full-time pathologists in the United States at this time was approximately 650 [4].) The Association worked to facilitate cooperation among medical museums through the exchange of information and pathologic specimens and promoted the use of medical museums for diverse audiences; its members shared methods for the teaching, research, and practice of pathology.



Figure 3. Terra cotta disc covered with glass for mounting cross-sections. Methods of preserving specimens so that they retained their informational value were frequently discussed in the *Bulletin of the International Association of Medical Museums*. The method shown here was considered visually pleasing, long-lasting, and affordable (\$4 in 1918). From Terry RJ. Museum jars of porcelain and terra cotta. *Bulletin of the International Association of Medical Museums*. 1992;8:79-82.

Yet even as the membership of the International Association of Medical Museums grew, the science of pathology was changing. Pathology increasingly meant clinical pathology, based in the hospital, organized around a clinical laboratory, and financially dependent on a suite of diagnostic tests. These changes stressed the acquisition of diagnostic and laboratory skills that were only tangentially related to the traditional object lessons of the museum.

Changes at the Mütter Museum

These changes in medical practice were manifested at the Mütter Museum as a decrease in museum visitors in the 1920s. Some of the museum's troubles may have resulted from the successes of other area medical museums. Jefferson Medical College, for instance, reorganized and expanded its museum holdings in the 1910s with the opening of the Daniel Baugh Institute of Anatomy; the University of Pennsylvania also had an extensive pathology museum with an active acquisition program. The administrators of the Mütter in this transitional period saw two paths before them, one that encouraged use of the museum by the lay public and another that promoted the museum as an instrument of medical science. "Shall the Museum be planned to show the history of medicine by accepting and encouraging donation of objects of interest of past years and conspicuous incidents of current

years[?]" the Mütter Museum's administrators asked themselves. "[O]r shall efforts be made to collect and emphasize experimental observations and groups of anatomical material?" The Mütter Museum considered itself dedicated to the latter mission, what one contemporary author termed the "complete compendium of medical knowledge," but the physical collection and maintenance of such a compendium proved time-consuming and expensive (5).

The Decline of the Medical Museum

The tension among the Mütter Museum's educational, preservational, and commemorative roles, indicated by the museum's self-examination in the 1920s, to some extent began to be shared by medical museums in general by the 1940s. The few large-scale popular health museums that opened in the late 1930s and 1940s were managed by public health educators, not pathologists, despite the International Association of Medical Museums' longstanding interest in applying medical museum methods to public medical instruction. World War II greatly disrupted the International Association of Medical Museums' work, and after the war the Association devoted more of its attention to pathologic research and technique and less to the promotion of museums. Many of the museums associated with hospitals and medical schools ceased to be widely used for educational or research purposes in the 1950s and 1960s. By 1951, the Association's *Bulletin* had been replaced with *Laboratory Investigation*, and the Association changed its name in 1955 to the International Academy of Pathology.

The Mütter Museum Today

Few medical researchers or students now rely on museum specimens for research or learning. Anatomy and pathology play a far less important role in medical education than they did in the 19th and early 20th centuries, and the use of color photographs, high-quality plastic models, and digital media (such as the National Library of Medicine's Visible Human project) now supplements or replaces much of the study that took place in museums or dissecting rooms (6).

Unaffiliated with any hospital or medical school, the Mütter Museum was largely buffered from these changes. But it was also increasingly outside the mainstream of medical education and practice. This very exclusion may have been what allowed the museum to survive as other medical museums disappeared. No academic or hospital department clamored for the museum's space; it could simply carry on. As other area medical museums ceased to

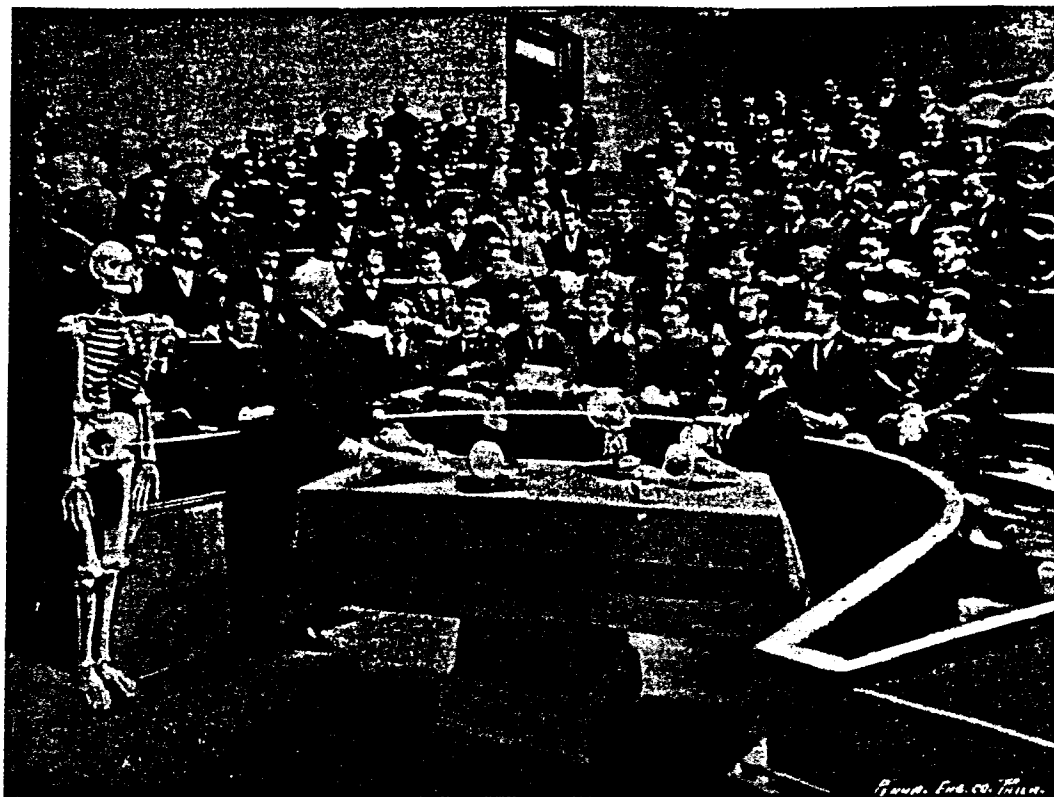


Figure 4. The anatomical amphitheater at Hahnemann Medical School, Philadelphia. The lecture is accompanied by demonstration of museum specimens. From Bradford T. History of the Homeopathic Medical College of Pennsylvania. Philadelphia: Boericke & Tafel; 1898.

use their collections for research and teaching purposes, the Mütter Museum acquired their materials. Although the museum's acquisition of anatomic and pathologic material steadily declined over the course of the 20th century, the museum continues to receive donations today; these donations are primarily (but not entirely) commemorative in nature.

Writing in 1888, John Shaw Billings of the Army Medical Museum noted "the great majority of the pathological specimens imply either suffering, or death, or both, of the individual from which they came. Some of them are the results of intemperance, of lust, of folly and crime; but some are the true flowers of blood and pain." Many of the specimens at the Army Medical Museum (now part of the National Museum of Health and Medicine), collected during the Civil War, represented conditions that Billings believed were not to be seen again—battlefield surgery before asepsis, for example, and the horrific struggle that produced them. But for Billings, the museum's specimens held more than mere "medical or scientific" interest for those who viewed them. The specimens were also relics of individual lives and painful deaths (7).

The modern visitor to the Mütter Museum feels much the same way. Visitors come from around the world to see its collections, which contain specimens that represent the realities of lives affected by disease and injury before asepsis and antibiotics, the realities of abnormal childbirth and trench warfare.

One can hope, with Billings, that lives will never again be shattered in these ways, and that these specimens will never again be duplicated.

Erin H. McLeary, MD
University of Pennsylvania
Philadelphia, PA 19104

Grant Support: By the University of Pennsylvania School of Arts and Sciences Dissertation Fellowship and Francis C. Wood Institute for the History of Medicine Resident Research Fellowship.

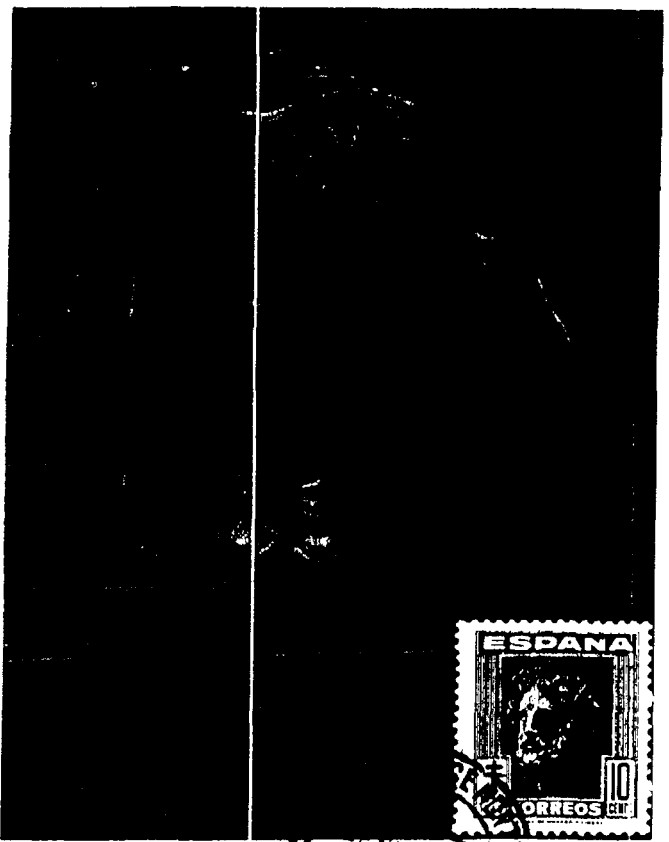
Requests for Single Reprints: Erin McLeary, Department of History and Sociology of Science, 303 Logan Hall, 249 South 36th Street, Philadelphia, PA 19104.

Requests To Purchase Bulk Reprints (minimum, 100 copies): Barbara Hudson, Reprints Coordinator: phone, 215-351-2657; e-mail, bhudson@mail.acponline.org.

Ann Intern Med. 2000;132:599-603.

References

1. Worden G. The Hyrtl skull collection. *Trans Stud Coll Physicians Phila.* 1995; 17:95-113.
2. Krumbhaar EB. The early history of anatomy in the United States. *Annals of Medical History.* 1922;4:272-85.
3. Flexner A. *Medical Education in the United States and Canada.* New York: Carnegie Foundation for the Advancement of Teaching; 1910.
4. Stevens R. *American Medicine and the Public Interest: A History of Specialization.* Berkeley: Univ of California Pr; 1971.
5. Daukes S. *The Medical Museum: Modern Developments, Organisation and Technical Methods. Based on a New System of Visual Teaching.* London: Wellcome Foundation; 1929.
6. www.nlm.nih.gov/research/visible/visible-human.html.
7. Billings JS. On medical museums, with special reference to the Army Medical Museum. *The Medical News.* 1888;53:309-16.



MUS. BRIT.



Aesculapius was a real physician of Thessaly whose medical fame spread rapidly and widely. After his death he became deified, and the legends began. He was worshiped in the fifth century at Athens and Corinth, and in Roman times at Pergamum, birthplace of Galen. In 420 B.C. he is said to have quelled disease in Athens. But most important historically, in 293 B.C. a severe epidemic broke out in Rome. Unable to check it the rulers of Rome consulted the Sibylline oracles and were directed to bring Aesculapius from Epidaurus. They sent a galley to Epidaurus and returned with a sacred snake. When the galley entered the Tiber River and approached the Isola Tiberina at Rome near the present Teatro Marcello, the snake left the ship, entered the island and the pestilence subsided. In gratitude the Romans constructed a ship chiseled from stone at the south end of the island. On its prow stood Aesculapius and the serpent, and its mast was represented by an obelisk. Here Aesculapius was worshiped. This island is the site today of the church of St. Bartholomew and a hospital of San Juan de Dios, saint of Granada.

Not far from Athens was Epidaurus, an important medical sanctuary of antiquity. Here Aesculapius afforded therapy to thousands flocking to it from every part of the Mediterranean littoral. When excavated by P. Cavvadias, it was in a valley surrounded by beautiful hills, and consisted of buildings used for treatment, prayer and for sacrifice. There was a residence for the patients and facilities for relaxation and entertainment, as well as a stadium which is still in use. Certain pits that were uncovered are thought to be ones where the sacred snakes were kept.



30^e CONGRÈS FRANÇAIS DE MÉDECINE — ALGER, DU 3 AU 5 AVRIL 1955

Erwin W. Rugendorff

Patent medicines for the treatment of genitourinary diseases

To Doc,
Here is some reading you don't need.
Best wishes,
Erin

Abstract The present article addresses the nineteenth-century advertising of patent medicines in America, sold to "cure" diseases of the kidney and bladder, the "loss of manhood", and "debilitating conditions of the generative system." Most of the proprietary remedies made extravagant claims of effectiveness concerning a wide variety of ailments, and some claimed to cure every disease. Examples of promotional excesses demonstrate how the public was persuaded to buy a kaleidoscope of largely useless and occasionally harmful patent nostrums. The ephemera considered became a part of the history of medicine related to urology.

At the turn of the century the term *patent medicine* distinguished a ready-mixed nostrum, prepackaged and intended for over-the-counter sale, from a medicine prescribed by a doctor whose ingredients were compounded by the pharmacist for the individual patient. The notion of a "patent" medicine goes back to the Statute of Monopolies adopted by the British Parliament in 1624. Patents were monopolies granted at the pleasure of the sovereign to encourage various skills and manufacturers. In return the proprietor was required to make his secret "open" or "patent." The first patent given to a medicine was granted in England in 1698 to the makers of Epsom Salts. The first medical patent in the United States was awarded in 1796 to Perkin's Metallic Tractors for "drawing out disease" as based upon Anton Mesmer's theory of animal magnetism. Other medicines were patented in the eighteenth century, but patent laws attained their modern form only in the nineteenth century.

Even though it was easy to get a patent on a medicine, very few of the nostrum manufacturers applied for one. They were well aware that when a patent expired there would be no more protection against close imitation: in other cases the simplicity of the remedy would

have destroyed its appeal to the public. Therefore, in the case of most of the nineteenth-century nostrums the manufacturer's exclusivity rested not on a patent but on his trademark. The formula of the medicine might or might not have been secret or might or might not have been patented and the composition and the claimed effects of the remedy could change, but the ownership remained intact indefinitely. Brand names and trademarks gave the owner a proprietary right to the product. Indeed, many of the "patent medicines" were really "proprietary medicines," meaning a preparation for which sole manufacturing rights were claimed due to ownership of the formula.

Proprietary medicines used in colonial America were largely imports from England. During and immediately after the Revolutionary War, substitutes and counterfeits were all that were available. The first of the purely American proprietary medicines appeared in the 1790s, and the first patent for a medicine issued under the new Constitution was granted to Samuel Lee, Jr., of Windham, Connecticut, for his Bilious Pills. Others followed rapidly [2].

So chaotic was the variation of the formulas for the English patent remedies that found their way to America that the Philadelphia College of Pharmacy (PCP) set out to correct the problem as one of their first ventures following their founding in 1820. The objectives of the PCP formulary, published in 1824, was "to strip the extravagant pretensions and false assertions from the secret nostrums, while at the same time to devise formulas for their composition as simple and inexpensive as possible that might retain the chief compatible virtues ascribed to them on their traditional wrappers [3]." However, before the first pharmaceutical organization in America could come to grip with the problem of turning these classic nostrums into useful home remedies, the American patent medicine business was booming. By 1850 a Boston drug catalogue listed 400 different proprietary remedies.

The proprietary remedies became the subject of ubiquitous and flamboyant advertising. It also made possible the huckstering to a gullible public of conco-

E. W. Rugendorff
201 East 17 Street, Apartment 22H, New York,
NY 10003-3608, USA

tions, sometimes useless and sometimes harmful. For the treatment of his ailments, both real and imagined, the man in the street has always been drawn to the magic of exotic substances. In nineteenth-century America this "snake-oil syndrome" was fed and exploited by a fascinating parade of sincere doctors, bewildered druggists, astute businessmen, and inconsiderate charlatans. There was a tremendous growth in the consumption of proprietary medicines, many of them addictive [1].

Most of the patent remedies, mainly bitters and tonics, made extravagant claims of effectiveness concerning a wide variety of ailments, and some claimed to cure every disease. Moffat's Vegetable Life Pills claimed to cure 51 diseases ranging from night sweats to leprosy.

Excesses were common in such advertising. Before the turn of the century there were no restraints on the advertiser except the limits of his imagination and a shrewd appraisal of the public's gullibility. The stratagems used to advertise patent medicines ranged across the spectrum of man's imagination from trial samples to wicked reward offers, colorful trade cards (Figs. 1, 2), posters, newspaper and magazine advertising, almanacs, funny money (Fig. 3), financial obligations, post cards, stamps, giveaway items, and traveling medicine shows. Promotional strategies included promises of rapid and certain relief, the backing of highly important institutions, written "before and after" testimonials of satisfied customers, claims of major scientific breakthroughs, and use of "secrets" from exotic or distant lands. Then, as now, a patent invention did not have to work. There were always enough gullible citizens who were pleased to see their names in print. One newspaper editor is said to have advised: "If your brains won't get you into the papers, sign a patent medicine testimonial. Maybe your kidney will."

Following are examples of "before and after" testimonials reprinted on colorful trade cards:

April 25, 1884. For years I suffered from lame back. In Oct. 1882 I was all doubled up. Could not walk without a cane. I could not dress or undress unaided. Different doctors failed. My rest was broken, and I could take no comfort owing to a constant desire to urinate, yet no more than a teaspoon was voided. The water had a heavy sediment, was of a yellow reddish color, thick and ropy. Once I tried to urinate, but not a drop of water passed me, nor could I force it; all this night I suffered tortures. Warner's Safe Cure effectually and permanently cured me. H. Haskel, Lockport, NY

March 29, 1888. Sir - The pills are the best that were ever used in this locality, every one who uses them are loud in their praise. For years I have been troubled with pains across my kidneys. Since using your Morse's Indian Root Pills I have been greatly relieved, and now by continuing to take them I am going to be completely cured. Yours truly, C. J. March

Indeed, therapeutic claims sustained in the description of some of the patents for remedies were grossly false and fraudulent. Sometimes a patent medicine was just a combination of alcohol, flavoring, coloring, and aromatics, and patent remedies frequently contained a long list of herbs, most of which lacked any probable pharmaceutical efficacy. It is probable that most of these medicines had no effect at all on the diseases they were sold to cure [1].

CAN YOU FIND 7 OWLS IN THIS PICTURE?



BE AS WISE AS AN OWL. LEARN HOW
TO KEEP WELL BY USING
BLISS NATIVE HERBS

Fig. 1 Puzzle card for Bliss Native Herbs, a remedy for kidney trouble and many other diseases. It contains a number of hidden figures that may be identified more or less successfully when the card is viewed from various angles

A wide variety of patent remedies were sold to "cure" diseases of the bladder and kidney as well as the "loss of manhood" and "debilitating conditions of the generative system." Buchu-Paiba, a patent medicine sold for U.S. \$1.00, was advertised as a "quick complete cure of all annoying kidney diseases." Fahrney's Blood Cleanser



Fig. 2 Color trade card for Foley Kidney Pills. On the back is the picture of a man who is glum "by gosh." When the card is turned upside down the metamorphic picture shows the man smiling. "His life's worth while he's cured of all ills, as you will be if you, like he, take Foley Kidney Pills"



Fig. 3 Funny bank note issued by W.H. Comstock, proprietor of Dr. Morse's Indian Root Pills

or Panacea used the Greek word for "cure of impure blood and all disorders of the liver, bowels, kidney, bladder, etc." Medicinal plasters, such as Collins Voltaic Plasters and Mack's Kidney Plaster, were promoted for relieving pain and inflammation of the kidneys. The manufacturer of Benson's Plasters assured that this "best example of the best remedies, superior to electricity as a local agent, dissipates ailments in a few hours which other porous plasters, liniments or compounds often require days and weeks of continuous wear and use to simply relieve." Mitchell's Kidney Plasters "cured" all kidney difficulties (Fig. 4).

Munyon's Kidney Cure consisted entirely of sugar and water, and no active ingredient could be detected. On occasion a patent medicine, due to ingredients of genuine value (quinine, digitalis, kaolin, ipecac, phenolphthalein), probably helped. Some of the herbal remedies at least had a laxative or diuretic effect, proving to the customer's satisfaction that the medicine was working. Many nostrums relied heavily on alcohol for their effect. Some of the better-known nostrums contained harmful ingredients, such as cocaine, morphine, heroine, chloroform, acetanilid, potassium nitrate, and other substances inherently dangerous when taken in uncontrolled amounts or overused. The sufferer could be excused for thinking that the patent medicine was doing its job if alcohol or the opiate made him feel better. Of course, the relief of symptoms was not at all the same thing as the achievement of a cure. Not a few nostrum users became addicted to their medicines, and there are cases by the hundreds illustrating the drastic effects of patent medicines. Warner's Safe Kidney and Liver Cure, which catered to a widespread fear of Bright's disease, contained a few herbs, glycerine, water, alcohol, and potassium nitrate. The latter two were the principal ingredients, and both are kidney irritants [1].

Some of the patent medicine manufacturers offered personal theories of medicine that explained the manner in which their products were supposed to work:

The death of General and ex-President Arthur was caused by an extreme kidney disorder called Bright's disease. Why does this afflict so many prominent men? is asked. It is the universal complaint of the world. The apoplexy, and paralysis, and heart disease from which so many seem to die is not the cause of death - the kidney acid poisons in the blood, caused by painless kidney disease, eat away the walls of the blood vessels of the heart, head and arteries, they give way under pressure and age, and suddenly



Fig. 4 Trade card for Mitchell's Kidney Plasters

death comes upon them. These are the facts of science - that is the mystery of the matter. Taken in time and in sufficient quantity, there is nothing so effective for these disorders, or so permanent in the cure which invariably follows, as the stem to the four-leaved clover, the great and universally successful Warner's Safe Cure.

Bloomingdale, proprietor of Forestine Kidney and Malaria Cure, explained how his remedy acts (Fig. 5):

1st. It moves the bowels once a day; this is necessary for the health. 2nd. It regulates the kidneys and liver at once; you cannot get cured until this is first done. 3rd. After these three organs of the human body are put into proper condition, then and not until this will you be cured of ... blood and skin diseases, all forms of kidney diseases, female weakness, loss of strength, etc.

A number of the earliest patent medicines were advertised as remedies for "catarrh," and almost every disease was considered a type of catarrh: Bright's disease was "catarrh of the kidneys." Manufacturers who sold

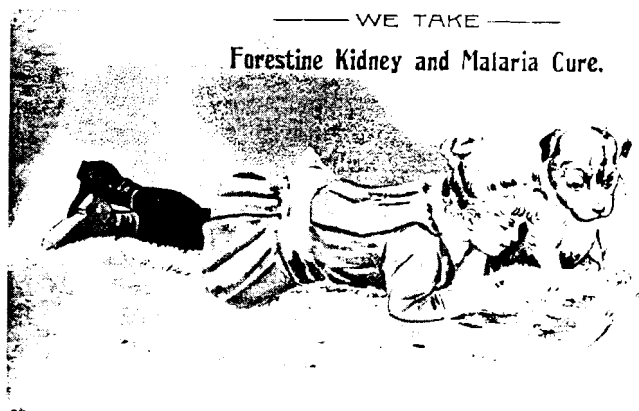


Fig. 5 Color trade card for Bloomingdale's Forestine Kidney and Malaria Cure

VITALITY AND THE GLANDS
 NOTED SCIENTIST SAYS ONE COULD
LIVE FOREVER
 WITH A PERFECTLY BALANCED GLANDULAR SYSTEM

Scientists agree that the secret of Health, Womanly Grace, Beauty, Manly Strength and Youthful Vigor lies in the internal secretory glands and by stimulating these glands to normal activity, many abnormal conditions such as slow digestion, weakness, nervous debility, Premature Senility, Ered, Worn-Out Feeling, Poor Memory, Loss of Hair, Eases of Weight, Pains in Back and Side, Chronic Headache, Stomach Sick, Restlessness at Night, Melancholy, Inappetence and other symptoms are remedied. Don't suffer from any of the above another day until you try our latest scientific glandular treatment—Baker's Glandol.

TRY IT 10 DAYS AT OUR RISK
 No charge whatever if it fails. Thousands of red-headed men and women are taking it every day. Later cases it makes from ten years younger, reporting that great improvement was noticed in two or three days. Glandol excites the pure substance of the vital glands of Europe. As it is prepared in one of the world's largest and best equipped glandular laboratories, scientific tests demonstrate that certain of these glands, whose failure in function, have a decided stimulating effect on corresponding glands in the body.

Reports from men and women who are using Baker's Glandol tell of results that seem amazing.

Send Baker's Glandol entirely at our risk. Simply send name, age and address today. State whether the treatment is for male or female. Profit by the experience of thousands, many of whom were probably in worse shape than yourself. Join the happy throng of Vitamin, Nutritional Assistance Men and Women of all ages. We take no risk, you none, so don't doubt, don't hesitate, but write and return this card today.

INTERNATIONAL RESEARCH LABORATORIES, 838 So. Clark Street, CHICAGO, ILLINOIS

THE PITUITARY GLAND DEVELOPS EARLIEST AND LASTS LONGEST IN DEVELOPED WOMEN
 THE THYROID GLAND CONTROLS METABOLISM, GROWTH AND DEVELOPMENT
 THE PANCREAS IS THE SOURCE OF INSULIN, WHICH REGULATES SUGAR IN THE BLOOD
 THE ADRENAL GLANDS GIVE TONE AND ENERGY TO THE BODY
 THE TESTES IN MEN AND THE OVARIES IN WOMEN ARE THE SEEDS OF LIFE
 THE PITUITARY GLAND IS THE MASTER GLAND OF THE BODY
 THE THYROID GLAND IS THE MASTER GLAND OF THE METABOLISM
 THE PANCREAS IS THE MASTER GLAND OF THE SUGAR IN THE BLOOD
 THE ADRENAL GLANDS ARE THE MASTER GLANDS OF THE ENERGY
 THE TESTES AND OVARIES ARE THE MASTER GLANDS OF THE REPRODUCTIVE SYSTEM

Fig. 6 Back of a post card issued by International Research Laboratories for free samples "to try Baker's Glandol in the privacy of my own home entirely at your risk"

sarsaparilla, a very popular type of patent medicine, believed that it was all-important to purify the blood. Dr. Clark Johnson's Indian Blood Syrup was advertised as "the best blood purifier in the world," reliable for the "speedy and permanent cure of chills and fevers, rheumatism, liver complaint, dropsy, kidney disease, dyspepsia, constipation, biliousness, scrofula, and all disease arising from impure blood." Another nostrum, called Vegetine, composed of roots, barks, and herbs, was advertised as "the great blood purifier." Manufacturers sold "tonics" focused upon the nerves and particular organs of the body, which they promised to strengthen. The remedy sold under the trademark Sanmetto (derived from two of the ingredients: sandalwood and palmetto berries) was described as "genito-urinary nutrient and tonic. It has a special action upon the glands of the reproductive organs, as the mammae, ovaries, prostate, testes, etc. Its action is that of a great vitalizer, tending to increase their activity, and to promote their secreting faculty. A rejuvenation follows the use of Sanmetto, the general nervous system becomes balanced and reinvigorated." The manufacturer of Baker's Glandol (Fig. 6) referred to a "noted scientist who says one could live for ever with a perfectly balanced glandular system." Reports from men and women using Glandol, which contains pure substances of the vital glands of young animals, "tell of results that seem amazing."

In the interim, some manufacturers, playing to a public awakening to the dangers inherent in some patent medicines, found it profitable to assure the customer that their medicine, at least, was perfectly safe. Dr. Kilmer certified that his Swamp-Root — "the great kidney remedy" — "is purely vegetable and does not contain any calomel, mercury, creosote, morphine, opium, strychnine, cocaine, nitrate potash, bromide potassium, narcotic alkaloid, or any other poison or harmful drugs." The manufacturer of Kidney-Wort, a mixture of dandelion, hydrangea, roasted beans, and other herbs, advertised heavily in *Harper's Weekly* in 1880–1881, noting that "Kidney-Wort is a purely vegetable compound. The safest, the surest and the best ever discovered for kidney diseases."

HUNT'S REMEDY

CURES DROPSY AND ALL DISEASES OF THE KIDNEYS, BLADDER, LIVER AND URINARY ORGANS

WILLIAM E. CLARKE, PROPRIETOR, PROVIDENCE, R.I.

THE GREAT KIDNEY & LIVER MEDICINE

NEVER KNOWN TO FAIL

NEVER KNOWN TO FAIL

Fig. 7 Color trade card for Hunt's Remedy

The proprietor William E. Clarke claimed that his purely vegetable Hunt's Remedy, "the great kidney and liver medicine" (Figs. 7, 8), met:

a want never before furnished to the public, and the utmost reliance may be placed in it. Hunt's Remedy has saved from lingering disease and death hundreds who have been given up by Physicians to die. Hunt's remedy cures all Diseases of the Kidneys, Bladder, Urinary Organs, Dropsy, Gravel, Diabetes, and Incontinence and Retention of Urine.

Since it was not easy for advertisers in the Victorian era to discuss sexual problems of any sort in print, remedies for the loss of manhood were discretely advertised by several proprietors. A good many virility products leaned heavily toward mail order. The Ko-Kol Company sent out by mail "consultation free" forms

HUNT'S REMEDY

THE GREAT KIDNEY MEDICINE

NEVER KNOWN TO FAIL

CURES DROPSY AND ALL DISEASES OF THE KIDNEYS, BLADDER AND URINARY ORGANS

WILLIAM E. CLARKE, PROPRIETOR, PROVIDENCE, R.I.

Fig. 8 Color trade card for Hunt's Remedy

asking personal questions of potential purchasers while promising that "a truthful answer to each question in the list will enable the company to give an opinion as correctly as if we had seen the patient."

Read symptoms and conditions. If you are threatened with or already have Bright's disease or urinary trouble, if you have sediment in urine like brick dust, frequent calls or retention, if you have irritation, spasmodic stricture, or catarrh of the bladder, if you have blood humors, pimples, ulcers, seminal weakness or syphilis, if you have stone in kidney, gravel in bladder, stoppage of urine or dribbling ... Dr. Kilmer's Swamp Root will relieve and cure. Every dose goes right to the spot (Fig. 9).



Fig. 9 Color trade card for Dr. Kilmer's Swamp Root

Some virility nostrums contained the herb damiana, an alleged aphrodisiac; cantharidis, popularly known as "Spanish fly"; and other ingredients no longer regarded as having any medical effect. Booker's Damiana Compound was "highly recommended for loss of manhood, lack of virility, debility, loss of appetite, weakness etc." and its advertising assured that the compound "makes men strong." An advertisement for another virility product asked: "Are You A Man In Name Only? If you are weak in any way, try to-day LAS-I-CO (Tablets) for superb manhood." The advertiser did not bother to mention the content of this "old reliable remedy for nervous debility, sexual weakness, failing memory, sleeplessness and kidney troubles."

The irresistible belief that electricity must be a life-giving force was heavily exploited in the manhood game during the patent-medicine era. There were many different "electric belts" studded with "galvanic" disks as well as magnetic garments on the market that purported to generate and apply electricity "of the right kind in the right place" to restore manhood.

After the isolation of radium by Pierre and Marie Curie in 1898 the idea of "mild radium therapy" surfaced with some reputable medical support and was applied with a vengeance by a dubious entrepreneur named William Bailey, who marketed an elixir named Radithor, a very dilute solution of radium and mesothorium. Bailey claimed that Radithor increased the intensity of the biological processes and, in addition to sexual rejuvenation, could correct more than 60 types of ailments. Frequent recourse to his 0.5-oz. doses, sold at U.S. \$1.00 each, produced gruesome effects of radium poisoning.

The proprietary-medicine business grew exponentially in the second half of the nineteenth century. Advertising, over which there was no control, was the propelling force. In promoting their products, vendors of proprietary medicine made use of every possible medium. In time the safety of patent medicines became a subject of popular concern. Eventually, promotional excesses of proprietary manufacturers became so widespread that they prompted writers, journalists, and scholars of many kinds to expose them. The popular writers exposed not only the medical dangers presented by leading products on the market but also their shoddy advertising practices. The most famous series of articles on patent medicines, written by Samuel Hopkins Adams, ran in Collin's Weekly under the title, "The Great American Fraud," and is credited with leading

to the passage of the first Pure Food and Drug Act in 1906. The law required the manufacturer to state on every label the quantity of alcohol, opium, cocaine, and certain other substances, if present. The proprietor could be silent about substances not on the list, but he could no longer make his label lie. There was a prohibition against unclear and misleading statements on the label, which, after clarification by the Sherley Amendment in 1912, stopped positive claims such as "sure cure." Consequently, many familiar products altered their composition, changed their name, and never regained their popularity [1].

Was that the final death sentence for the patent-medicine phenomenon? The answer seems to be no. Approaching the next millennium, quackery in the United States and around the world still costs billions of dollars annually. It is interesting that in February 1999 the University of Berkeley Wellness Letter under the title, "If it ducks like a quack..." focuses on some signals that should make us skeptical about a health-related product [4]: words such as *miraculous*, *instant*, *secret*, or *amazing*; vague claims such as *cleanse and purify your body*, *raise your energy level*, *rid you of toxins*, or *boosts immune system*; testimonials and anecdotes as sole or primary support for the claims; ad copy that tries to diagnose your health problems and then offers you a cure; claims that doctors do not want the public to know about the product because they would lose business if people were "cured"; health-related products that are sold via multilevel or "network" marketing, which turns customers into salespeople; claims that a supplement or product will cure a wide variety of illnesses; and products that claim to be patented to provide health benefits.

References

1. Bingham AW (1994) The snake-oil syndrome - patent medicine advertising. Christopher, Hanover, Massachusetts
2. Cowen DL, Helfand WH (1990) Pharmacy - an illustrated history. Harry N. Abrams, New York
3. Griffenhagen GB (1991) Private die proprietary medicine stamps, 2nd edn. American Topical Association, Johnstown, Pennsylvania
4. UC Berkeley Wellness Letter (1999) If it ducks like a quack... Univ Calif Berkeley Wellness Lett 15 5: 6

Matthias A. Reuter · Hans J. Reuter

The development of urological endoscopy in America

Abstract This article deals with the history of medicine in American urology, where endoscopy is a very important subject. The development of endoscopy in America unrolled in three phases: the acquisition of European techniques and instruments, realization of the ideas of American researchers, and original creations that forwarded endoscopy considerably. European instruments were acquired in the nineteenth century, culminating in the instruments developed by Max Nitze. When Wappler started the production of endoscopes in 1905, they were the basis for the development of numerous modifications and innovations such as electro-surgery, developed by Beer in 1910, with the Resonator created by Wappler; the resectoscope, invented by Stern and McCarthy in 1931; "cold light" using glass fibers for illumination, described by ACMI in 1960; the flexible fiber ureterorenoscope, described by Marshall in 1960; and fluorescence cystoscopy, introduced by I. M. Bush and W. F. Whitmore in 1964.

The development of endoscopy in America unrolled in three phases: the acquisition of European techniques and instruments, realization of the ideas of American researchers, and original creations that forwarded endoscopy considerably. The invention of the cystoscope – an endoscope with lens and endocorporeal illumination – by Max Nitze came at a time when America stood at the verge of the technical century. New York, for example, had begun its skyscraper construction, underground rail transportation had started, and the city had a large immigrant labor pool. Professional communication also became organized in 1886, when

Edward L. Keyes – a major player in the field of genitourinary surgery – founded the American Association of Genitourinary Surgeons. This group included surgeons performing urethrocystoscopy and venereologists interested only in urethroscopy. At that time the Rutenberg "cystoscope" for women (Fig. 1), with its window, a channel for a mirror, and a carrier for a distal light source (invented by Trouvé and later adopted by Nitze [26]), was the basis for the development of the direct air and water irrigating endoscopes that were (in contrast to Europe) very popular in the United States.

In 1902 the American Urological Association (AUA) was founded, and Ramon Guiteras saw to it that venereologists were excluded from membership, setting the stage for the growth of urological instrumentation. American urologists had good connections to Europe and traveled to the European centers of urology, as did Belfield, Kelly, and Beer. Others immigrated to the United States from Europe, such as Buerger and Kollischer or instrument makers such as Wappler and V. Mueller. At first, American urologists depended on the endoscopes produced in Vienna and Berlin. Communication with European instrument manufacturers as well as the time required for transportation by sea led to considerable problems because the instruments were very delicate and susceptible to breakage. The electrical system, in particular, was often broken, and the attachment of the prism at the tip of the telescopes often leaked such that water could enter the telescope. For this reason a serious practitioner maintained two sets of cystoscopes to assure continuity. Because of these difficulties and their associated cost, the need arose for local repair and modification of these German and Austrian endoscopes [31].

The first endoscopes at the end of the nineteenth century were Nitze-Leiter instruments [22]. Thus, Max Nitze's electroendoscopic systems quickly became popular in America. Because of his excellent reputation, Nitze was appointed an Honorary Member of the AUA in 1902, the year of its foundation.

M. A. Reuter (✉) · H. J. Reuter
Museum für Medizinische Endoskopie Max Nitze,
Paulinenstrasse 10,
D-70178 Stuttgart, Germany

**ERIK SOIFERMAN, D.O.
114 MYRTLE AVENUE
HAVERTOWN, PA 19083**

PHONE/FAX: (610) 789-4588

Dear Dr. Blafox,

I thought the enclosed photo and information might be of interest to the members of the MCA. This is an exceptional and historic piece.

This is a monaural stethoscope made of ivory and cherry, with a silver band around the center. Engraved on the band is:

“Prize for Auscultation to C. J. Freeman from Dr. Hope, 1839”

James Hope was one of the foremost cardiologists in history. He, along with others such as Forbes and Stokes, was responsible for increasing awareness and acceptance of the stethoscope in England.

In the book “Memoir of the Late James Hope, M.D.” written by Mrs. Hope shortly after his death in 1841, Mrs. Hope describes her husband’s practice of awarding a stethoscope to the best student in his class. Below are some passages from the book:

“Besides the two prizes which are generally given by every lecturer on the Practice of Physic, Dr. Hope gave a third, for proficiency in Auscultation, which, as coming from him, was peculiarly valued, and was contended for with greater eagerness than any of the others. It was a stethoscope, ornamented with a band of silver, on which was engraved the name of him who gained, and of him who gave it, together with the date and all the usual particulars. Three of these were given at Aldersgate Street during the three years that Dr. Hope belonged to that school, and one at St. George’s. The total number being so small, owing to the premature fate of him who awarded them (Hope died in 1841 of Tuberculosis), their value is now very much increased.” (pp. 176-177)

There was a Mr. Bampton, who was awarded two of these prizes, Freeman was awarded one, and the third winner is not known. I also do not know which number award this was. Hope left Aldersgate in 1839 to go on to teach at St. George’s.

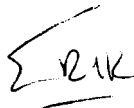
In a letter discussing his lecture topics, Hope writes “...I was next compelled to relinquish my lectures and demonstrations on auscultation for 1837-8 and 1838-9, but I substituted a prize, value 11 l., which will perhaps envince my interest in the school was not diminished. This was so well received by the students, that I have actually taught more auscultation, &c. during the last two years than ever before.” (pp. 221-222)

This piece was sold to me by a physician who treated a direct descendant of Freeman, and whose family gave him the stethoscope as a token of gratitude. There is one other known surviving example, located in the collection of the British Thoracic Society. I am trying to find out about their piece but am having trouble contacting them.

This is a fantastic piece, and quite a piece of medical history!!!

If you want to use it for the next newsletter, or need any more information on it, please let me know. Thanks.

Erik



THE JAMES HOPE PRESENTATION STETHOSCOPE

After their introduction in France, stethoscopy and mediate auscultation were mistrusted and down-played in England for quite some time. Several key people were responsible for changing the general feelings about these new diagnostic techniques. One of these people, James Hope, was especially important in this process.

James Hope was born on February 23, 1801. He studied medicine in Edinburgh, and excelled in his study and practice. He served as president of the Royal Medical Society of Edinburgh in 1823.

His first introduction to auscultation came in 1824 when he served in the Royal Edinburgh Infirmary. After his completion of his studies he traveled to France and spent some time at La Charite in Paris. There he studied under Laennec's successor Chomel. It was during this experience that Hope learned the technique, instrumentation, and value of the stethoscope and mediate auscultation.¹

Hope returned to England in 1828. He began lecturing in the practice of medicine. His first position was at the School on Aldersgate Street. After a short time, he left that school and took a position at St. George's Hospital and Medical College. There he was renowned as a great professor of medicine. He worked to have the stethoscope recognized for its value and to have it accepted in every one of his student's armamentarium. From day one, his lectures and clinical practice included mediate auscultation and the stethoscope. It was written:

“He never spoke not argued in favour of auscultation, but allowed facts to speak for themselves. He was always to be seen, stethoscope and journal in hand, at the bedside of every chest case; he took the most minute notes of all, wrote the diagnosis in as

great detail as possible, and, before proceeding to a *post mortem* examination, publicly placed his book on the table in order that it might be read by all; his diagnosis was invariable correct. Attention was soon drawn to him, his diagnosis was generally asked for, and read aloud, its accuracy silenced every objection...”²

Hope's major research was devoted to the auscultatory findings of aortic regurgitation. Hope disagreed with Laennec's ideas that the first heart sound was due to the contraction of the ventricles and the second sound due to that of the atria. Following the lead of his fellow physicians Thomas Hodgkin and Sir Domenic Corrigan, Hope conducted experiments on a donkey and, after stunning it, exposed the heart and was able to correlate the sounds heard through auscultation with the motions of the beating heart. He enlisted the help of another very prominent physician, Charles James Blasius Williams during his work. They took a dissecting hook and passed it into the pulmonary artery and then into the aorta, thus blocking the aortic valve from closing. They found by doing this they were able to eradicate the second heart sound, and that the sound returned when the hooks were removed. They thus concluded that the sound made was that of the valve closing.

Hope presented a paper discussing these experiments and aortic regurgitation, making certain to note that auscultation of an early diastolic murmur was essential for the diagnosis of the disease.³ This paper was so well received, that it was suggested he write a book on the subject.⁴ In 1831, he published his *Treatise on Diseases of the Heart*. This book was well reviewed and most, if not all of the review were excellent. Hope's name became well known in the medical profession and he began to be recognized as a premier physician, as well as an expert on diseases of the chest and especially those of the heart.

He was very proud of his work on auscultation and announced that he was one of the first physicians to bring the stethoscope to England.⁵

Hope realized that physicians were slow to accept the use of the stethoscope at least in part because they were afraid to learn a new technique. He thus decided to host a public demonstration of the use of the stethoscope in July 1838.. He had his associate announced the event in the London Medical Gazette so that those unable to attend would know that it had occurred:⁶

“The following experiment, made by four students at St. George’s Hospital, affords demonstrative proof that the diagnosis on question, usually supposed to require years of experience, may be efficiently taught in the brief space of ten minutes; and I communicate it to you in the hope that, through the medium of your valuable journal, it may by encouraging the diffident proof subservient to the progress of medical science.

“Dr. Hope took four students, all novices in auscultation, and as several of them did not know the sound of valvular murmur, he introduced a single patient to afford them the opportunity of hearing it. He then ascertained by examination, that they were acquainted with the anatomy of the heart, and with its situation and relation to the exterior. This being done, he occupied ten minutes in giving and explanation, elucidated by a chalk diagram, of the mode of discriminating between the various valvular diseases and in catechizing to ascertain that it was understood.

“Six patients presenting five distinct varieties of valvular disease, some complicated and some obscure, were now introduced and each pupil examined as many of them as the leisure of the patients would permit, writing his notes and diagnosis on the

slips of paper which I forward to you. Out of sixteen diagnoses which were made, one alone was partially defective.”⁷

This experiment, designed to alleviate the stress and fear of learning mediate auscultation was quite a success. However, some respected physicians, namely R.J. Graves and William Stokes voiced some continuing concerns:

“...Dr. Hope, of whom we wish to speak with the respect which his labours have earned him, has authorized the publication of a series of diagnoses, made by his pupils after a ten minute lecture on the most difficult part of medicine, namely the valvular diseases of the heart. That the pupils, after having been instructed in Dr. Hope’s views of the causes and situations of valvular murmurs, should have come to the conclusions such as *he* would have done, is not wonderful; but that these conclusions were correct we have only Dr. Hope’s word for... We object to the whole proceeding...”⁸

It is interesting to note that Stokes wrote the first treatise on the use of the stethoscope while still studying medicine in Edinburgh. He was in no way opposed to its use, but only to the idea that it was simple to learn to use.

Hope became angered with Graves and Stokes and replied that if others did not agree with his findings that they should come and take the test themselves. One physician, who is unknown, announced that he would come to St. George’s to meet Hope and accept the challenge:

“One of the opponents of auscultation offered to come down to St. George’s and choose six cases, write the diagnosis, and defy auscultation to throw more light on the cases than he had done. He came, but got no further than his first case, which he said was hydrothorax, he omitted to write his diagnosis down, but Hope accepted the challenge,

of cherry wood, with ivory banding and earpiece. There is a silver band that is engraved: “Prize for auscultation awarded to C.J. Freeman by Dr. Hope, 1839.”

This piece was purchased from a physician who obtained it as a gesture of gratitude after treating a direct descendant of Freeman. It is not known whether this piece is the last one given at Aldersgate Street, or the only one awarded at St. George’s.

Extensive research has allowed me to trace C.J. Freeman. Charles James Freeman was born on February 4, 1818. His studies were not in order to become a physician, but rather an apothecary. His lecture curriculum began in October 1837 and included many courses in Anatomy and Physiology, Chemistry, Materia Medica, Botany, Midwifery, Forensic Medicine, and a course entitled Principles and Practice of Medicine, taught by James Hope. This course consisted of one course and one session. After his lectures, Freeman undertook 12 months of clinical experience at St. Bartholomew’s Hospital.

He qualified for his license on October 24, 1839. His license allowed him to practice anywhere in England or Wales as an apothecary, but not in London or within 10 miles of the city. After qualifying for his license, however, Freeman’s name disappears from the records, and is not contained in the Provincial Medical Directories of 1847 or 1853. Thus, he either never practiced, or he went abroad.

Hope’s work was quite extensive and exceptional. Although he was not the only one advocating the use of the stethoscope at the time, his devotion to mediate auscultation was instrumental in allowing the practice to become accepted and widely used throughout England. A wonderful piece of medical history, this stethoscope allows us to see how important it was to Hope that this practice be recognized for its true value.

examined the case and wrote as follows : 'Hypertrophy and dilation of the heart. Hydropericardium. Lungs enlarged emphysematous, lack of any hydrothorax.' At a subsequent post mortem both [physicians] were present; Hope read his diagnosis and his opponent stuck to his original opinion. No fluid was found in the pleural cavities, while Hope's diagnosis was found to be correct in every point."⁹

Along with this experiment, Hope used other methods to enhance the acceptance of the stethoscope. At the time, it was customary for professors to award prizes to students in their lectures who had exceptional performance. Hope extended this practice to his lectures on auscultation. In the biography written by Mrs. Hope, she states:

"Besides the two prizes which are generally given by every lecturer on the Practice of Physic, Dr. Hope gave a third, for the proficiency in Auscultation, which, as coming from him, was peculiarly valued, and was contended for with greater eagerness than any of the others. It was a stethoscope, ornamented with a band of silver, on which was engraved the name of him who gained, and of him who gave it, together with the date and all usual particulars. Three of these were given at Aldersgate Street during the years that Dr. Hope belonged to that school, and one at St. George's. The total number being so small, owing to the premature fate of him who awarded them (Hope died of tuberculosis at the age of 40 on May 31, 1841), their value is now very much increased."¹⁰ Two of these prizes were awarded to a Mr. Bampton, who was one of Hope's favorite students.

A total of four of these prizes were awarded, and only two are known to survive. One is in the possession of the British Thoracic Society, and is one of the two awarded to Bampton. The other is pictured below and is part of my personal collection. It is made

¹Bluth, Edward I., 'James Hope and the Acceptance of Auscultation, *Journal of the History of Medicine*, April 1970, 202-210.'

²Ibid.

³R. E. Irvine, "James Hope and the History of Aortic Regurgitation,' *Guy's Hospital Report.*, 1957, 106.

⁴R. E. Irvine, "James Hope and the History of Aortic Regurgitation,' *Guy's Hospital Report.*, 1957, 106.

⁵Ibid.

⁶Ibid.

⁷T.W. Pollock, 'Letter to the Editor,' *London Medical Gazette*, 1838 n.s. 2, 741.

⁸R.J. Graves and W. Stokes, 'Dr. Hope on auscultation in valvular disease,' *Dublin Journal of Medical Science*, 1839 (In Op. Cit. Bluth)

⁹R.R. James, "James Hope, M.D., F.R.S.,' *St. George's Hospital Gazette.*, 1911, 19, 239.

¹⁰Mrs. James Hope, *Memoirs of the Late James Hope* (London, 1842), p. 176.



Favourite Edition

The New York Academy of Medicine • No. 2 • Spring 2000

Tales from the Vienna Labs:

The Eugen Steinach-Harry Benjamin Correspondence



Eugen Steinach

BY CHANDAK SENGGOPTA, MD, PHD
Wellcome Institute for the
History of Medicine, London.
1998 Klemperer Fellow

At the age of 69, the poet William Butler Yeats, who was then passing through a period of bad health, despondency, and creative barrenness had an operation which was essentially a vasectomy, but promised physical and mental rejuvenation. "It revived my creative power," wrote Yeats in 1937, "it revived also sexual desire; and that in all likelihood will last me until I die." It was not just his concupiscence, however, that was stimulated by the operation, but also

his art, resulting in a crop of late poems ranked with his best work. For women, the x-ray irradiation of the ovaries was held to be the equivalent of the operation and the American novelist Gertrude Atherton had that treatment at the age of sixty-six and wrote the novel *Black Oxen* on the basis of her experience, which became the greatest success of her career. Atherton was convinced that the treatment had made her feel thirty years younger and spoke openly and often about her rejuvenation. Quite different was the experience of the sixty-seven-year-old Sigmund Freud, who had the same operation as Yeats after several distressing operations for oral cancer. The vasectomy, Freud had hoped, would delay the return of the cancer but later denied that it had done any good at all. Numerous less famous middle-aged men had recourse to the operation in the belief that it would "rejuvenate" them physically and mentally. Conceived by the physiologist Eugen Steinach of Vienna, the operation and the irradiation treatment for women were far from alone in their time in promising the rekindling of youthful vitality.

Almost a decade ago, during my early years of graduate study in the history of science and medicine at Cornell and Johns Hopkins,

continued on page 2

Collection News and Activities

RECENT ACQUISITIONS

The breadth and depth of the rare book collection is evident from a look at these recent acquisitions, which are a testament to growth in all areas. Highlights include:

- ♦ **Michael Underwood. *A Treatise on the Diseases of Children with Directions for the Management of Infants from Birth.*** (London, 1784). This first edition, a copy of which the Academy had been seeking for years, served as a foundation for the modern study of pediatrics.
- ♦ **Thomas Cooper. *A Treatise of Domestic Medicine.*** (Reading, 1824). This rare American cookbook, which was written by a physician, begins with a section on common ailments and a list of medicinal plants.
- ♦ **Karl Hilmar Becmann. *Dissertation Inauguralis Medica de Chocolata Analepticorum Principe*** (Frankfurt, 1763). This study on chocolate addresses its medicinal properties.

DONATIONS

... and the collection has also grown thanks to the generosity of a number of donors:

- ♦ **Richard Stark, M.D.** donated his collection of books relating to medicine in the era of the American Revolution
- ♦ **Sam Schaeffer, M.D.** donated a sixteenth-century bookplate and a Chinese apothecary sign
- ♦ **Gilbert J. Clausman** donated his collection of nineteenth-century herbals
- ♦ In addition, donations were also received from Samuel H. Rothfeld, M.D.; Adelyn Soifer; Muriel Petioni, M.D.; Brenda B. Walker; Dr. med. Michael von Cranach; Jeanne Strausman; Francis Serbaroli; Ethan Nadelmann, J.D., Ph.D.; Murdina MacFarquhar Desmond, M.D.; William H. Helfand; Frederick K. Neuberger, M.D.; E. Thomas Steadman, M.D.; and June Farmer.

If you are considering donating a collection of medical books or manuscripts to the Academy Library, please contact Ed Morman at 212-822-7314.

TALES FROM THE VIENNA LABS

continued from page 1

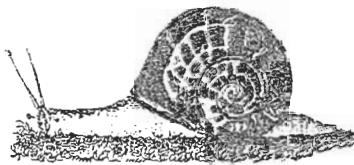
I came across several such references to Steinach and decided to investigate whether he was just a marginal quack of no real importance or of somewhat greater weight. Some of this was easy enough: he had published his papers in leading journals and, at the end of his life, had even written a hefty survey of his research. When I finished my Ph.D., I drew up a post-doctoral project on the history of endocrinology, which had Steinach's work at its very center. That project took me to the Wellcome Institute in London.

By the time I reached London, I knew quite a lot about Steinach and knew where to find more—but of archival materials, there was only one known source: the New York Academy of Medicine, which owns a collection of Steinach's correspondence with his German-American acolyte Harry Benjamin. Everything else had been confiscated and destroyed by the Nazis when they took over Austria in the late 1930s. While in New York for a conference, I had managed to spend a day looking at the Benjamin-Steinach correspondence and knew that it held answers to many questions raised by the published material. There were a lot

more letters, however, than could be covered in a day and I yearned to return with ample time. The award of the 1998 Paul Klemperer Fellowship finally made that possible. Benjamin revered Steinach and kept every letter, postcard and note his mentor sent him from 1921 to 1944, the year of Steinach's death, and because Steinach's handwriting was almost illegible, had most of the letters transcribed and typed.

“Steinached!”

Who, then, was this Eugen Steinach and why should one bother to learn more about him? Born in 1861, Steinach had studied medicine at Vienna, and then worked as assistant to the eminent physiologist Ewald Hering in Prague, where he had subsequently attained the rank of full professor. Then returning to Vienna, he stayed there until 1938, when the Nazi takeover made it expedient for him to leave permanently. He lived in exile in Switzerland and died in Montreux at the age of 84. Although



“His very name became a verb in the 1920s—people did not simply have the Steinach operation, they were “Steinached”!

forgotten quite quickly after his death, Steinach had been big news for most of his career. Whether one looks at contemporary textbooks and medical journals or at newspapers, one sees immediately that while his experiments on the sex glands were frequently found controversial, they were universally noted for their originality and technical brilliance and discussed exhaustively by his peers as well as by journalists. According to Steinach, he had been nominated several times for the Nobel Prize. Although he never did get the prize, his name was a household word for a while; his very name became a verb in the 1920s—people did not simply have the Steinach operation, they were “Steinached”!

Steinach was far from alone in his interest in rejuvenation. The major reason for this vogue was the emergence of the new, dramatic science of internal secretions. Emerging from obscurity in the late nineteenth century, the ductless glands and their mysterious secretions had quickly acquired an aura of omnipotence. The sex glands were at the heart of scientific and cultural concerns with the mysteries of endocrinology, especially after no less a figure than Charles-Edouard Brown-Séquard, the successor of Claude Bernard as professor of experimental medicine at the Collège de France, had galvanized an august gathering at the Société de Biologie of Paris by declaring that he had successfully combated his increasing physical frailty with a course of subcutaneous injections of an aqueous testicular

continued on page 5

FAVOURITE EDITION is published for the Friends of the Rare Book Room by the Historical Collections Department of The New York Academy of Medicine Library. It is the successor to the MALLOCH ROOM NEWSLETTER, which was published between 1992 and 1998. The New York Academy of Medicine is at 1216 Fifth Avenue, New York, NY 10029-5293. Telephone: 212.822.7311 or 7314. Email: history@nyam.org. Website: www.nyam.org.

EDITOR: Lois Fischer Black, *Curator of Rare Books and Manuscripts*

STAFF: Edward T. Morman, *Associate Academy Librarian for Historical Collections and Programs*, Elaine R. Schlefer, *Head, Gladys Brooks Book and Paper Conservation Laboratory*, Caroline Duroselle-Melish, *Reference Librarian, Historical Collections*, Lilli Sentz, *Special Projects Librarian, Historical Collections*

Gatherings *at the Academy... and in the Region*

AT THE NEW YORK ACADEMY OF MEDICINE

Spring 2000

May 9, 2000

The First Annual Lilianna Sauter Lecture
"What's So Special About Genetics?
A Historical, Social, and Ethical Analysis"
Thomas H. Murray, Ph.D.,
The Hastings Center
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES

May 23, 2000, 5:30 p.m.

"Bones, Bodies and the Resurrections
of Galen"
Vivian Nutton, Ph.D.,
Wellcome Institute
FRIENDS OF THE RARE BOOK ROOM PROGRAM
(see page 6 for information or call
212-822-7314)

Fall 2000

September 27, 2000

"The Hospital as House of Rituals:
a Historical Framework."
Gunter Risse, M.D., Ph.D.,
University of California, San Francisco.
[This will also serve as a book-signing
for Prof. Risse's recent book, *Mending
Bodies-Saving Souls: A History of Hospitals.*]
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES

October 24, 2000

"Breast Cancer in the Twentieth Century"
Barron Lerner, M.D., Ph.D.,
Columbia University
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES

November 29, 2000

"The Rise and Fall of American
Psychosomatics"
Theodore Brown, Ph.D.,
University of Rochester
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES



Winter-Spring 2001

January 16, 2001

The John-Kingsley Lattimer Lecture
Jacqueline Duffin, M.D., Ph.D.,
Queen's University (Ontario).
[title to be announced]
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES

February 21, 2001

The Iago Galdston Lecture
Dora Weiner, Ph.D., UCLA
"Clinical Medicine in Paris during the
Revolution and under Napoleon."
SECTION ON HISTORICAL MEDICINE,
PUBLIC LECTURE SERIES

The Historical Collections Department
will also sponsor four scholarly
seminars over the course of the next
academic year.

AROUND THE REGION

Richardson History of Psychiatry Research Seminars

Alternate Wednesdays 2:00-4:00 pm
through June 14, 2000
Joan and Sanford I. Weill Medical College/
Presbyterian Hospital
Baker Tower, Conference Room F-1200
212-746-3728

Medical History Society of New Jersey

May 24, 2000 at the Nassau Club in Prince-
ton, New Jersey. The theme is Civil War
Medicine, and the 21st annual Saffron Lec-
ture will be given by Dr. William D. Sharpe,
past editor of the *Bulletin of the New York
Academy of Medicine*, and former president
of the Friends of the Rare Book Room.

October 2000: date and program to be
announced. Contact Vin Cirillo:
cirillov@gateway.net

Medical Collectors Association

October 12 and 13, 2000 in Hartford,
Connecticut. The next annual meeting will
take place at the Menczer Museum of Med-
icine and Dentistry. The Museum is affiliat-
ed with the Hartford Medical Society.
Contact: M. Donald Blaufox, M.D., Ph.D.
1695A Eastchester Road, Bronx, NY, 10461
718-405-8454
email: blaufox@aecom.yu.edu

Additional events in medical history and the
medical humanities are being planned at
various institutions throughout the region
during the Academic year 2000-2001, but
details were unavailable in time for our
deadline. For further information about
such events, please contact the following:

Columbia Program in the History of Public Health	212-304-7978
SUNY Stony Brook History of Medicine Group	516-444-2765 516-261-4400
New York University Literature, Arts, and Medicine Speaker's Series	212-263-5401
Rockefeller University History Seminar	212-327-8777
SUNY HSC, Brooklyn, Division of Humanities	718-270-3322

If you would like to list events sponsored by
your institution or organization, please
contact the editors of *Favourite Edition* at
212-822-7311, or at history@nyam.org.

Exhibits All open to the public



ON EXHIBIT

Library Main Reading Room

"Judging Books by Their Covers: Nineteenth-Century Publishers' Bindings From the Collections of the Academy Library"

The use of cloth for bookbinding by American and English publishers was introduced in the mid-1820s. It was quickly accepted by increasingly industrialized nations and the book-buying public, becoming the standard means of bookbinding by the middle of the nineteenth century.

Through the use of examples of primarily American book publishers' work dating from the 1820s through the end of the nineteenth century, this exhibition demonstrates the stylistic trends evident in the development

of book cover designs. Drawn from the Academy's medical book collection as well as the Margaret Barclay Wilson Collection of Books on Foods and Cookery, this chronological arrangement illustrates the changes that took place in both book cloth and stamping. Exhibited books cover a wide range of fabrics, colors, and designs.

The exhibition, which opened on March 1st in Woerishoffer Hall, the Academy Library reading room, will be on view through June 15th, 2000, from 9:00 a.m. until 5:00 p.m. Please call (212)822-7311 for further information.

Library Main Reading Room

July 10 - October 15, 2000

"Dissecting the Eighteenth Century: Anatomical Atlases from the Academy's Collections"

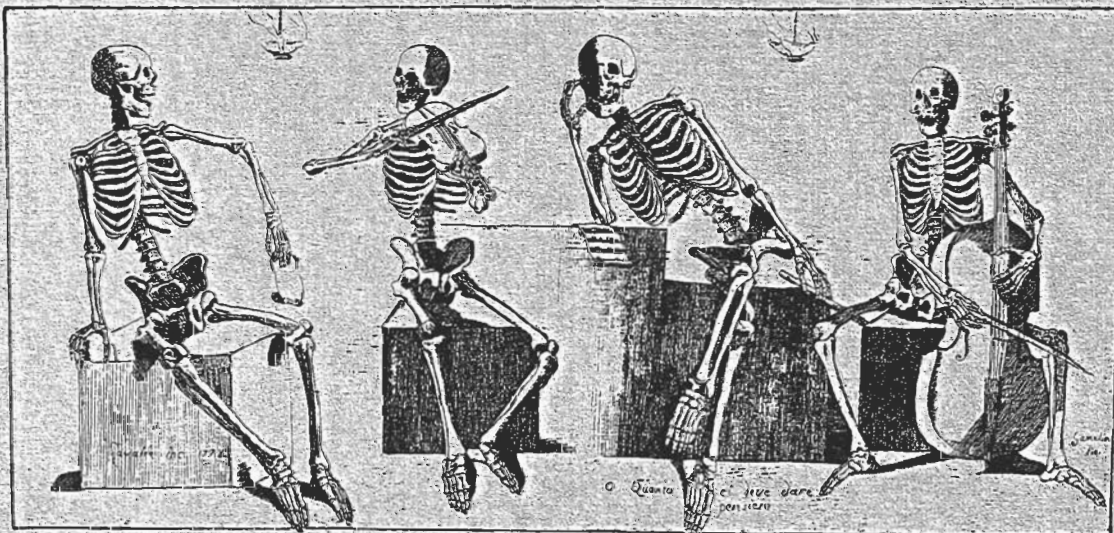
During the eighteenth century, European physicians continued to build upon the earlier laid foundations of scientific anatomy and physiology while continuing to practice the art of medicine. It is literally the art of anatomy that will be featured in this exhibition, which shows techniques that were just coming of age for printing illustrations. The development of engraving, in particular, when combined with a greater understanding of anatomy, resulted in the production of magnificent texts.

The New York Academy of Medicine Library recently received a grant from the New York State Library Discretionary Grant Program that allowed for the conservation of fourteen anatomical atlases published during the eighteenth century. To note the completion of this restoration work, a selection of these atlases will be exhibited in Woerishoffer Hall.

AND ON A SMALLER SCALE... EXHIBITS IN THE MALLOCH RARE BOOK ROOM

Dr. Luigia Norsa, a Fellow of the Academy and Rare Book Room volunteer, continues to prepare small exhibits for us. Most recently, she assembled materials relating to 16th and 17th century Italian plague epidemics. This show is currently on view outside Hosack Hall in the Academy lobby. She also curated the exhibit that accompanied Dr. Stephen Greenberg's lecture, "The Plague in Seventeenth Century London." This exhibit was on display in the Rare Book Room through April. Please call: (212) 822-7310 for more information or to make an appointment.

Upcoming Rare Book Room exhibits include a show on Galen (see "News from the Friends") and one on spas (also curated by Dr. Norsa).



Jacques Gamelin. *Nouveau recueil d'osteologie et de myologie*. Toulouse, 1779

TALES FROM THE VIENNA LABS

continued from page 2

extract from dogs and guinea-pigs. Although there was much skepticism in the popular and medical press, which Brown-Séguard's death within four years of his supposed rejuvenation did not help diminish, so-called organotherapy with extracts of every conceivable tissue, not simply the testicles, became a fin-de-siècle panacea for virtually every conceivable disorder. It also stimulated a great deal of serious experimental research on glandular functions.

Between 1912 and 1925, for instance, more than a thousand men, most of them in America, received testicular grafts from humans, sheep, monkeys, goats, and deer for the treatment of a range of disorders, from the debility of old age to schizophrenia.

Interest in rejuvenation heightened progressively as the importance of the ductless glands in the bodily economy was being elucidated. The new rejuvenators tried diverse methods but most preferred a surgical technique of some kind. Between 1912 and 1925, for instance, more than a thousand men, most of them in America, received testicular grafts from humans, sheep, monkeys, goats, and deer for the treatment of a range of disorders, from the debility of old age to schizophrenia.

Research

Professional endocrinologists and gerontologists with an interest in history have never enjoyed talking about this subject. Such censorship would be silly in any context but to censor Steinach out of the history of endocrinology is inconceivably crass.

Rare Book Cataloging

Thanks to a grant from the Andrew W. Mellon Foundation, work has begun in earnest on the Academy's unprocessed rare books. The grant, which also provides funds to upgrade existing catalog records and to convert others to electronic format (making them accessible via the online catalog and the Internet), also allowed the Academy to hire a rare book cataloger. Alice Browne, who gained experience at the Grolier Club and at Pace University, has been working steadily since November to create records for rare books and add them to the Academy's online catalog. Historical Collections has been fortunate to have Hope Mayo serve as a consultant and mentor to Dr. Browne, providing necessary expertise in cataloging.

Working primarily on sixteenth and seventeenth century imprints herself, Dr. Mayo has processed a significant number of books over the course of the past year, thanks to the sponsorship of the Friends of the Rare Book Room. Dr. Mayo, a specialist in Medieval and Renaissance studies, has been able to assist in a number of special projects, and will tackle the Robert L. Levy Collection, which includes numerous editions by William Harvey, in the coming weeks.

To date, over 300 new titles have been added to the online catalog. Please visit it via the Academy's Web page at www.nyam.org, with login: libcat. For assistance searching the catalog, please call (212) 822-7310.

No matter how sensational his research was and no matter how wildly inflated the contemporary publicity related to it, he was a thoroughly competent and innovative biological researcher at the leading edge of the profession: the Steinach operation was the logical outcome of a comprehensive research program, the character and contexts of which have received even less historical attention than the operation itself. Steinach's fundamental concern was with the biological processes of sexual development: he was not *primarily* interested in discovering new, magical treatments. When he did make such claims, they were always rooted quite securely in his larger research program, which relied upon his many imaginative and highly innovative animal experiments. There is no space to summarize all of them here—hence, let me concentrate on one series. By castrating rats and guinea-pigs and reimplanting testicu-

lar or ovarian tissue in the castrated animals, Steinach showed that male or female development in rats and guinea-pigs were not, as some leading scientists were arguing at the time, programmed ab ovo, with the sex glands merely exerting a protective or stimulatory function over them. When ovaries were grafted in male rats castrated in infancy, the male sexual characters of his grafted castrates were severely stunted, and the sexual characters that are "indifferent" in males, such as breasts and nipples, underwent remarkable growth, leading even to lactation. The sex characters, then, were generated and maintained by the internal secretions of the sex glands and constantly modifiable to some degree. When both ovaries and testes were successfully transplanted in male guinea-pigs castrated in infancy, the animals developed a typically male body-build, but their mammary

continued on page 8

TALES FROM THE VIENNA LABS

continued from page 5

glands were fully feminized and behaviorally, they were cyclically masculine and feminine. All of this, Steinach quickly concluded, had clear human applicability.

His findings, he argued, suggested that human hermaphroditism and homosexuality were ultimately due to lack of sexual differentiation in the gonads, causing the production of both male and female secretions. This insight led him to introduce a highly controversial—and rapidly discredited—“treatment” for homosexual men, in which one of their testicles was removed and replaced with one from a heterosexual donor. I do not have the time to go into the complex social and political dimensions of this episode here but would like to emphasize that in the purely intellectual sense, Steinach's homosexuality-cure represented a logical culmination of his experiments on the sex glands—it was ineffective, to be sure, but not the bizarre piece of quackery it might seem to be when viewed out of context.

His involvement with homosexuality was not, however, the only culmination of Steinach's experimental research. His interest in sexual development embraced not merely the origin and maintenance of the sexual characters but also their involution. His research on aging and involution with the proposition that the somatic sexual characters (most importantly, the seminal vesicles) were present at all ages but developed fully only after puberty under the influence of the sex-glands. In rats castrated before puberty, the seminal vesicles remained undeveloped in adulthood. In intact animals, too, the somatic sexual characters regressed to a near-infantile condition in old age. Therefore, Steinach reasoned, the senile were functionally analogous to pre-pubertal castrates: both lacked adequately functioning sex-glands. This was the crucial analogy that led to rejuvenation. In castrates, as he himself had previously shown, normal sexual development could be induced by sex-gland transplantation. Would it be possible to revitalize the sex-glands of the aged and

would the senile organism would then regain some of the biological characteristics of youth? Steinach issued a preliminary communication on the subject in 1912 in which he claimed that the ligation of the vas deferens in senile rats induced the destruction of the germinal cells of the testes and the proliferation of the hormone-producing interstitial cells. Within a few weeks of the operation, he reported, the previously lethargic, underweight, and almost lifeless rats became active, gained weight, developed a glossy new fur, and regained sexual interest.

Publications

When Steinach published his major monograph-length paper on rejuvenation in 1920, it caused a sensation because it incorporated the case-histories of three humans subjected to the operation. The vasectomies had been performed on the three men at Steinach's suggestion by his associate, the urologist Robert Lichtenstern, during a concurrent operation. Steinach reported that the men, who did not know of the additional operation, had responded as markedly to it as had the rats. Soon, others began to report on their own cases of successful rejuvenation by the Steinach Operation from all over the world—including the young German émigré Harry Benjamin of New York. The *New York Times* reported in 1923 that every major American and European city already had a number of surgeons specializing in the operation and in 1931, Steinach's fervent follower, the Berlin surgeon Peter Schmidt hoped that soon, the rejuvenation of older men might become as routine and as mandatory as the vaccination of children.

Although their own rhetoric was often quite flamboyant, the popular press turned Steinach and his follow-

News from the Friends of the Rare Book Room

On December 7, Stephen Greenberg, MSLS, Ph.D., National Library of Medicine, presented "Plague, the Printing Press, and Public Health in London, 1603-1665." This lecture, which was sponsored by the Friends of the Rare Book Room, attracted a crowd of historians and book lovers. Dr. Greenberg also consulted with Dr. Norsa in the preparation of the previously mentioned exhibition.

Plans are underway for the Friends' annual meeting, which will take place on May 23rd. Vivian Nutton, of London's Wellcome Institute for the History of Medicine, will give a talk on Renaissance editions of Galen. Professor Nutton, a leading scholar of classical, medieval, and early modern medicine, is spending this semester at the Institute for Advanced Study in Princeton. An engaging speaker, Professor Nutton is helping curate an exhibition that will be on view during the reception in the Rare Book Room following his talk. Please note that admission for this program is free to members of the Friends; additional tickets will be available for \$10.00.

Please see the article on Rare Book Cataloging for further information about the Friends' activities.

ers into magicians. The very term “rejuvenation” implicitly invited the grossest hyperbole. “Dr. Steinach Coming to Make Old Young,” blared a headline in the *New York Times* in 1921. Actually, Steinach was never to come to the US, in spite of major efforts made on his behalf, but that did not diminish the publicity his work received in the early 1920s. The Benjamin-Steinach correspondence contains many examples of similar reports in the press and of Steinach’s fury at such misrepresentations of his research, which he usually blamed on Benjamin’s craving for publicity. This was deeply unfair but it is hard to deny Steinach’s basic point that such ludicrous reports would rank him with quacks and charlatans in the eyes of orthodox physicians, encouraging them to dismiss his entire work without further examination. Steinach, encouraged by Benjamin, soon repudiated the term “rejuvenation,” speaking instead of “reactivation” or “restitution” but those far more modest labels never caught on. The name of Steinach remained inseparably attached to the initially dramatic but eventually disreputable term “rejuvenation.”

There were many reasons why Steinach’s rejuvenation operation went out of vogue in the late 1930s—it was not discarded simply and exclusively because it did not work. Certainly, its effects were less dramatic and less permanent than initially hoped for but other important factors were also at work and few of them were, strictly speaking, scientific. This is where the correspondence with Benjamin is particularly illuminating. From it, we can see that despite an excellent start, the Steinach operation did not receive the right amount of publicity in the right medical circles. Benjamin was

diligent beyond belief in spreading his master’s word but soon held back because of Steinach’s wrath and unfair imputations.

The Steinach-Benjamin correspondence, in fact, is a record of one failure after another. It begins on an upbeat note in 1920, with an exultant Benjamin reporting successes with the Steinach operation and planning to bring Steinach over on a tour of America that would be as high-profile as the coming of Einstein. That tour never transpired, partly because Steinach did not speak any English and did not wish to enter into contracts with anybody unaffiliated with a university or a research institute. The other, even bigger failure, of course, was that the Steinach operation did not ever take off in the way Benjamin had initially envisaged. Steinach himself moved off into other areas of his larger endocrinological project and Benjamin, too, concentrated on his more conventional medical practice.

The whole field of endocrinology, in fact, now became a biochemical rather than a physiological discipline and that was one of the reasons why American institutions and pharmaceutical companies showed little interest in bringing Steinach over in the 1940s. Finally, old, depressed, and ailing with prostate problems, Steinach faded away from history and the last items on file are anxious letters from Benjamin, returned unopened by the post office with the message: “No Service Available.”

Of course, it’s not all a sad story. The correspondence also records some of Benjamin’s successes in propagating Steinach’s name and message. Apart from the many reports he persuaded newspapers to carry, he actively encouraged the publication of the first book in English on Steinach’s work. Called

Rejuvenation: How Steinach Makes People Young, the book was written under the pseudonym of George F. Corners by the German-American journalist George Sylvester Viereck after interviewing Steinach in Vienna. Although as sensationalistic as any tabloid report, Steinach did not react violently to the book and remained on friendly terms with Viereck until Viereck aligned himself with the Nazis in the 1930s. At the end of the 1930s, Benjamin performed an even greater service for Steinach, but only those who have read this correspondence will ever know about it. He meticulously revised an execrable anonymous English translation of Steinach’s autobiographical treatise *Sex and Life* and saw it through the press. Steinach’s book bombed in the marketplace and wasn’t even reviewed by the major papers—Benjamin’s later letters to Steinach are full of soothing assurances that the Herr Professor’s book was one for all time and its success should not be counted in terms of immediate recognition, let alone sales.

There is much more to say on Steinach, his work, and the letters themselves, but that must await a future opportunity. This grand, tragic story of triumphalist science colliding with harsh realities and ending in oblivion could never be told, however, without the help of the Steinach-Benjamin correspondence. Those who knew him say that Harry Benjamin was an inveterate pioneer, never lacking the courage to try new and controversial things. As the correspondence shows, however, he also valued the past and strove to preserve it for the future. The New York Academy of Medicine has filed the items with great care and respect—it was truly a joy to spend a month with them!

“Powering the Body”

CAROLYN THOMAS DE LA PENA
University of Texas, Austin.
1999 Helfand Fellow

During my fellowship tenure, I completed research on my dissertation chapters dealing with exercise machines, electrotherapy, and radium therapy. The dissertation, *Powering the Modern Body: Theories of Energy Transfer in American Popular Culture*, looks at how and why Americans, between the Civil War and World War II, believed that energy produced outside the body could be harnessed and used to power the body itself. I examine early health machines, exploring how their ability to gradually stress individual muscles contributed to a more visually muscular physique by the 1900s. My work on electrotherapy is divided into two sections. First, I look at the rise of electrotherapy among regular medical practitioners like Alphonso Rockwell and George Beard in the post-Civil War era. I explore their theories and practices, looking at how the popular pseudo-medical practice of mesmerism laid the foundation for a popular belief in electrotherapy's value. The idea that a healer could channel a patient's energy, successfully strengthening it and thereby improving health, was fundamental to both mesmerism and electrotherapy. Second, I examine a particular segment of American electrotherapy enthusiasts, those who purchased electric belts and prostate massagers over a forty-year period at the turn of the century. I hope to show how these artifacts of energy transfer reveal fluctuating ideas about the body's power, electricity's

relationship with the nervous system, and sexual performance.

A concluding chapter on radium therapy will look at connections between energy transfer ideas and the fountain of youth, particularly as they relate to advertisements for radium hot springs claiming that they were “cure alls” between 1910 and 1920. My conclusion will explore the Edwin Beyers case where a famous athlete died in the 1930s from drinking excessive quantities of the radium-laced Radiothor. I hope to use Beyers' experience as a window through which we can view Americans' passion for the element turning to abhorrence as the atomic bomb revealed that radium, the ultimate agent for “energy transfer,” was far more likely to kill than cure.

Electrotherapy, neurasthenia, and popular methods of rejuvenation

The Academy has a wide-ranging collection of journal articles and primary texts on electrotherapy, written by regular physicians, self-proclaimed electric physicians or electricians, and electrotherapists who actively popularized their treatments. John Ives's *Electricity as a Medicine and its Mode of Application* represents the first category. The text is useful because it reveals the gray lines between electric popularizers and practitioners of electrotherapy. Ives is clinical in his account: he records the history of electrotherapy, a common practice for therapists seeking to legitimize their practice. By citing Volta and Galvani he connects his own galvanic, static and faradic methods to practices dating from the 1700s. Ives, however, doesn't spend as much time as one would expect actually talking about his clinical practice. Instead, he begins his text with talking about electricity as a life force. Like electrotherapy's popularizers, he stresses the similarities between electrical and nerve force,

suggesting that electricity is the source of the body's power.

By using phrases like “exciting” and “sustaining,” Ives played upon an idea already popular in American culture: that electricity was life force and somehow held the key to unlimited energy acquisition and perhaps even eternal life. Ives's text also provides two other important perspectives for my research. He told readers that electricity works on the body in the same way that it works in the telegraph, telephone, electric motor, and electric light, thereby suggesting that the force powering urban life might also power the body. Further, he reveals that as early as the late 1870s, “quack” electrotherapists posed a powerful threat to regular practices. This source allows me a unique glimpse into the three-way approach taken by regular electrotherapists: while asserting their own legitimacy they touted the “life giving” powers of their treatment, at the same time insisting that quacks, who often provided quite similar treatments, were in fact a different and dangerous breed altogether.

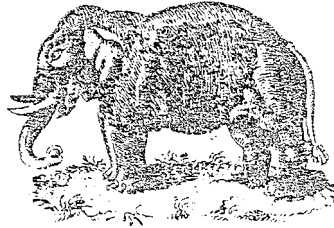
...He blamed Edison for speeding up life with the telegraph and the electric light...

Other useful texts on electrotherapy include Emma Harding Britten's *The Electric Physician* and D. A. Smith's *Eureka: A Valuable Book Illustrating the Electro-Chemical System of Medicine*. These represent the other two categories—that of the “quack” practitioner and the active popularizer. Britten's text is particularly useful because it reveals that women practiced electrotherapy at a time when their numbers decreased in regular medical ranks. Her reference to herself as *The Electric Physician* again echoes mesmerist practices; this is strengthened by the text which suggests that health can be

restored without “medicine;” one needs only the proper guidance of the physician, the electric machine, and a willing patient. Dr. Smith’s text suggests that electrotherapists, especially those without a regular medical license, tried to make prospective patients see that they were already suffering from disease and only electricity could cure it. He called his method the “New Treatment,” through which electricity purified the entire nervous system. Particularly treatable were what he called “nervous afflictions” which could be cured, leaving patients with “perfect health.” Smith’s text is useful in illustrating how practitioners scared prospective clients into treatments, and how little proper medical knowledge one needed to run a successful practice.

The most useful document in the second category, theoretical texts on nervous disease, was an early article by George Beard from the *Virginia Medical Monthly* in 1879 on what he would later publish as *American Nervousness*. Beard provides my theoretical framework for understanding the link between Victorian theories of limited energy or nervous decline and electricity-to-body energy transfer. The article clearly delineates his theory that “em-barbarians” have the energy necessary to complete the physical tasks required in daily life. It is the “civilized” individual, one he defines as an urban brain-worker, particularly one exposed to the communication products of modern life, who suffers from nervous overload. This source is particularly useful for understanding why Beard turned to electricity to cure the disease he diagnosed: a dose of the dog that bit you. He blamed Edison for speeding up life with the telegraph and the electric light, yet he turned to the same electricity to charge the body with his favorite cure: general faradization. This report reveals that regular physicians regarded neurasthenia as a

serious disease, and accepted Beard’s theory of electrical treatment. This effectively made electric currents necessary for the modern body to perform even its most basic functions.



The Academy also has several texts on rejuvenation theories as they pertain to sexual dysfunction and radium treatments. Norman Haire’s *Rejuvenation: the Work of Steinach, Voronoff, and Others* was the most thorough text on the subject that I have seen. Haire gives me the cultural context to understand larger concerns about male sexual performance during the time that electric belts were popular. His text establishes a trajectory of experiments done to increase men’s sexual virility, beginning with 1889 attempts to inject animal testicles into the body to turn-of-the-century testicle transplants, to Steinach’s work in the 1910s and 1920s closing off the passage of semen out of the testicles, absorbing it instead into the body to supposedly increase energy and retain youth. These practices illuminate electrical belts as part of the culture of their time rather than a quackish anomaly.

The second type of rejuvenation material that I explored was texts on radium therapy. Paul Boernsen’s *Radium in the Light of Recent Discovery* (1915) was the most useful. I am curious as to why Americans were eager to equate radium with the proverbial fountain of youth, supporting fantastic claims for its curative qualities even after the dangers of radium exposure were known. Boernsen’s text is valuable both for what it says and what it implies. His adamant position that radium is not a great cure-

all or a recapturer of the fountain of youth suggests that exactly the opposite was already a popular belief in this country by 1915. He explores fantastic examples of radium’s healing qualities, such as the story of an aged horse that, once injected with radium, “immediately manifested signs of rejuvenation.” Mincing few words, Boernsen calls these myths’ propagators “medical charlatans” who are duping the public with false hope that goes back to Ponce de Leon. *Radium in the Light* offers an invaluable look into the contested terrain of radium therapy, as regular practitioners urged Americans to think conservatively about what the new element could accomplish while popularizers capitalized on the public’s willingness to believe that in radium the hopes of fifty years of “energy transfer” promise were realized.

I found another invaluable source at the Academy on Zander therapy, a Swedish system of gymnastics using machines popularized in this country in the early twentieth century. Through other sources I knew that there was a Zander institute in New York City, but I had been unable to find any documentation on it. The Academy’s pamphlet *The Zander Institute* (undated) was published for the New York studio. This source provides both practical information; for example, the institute was on 59th street and had over 6000 feet of floor space, as well as clinical reports on typical treatments with their expected results. As far as I know, this is the only place one can find this pamphlet, and thus the Academy has the singular proof that there was a Zander institute in the city in the early twentieth century.

The Academy has a rich assortment of materials that researchers in the medical humanities will benefit from. In conclusion, I would like to thank the Academy’s staff and the Helfands for making my stay possible and profitable.

HISTORICAL COLLECTIONS
STAFF ACTIVITIES

Ed Morman, Associate Librarian

BOOK REVIEWS:

"Childhood's Deadly Scourge: The Campaign to Control Diphtheria in New York City, 1880-1930, by Evelyn Maxine Hammonds," *JAMA: Journal of the American Medical Association*, April 6, 2000.

"Black Lung: Anatomy of a Public Health Disaster, by Alan Derickson," *Bulletin of the History of Medicine*, 2000, 74: 188-189.

"Hazards of the Job: From Industrial Disease to Environmental Health Science," by Christopher C. Sellers, *Journal of the History of Medicine and Allied Sciences*, 2000, 55: 84-85.

ARTICLE:

"'A Healthy Heritage: Collecting for the Future of Medical History'—Symposium held at the Wellcome Library, February 25-26, 1999: One American's View of the Proceedings", *The Watermark*, Summer 1999, 22(3): 49-53.

LECTURE:

"Do Science-Technology Studies Have Anything to Say about Race in America? A View from History of Medicine." Drexel University Science, Technology and Society Speakers Series, Philadelphia, April 3, 2000.

PROFESSIONAL SERVICE:

Advisory Editorial Board, *Bulletin of the History of Medicine*, 2000-2002

Lois Fischer Black, Curator

BOOK REVIEW:

"Medicine, Mortality, and the Book Trade." *College and Research Libraries*. 61:1, January 2000.

PROFESSIONAL SERVICE:

Membership Committee, Seminars Committee, Rare Books and Manuscripts Section, Association of College and Research Libraries

Caroline Duroselle-Melish, Reference Librarian,

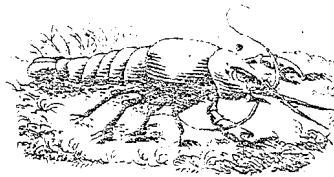
is continuing to pursue her German language studies. She curated the exhibit "A Telling of Wonders: Teratology in Western Medicine" last fall, and was invited to speak on the subject by the March of Dimes.

1999 Fellowship Winners

Carolyn de la Pena, the first Audrey and William Helfand Fellow, and Eric Schneider, the 1999 Paul Klempner Fellow, have submitted final reports on their research. Ms. de la Pena's report appears on page 8; please watch for Dr. Schneider's report in a future issue. The 2000 Fellowship winners will be announced shortly, as will the competition for 2001.

Please contact Ed Morman at (212) 822-7314 or e-mail history@nyam.org for additional information.

Loans to other institutions



All books loaned to the New York Public Library for inclusion in their exhibition "Seeing is Believing: 700 Years of Scientific and Medical Illustration" were safely returned in March. The Academy's participation in this exhibition enabled it to reach a broader audience, and to further publicize its collections.

In addition, a copy of Samuel Thomas Soemmerring's pamphlet *Ueber die Wirkungen der Schnurbruste* (Berlin, 1793) was loaned to the Museum of the Fashion Institute of Technology, where it illustrates the perceived effects of corsets during the eighteenth century. The exhibit, "The Corset: Fashioning the Body" has received a great deal of attention in the regional press.

Academy Receives Preservation Grant

The Academy has received a grant to rehouse the Michael Davis Collection, which consists of approximately 8,000 documents and 3,000 pamphlets on the history of healthcare administration in the United States. This collection of historical documents has been stored for many years in file folders, now deteriorating. These folders were housed in inadequate file cabinets.

Thanks to this \$21,455 Conservation/Preservation Discretionary Grant from The New York State Library, the Preservation Department hired Conservation Technician Georgia Southworth to improve the condition of the collection. Ms. Southworth successfully completed work on the 1998-99 grant, the rehousing and treatment of the Short Manuscript Collection, and started work on the Michael Davis Collection in September 1999.

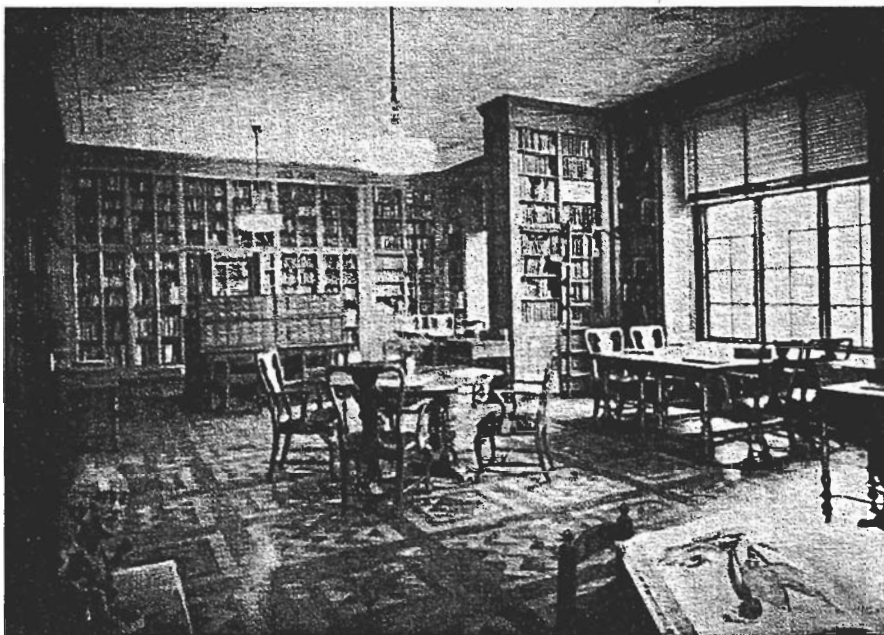
Ms. Southworth dry-cleans the documents and removes staples and paper clips, and, where possible, pressure-sensitive tape. She washes and deacidifies and/or photocopies newspaper clippings onto acid-free paper. Finally, she replaces all the deteriorated folders and envelopes with acid-free folders. She places treated pamphlets in polyethylene bags to reduce the handling of the documents and to protect them from damage. She rehuses oversize materials in custom-made acid-free wrappers. These folders and bags are placed in Coroplast polyethylene storage boxes, which provide lightweight, light-proof and waterproof housing. These boxes are stored on new powder-coated metal shelves on a stack level reserved for historical collections, and are available for consultation by appointment.

FRIENDS OF THE RARE BOOK ROOM

The New York Academy of Medicine, a not-for-profit educational institution established in 1847, maintains one of the largest medical libraries in the United States. The Historical Collections Department holds 49,000 volumes, of which rare materials dating from before 1800 number approximately 32,000 volumes.

In the late 1940s, to help maintain the Historical Collections and guarantee maximum access to scholars and bibliophiles, a group of Fellows of the Academy organized "The Friends of the Rare Book Room of the New York Academy of Medicine," which functions independently but with the endorsement of the Academy Board of Trustees. Membership in the Friends is not restricted to Fellows of the Academy. The aim of the Friends is to collect funds to purchase and process important additions to the collections of the Rare Book Room, and to support programs directly related to the rare book collection. The Friends meet annually to review recent developments in the Rare Book Room and the Historical Collections.

Membership is open to all. We invite you to join in whichever membership category meets your needs.



The Malloch Rare Book Room of the New York Academy of Medicine



I would like to become a Friend of the Rare Book Room.

- BENEFACTOR for \$1,500
- PATRON for \$500
- SUSTAINING MEMBER for \$200
- SUPPORTING MEMBER for \$50
- STUDENT or HOUSE OFFICER for \$25 (fully tax-deductible)

Benefits

Benefactor (\$1,400 tax deductible)

- All Supporting Member Benefits, plus
- Your choice of five volumes from the Academy History of Medicine Series
- Up to three tours for you and three guests of the Academy Library, Rare Book Room and treasures

Patron (\$440 tax deductible)

- All Supporting Member Benefits, plus
- Your choice of three volumes from the Academy History of Medicine Series
- A tour of the Library treasures for you and three guests

Sustaining Member (\$180 tax deductible)

- All Supporting Member Benefits, plus
- Your choice of one volume from the Academy History of Medicine Series

Supporting Member (\$50 tax deductible)

- Borrowing privileges in the Library's circulating collections
- A year's subscription to the Friends' semi-annual newsletter
- Guest invitation to all historical programs at the Academy
- A periodical list of the Historical Collections' new acquisitions

I have enclosed a check for \$ _____ made payable to
The New York Academy of Medicine.

I prefer to charge my membership on VISA Master Card Amount
\$ _____

Credit Card # _____

Exp. Date _____

Signature _____

You have the option of paying your dues via credit card. A portion of your donation fulfills the credit card service charge. Won't you please consider paying by check?

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Contact Ed Morman for information: 212 822-7314 or History@nyam .org

FRIENDS OF THE RARE BOOK ROOM
THE NEW YORK ACADEMY OF MEDICINE
1216 FIFTH AVENUE
NEW YORK, NY 10029-5293

**FRIENDS OF
THE RARE
BOOK ROOM**

The generous support of the Friends of the Rare Book Room contributes to maintaining the Historical Collections and providing access to its treasures for scholars and bibliophiles from around the world. Identified below are all 1999 Friends, and those 2000 Friends who have paid their dues by April 25th.

Life Benefactors

Richard D. Amelar
Darrick E. Antell
Bruce A. Barron
Mrs. Arthur J. Barksy
Henrik Bendixen
Adolph R. Berger
Alice Bernheim
John H. Brandt
Martha L. Bulkley
Eugene S. Flamm
Daniel M. Fox
Howard B. Goldstein
William H. Helfand
William N. Hubbard, Jr.
Kasuke Ito
Heinz I. Lippmann
Henry Luce III
Mrs. Leila Hadley Luce
Valentino Mazzia
Milbank Memorial Fund
Marietta Mochand
Norman Orentreich
Jane A. Petro

Harold Phillips
William D. Sharpe
Morton Spinner
Richard B. Stark
M. Leon Tancer
Leon J. Warshaw
J. Allen Yager

Benefactors

Eugene S. Flamm
Henry Luce III

Patrons

Robert S. April
Alexander Garcia
Richard F. Grady
Donald H. Klotz
George E. Wantz, Jr.

Sustaining Members

Philip S. Barie
Jay G. Barnett
Jeremiah A. Baroness
Robert J. Campbell
Donald G. Dickson
W. Margrete Falls
Joseph J. Fins
Alan R. Fleischman
Seymour Furman
Howard B. Goldstein
Bradford H. Gray
Marjorie Holden
William N. Hubbard
The Hyman Family
Charitable Foundation
Paul D. Kligfield
Joyce H. Lowinson
Albert S. Lyons
John C. Merriam
Campbell Moses
Stephen Nordlicht
Luigia Norsa

Jane A. Petro
Charles M. Poser
Lucy Gordon Rastelli
Mark Rayport
Robert J. Ruben
Joseph Schein
Richard Schwimmer
Thomas P. Sculco
Natalie Shainess

Supporting Members

Evelyn Ackerman
Jack J. Adler
Charles S. Africk
Lawrence Berger
Lois Fischer Black
Louis S. Blancato
David A. Blancher
M. Donald Blaufox
Stanley M. Blaugrund
Alan A. Bloom
Louis Blumengarten
Robert M. Braude
Melvin Bronstein
Kenneth H. Brookler
Chris Brown
Benjamin F. Bryer
Anne C. Carter
Charles A. Carton
Vincent A. Cipollaro
Duncan W. Clark
Gilbert J. Clausman
Paul F. Cranefield
Martin Dinep
Alvin M. Donnenfeld
Howard D. Dorfman
Kathel Dunn
Ralph L. Engle
Claire Fagin
Arthur W. Feinberg
Catherine S. Felicitas
Alan M. Freedman

Alfred M. Freedman
Jay M. Galst
Mr. and Mrs. Piero Gambaccini
Daniel H. Garrison
Leonard and Esther Geller
Donald L. Gerard
James F. Glenn
Arvin S. Glicksman
Naomi Goldstein
James Tait Goodrich
Stephen J. Greenberg
Sara S. Gronim
Leonard Groopman
Dr. and Mrs. Joseph Haddad Jr.
Edward Hanin
Bert Hansen
A. Daniel Hauser
Jonathan A. Hill
Robert Iskowitz
Saul Jarcho
Steven Jonas
Pamela Kellner
Michael C. Kenin
Paul Kirschner
Lawrence W. Koblenz
Martayan Lan Rare Books
Rae Duncan Laursenon
Erwin Lear
Michael J. Lepore
Dr. and Mrs. Stanley Levenson
Jeffrey M. Levine
Raymond Lifchez
Mrs. Jonathan S. Linen
Louis Linn
Virginia Lubkin
Mrs. Leila Hadley Luce
Irwin D. Mandel
Hope Mayo
Bruce McKittrick
Norman B. Medow

Edward Meilman
Milton Mendlowitz
Erich Meyerhoff
Lynn Kasner-Morgan
Edward T. Morman
Moses Nussbaum
Robert A. Padgug
Nadine Perier
Elizabeth Pilliod
Olive E. Pitkin
John L. Pool
Ellen F. Regan
Ira Rezak
B&L Roorenberg Books
Erwin W. Rugendorff
Martin J. Salwen
Nancy Trichter Savage
Morton A. Schiffer
Samuel T. Schlamowitz
Aaron M. Schwartz
Ralph Selitzer
Mr. and Mrs. Ed Simpson
Nancy G. Siraisi
George I. Solish
Barbara H. Stanton
Marvin Stein
Abraham Sunshine
Carol Colby Tanenbaum
Patricia J. Volland
Leon J. Warshaw
Joseph B. Walsh
Jane P. Weart
Gilbert Wise
David J. Wolf

**Students and
House Officers**

Marcia Allentuck
John J. Baeza
Faye Harkins
Marc Klein
Sarwant K. Pel



FRIENDS OF THE RARE BOOK ROOM
THE NEW YORK ACADEMY OF MEDICINE
1216 FIFTH AVENUE, NEW YORK, NY 10029-5293

Non-profit
Organization
U.S. Postage Paid
New York, NY
Permit No. 9947