

Interim Performance Report

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Title of Project: Medicine at Ground Level: State Medical Societies, State Medical Journals, and the Development of American Medicine

Name of Project Director: Scott Podolsky

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## Interim Performance Report

The scope and the apparent importance of “Medicine at Ground Level: State Medical Societies, State Medical Journals, and the Development of American Medicine and Society” have only grown this past year. Since the initial grant was received from the National Endowment for the Humanities, we have received signed confirmation from the Maryland State Medical Society, the Wisconsin Medical Society, the Medical Society of Virginia, the Medical Society of the District of Columbia, and the Puerto Rico Medical Association (who contacted us) of their willingness to participate in the project. At the same time, the Medical Association of the State of Alabama has withdrawn from the project (though we will continue to discuss this with them, and expect they may rejoin the project), leaving only Alabama and Massachusetts as potential states not presently participating in the project. This has brought the total expected number of volumes to be digitized up to 3856 volumes (nearly 300 volumes more than initially anticipated), representing 97 titles.

The five partners have thus far digitized 1,083,496 pages from 1361 volumes (representing 37 state or regional medical societies). Sample covers and pages are provided as an appendix. The average number of pages per volume – 796 – represents nearly one hundred pages per volume more than initially estimated. This is owing to unexpected numbers of informationally rich unnumbered pages. As such, multiplying our higher volume count by our higher page-per-volume figure results in an anticipated total number of 3,069,773 pages, or 569,404 pages more than initially expected. In addition to the digitization funding provided by the National Endowment for the Humanities, The Arcadia Fund, through the Harvard University Library, provided \$60,000 in digitization funding this past year. The remaining approximately \$77,000 in digitization funding will come from endowed funds at Harvard Medical School (we were notified in January of 2016 that the medical school would generously provide up to \$104,163 in such digitization funding for the project, leveraging the money already received by the National Endowment for the Humanities and The Arcadia Fund).

The five partners have been sending journal volumes to regional Internet Archive (IA) sites for digitization. The New York Academy of Medicine and the University of Maryland-Baltimore initially had issues with the quality of digitization (over-cropped or illegible images), but the IA has since corrected all of these problems. The remaining partners (the College of Physicians of Philadelphia, the University of California-San Francisco, and Harvard Medical School) have all been satisfied with IA’s work.

Representatives from the Medical Heritage Library and leading historians of medicine were able to present on the project at the annual meeting of the American Association of the History of Medicine in Minneapolis on April 30, 2016. Our lunch session, entitled “Medicine at the Ground Level,” was devoted to the state medical journal digitization project. The session was well-attended (over 40 audience members), and generated considerable enthusiasm about the utility of the project in terms of access to the materials, the comprehensive scope (yet bounded nature) of the project, and the enabling of novel forms of digital scholarship.

Looking ahead to our second year, we have presently digitized 35% of the expected final output. However, our pace of digitization has been increased rapidly as workflows have been standardized, and we anticipate no difficulties with completing the digitization of all the journals in Year 2 (indeed, we anticipate finishing the bulk of the digitization before the end of the calendar year). Presently, all the journals that have been digitized can be accessed through the Medical Heritage Library site at the Internet Archive. Advanced search functions can be performed through the MHL search tool, and we will devote internal resources to further developing such functionality over the course of the next year.

Appendix: Sample pages (1 cover, 3 sample pages)



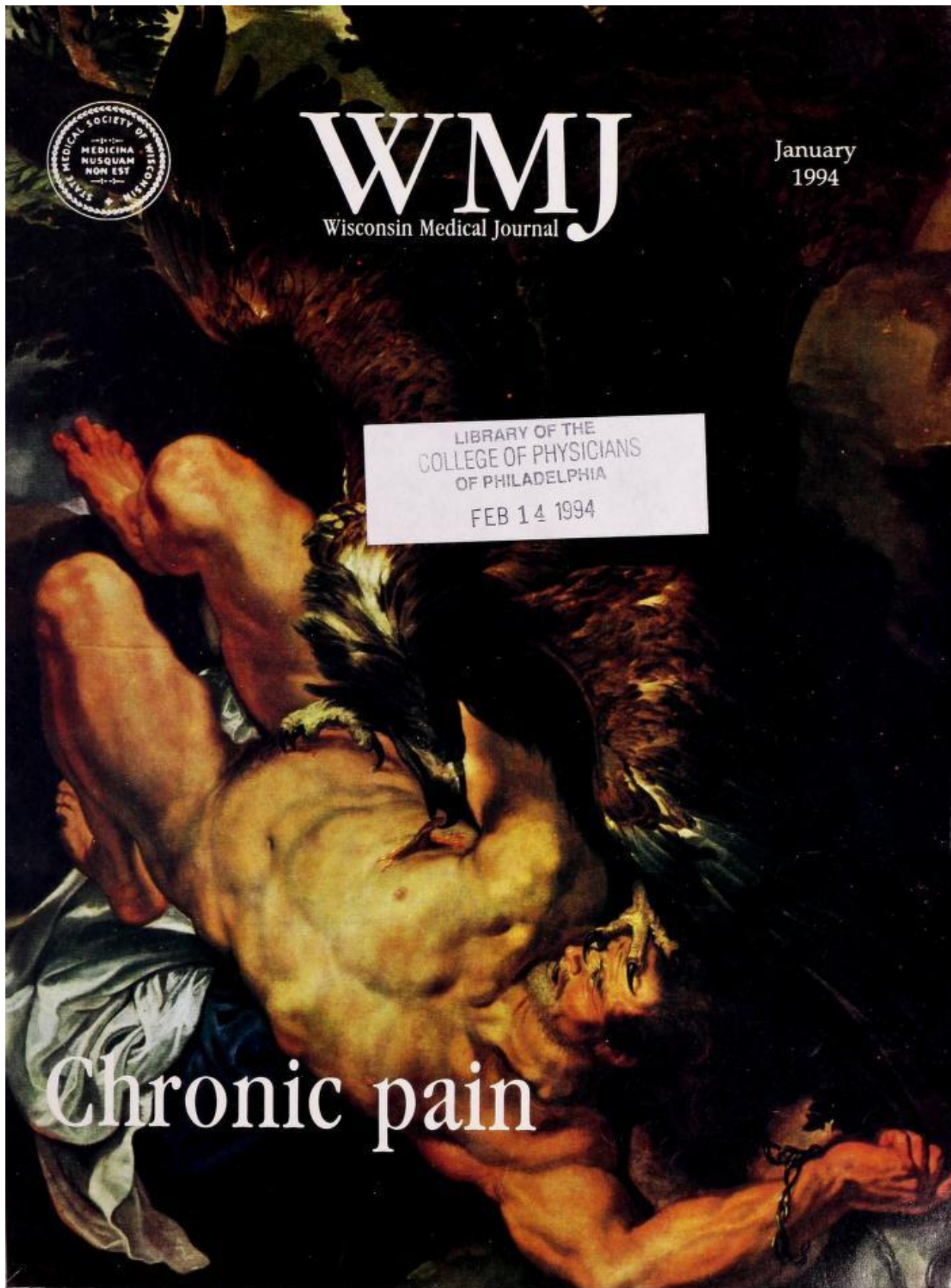
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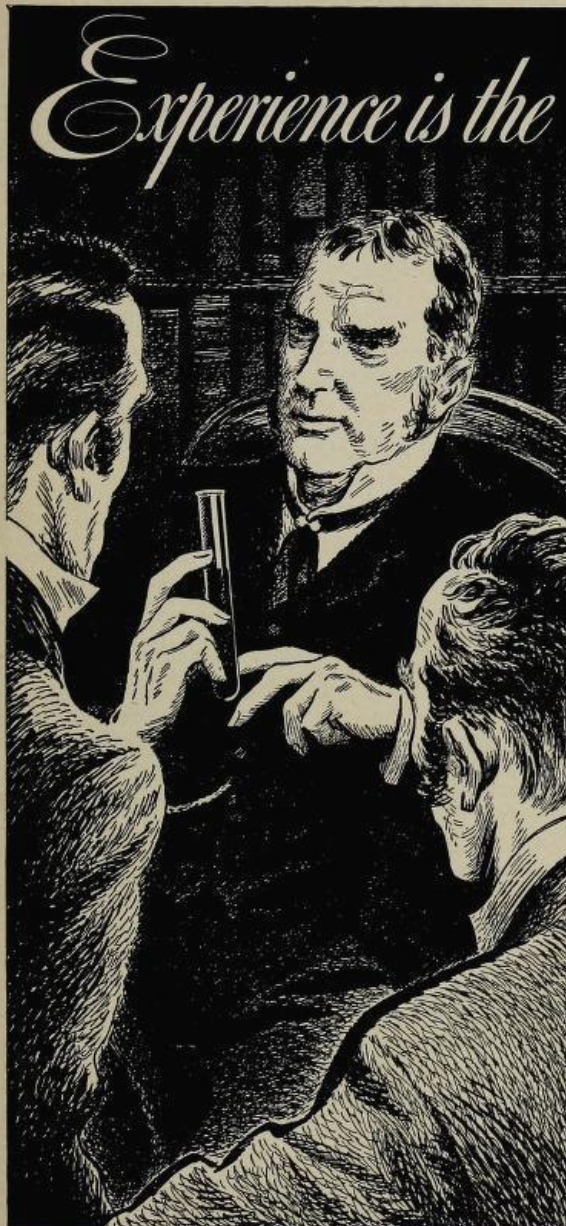
Wisconsin Medical Journal

January  
1994

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# Chronic pain





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## EPITOMES—PREVENTIVE MEDICINE AND PUBLIC HEALTH

"gamma globulin") before entering. The efficacy of administering immune globulin to all children and employees at day-care centers in outbreaks is being evaluated. However, it appears that the presence of even one case in a child or employee of a center that has children under the age of 2 is an indication for administering immune globulin to all center children and employees. For six weeks following the last case, any child newly admitted to the center should also receive immune globulin. When several cases are recognized simultaneously in multiple families associated with a single center, administration of immune globulin to household contacts of children 3 years or younger also should be considered. In those centers having only children older than 2 years of age, spread is less likely after an index infection, and immune globulin usually is indicated only for center staff, age-group contacts at the center and for household contacts of the infected child.

Second, outbreaks can be further controlled by preventing the spread of disease to other centers. Centers where infection has occurred should not be closed and parents should be urged not to transfer their children—and thus, infection—to other centers.

RONALD R. ROBERTO, MD

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**Medical Problems in Homosexual Men**

SOME URBAN AREAS have large numbers of homosexual residents and several infectious diseases are reportedly much higher among these special groups than in the overall urban population. As a group, homosexual men tend to be more sexually active with multiple partners than their heterosexual peers. This greater degree of sexual activity is reflected in a higher incidence rate of sexually transmitted diseases, such as syphilis, gonorrhea, nongonorrheal urethritis, herpes and acuminant warts. Asymptomatic carriers of rectal gonorrhea and rectal herpes are an important reservoir of infection.

Following syphilis and gonorrhea, shigellosis, amebiasis, giardiasis and hepatitis A are the most frequently reported infectious diseases among

homosexual men. Formerly, it was believed that these infections were usually transmitted by ingestion of fecally contaminated food or water. Epidemiologic study now suggests that multiple sexual contacts of oral-anal and orogenital character are a major means of transmitting these enteric infections. While these modes of sexual interplay are not exclusively homosexual practices, the incidence rates of these enteric diseases reported among men 20 to 40 years old are six to ten times greater than those reported in women or men in any other age groups, and 60 percent to 70 percent of these reported patients are homosexual men. A small, unmeasurable percentage of patients with enteric infection remain asymptomatic carriers of the pathogens after recovery.

Special precautions are required to protect the public from infection transmitted by the 5 percent to 10 percent of patients with enteric disease who work as food handlers, bartenders, attendants in medical care facilities, and as teachers and aides in day-care centers for infants and young children.

Hepatitis B is also endemic, as shown by an almost 70 percent carrier rate of the antibody in selected groups of homosexual men. The infection may be transmitted by infected serum from minor abrasions into small breaks in anal or rectal mucosa. Saliva and semen also carry the hepatitis B antigen.

A new entity has just been added to the catalogue of medical conditions listed above. As of November 1981 more than 100 cases of *Pneumocystis carinii* pneumonia and Kaposi sarcomatosis were already known, having developed in various combinations in young homosexual men in United States cities on both coasts. Of the cases 24 were then known in the San Francisco Bay Area (eight of the patients had died) and more were reported from the Los Angeles area. Kaposi sarcoma and *Pneumocystis* pneumonia were proving rapidly fatal to some patients in this presumably fairly healthy population. In contrast, the malignant condition was formerly reported as taking a rather indolent course in very elderly persons in Africa, or as developing in patients elsewhere who were receiving immunosuppressive therapy for other medical conditions. Units from the Centers for Disease Control are cooperating in epidemiologic studies with local public health departments and private physicians. Suspected interrelationship—possibly on a genetic level—of Epstein-Barr virus, cytomegalovirus and perhaps

## *The President's Message*

DEAR DOCTOR:

At the interim meeting of the A.M.A. in Denver, it was made very plain that the attack on organized medicine is being put into high gear by the administration. Hearings which of course, tend to be packed in favor of the King-Anderson legislation, especially for public consumption, have been organized.

This presents a serious problem. It must be counteracted by the medical profession if we want to preserve our heritage of free enterprise and free choice, and protect our future generation from the yoke of socialism and its many tragic pitfalls.

If medicine is to survive as a free profession, we, as doctors, must individually and collectively become more responsible for the outcome of this attack on the American system of medical care by legislative action.

AMPAC is a non-political organization which will perform a worthwhile service in aiding to combat indignities being thrust at the medical profession and will help in improving the public posture of the medical profession.

Time is short—may our efforts not be wasted. Remember, those who need help must help themselves. This cannot be done by lip service, but by conscientious endeavor for the utmost in the care of the aged, without governmental interference.



*Yours very truly,*

A handwritten signature in cursive script, appearing to read "S. A. Rightman". The signature is written in dark ink on a light background.

*President*