

## ***“Archives and Medicine” Revisited: Looking Out, Looking In, and Looking Ahead***

In 1980, *Archivaria* 10 featured articles which focused on the substance of research in medical history, exploring the possible uses for sources whose richness had not previously been either recognized or exploited.<sup>1</sup> Indeed, the thread which united that issue, if one piece of a rich tapestry had to be selected, would be the abundance of pertinent materials in archives for the new social history and for the fledgling history of Canadian medicine. Sixteen years later, *Archivaria* revisits the theme of archives and medicine, this time concentrating on archival issues. Looking out beyond the medical connection, these articles provide a microcosm of current concerns in archival work. The relationships explored by our contributors--gender, patient/care-giver, regular/alternative medicine, nurses/nursing, liberty/confinement, volunteer/paid--are not unique to medicine and health. Technology, social relationships, the “included” and the “excluded” are issues which have an impact on the creation and keeping of records and on the appraisal of archives generally. Other commonalities with the larger archival arena are the right of access, the ethics of disclosure, the use of records and information, the politics of inclusion and diversity, the virtues of technology, and the value of heritage. All of these topics occur in areas as diverse as business, law, education, religion, and government.

But it is by looking in to the substance of archives and medicine, and particularly to medical archives, that these articles make a special contribution. The conjunction of archives with medicine is still the best umbrella for covering the breadth of matters represented in this issue. “Medical archives” or “health care archives”--both suitable alternatives at first glance--are difficult to define precisely, referring neither to types of documents, nor to an exclusive field of research, distinct functions, or institutions. The meaning of medical or health care archives--whether conceived as documents, subjects, or provenances--shifts in response to our changing ideas about what the field comprises and who should be included. Medicine and health are elastic concepts shaped by socially-conditioned understanding. The elasticity of their union tolerates much diversity, but at the price of making it difficult to sustain a focus on the intricate documentary web spun around illness and wellness.<sup>2</sup>

The annotated, topical bibliography, continuing the work begun by Carl Spadoni in 1989, demonstrates the growth of publications on the administration of medical archives and the nature of available sources. The compilation does not include a review of the literature in the history of medicine and health care. However, some insights are provided in Nancy McCall and Lisa A. Mix's "Scholarly Returns: Patterns of Research in a Medical Archives," which evaluates the use of archival sources in published research. This article explores the tracking of clients and use, identifying ways this activity strengthens acquisition development and reference. McCall and Mix suggest that while electronic access to finding aids will accommodate traditional historical research, digitized records open archives to clinical scientists who in the past have been unable to use historical data sets because of their format and location. Anne Gilliland-Swetland develops this potential in an electronic configuration for integrating an array of medical and health historical resources. Her research shows the possibilities of a digital research space which incorporates access to and descriptions of related information sources, including archives, artifacts, and photographs. Kathryn McPherson's timely paper on nursing history reinforces the importance of actively uniting archives with memory. But a plurality of memories depends on problematizing nursing as care and not as a profession or an occupational group. Actions based on unexamined assumptions may have unforeseen effects for traditional archival activities as well as for virtual research spaces, particularly because of the risks in World Wide Web sites for promoting sources selectively rather than holistically.

The state is a major player in the people's health. Tom Belton, Carolyn Heald, and Barbara Clow explore very different genres of documents produced by the relationship of citizens to the sovereign power. Belton examines the procedure for circumscribing individual liberty by certification of mental incompetence. Judicially-sanctioned committal to an institution spawned a documentary arsenal with intricate provenencial and documentary connections. Belton demonstrates the complex nature of psychiatric case files, which are neither monolithic through time nor oriented to one goal. Heald discusses the importance of record-keeping to public health as its statistical possibilities were seized upon by government officials, convinced that cumulative recording provided useful measurements and anxious to prove success by numbers. Clow's documentary biography of the cancer cure Essiac shows the intersection of the official world of procedures with the intangible world of the folk, with its myths and heroic stories. The history that surrounds this formula and its recorded manifestations shows the rigid boundaries of documents in expressing the total community of actions which together have a continuing social force. The undiminished strength of folk belief is a persistent thread in our social fabric. If the archival task is to preserve society's documentary relationships, this can be better accomplished when we are aware of the force and meaning of the undocumented.

Concern for regularity and clarity in hospital records is not new to this century. Batson's trust and its documentary array of declarations, addresses, and lists provide insights into the way that the managers of one hospital ordered their records to make them useful. Batson's involvement with the details of administrative record-keeping may have been unusual in Regency England--the trust is unique in hospitals--but it is nonetheless a tangible acknowledgement of the power of records in the life of the institution. Elizabeth Denham's exploration of the archivist's role in the decommis-

sioning of hospitals in Alberta demonstrates the continuing importance of a Batson-like concern for proper records management in hospitals. Alistair Tough and Hamish Maxwell-Stewart explore ideas for controlling clinical records and integrating these into on-going research in medicine and health care. They speak candidly about the problems with case files which in certain Glasgow hospitals have been tackled systematically and with broad support.

Many areas of medicine and archives are not represented in these articles--the topics in this issue are illustrative but not exhaustive. Some of the gaps are obvious. There is no report on strategic approaches to documentation in health care, a strategy much discussed in recent years and in the course of implementation, perforce, in connection with AIDS.<sup>3</sup> That epidemic raises many issues, from acquisition to access. What is the archivist's responsibility in preserving a usable memory of groups whose documentary habits are imperfectly formed? The importance of folk networks, strongly manifest in the AIDS experience, re-introduces the need for archives to address their relationship to other memorial activities and forms. One fruitful area appears to be the relationship between the artifactual, iconographic, and textual. Ephemera collecting and the contribution of print and book cultures need to be examined as these domains relate to archives and to archival work. The nexus among documentary forms and other modes of communication and information-bearing materials will become increasingly important as technologies and the law embrace new hybrid records in hyper media systems. The forms and genres of documents produced by procedures in patient care need to be examined by research into current and historical clinical record systems. A case record's multiple relationships--to professionals, administrators, and subject(s)--is an area of research suited to archivists whose skills are in analyzing documents according to their nature and in context. How are private documents related to institutional fonds in the medical and health fields, where professional boundaries intersect, personal and public domains co-exist, and institutions overlap? How do folk and home traditions, whose strength is long and persistent, achieve a documentary status and how can their importance be recognized?

While medical archives continue to prove their richness for history, the terrain of sources is rugged to negotiate, imperfectly charted, and full of traps for those without a canny sense of the diviner. From the archivist's point of view, directing users to the potential in sources is a not insubstantial problem to be surmounted. At the very least, the individuality of institutions and the dispersal of the universe of relevant documents among many types of repository obscure the shape of the larger picture in a welter of detail. Description for the purposes of preserving meaning and providing useful access are real challenges in medical archives. McCall and Mix demonstrate the importance of tracking users, particularly from the perspective of the repository. But there are many other legitimate questions about use we could ask. For example, how have clinical researchers used archival sources? How have these contributed to solving research problems in science? By systematically examining actual and potential uses of archives in research we may uncover ideas for enhancing finding aids. Other areas of archival work would benefit from methodical programmes of careful empirical research. For example, evaluating the response of users to guides and finding aids would help us understand their needs in relations to our services and may attract others to primary sources in the future.<sup>4</sup>

Underscoring these articles is the lingering problem posed by the poor representation of archival programmes in medical institutions: these are few in number and their existence can be precarious. More common are medically-relevant fonds scattered throughout many types of institutional archives. Both the dedicated historical archives in a medical facility and deposited fonds are isolated functionally and conceptually from current records. The division of record-keeping into two areas, one devoted to current records, the other to historical materials, minimizes the virtues of continuity. Heroic salvage operations may be well-intentioned, but these should be exceptional. Positioning archives in a sustaining relationship with current record-keeping in medical institutions would seem to be an essential task for the future. We may accomplish the union of immediate with long-term interests in the management of records by demonstrating the fundamental dependence of research into events in the past on sources of all types.

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Theme Editor

### Notes

- 1 The archives and medicine theme articles in *Archivaria* 10 (Summer 1980) were: "Editorial"; "The New Social History of Medicine: Some Implications for Research" by Samuel Shortt; "Frobisher's Eskimos in England" by Neil Cheshire, Tony Waldron, Alison Quinn, and David Quinn; "The Medical Practice of George Chalmers, M.D." by Rosalie Stott; "The Archives of the Inelusa" by Joan Sherwood; "Amputations in Upper Canada" by Charles Roland; "'Allmost Like Ireland': St. John, N.B. 1847" by Jim Whalen; "'Architecture as Therapy'" by Tom Brown; "Gynaecological Operations on the Insane" by Wendy Mitchinson; "Toronto's Public Health Photography" by Janice Sandomirsky; "Researching Public Health Services in Ontario, 1882-1930" by Heather MacDougall; "Records of Tuberculosis in Calgary" by Janice McGinnis; "The Picture of Health" by Barbara Craig and Gordon Dodds.
- 2 Joan D. Krizack, ed., *Documentation Planning for the U.S. Health Care System* (Baltimore, 1994) develops a strategic approach to health documentation using the current national "system" of the United States as a basic framework for identifying pertinent documents. N. McCall and L. Mix, eds., *Designing Archival Programs to Advance Knowledge in the Health Fields* (Baltimore, 1995) contains several essays which tackle this subject. See especially "1. The Broadening Base and Changing Media of Evidence in the Health Fields." Hamish Maxwell-Stewart, Julia Sheppard, and Geoffrey Yeo, *Hospital Patient Case Records. A Guide to Their Retention and Disposal* (London, 1996) explores complex documents from the point of view of appraisal. These examples are illustrative of the complexities of establishing the interconnections among documents pertinent to health.
- 3 Janet Foster, *AIDS Archives in the United Kingdom* (London, 1990) is an important guide to the incipient archives associated with organizations dealing with or responding to the impact of AIDS on the community. In the United States, a major AIDS documentation project is underway at the University of Southern California in San Francisco.
- 4 In 1996, a funded research project undertook to survey the information needs of researchers active in Canadian medical history research and teaching. Another project is preparing a citation analysis of primary archives sources in published clinical research and medical historical research since 1975. Publications will be forthcoming from both of these preliminary projects.