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Clendening’s Liber Chronicarum (f.169v). Notice Pope Joan has been X-ed out as has the last line in the paragraph below her image. There is also a margin reference note (“Error”) beside the paragraph. Story, page 5.
The Pleasures of Historical Research

This last month brought sad news for our region, with a sharp rise in COVID hospitalizations and deaths. We have also seen a rise in vaccination rates, offering hope that we can turn this around. But under the present conditions, our department has been wrestling with how to preserve access to our historical collections in a way that minimizes risk — and complies with a puzzling state law in Kansas that prohibits any restrictions based on COVID vaccination status.

The importance of preserving access to historical collections has been more evident to me than ever. Even the limited access that is now available has been crucial to a project of mine on the rise and fall of surgery for ulcers. Peptic ulcer disease was a shockingly large threat to health in the mid-twentieth century. The National Health Survey of 1935 found that ulcers were the fourth leading cause of disability in the US among men in their 40s and 50s. By 1959, a RAND study was estimating that 10,000 people would die annually from ulcers and over 200,000 people a year would become disabled. The report went on to speculate that one in ten people stricken with ulcers would require surgery. Today, comparable national surveys do not mention ulcer disease as a separate cause of disability. And in my own medical career, I do not recall ever hearing of surgery done for ulcers.

These observations raised a host of questions for me. Why was surgery the answer in the 1950s? What did “ulcer surgery” mean? And what happened to this once pressing problem of ulcer disease?

Pursuing these questions took me to the archives, which provided clues, of course, but also some unexpected links, most recently while tracing the courageous career of Raymond Woodrow Postlethwait. Postlethwait was a surgeon at Duke who also sought answers about ulcer surgery. At the height of Postlethwait’s career, in the 1950s and 1960s, there were several types of surgery being performed for ulcers, each with its own variations and modifications. Postlethwait wanted to know how good these surgeries were, and which type of surgery worked best. To answer these questions, he organized a series of complex, multicenter clinical trials in surgery, among the first of this kind in US surgery.

I could readily follow Postlethwait’s research through his publications in medical journals. But these sources said little about his background or who he was. Most of his career he served as a surgeon at the VA Hospital affiliated with Duke University. So, I wrote to the folks at the Duke Medical Center Library and Archives, where I got an immediate and helpful reply. A biographical tidbit in Postlethwait’s obituary provided a surprising connection to KU Medical Center. The first paragraph of his brief obituary mentioned that he served as medical officer in the Second World War in the Battle of the Bulge. I wondered why that particular item rose to importance in a short summary of his life. Further clues appeared just a few lines below. Postlethwait had served during the war as a surgeon with the 77th Evacuation Hospital. This was the unit directed and staffed by physicians and nurses at the University of Kansas School of Medicine.

That made the next steps much easier. Our department has had a strong connection to the physicians of the 77th. The 77th Evacuation Hospital sat just behind the front lines throughout the European campaign. On their return, these men set out to document their experiences, which resulted in 1949 in the book Medicine Under Canvas. Several members of our department were closely involved with the book and its extension into a reissued printing and a full-length documentary movie, relying on contraband handheld, color movies taken by one of the officers of the 77th — still held in the archives.

Medicine Under Canvas presented a vivid picture of surgical work under the direst of conditions. By chance, Postlethwait himself had taken a central role in organizing and writing the original book. Whether from modesty or happenstance, Postlethwait’s personal observations appear nowhere in the book. But it is easy to follow his movements using the precise records in the book of who went where when.
4 General Announcements

From these pages, I learned that Postlethwait was at the Battle of the Bulge in a unique position. Just prior to the worst of the fighting, Captain George Ashley was dispatched with a small cadre of medical officers. They were desperately needed to support another frontline hospital that was overwhelmed with casualties. Postlethwait was part of Ashley’s contingent, and Ashley provided a firsthand account of what happened next. As the team struggled to stay ahead of the surgical case load, the leading edge of the fighting shifted suddenly. The surgeons began to hear small arms fire coming closer. Waiting for further orders, they began packing up. Finally, a retreating officer stopped briefly to say that the front had collapsed. They had to get out. The team found an unused water truck, the only vehicle still in operation. All thirty officers piled in. Ashley and his team made it safely back to the 77th. All we know for sure is that Postlethwait made it back too, presumably aboard the water truck with his colleagues.

Postlethwait died in 2001 before the work on the movie and the reissue of Canvas began. His two decades of surgical trials on ulcers have not received attention in even detailed histories of gastroenterology and gastric surgery. Though the studies were imperfect, their use of control groups and randomization represented pioneering efforts. And the results are still worthy of note. Postlethwait found in the end that no one of the four different, major versions of gastric surgery for ulcers had a clear advantage over the others. In addition, it seemed that outcomes from certain procedures were reasonably comparable to the outcomes from extended treatment with antacids and diet. These results were not the sort that draws sustained attention, at least at the time.


Chris Crenner, MD, PhD
Professor and Chair

Civic Engagement and Civic Infrastructure to Advance Civic Health Equity

The poor state of America’s overall health, declining life expectancy, and gaping health inequalities are rooted in historical, social, economic, and environmental conditions in which people learn, live, work, and age. While incomplete, progress has been made in measuring and mapping the effects of social conditions on health at the population level. Less is understood about the social values, civic practices, and collective choices that shape the distribution of these conditions. This spring, Dr. Erika Blacksher, Research Professor at the University of Kansas Medical Center and John B. Francis Chair at the Center for Practical Bioethics, was asked to join a National Academies of Sciences, Engineering, and Medicine committee to plan a workshop that explored the relationships between civic and political engagement and health, an activity of the Roundtable on Population Health Improvement. “Civic Engagement and Civic Infrastructure to Advance Health Equity” aired on June 14-15, 2021, with some five hundred people participating over the course of two days. The workshop featured four panels and some sixteen speakers, who addressed definitions and frameworks of civic engagement and civic infrastructure, measures of health and civic engagement and the links between them, and the roles of civic education, fair elections, political and community engagement, and local media on the health of America’s people and democracy. Dr. Blacksher worked with fellow planning committee members and NASEM staff to design the workshop’s concluding activity, a “mini-deliberation’ in which a subset of participants weighed in on the question, which civic infrastructure investments are most important to advance health equity? More can be learned here:
https://www.nationalacademies.org/events.

Erika Blacksher, PhD
Research Professor
R.H. Major Luncheon Seminar Series

Following the excellent array of Zoom-based presentations in the fall, the spring complement proceeded in the same vein. For many of us, the opportunities yielded by the Zoom platform have served as a sort of salve against COVID’s assault to traditional community engagement. For my part, I have relished the capability of Zoom to include several of our friends outside the Kansas City area both as contributors and audience members. We certainly don’t want to close these newly opened avenues for inclusion and participation. The advantages as well as the delights of an extended network will no doubt factor into our future planning for this series, namely the possibilities of a hybridized arrangement post-pandemic.

Scheduling Professor Bert Hansen for the spring line-up was a special treat. He joined us for a co-sponsored talk between our department and the Department of Obstetrics and Gynecology as part of their Ground Rounds series. His talk, “Teaching Medical Students to Deliver Babies 150 Years Ago,” derives from his study of a student notebook of twenty-six lectures given by a New York physician during the winter of 1866-67. The study provides a fascinating glimpse into the world of nineteenth-century medical education in the United States as well as a historical counterpoint for modern obstetrical practice.

In keeping with the general theme of education in the US, Dr. Sarah Naramore presented “Preparing the Next Generation of ‘Republican Machines’: Education in the Work of Benjamin Rush.” Dr. Naramore’s talk is part of her current book project, which explores Rush amid the world of the early American Republic. Among the questions she explores in her analysis is the formation of a healthy citizenry, which for Rush, was an inextricably medical, political, and educational concern.

The concluding session for the spring featured Dr. Sarah Robins from KU-Lawrence with her talk “How Optogenetics is Changing the Way We Think about Memory and Its Disorders.” She offered a fascinating overview of a new approach to memory as allied with cutting-edge neuroscience. From this, she (and we as well) may contemplate the implications for the philosophy of mind and the avenues within it most apt to pursue.

I look forward to seeing many of you during the 2021-22 series. Stay tuned for further details!

Ryan Fagan, PhD
Research Assistant Professor

Library Notes

Liber Chronicarum:

In late May 2021 the Clendening Library was contacted by Candace Reilly, Manager of Special Collections at Drew University in New Jersey. She and her student team were conducting a digital census of the imagery (defacement) of Pope Joan in the 1493 Latin edition of Schedel’s Liber Chronicarum, also known as the Book of Chronicles, Die Schedelsche Weltchronik, Schedel’s World History, and most recognizable, the Nuremberg Chronicles. Our talented Museum Curator, Jamie Rees, took the photographs of the requested pages and we sent them on to be included in the census. And yes, we did have some defacement of that entry!

The Liber Chronicarum as a 1493 history of the world was controversial (as most books were) with many entries causing arguments among readers. As one source describes, “Catholic readers were often indignant at the story of Pope Joan – reputedly a 9th-century female pope whose gender was only revealed when she gave birth during the cross procession....” Catholic readers of the Chronicle crossed out the text about Pope Joan and blotted, burned, or erased the woodcut depicting her. Some readers even wrote ‘lies’ in the margin.” https://nuremberghchronicle.co.uk/chronicles/treating-pope-joan/ (07/13/2021)

Even Schedel’s own exquisitely hand colored copy has text about Pope Joan struck through. His copy is online at https://www.wdl.org/en/item/4108/ (see page 411).

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We’ll look forward to seeing the results of the census and comparing the images.

Dawn McInnis, BS
Rare Book Librarian
Museum News

Though I have been able to catalogue fewer artifacts this year, we have still been able to tease out interesting stories from the collection. One of the artifacts donated to the museum this year also helped shed some light on a photograph in the KUMC Archives. The artifact, a microscope in its original case donated by Dr. James Wise, belonged to his grandfather, Dr. Claude E. Duckett. Dr. Duckett graduated from University Medical College in Kansas City, Missouri, in 1909. He likely purchased the microscope, a Bausch & Lomb model introduced in the 1890s, for use as a medical student or early in his practice. He went on to practice medicine in Lamar, Missouri, for many years, and served in the state legislature from 1951 through 1957. During our conversation about his family, Dr. Wise revealed that he recognized his grandfather featured prominently on the cover of *The University of Kansas Medical Center: A Pictorial History*. So far, this is the only person in the photograph that has been able to be identified.

Jamie Rees, MA

From the Archives

This past June I presented a lecture to a group at the Shawnee Indian Mission State Historical Site. I was surprised to receive the invitation to speak at the museum, but also excited for the opportunity to present on Med Center history to an eager audience. They gave me free rein on topics, and so I chose to focus on one of my favorite aspects of KUMC history. I have always been fascinated with the early years of the Med Center, and so I presented on Dr. Simeon Bishop Bell and the founding of the KU School of Medicine.

In the early 1900s, the state and the University of Kansas constructed the Eleanor Taylor Bell Memorial Hospital in Rosedale following a sizeable donation of land and money from Dr. Bell. The new clinical site, named in honor of Simeon’s deceased wife, allowed the University to expand its two-year premedical course to a full, four-year program in the new KU School of Medicine. We are lucky to house some of Dr. Bell’s original papers and records in the archives, and I thought that I knew Dr. Bell’s story fairly well. While preparing for my presentation, however, I managed to learn several interesting tidbits about the Med Center’s benefactor that were new to me.

For instance, I did not know that a young Dr. Bell crossed paths with William Quantrill several times during the Civil War. Quantrill’s raids usually left Simeon’s farmstead in Aubry, Kansas, in ruins and his
general store looted, but thankfully the Bushwhackers spared his life. Simeon did not escape completely unscathed, and he received multiple skull fractures during attacks in 1861 and 1863 that caused debilitating headaches. Dr. Bell received a steel plate following the end of the war, but headaches bothered him until his death in 1913.

Furthermore, I learned that Dr. Bell petitioned for and funded the construction of Southwest Boulevard. Apparently, he promoted the construction of roads and boulevards throughout Wyandotte and Johnson Counties, earning him the reputation as the “pioneer good roads advocate.” Perhaps his intentions were not entirely altruistic, though, as infrastructure development in the area increased the value of his own property exponentially. Ulterior motives aside, we can appreciate that Dr. Bell entrusted his newfound wealth with the University of Kansas to the benefit of the people of Rosedale and Kansas City and the countless students who have graduated from the Med Center since its founding.

I enjoyed my visit to the Shawnee Indian Mission, and I appreciated the opportunity to present at the museum. The invitation allowed me the chance to revisit our collections and expand my own knowledge of the Med Center’s history. I enjoyed the engagement and participation of the audience, and I look forward to more opportunities to share the history of the Med Center in the future. If you are interested in learning more about Dr. Bell or his papers housed in the archives, please contact archivist Alex Welborn.

Alex Welborn, MLIS
Head Archivist

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