

MEDICAL



COLLECTORS



ASSOCIATION

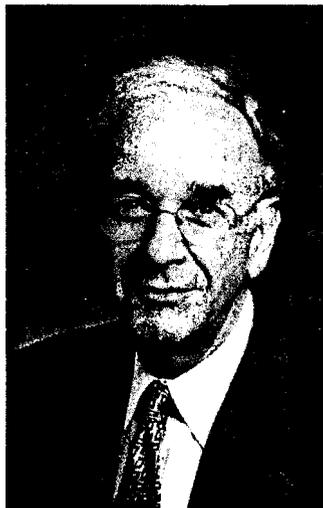
M. Donald Blaufox, M.D., Ph.D.
President

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

Newsletter #41 December, 2002

Before I begin to discuss the various matters related to the activities of the group, I want to announce some changes in the functions of the Association. The MCA has held medical meetings since April, 1986. During this time, except for a modest number of meetings, virtually all of the gatherings have resulted in a financial loss. This financial loss has usually been borne by me from a variety of supplemental funds. The latest meeting, which was held in Baltimore, was a great intellectual success. However, in spite of the very generous support from Dr. Engel and the AUA in providing us with a meeting room and luncheon, the overall cost still exceeded the income. This is primarily due to the fact that there are basic constant costs for arranging any meeting out of town and the number of attendees has been too few to cover these costs. The usual attendance is between 15 and 20 members and it would take probably about 30 to 40 members to make the meeting viable financially. Because of this, I am letting everyone know that I no longer intend to conduct any meetings of the MCA. The Newsletter will continue as it has in the past.

Any member of the group who wishes to take responsibility for a meeting will now have this as completely his or her responsibility. The exception is that once anyone has put together a meeting site and program, I will be very happy to mail out to all of the members of the group the announcements and registration forms. However, the management of the funds and the conduct of the meeting will be the responsibility of whoever has decided to assume that role. At the present time, Norman Medow is looking into the possibility of arranging a meeting in Vienna. This would undoubtedly be a very stimulating venue for the group and I will keep you informed as things progress.



Getting back to the meeting in Baltimore, there were a number of very fine presentations. We are fortunate that Dr. Olgierd Lindan and Dr. Erwin Rugendorff, chose to deliver their presentations from a prepared text. They have very generously agreed to share this text with all of us and it is included with this Newsletter. Steve Chekey took a good number of photographs and I have included a few of those as well.

Unfortunately, neither Drs. Engel, Medow nor I had a written text and therefore, we cannot share our material. There is perhaps some exception with regards to mine. My talk was based upon my recently published book on the Stethoscope and anyone interested in this area is welcome to purchase a copy. If you do decide to purchase a copy of the book, please do it through me since I can provide a 30% discount. Recent reviews of the book, including one which appeared in the Science Section of the New York Times, are included with this Newsletter.

The other highlight of the meeting of course was the visit to the American Urologic Association headquarters and a chance to see the Museum of Urologic History which has been organized by Dr. Engel. It is obvious that he has carried out a dedicated work with great enthusiasm and the museum is a very pleasant site to visit.

Other news relating to the group is the request from a new organization called Collectors. Org for us to join. The membership fee is only \$35.00 and I am enclosing with the Newsletter a copy of the invitation. I think this might be a worthwhile endeavor and if no one from the group objects in a short time, I will go ahead and send them the \$35.00.

No one has sent in any items for identification so this feature is omitted. We are reaching the end of the pharmaceutical notes that Dr. Helfand has published. The one included in this issue is devoted to Lydia E. Pinkham Medicine Company and is very interesting.

I have chosen a vignette on Phrenology Head by Robert Kravetz, M.D. Many copies of these are sold, so the buyer should beware.

Another important note is that although in the past we have sent out several reminder letters to people who have forgotten to send in their membership application, that too has created a significant secretarial burden. This year I ask any of you who wish to remain members to submit the form attached to this Newsletter. Based on the response to the initial request for renewals, I will decide whether or not to send out one more invitation. However, there will not be several going out so if you truly wish to remain a member, be sure to return the membership form.

Finally, I apologize for the Newsletter being so late. However, there have been a number of administrative problems, including an illness of my secretary which necessitated her being out of the office for about 7 weeks. If someone plans a meeting for next year, I will plan the Newsletter to follow that meeting. If no one comes forth to run a meeting, the Newsletter will appear sometime around July. Please note also there will only be one Newsletter per year. Although there will be several interim mailings.

On a brighter note, I have kept the dues at the same level now since 1992, which with inflation and other factors, has contributed to our financial difficulties. However, I think that it would be unreasonable to set the dues any higher.

I wish all of you a Merry Christmas and a happy and healthy New Year. Hopefully if someone will step forth to conduct a meeting, then we can look forward to some interesting spot in 2003.

Sincerely,

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

UNITED STATES PATENT OFFICE.

JAMES W. W. GORDON, OF CATONSVILLE, MARYLAND.

VACCINATING INSTRUMENT.

Specification of Letters Patent No. 16,478, dated January 27, 1857.

To all whom it may concern:

Be it known that I, JAS. W. W. GORDON, of Catonsville, in the county of Baltimore and State of Maryland, have invented certain new and useful Improvements in Vaccinating Instruments; and I do hereby declare that the following is a full, clear, and exact description of the construction and operation of the same, reference being had to the accompanying drawings, making a part of this specification.

The nature of my improvement consists in so constructing an instrument for vaccinating that by the employment of a cupped end rod or perforator, the virus deposited in said cup may be transferred and deposited, at one operation in the cuticle or true skin at a depth that shall insure its "taking," and without the risk of failure from bleeding at the puncture consequent to the use of other instruments.

The vaccinator may be described as follows: A represents the case of the instrument; B a strong spring; C a driving arm carrying on its upper end the vaccinator-rod D; whose end (a) is recessed or cupped for the purpose of holding the virus to be deposited, the edges of said cup, also greatly facilitate the perforation of the epidermis by their sharpness.

E is the tensor, or compressor of the skin, for producing the necessary tightness thereof and also serving as a guide for the depth of deposit of the virus; (it being requisite that a sufficient depth in the cuticle may be obtained, yet without an excess).

b, is a small holding spring moving on the pivot of the arm C, whose office is to keep the arm steady and in place, in its movement.

F is the trigger or catch, similar in its office to that of the ordinary spring lancet.

The term "vaccinator" this instrument truly deserves, as the operation of perforat-

ing the skin and introducing the virus is but one operation.

The manner of using it is as follows. Having charged the small cup on the perforator rod with semi-fluid virus or liquid matter, or that rendered so, the arm and rod D are drawn back a slight distance from the face of the tensor E; the tensor is then pressed with its face in contact with the flesh of the subject, and while so held the spring is liberated by pressing on the trigger; the arm c, being forced forward, the perforator rod, D, is driven into the cuticle and the virus deposited. The tensor also serves as a guide to the perforator.

The character of the incision is such by the minuteness of the puncture, that the constriction of the cuticle completely prevents any flow of blood, and consequently all liability of washing out the virus is obviated, thus rendering any further attention, such as applying court plaster, &c., over the puncture unnecessary.

Fig. 5 exhibits a modification of the instrument.

In the employment of my vaccinator I have found that by giving a slight obliquity to the entrance of the charged cupped perforator as it passes into the cuticle, that a flap is formed of the epidermis which effectually closes the orifice of the puncture and thus prevents bleeding.

Having thus described by improvement what I claim as my invention and desire to secure by Letters Patent is,

The application of the cup shaped perforator rod D to the ordinary spring lancet in the manner and for the purpose set forth.

In testimony whereof I have signed my name before two witnesses.

J. W. W. GORDON.

Witnesses:

JOHN F. CLARK,

JOHN S. HOLLINGSHEAD.

J. W. W. Gordon,

Vaccinating Instrument,

No. 16,478,

Patented Jan. 27, 1857.

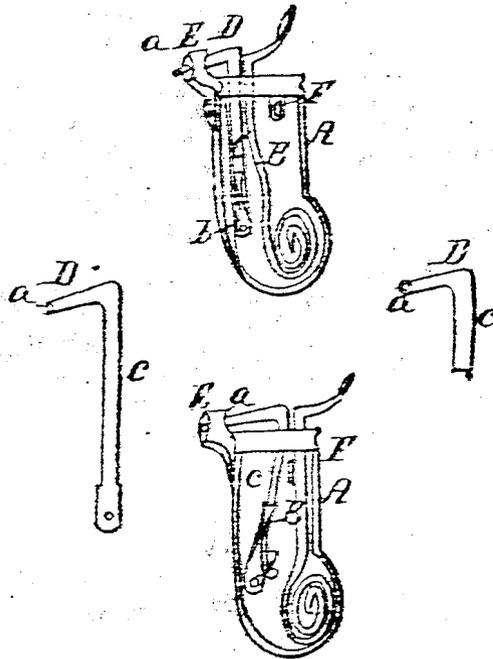
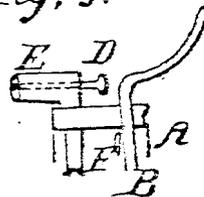


Fig: 5.

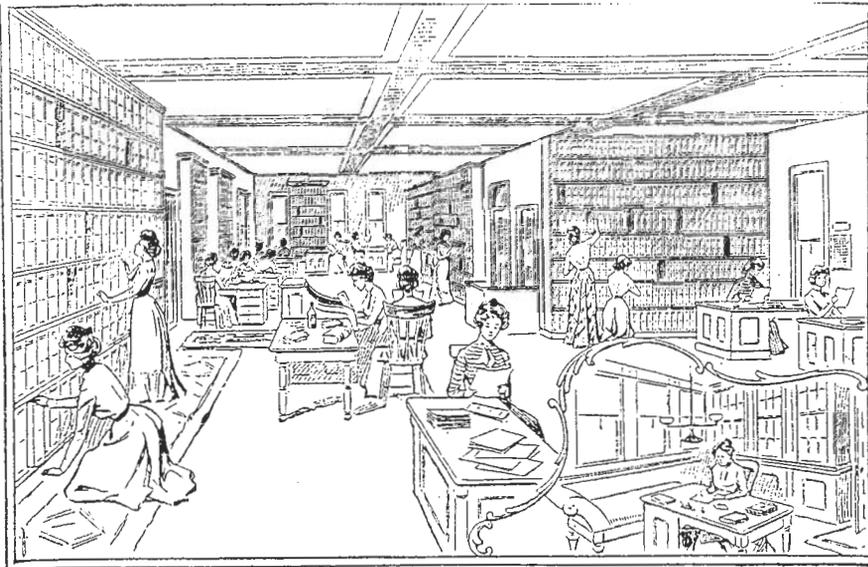


Historical Images of the Drug Market—XXXVII

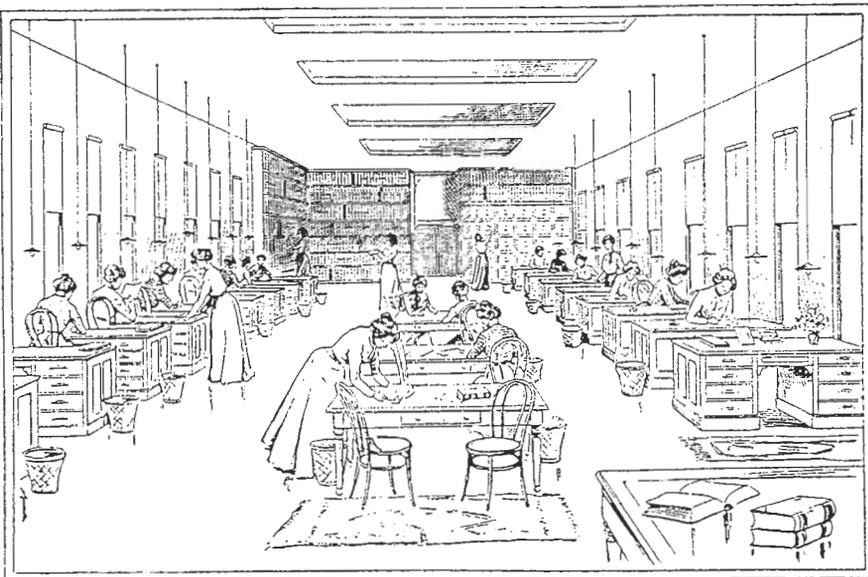
by William H. Helfand

AN often repeated principle of advertising for products of the Lydia E. Pinkham Medicine company was that all private correspondence would be read only by women. "The readers are women solely," one statement read, "and only women have ever had, or ever will have, access to the files which line the walls of this interesting room." The reading room in question, with its rows of standardized file boxes, was illustrated in a booklet published by the firm in 1900. Other illustrations of the office, reception hall, writing room, and mailing room attest to the absence of men in activities that relate to correspondence with prospective patients. In the 1890s, the company did employ a staff of

about thirty women for these activities and it is probable that men were excluded. On the other hand, a most improbable claim was also made that the files in the reading room "contain the complete records of every phase of feminine disease known to science. Nowhere, probably throughout the globe, can be found anything that approaches in thoroughness, in exhaustive detail, this wonderful collection of documents." Lydia Pinkham herself did keep some medical information for certain diseases in the early stages of her business activity, but neither she nor her successors could have possibly kept an analysis of every phase of feminine disease known to science.



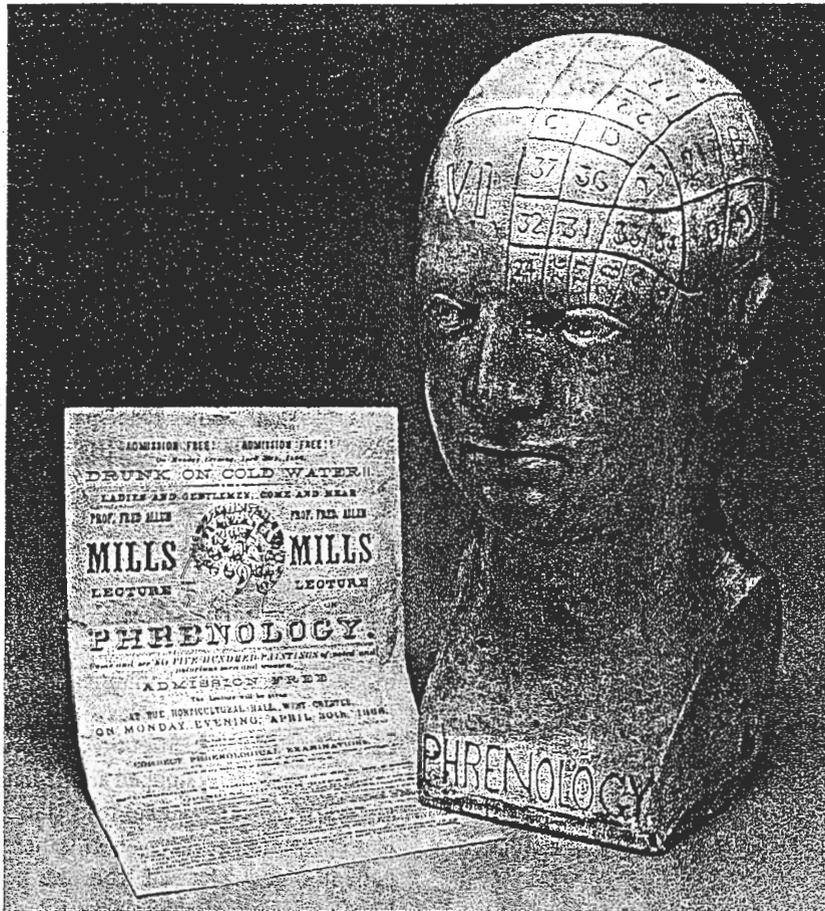
THE READING ROOM—The room where private letters are received, read and filed.



A WOMAN'S WRITING ROOM—Where the answers to private letters are written.

A LOOK BACK

Phrenology Head



Phrenology is a very ancient art. Aristotle was the first philosopher to locate the mental faculties and the emotions in the head. The study of phrenology is the “science” that examines the relationship between an individual’s skull morphology and their behavior.

An Austrian physician, Franz Joseph Gall (1758–1828), established phrenology as a science and laid the foundation, after careful observations and measurements, for the precise locations of a person’s faculties in specific brain areas. The heyday of the pseudo-science of phrenology was between 1820 and 1850. It was discredited, but remained an influential doctrine until the end of the 19th century in England and the United States.

Authentic ceramic phrenology heads, similar to the one pictured here, are very rare to find. This is a very fine example that dates to the late 19th century. There are a limited number of fine reproductions available for display, but sometimes unscrupulous dealers sell them as antiques.

Robert E. Kravetz, M.D.
Chairman, Archives Committee
American College of Gastroenterology

Institution: RSM Member/Fellow ||

J R Soc Med 2002;95: 626-627
© 2002

An Ear to the Chest: an Illustrated History of the Evolution of the Stethoscope

Arthur Holliman

Department of Cardiology, Conquest Hospital, Hastings, East Sussex TN37 7RD, UK

M Donald Blafox

149 pp+ix Price £52.99; \$74.95 ISBN 1-85070-278-0 (h/b)

London: Parthenon, 2002

Similar articles found in:

Search Medline for articles by:

It was Dr Blafox's interest in the history of measurement of blood pressure that led him to acquire an important collection of stethoscopes and stimulated him to write about their evolution. As the title indicates his book is very well illustrated, with 28 figures in the text and good photographs of 88 stethoscopes from the author's collection. The numerous illustrations make it a very useful addition to the published work, though the price is surprisingly high. Ten chapters describe the various stages of evolution of the stethoscope and offer a comprehensive collection of references.

Some historians decry the seminal role of the individual in making important discoveries, maintaining that it is the overall situation at the time which is the determining factor for progress in science and medicine. They choose to ignore that innovative men and women have personally initiated great advances. Such an advance was made by Théophile René Hyacinthe Laennec on 13 September 1816 with his invention of the stethoscope which almost overnight transformed the desultory application of an ear to the chest (immediate auscultation) into the widely used discipline of mediate auscultation. The famous occasion when he rolled up a quire of paper and listened to the chest through it was luckily witnessed and recorded by a British doctor, Augustus Granville. The roll of paper was soon replaced by a wooden cylinder and this new instrument was quickly adopted in Europe, Britain and America, with the backing of good studies relating the sounds heard in the chest and the heart to the pathology as found post mortem. It may seem surprising that auscultation had not been used widely beforehand, because Hippocrates had mentioned the succussion splash in the chest and William Harvey in 1628 noted that 'there is a beating which is heard within the breast'. Clearly an instrument was needed to catalyse the development of auscultation and it was not long before modifications of the Laennec model and completely new types of stethoscope were produced.

The monaural model of Laennec was not ideal, and indeed was described by an American doctor as 'the objectionable European instrument', but remarkably its many modifications persisted for nearly 100 years and as late as 1912 an instrument catalogue showed 78 monaural types as opposed to 53 binaural. However, there was an early urge to produce a binaural instrument and CJB Williams of London made one in 1829 using two bent lead pipes. Progress depended on getting a flexible material for the tubing; although vulcanization of rubber was achieved in 1839 it was not until 1888 that Dunlop produced the pneumatic tyre. Nevertheless, eager inventors were at work. CW Pennock of the USA made one of flexible brass tubing in 1844, others used woven silk impregnated with unrefined rubber (caoutchouc), and A Leared produced one of gutta percha for the 1851 Great Exhibition. But Dr Blafox is clearly correct when he maintains that the first truly practical binaural device, one which looks like 20th century models, was that of George Cammann of New York, in 1856. It was naturally desirable to convey the sounds directly into the ear and he used ivory knobs. The ingenuity displayed in new designs is well seen in this book, when one looks at for example Alison's differential stethoscope which had two chest pieces allowing sound from two different areas of the chest to be heard at the same time.

But the most original and thoughtful change in design was the invention of the diaphragm type of chest piece in 1894 by Robert Bowles of Massachusetts. The flat surface gave good contact with the chest and was easily applied to the elbow for measurement of the blood pressure. Its superiority to the bell for high-pitched noises was only later recognized. It was left to Howard Sprague of Boston to introduce the final important modification by combining a diaphragm and bell in one chest piece in 1926. The Sprague—Bowles stethoscope became the preferred instrument, though many doctors continued to use a bell only, or sometimes a diaphragm, well into the 1950s.

As Dr Blafox points out there have been numerous modifications over the years and he has done a good job in summarizing a complex matter. Without being parochial I suggest that he could have included the design made by Aubrey Leatham at St George's Hospital, London, in 1955 which uniquely had a bell with two components, large and small. The Littmann stethoscope of 1961 was essentially a redesign of the Sprague—Bowles, but its lightness and ease of use has made it the standard model in current use. Dr Blafox ends his book with a note of deep regret that the emergence of modern imaging techniques has led to a neglect of clinical examination. The stethoscope is being put aside by devices which obviate the basic skills of history taking, observation and examination.

Similar articles found in:

Search Medline for articles by:

The Stethoscope

An Ear to the Chest: An Illustrated History of the Evolution of the Stethoscope, by M. Donald Blaufox, 145 pp. with illus, \$74.95, ISBN 1-85070-278-0, Boca Raton, Fla. Parthenon Publishing Group, 2002.

DR. M. DONALD BLAUFIX HAS WRITTEN the definitive work about the evolution of the stethoscope. In clear prose he describes the remarkable figures who argued about the stethoscope's superiority over immediate auscultation.

Physicians also argued when the binaural stethoscope was introduced. Some believed that the unequal acuity of the two ears would interfere with the use of such an instrument.

The author includes discussion of the people who have introduced new stethoscopes and tells fascinating stories about them. The photographs of stethoscopes are arresting. I believe the

two stethoscopes that have been invented during the last few decades are missing. For example, Leathan and Harvey have added to the evolution of the stethoscope and its use but are not mentioned.

The last chapter of the book, "Current Practice," should be read by everyone.

An Ear to the Chest is a pretty book. I enjoyed reading it.

J. Willis Hurst, MD
Emory University
Atlanta, Ga

1530 JAMA, September 25, 2002—Vol 288, No. 12
BOOKS, JOURNALS, NEW MEDIA

NEW YORK TIMES, TUESDAY, NOVEMBER 12, 2002 F7

BOOKS ON HEALTH

JOHN LANGONE

Paeon to the Stethoscope

"An Ear to the Chest: An Illustrated History of the Evolution of the Stethoscope," by Dr. M. Donald Blaufox, Parthenon Publishing, \$74.95.

Perhaps more than any other symbol, the stethoscope, medicine's low-tech but invaluable diagnostic tool, represents the physician.

Moreover, while an incredible number of stethoscope designs have emerged over the years, the instrument has been remarkably consistent in appearance.

As the author of this fascinating book observes, "The most remarkable aspect is that between 1926 and modern times, the design changes have been minimal and today we are still using the same basic stethoscope that was used in 1925."

Few tools in the doctor's armamentarium can boast such endurance. There's something familiar and comforting about its touch (when a caring physician takes the



time to warm it.)

Dr. Blaufox, a professor at Albert Einstein College of Medicine and the Montefiore Medical Center, traces the history of auscultation, the art of listening to body sounds, from its "immediate" form (literally applying one's ear to back and

chest) to the use of rolled paper and hollow wooden tubes, to the invention of the stethoscope in 1826 by the French physician René Laënnec.

Dr. Blaufox somewhat ruefully writes: "Although the stethoscope has greatly facilitated physical diagnosis, it is being put aside by devices which obviate the basic skills of history-taking, observation and examination. Perhaps it is time to stop worrying about patenting our ideas, avoiding lawsuits with unnecessary tests and advertising to gain more patients. It is time to return to the practice of medicine as a profession rather than a business, and to provide better care to the patient."

Patent Medicines for the Treatment of Genitourinary Diseases
Erwin W. Rugendorff, New York, NY

In the 19th century, medical treatment in America was domestic and primitive. It was not easy to secure the services of the only physician in the area. Usually if the physician were available, the money with which to pay was not. The frontiersman, self-reliant, proud and generally poor, seldom called the doctor, since it was considered a waste of time and money. The pioneer turned to patent medicines if his home remedies did not help him. Every family had its home "doctor book" and a shelf of panaceas whose exact nature was shrouded in secrecy and advertising. Many fine folks have always preferred to do their own medicating.

This is the way it was: a man had faith in his watch, his horse and the patent medicine of his choice. It was the day of proprietary 'cures' – often prescribed for man and beast in varying doses.

Once consulting the books had made the diagnosis, the next step would be to cure the patient. Two examples:

"Testicle inflamed – boil bean flower in three parts of water, one part vinegar.

Ragging madness – set the patient with his head under a great waterfall as long as his strength will bear, or pour cold water on his head out of a teakettle, or let him eat nothing but apples for a month."

In those days, regular medicine was a sitting duck for the proprietary sharpshooters. It consisted largely of a mixture of trial-and-error "shotgun" medication, tradition, tedious controversies of schools, and more than a dash of quackery. Indeed, doctors themselves had coined *mots* and epigrams to the general effect that the patients recover in spite of their professional ministrations. Doctors could diagnose and prescribe without even seeing their patient. But many a patient who had crowded into the stuffy waiting room of a regularly licensed physician had reason to repent his action, echoing the sentiments of the disgruntled patient who wrote "I wish I would have stayed home from Omaha." The patient who turned to ready-made patent medicines read the circular wrapped around the bottle. He did not know or much care what was in the bottle. The purchase depended upon the effect, real or imagined.

When most people could read – a little – and believed in the truth of an ad printed by letterpress, the same as the Holy Bible, the profits that could be made out of the true believers were awesome. At 1857, there were over fifteen hundred patent medicines advertised in the newspapers and almanacs.

The term 'patent medicine' distinguished a ready-mixed nostrum, prepackaged and intended for over-the-counter sale, from a medicine prescribed by a physician whose ingredients were compounded by the pharmacist for the individual patient. 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 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. 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.

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 nineteenth-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 from trial samples to wicked reward offers, colorful trade cards, posters, before and after treatment testimonials, newspaper and magazine advertising, almanacs, funny money, financial obligations, post cards offering free treatment coupons, stamps, encased postage, 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. October 1882, I was all doubled up. Could not walk without a can. I could not dress or undress unaided. Different doctors failed. My rest was broken and I could not take no comfort owing to a constant desire to urinate, yet no more than a teaspoon was voided. The water had 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. Hayette Haskel, Lockport, NY .

March 29, 1888. Sir – The pills are the best there 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 Morses' Indian Root Pills I have been greatly relieved, and now that by continuing to take them I am going to be completely cured. Yours truly, C. J. March .

Most of the anxious correspondents who wrote in confidence to patent medicine concerns were bucolic individuals who lived in the kind of town where attending funerals was a major recreation. The letters from plasterers, railroad firemen, housewives, and old Army veterans were usually authentic documents, perhaps puffed up a bit by the advertiser; but they were sincere. That is, the writer believed what he said, even if he didn't know what he was talking about. This was the central fallacy: that the medicine-taker could diagnose his own troubles, administer the medicine, and interpret the results.

The letters from sick people were a valuable commodity. When they had been milked of their first-run value, it was the custom of the trade to sell, exchange or rent them. More serious, and definitely embarrassing, was the situation when the endorser inconsiderately died before his testimonial was

published. Such was the contretemps that faced the Konjola man – R. Shekler – in Pennsylvania. At the same time Mr. Addison R. Shekler was saying in the local newspaper “Konjola put me back on the job, and I feel like a different person”, while the Konjola concern gloated “Another Victory for Konjola”, Shekler was dead and had been three weeks in his grave.

Traveling medicine shows were another stratagem to sell patent medicines. In any case the aim was to capture the audience, to fix their attention, secure their interest, arouse their imagination by suggestion, and create a decision to act now. The sales pitch was varied from night to night, according to the character of the crowd and the intuition of the platform performer, not rarely impersonating a doctor. Sooner or later he covered just about everybody's symptoms. And he said unto them:

“Time is running out; we must get on with the show. But, folks and neighbors out there, ask yourself right this moment: Do you feel good? Do you have the ability to eat hearty meals as your forefathers did? Are you constipated? Because if you are, you may already have an advanced case of internal poisoning. Do you have back pain? Because if you have, you may already have a serious case of kidney disorder. But don't expect a miracle, don't buy just one bottle and expect to arise tomorrow morning with the desire to attend the little red schoolhouse you attended forty years ago. Don't buy that one bottle if you expect that. But as an intelligent family man and adult you can readily see the need of a complete cure. That is we positively guarantee our six bottles for 6 bucks, the special family deal tonight only, and only one trip will be made through the audience. Hold it a moment, boys! Don't pass a single bottle yet, although I see hands raised about every place out there. I also see skeptics who pooh-pooh our medicines. We have no argument with you. it's your life. But the very least you can do for your wife and those loving children of yours is to visit your lawyer early tomorrow morning and make out your will and attend to all legal affairs. You owe this small favor to your loyal family, God bless them. They have my deepest sympathy.”

A wide variety of patent remedies were sold to ‘cure’ diseases of the bladder and kidneys as well as the ‘loss of manhood’ and ‘debilitating conditions of the generative system’.

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, and phenolphthalein) probably helped. Some of the herbal remedies at least head 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, acetanilide, potassium nitrate, and other substances inherently dangerous when taken in uncontrolled amounts or overused. Warner's Safe Kidney and Liver Cure contained a few herbs, glycerine, water, alcohol and potassium nitrate. The latter two were the principal ingredients, and both are kidney irritants. The patient 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 all the same as the achievement of a cure. Not a few nostrum users became addicted to their medicines, and there were cases by the hundreds illustrating the drastic effects of patent medicines.

Buchu-Paiba, a patent medicine sold for \$1.00, was advertised as a “quick complete cure of all annoying kidney diseases.”

The manufacturer of The Oregon Kidney Tea assured that it will cure pain in the back and kidneys, non-retention of urine, diabetes, inflammation of the bladder and kidneys, brick dust deposit in urine, leukorrhoea, painful or suppressed menstruation, nervousness, and all complaints arising from a diseased or debilitated state of the kidneys or urinary organs of either sex.

Mitchell's Kidney Plasters “cured” all kidney difficulties.

Doan's Kidney Pills dramatized pictorially the idea that a pain in the lower lumbar region means the old kidney is kicking up. The gesture came to trigger a reflex action – ‘Get Doan's’.

Thousands’ – the Kilmers pointed out – have kidney trouble and don't know it!’. They did not mention that the reverse was equally true. Thousands who ‘knew’ they had kidney trouble, did not. As a case-taker for one of the kidney-cure outfits once put it: ‘A cured patient pays no fee, keep'em sick!’

Some of the patent medicine manufacturers, like H. H. Warner & Co., 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? It is just as common among the poor and humble as the rich and prominent. 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 poison in the blood, caused by painless kidney disease, eats away the walls of the blood vessels of the heart, head and arteries, they give way under pressure and age, and suddenly 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 this four-leaved clover, the great and universally successfully Warner's Safe Cure.”

Bloomington, proprietor of Forestone Kidney and Malaria Cure, explained how his remedy acts:

“1st. It moves the bowels once a day; this is necessary for 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.”

The proprietor William E. Clarke claimed that his purely vegetable Hunt's Remedy, the ‘great kidney and liver medicine’ 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 disease of the Kidneys, Bladder, Urinary Organs, Dropsy, Gravel, Diabetes, Incontinence and Retention of Urine.”

During the Victorian era it was not fashionable to speak about impotence. It was known in patent medicine literature as ‘failure at marital duties’, or ‘loss of manly power due to indiscretions’, or ‘loss of manhood’, or under the name of ‘spermatorrhea’. Gadgets were offered to make men more virile. Ladies, too, might become more womanly, it was said, provided they were – here comes the

clever clincher – “without bad complications.” Many virility products leaned heavily toward mail order. The Kol-Kol Company sent out by mail “consultation free” forms 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, with distress or pressure in the parts, limbs bloat. 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.”

Some virility nostrums contained the herb damiana, an alleged aphrodisiac; cantharidis, popular 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 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 today 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 manufacturer of Baker’s Glandol referred to a noted scientist who said T “One could live forever 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.”

At the same time that patent medicines were doing so well, the idea that electricity could cure any ailment to be found was very popular. This was a lucrative business. The appliances used for electrical treatments were not cheap and many homes had at least one type of appliance. People, then as now, were gullible and ready to try anything.

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. Be a health-belt man! Try it and be convinced! Worn next to the skin, the device transmitted a distinct burning sensation. This was interpreted as proof that a gentle, soothing alternating current was being applied to the wasted, exhausted organs. The kick was in the capsicum with which the belt had been soaked. All the wearer ever got out of his belt was a dream – and a blister.

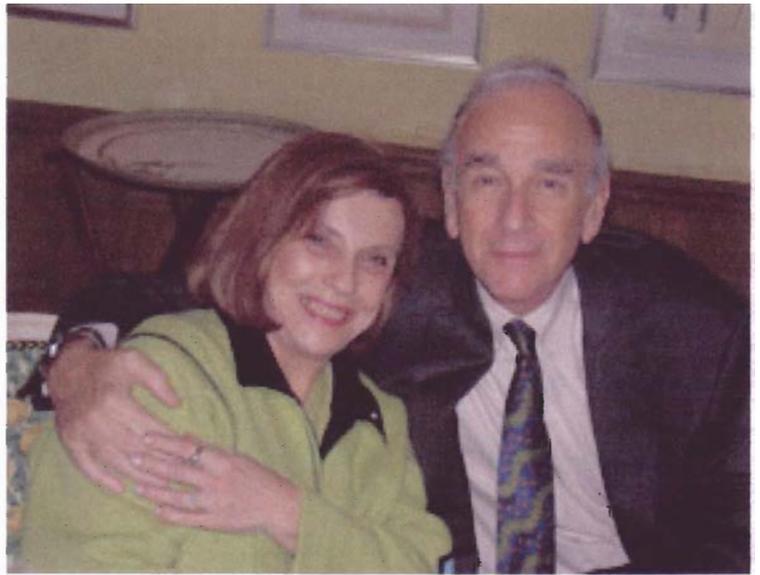
After the isolation of radium by Pierre and Marie Curie in 1898 the idea of ‘mild radium therapy’ surfaced with some reputable medical support and was applied with a vengeance by the dubious entrepreneur William Bailey, who marketed an elixir named Radithor, a very dilute solution of radium and mesothorium. 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 \$1.00 each, produced gruesome effects of radium poisoning.

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. Consequently, many familiar products altered their composition, changed their name, and never regained their popularity.

References

- A. Walker Bingham: The Snake-Oil Syndrome. The Christopher Publishing House, Hanover, MA, 1994
- Gerald Carson: One For A Man Two For A Horse. Bramhall House, New York, 1961
- D. L. Cowen, W. H. Helfand: Pharmacy – An Illustrated History. Harry N. Abrams, New York, 1990
- Adelaide Hechtlinger: The Great Patent Medicine Era. Galahad Books, New York, 1970
- Erwin W. Rugendorff: Patent Medicines For the Treatment of Genitourinary Diseases. World J. Urol. (1999) 17:171-175

Photos from the 2002 Annual Meeting



Snake Symbolism in the Healing Art Worldwide and Through the Ages

Olgierd Lindan and Steve Chekey

Note: Only a selection of the illustrations used appear at the end of the section.

We are a club of collectors, therefore, Steve and I brought some collectibles for you to inspect. They are on the display table.

Legends and myths about the snakes abound in history. They were dreaded as a source of disease. The sight of a snake could make you sick.

In medieval Europe, it was believed that snake can enter a sleeping person through a snoring mouth and cause havoc inside the body. The cure for which was garlic.

The ladies of ancient Rome took their bath with snakes to become fertile. The snakes were worshiped in Egypt and India. And yet, the snake symbols had curative powers as demonstrated by the medicine man of the American Indians.

My talk in some places will be lighthearted. This will not diminish my respect for any sincere belief, religious or spiritual, in the magic of snakes among any group of people.

By the way, I may add that many, many years ago when I was in Gambia, West Africa, doing a nutrition research, I handled snakes and milked them of their venom. And, I did it just for fun.

Chapter 2 **Origin of Caduceus** **Apollo. Asclepios**

PIX 1

AMA Snake Symbol

We communicate with symbols. They convey ideas. The symbol of the American Medical Association is a single snake, curled over a rod.

PIX 1-A

“Medical Alerts” with Caduceus

Some other health related organizations in the U.S.A. use as their emblem the caduceus.....

PIX 1-B

The Caduceus

Which is a rod entwined by two snakes. It has always been an emblem of commerce, as well as of medicine at a later time.

PIX 1-C

Asclepios with a separate Caduceus

It is a paradox, that the snake, which can be so dreaded, can also be used as a curative symbol. This paradox originated in pagan Greece, 3000 years ago. We all are familiar with the image of Asclepios, our semigod of healing. But his birth was turbulent.

PIX 2

Apollo Belvedere

Apollo was a prominent god. He was a god of poetry, music and healing. Apollo, and this was not unusual among the Greek gods, took a fancy to a mortal girl, Coronis. Unfortunately, Coronis was not faithful to Apollo and started, secretly to dilly-dally with a mortal boy. A raven, a bird, instructed by Apollo to spy on Coronis reported her indulgences to Apollo. Apollo promptly killed Coronis. When her body was on the funeral pyre, Apollo learned that she was pregnant with a boy, his son. He immediately ordered the boy to be delivered. The boy was given the name Asclepios. It seems that the ancient Greeks were aware of the basics of Caesarian section.

PIX 4

Asclepios with a single snake around the staff

Despite this traumatic family history (remember, his father killed his mother) Asclepios functioned well. As a boy he was tutored by the Centaur Chiro, and by Apollo, both skilled healers. In time, Asclepios himself became a successful and famous healer. He advocated plenty of rest for the body to recuperate from illness. He had several children, among them Panacea and Hygea. However, when he started bringing the dead back to life, the gods became alarmed and Zeus killed Asclepios with a thunder bolt. This was an early example of the dangers of going too fast with medical progress. In our time, we have similar problems with cloning and stem cell research.

PIX 5

Minoan Goddess of Love and Fertility

In ancient Greece, the snake was also a symbol of love and fertility. This is a statue of a Minoan goddess. She proudly exhibits her ample bosom, holding snakes in her hands. In Greek mythology, there was an analogy between the snake and the male organ.

PIX 6

Medusa

The snake is versatile in its symbolism. The goddess Medusa had snakes growing on her head. Anybody who looked at them was changed into a stone immediately.

PIX 7

Laocoon and two sons, attacked by two snakes

Laocoon and his two sons were killed by two sea-snakes. He tried to interfere with the outcome of the Trojan war, which was predetermined by fate.

CHAPTER 3

Primordial Sin

PIX 8

Adam and Eve in Garden of Eden

No snake

In Judeo-Christian tradition there were two events, health related, where the snake played a significant role. The two stories are well known but I want to emphasize the snake's significance. According to the book of Genesis in the old testament, God created Adam and Eve. The couple was young, healthy, care free and happy living in the Garden of Eden.

PIX 9

Adam and Eve with the snake

And then the malevolent snake persuaded Eve to bite the apple from the forbidden tree of knowledge of good and evil. And she gave an apple to Adam.

PIX 10

Adam unaware of Eve's involvement with the snake.

Some scholars consider the apple to be an innocent substitute for something quite different which took place between Eve and the snake, behind the back of Adam.

PIX 11

Adam and Eve leaving the Garden of Eden

The consequences of the primordial sin were grave. Adam and Eve were expelled from the Garden of Eden to a life of toil and pain. To that verdict we have to add sickness of course. Eve was specifically chastised. Unto the woman the Lord God said: "In sorrow thou shalt bring forth children." The need for a medical profession, including obstetrics, was thus created! Thanks to a malevolent snake.

PIX 12

Adam and Eve, hirsute

An artist can go into the past and paint an historic event according to his vision or conviction. This is a picture of Adam and Eve, published a couple of months ago, in the Cleveland newspaper Plain Dealer. One could interpret it as a compromise between the theory of creation by intelligent design and the theory of Darwinian evolution of man.

CHAPTER 4

BRASS SNAKE OF MOSES

PIX 13

Israelites crossing the Red Sea

The next biblical event involving snakes as symbols of death and healing took place 3000 years ago shortly after Moses led the Israeli tribe out of the Egyptian slavery into a barren wilderness. The Israelis, hungry and thirsty, murmured against the Lord and against Moses. So the Lord sent poisonous snakes to bite them and many died. Israelis, humbled by the experience begged Moses to intercede for them with the Lord...

PIX 14

Brass Snake

... which he did. So the Lord instructed Moses to make a brass snake and put it on a pole and anyone who was bitten and then looked at the brass snake lived.

CHAPTER 5

INDIA

PIX 15

Snake temple, Island of Penang, Malaysia

In India there are 10,000 to 12,000 deaths per year due to snake bites. In southeast Asia, the rate is higher. In one year one person in a thousand dies of snake bite. Despite those deaths, the snakes there are revered. This picture is from a "Snake Temple" where the monks look after the reptiles.

PIX 16

Buddha protected by cobra

This picture shows Buddha protected by the extended hood of a cobra.

PIX 17

Lord Shiva, contemplating.

Here the Hindu deity, Lord Shiva, sits in a yoga position on a lotus flower. He is immersed in contemplation. The cobra, coiled around his body, symbolizes a state of tranquility and detachment from the ills of this world.

PIX 18

Carvings of snakes

On the Indonesian markets, the carvings of snakes are sold to men. They are supposed to act like Viagra.

CHAPTER 6

EGYPT

PIX 19

Cobra ornament on a head-dress

In ancient Egypt, the cobra ornament on the head-dress of the god or of the pharaoh signified a deadly power.

PIX 20

Cleopatra and the snake

Cleopatra was a queen of Egypt in the first century B.C. She got involved emotionally and politically in the power struggle among the Roman leaders. Fearing the possibility of public humiliation in Rome, she took her life by placing a poisonous snake on her chest. Cleopatra's method of committing suicide underscores the snake power over life and death.

PIX 21

Oroboros rings

I have an Egyptian ring made of soap stone called "oroboros." It dates to the 3rd century B.C. It shows a snake biting and holding its own tail. It symbolizes the eternity of time, and maybe of a life span.

CHAPTER 7

AFRICA

PIX 22

African Mask

This is an African face mask used in ritual dancing in the Ivory Coast of West Africa. The face shows perfect features of a young, handsome man and he seems to be smiling. The white bird on the top of the mask symbolizes man's life from its beginning. A snake originates in the bird's location, and then grows with time around the man's head. The snake here symbolizes the life span of this young man. When the snake's growth completes the circle around the mask, the snake reaches and kills the bird of life, and the young man dies.

PIX 23

African symbol of fertility

This African symbol of fertility was brought by my wife from Kenya a couple of years ago. The fat and voluptuous lady wears a mantle made of snake vertebrae and a necklace made of snake ribs. She is on the exhibit table.

CHAPTER 8

VOO-DOO

PIX 24

Snake on the cross, by Roy Ferdinand

The Africans transported to the Caribbean's as slaves brought with them their African beliefs and symbols. They were combined with the symbols of their Christian owners resulting in a cult called Voo-Doo. It is practiced nowadays chiefly in Haiti and New Orleans. When a number of years ago I visited a Voo-Doo Museum in New Orleans, I saw a coiled snake in an enclosure on the altar. Voo-Doo believers claim supernatural powers for their spells, rituals, formulas, which they use for good purpose upon their friends or malevolent purpose upon their enemies. Luck in love, luck in gambling, avoiding arrest are prominent in their ministrations.

CHAPTER 9

AMERICAN INDIANS, NAVAHO

PIX 25

Snake dancer

American Indians have close relationships with the snakes and their symbolism. The snake dancer is imploring the spirits for a life sustaining rain.

PIX 26

26-A Medicine man. Sand painting.

26-B Snakes in sand painting.

26-C Snakes in sand painting.

A Navaho medicine man had to prepare on the floor, close to the sick man elaborate sand paintings. These paintings lasted overnight only as they had to be destroyed in the morning. The images of snakes were prominent in this healing ritual.

CHAPTER 10

THERIAC. VIPER LIQUOR

PIX 27

Theriac

It was always believed that the healing powers of the snake could be directly received by eating its flesh. This page from the 15th century Italian manuscript shows a physician preparing so called "Theriac," a healing panacea, with viper's flesh as the main ingredient. The Chinese consume snake flesh as a cure for tuberculosis. In this country, snake oil was used as medicine at the beginning of the 19th century.

PIX 28

Bottle of liquor with a pickled snake

This is a bottle of "viper liquor." It is an alcoholic drink containing a pickled snake. It is produced nowadays in Korea, Vietnam, Singapore and neighboring countries. The liquor is said to offer many benefits from skin improvement to longevity. There is a fresh bottle of the Singapore brand on the exhibit table. The Kentucky people also drank their moonshine with a rattle snake in it.

CHAPTER 11

FINALE

PIX 19

Harper Magazine

The Harper Magazine of March 1855 quoted: "Of all animated life the serpent, at first sight, is the most repulsive. And yet, with the species there is such combination of the beautiful, the terrible and the mysterious that the beholder in spite of himself is attracted by their appearance."

Snake Symbolism In The Healing Arts



*Hindu, Lord Shiva
contemplating*



Asclepius



*Minoan goddess of
love and fertility*



American Indian Snake Dance

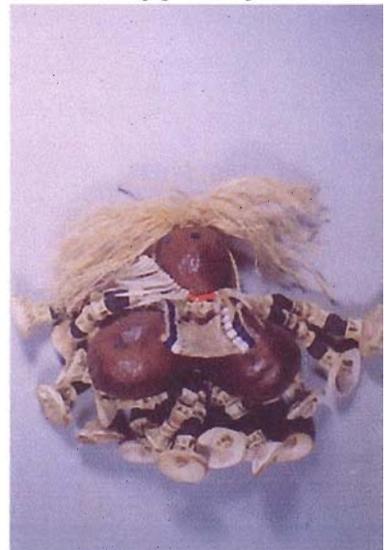
*African mask.
Man's life span.*



"Viper Liquor"



*African symbol
of fertility*



Museum Opens Exhibit Featuring Artists Touched by Orthopedic Conditions

“eMotion Pictures: An Exhibition of Orthopaedics in Art,” a traveling art exhibit featuring work by artists whose lives have been touched by an orthopaedic condition and the physicians who treat them, will be on display at the National Museum of Health and Medicine of the Armed Forces Institute of Pathology March 15, 2002 through Aug. 15, 2002.

Media in the exhibit include paintings, drawings, prints, photography, sculpture, textiles, crafts, functional art, and mixed media. A personal narrative describing each artist’s inspiration for their work accompanies each piece.

“Artwork by patients reflects their orthopaedic pain, frustration, and recovery. Works by orthopaedic surgeons illustrate the patient/physician

partnership, anatomical knowledge, compassion, the art of healing, and how they feel they make a difference in people’s lives,” said Dr. Adrienne Noe, museum director. “The exhibit brings public awareness to the conditions and treatments that affect musculoskeletal patients of all ages.”

Organized last year by the American Academy of Orthopaedic Surgeons (AAOS), jurors selected 165 pieces for the show from 1,400 slides depicting works of art that were submitted by orthopaedic surgeons and adult and child artists with

orthopedic conditions, representing 17 countries and 43 states.

According to the AAOS, worldwide, orthopaedic conditions are the most common cause of physical disability and severe long-term pain and



“Boneless,” an oil painting by Maryland artist Dan Keplinger, represents a mastery of full-body work. Keplinger has cerebral palsy, he does not paint with his hands, but instead paints with a brush affixed to a head gear.

75-85 percent of all people will experience some form of back pain during their lifetime.

The exhibit opened at the Herbst International Exhibition Hall in the San
continued on page 2



This is one in a series of oil paintings titled Structural Abnormalities by Los Angeles artist Ted Meyer. Meyer, a Guacher’s Disease patient, is also known for his monoprints showing the scars of people who have had life saving surgery.

Museum Acquires George Washington School Of Medicine Collection

The National Museum of Health and Medicine has acquired the human development collection of the George Washington School of Medicine and Health Sciences in Washington, D.C. The donation was made by the medical school’s gross anatomy department, facilitated by Dr. Raymond J. Walsh, department chairman.

The collection consists of approximately 50 specimens ranging in age from 10 weeks to 6 months and was added to the holdings of the museum’s Human Developmental Anatomy Center. The donation includes

representative objects from stages of post-embryonic, pre-natal development of 10 weeks to 6 months old. Many of the specimens are mounted specifically for study and display, while seven have been prepared and stained to highlight the developing skeleton.

The teaching collection was developed by Frank D. Allen, Ph.D. for use by the school’s students from the 1950s through 1990. Dr. Allen, now professor emeritus, is currently working on a series of philosophical essays about his experiences teaching and studying

continued on page 3

Orthopedic Art Exhibit Opens at Museum

continued from page 1

Francisco Presidio and will be displayed in the visitor's lobby of the United Nations in New York City prior to opening at the National Museum of Health and Medicine. Additional shows are planned in Memphis, Tenn.; Ames, Iowa; Tyler, Texas, and Madrid, Spain.



A scoliotic spine is one of the anatomical specimens that will be on display at the National Museum of Health and Medicine to augment the artwork in the exhibition.

The project was conceived by the AAOS as a way to support the goals of the Bone and Joint Decade (www.bonejointdecade.org), the global initiative in the years 2000–2010 to raise awareness of musculoskeletal health, stimulate research, and improve people's quality of life. An online gallery of the exhibit is at <http://emotion.aaos.org/>.

The exhibit will also include two original pieces of art from local artists and 13 original artworks from an art class at Walter Johnson High School in Bethesda, Md. taught by Kathleen Fletcher. Local artists are:

◆ Pia of Potomac, Md., an artist who was born in Chile and has lived in Maryland for 26 years, has contributed a carved hardwood that represents the island of the sirens. She suffered a painful calcification tendonitis to her left shoulder last year, which reminded her of a 1994 stroke that left her semi-paralyzed on her right side.

◆ Carmen Trujillo was born in Cuba and has lived in Washington, D.C. since 1962. She received her B.A., B.S., and M.F.A. in Havana and was the first female Latina faculty member at the Corcoran School in Washington, D.C.

Several pieces from the museum's anatomical collection will augment the AAOS artwork in the exhibition. These include a scoliotic spine, a range of normal human and non-human bones, a series of carefully prepared bone



This piece by Laura Ferguson is titled "Crouching Figure with Visible Skeleton." Ferguson, from New York, was diagnosed with scoliosis as a child feels this piece is about balance.

sections, some 19th-century anatomical preparations, and a mummy. In addition to the 2,000 specimens from the original Civil War Skeletal Collection, the museum's anatomical collection includes about a dozen other collections of anatomical and pathological skeletal specimens; medical research collections containing slides, tissue blocks, and related documentary materials; fluid-preserved gross organs, and other miscellaneous material.



Show and Tell

During the Civil War approximately 200,000 black men enlisted as soldiers in the Union Army and Navy. Nearly 35,000 lost their lives during the conflict.

Lenore Barbian, Ph.D., assistant curator of the museum's anatomical collection, wheeled out a cart of bones during the museum's Black History Month Celebration in February.

Barbian told stories of several black soldiers who were wounded during the Civil War. One story was of Private O. Payne in Company D of the U.S. Colored Troops. Payne was shot in the right foot in 1864; the foot was amputated days later. However, due to infection of the bone, it had to be re-amputated below the knee less than a year later.

Doctor for a Day

On March 9, 2002 adult/child pairs will be given the opportunity to explore the inner workings of the human body and medical practices used to keep organs healthy during this workshop. The program is sponsored by the Resident Associate Program of the Smithsonian Associates.

Participants don lab coats and handle real medical instruments. Using computer simulation programs created by Immersion Medical for training doctors, they experiment with a wide range of medical procedures. Procedures include a bronchoscopy, a visual examination of the larynx, and more.

Advance reservations required. Request tickets and additional information by calling 202-957-3030.

Museum Acquires George Washington Collection

continued from page 1
embryology and development.

The museum's Human Developmental Anatomy Center (HDAC) maintains and archives the largest collection of human and comparative developmental material in the world. The collection includes normal human embryos and abnormal specimens commonly used for non-destructive research, related photographs, illustrations, models and publications. The core of the center is the Carnegie Human Embryology Collection, which is world-renowned and the most extensive collection of its kind.

The collaborative Visible Embryo Project of high-tech data sets funded by the National Library of Medicine is based on the collections in the museum's HDAC. Its imaging activities have generated magnetic resonance microscopy datasets that have been used in the creation of an electronic database of 3-D embryological development, popular press books on the developing human, research into spatial genomics (the mapping of gene expression in 3-D volumes), and models of development for teaching. Images of histological sections have also been



The museum acquired the human development collection used by Frank D. Allen, Ph.D. (center), professor emeritus of the George Washington School of Medicine and Health Sciences in Washington, D.C. The specimens were received by Liz Lockett (left), imaging specialist in the museum's Human Development Anatomy Center, and Adrienne Noe, Ph.D. (right), the museum's director.

used in modeling and development of more traditional atlases of developmental anatomy. HDAC will also be collecting helical CT and MRI datasets for representative periods in post-embryonic development to provide as complete a visual sequence as possible.

"Exercise for a Healthy Skeleton"

Junior Girl Scouts are invited to attend "Exercise for a Healthy Skeleton," which will fulfill requirements for the Fun and Fit badge. This free program will be held at the museum from 10 a.m. to 2 p.m. on Saturday, April 13 and will include a session with an exercise instructor showing girls proper techniques for warm up, cool down, stretching, aerobic, strengthening, and weight-bearing exercises. Janice Postal, D.P.M. will discuss foot health and how to select appropriate shoes for exercising. The program will also highlight the importance of eating healthy foods to keep bones and joints healthy and strong.

Advance registration for 30 is available on a first-come first-served basis, and a waiting list for 4th-6th grade girls who are not Girl Scouts is being formed in the event the program is not full. For reservations call the museum's educator, Sandy Saluke, at 202-782-2680 by Wednesday, April 1, 2002. Scouts may enroll individually or with a troop.

Upcoming Events

Admission and parking are free for all events

◆ "Brain Awareness Week"

March 11- March 15

Middle school students are invited to play games, participate in activities, and listen to lectures about how the brain works, the effects of different stimuli on the brain, and current research about the brain. School groups are encouraged to register for the sessions during the week-long program.

◆ "National Kidney Month"

March 23

The museum has partnered with the National Kidney Foundation of the National Capital Area to host a screening and education program that will help individuals determine their risk for the development of kidney disease and screen for potential problems. The program will be held from 10 a.m. to 2 p.m. Each screening lasts 20 minutes and includes a one-on-one consultation with a physician or registered nurse.

◆ "National Sexually Transmitted Disease Month" April 6

Issues associated with sexually transmitted diseases will be discussed from 11 a.m. to 2 p.m. There will also be screenings areas to have body fat analysis, blood pressure, diabetes, and cholesterol checked.

◆ "Get in Touch with Your Sense of Smell" April 27

Guest speakers and activities will teach participants about the sense of smell, how it works, and the role it plays in their daily lives. The program will be held from 10 a.m. to 3 p.m. and is intended for middle school students. Call the museum's educator Sandy Saluke at 202-782-2680 by April 1, 2002 for reservations.

Reservations are required for all of the above free events. Unless otherwise noted, please call 202-782-2200 to reserve your space. For more information about these and other programs see our events page at www.natmedmuse.afip.org.

About 25 third graders at Stevens Forest Elementary School in Columbia, Md. learned about the brain from **Archie Fobbs**, curator of the museum's neuroanatomical collections, in an ongoing program developed by the museum's public programs, education, and neuroanatomical departments.

The Otis Historical Archives of the National Museum of Health and Medicine provided five Korean War and World War II photographs to decorate the new Walter Reed Regional Vaccine Healthcare Center. **Michael Rhode**, the museum's archivist, attended the center's opening.



has been a Reservist since 1999, in 1986 he joined the Maryland Army Reserve National Guard.

Two papers were recently published by Archaeopress of Oxford, England in "Human Remains Conservation, Retrieval and Analysis Proceedings," which were previously presented

Staff on the Go

Paul Sledzik and **Lenore Barbian**, Ph.D., curator and assistant curator respectively of the museum's anatomical collections, were awarded special medallions for their efforts



during Operation Noble Eagle. Sledzik and Barbian assisted in identifying victims of the Sept. 11 United Airlines flight 93 crash in Somerset County, Pa.



Alan Hawk, the manager of the museum's historical collections, was recently deployed. For nearly two months Hawk, a Second Class Petty Officer in the U.S. Navy Reserve, assisted the U.S. Coast Guard in the identification of merchant vessels that should be searched and boarded by the U.S. Coast Guard prior to their arrival in American ports. Hawk

at a conference held in Williamsburg, Va. by **Paul Sledzik**, curator of the museum's anatomical collections, and **Lenore Barbian**, Ph.D., assistant curator of the museum's anatomical collections. The titles are "From Privates to Presidents: Past and Present Memoirs from the Anatomical Collections of the National Museum of Health and Medicine" by Sledzik and Barbian and "When Your Insides are Out: Museum Visitor Perceptions of Displays of Human Anatomy" by Barbian and Lisa Berndt.

Janet Melson Burns, chief of public programs, attended the Howard County Public School's Applications and Research Lab in Ellicott City, Md. for a career day program. Burns informed juniors and seniors about the various job opportunities in the arts. She also gave the students insight about her career in the arts and her job at the museum.

What they're saying about NMHM...

"It can be grisly and gory. It can be informative and educational. It can be revolting and revealing. More than all of that, it is one of those off-the-beaten-path attractions of Washington, D.C. that stands alone as a major player in the city's rich array of museums. The National Museum of Health and Medicine isn't in the heart of the District of Columbia. It's on the edge of town, just inside the Beltway, on the campus of the Walter Reed Army Medical Center...It is a division of the Armed Forces Institute of Pathology. Pathology. That should tell you something about the NMHM's mission and collections...Born of battlefield horrors, the NMHM maintains an extensive array of artifacts, photographs and documents related to combat medicine and surgery, infectious diseases and historically important pathology. Museums have what they call "core collections." Call the NMHM's holdings its "gore collections." But do not let this dissuade you from paying a visit to the museum. The NMHM has expanded its exhibits and displays far beyond the bones, blood and guts of wartime. Still, those old bones and anatomical anomalies provide the "wow" (and "yuck") factors in the galleries of the museum."

— Reading, Pa. Eagle/Times, 1/3/02

Flesh and Bones [ISSN 1535-0878] is a publication of the National Museum of Health and Medicine. It contains information about upcoming events and public programs, and general news about the museum. *Flesh and Bones* is available at the front desk of the museum, and is sent to our museum mailing list.

Please direct comments to:

Flesh and Bones

National Museum of Health and Medicine, AFIP
6900 Georgia Avenue, NW
Building 54
Washington, DC 20307

Or email us at nmhminfo@afip.osd.mil

202-782-2200, FAX 202-782-3573

www.natmedmuse.afip.org

The museum is open daily, by reservation, from 10 a.m. - 5:30 p.m. Closed Dec. 25.

Museum Director - Adrienne Noe, Ph.D.
Public Affairs Officer - Steven Solomon
Public Affairs Assistant - Rachel L. Coker