A Letter from the President:

The theme for this year at the Edward Hand Medical Heritage Foundation is “change.”

You will notice immediately we have undergone an extensive branding exercise, and as part of that, we have determined that we need to change our name. We are, in fact, a museum, and that is what we will be emphasizing in the future. We have not yet officially changed our name, but this newsletter is part of our unveiling of the new colors, logo, and name, “The Edward Hand Medical Museum.”

Like many organizations, we are seeing changes in our volunteer ranks. You may have already noticed that Dr. Fred Saunders has turned over his responsibility as editor of the newsletter to Dr. Joe Lahr.

Dr. Lahr has a unique perspective on our medical history as a county native and author of Hale Columbia—a historical study of medicine in Columbia. We are very grateful for Dr. Saunders’ leadership and editorial efforts over the past year, and he will remain on the Board.

Myke Rogers has finished his term as Treasurer after spending many hours with our books and in educating us on the necessity of fundraising. His magical and extensive spreadsheets were helpful to us as we learned about the ebb and flow of resources. Many thanks to Myke! Dr. Gerald Rothaker had picked up the responsibility of Treasurer and has already guided us through the transition to QuickBooks and our financial review with Trout, Ebersole & Groff. We are most grateful for Jerry’s steady leadership in finance.

Allow me to introduce myself as the new editor of this newsletter. I am a Lititz native and 1979 graduate of the LGH Family Medicine Program. I have retired after nearly forty years in practice, although I still do some hospice work.

My interest in medical history was stimulated by two incidental discoveries. The first was an 1883 smallpox epidemic in Lancaster, and the second was a record of Infectious Disease maintained by the Columbia Board of Health from 1893-1905. Both investigations have been published, the latter as Hale Columbia. My wife, Denise, edited, designed, and nudged me to finish the book and will help me with this newsletter.

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We have added several other new Board members who bring a variety of skills and subject matter expertise. Dr. Hilary Aquino teaches Medical History and Public Health at Albright College. Dr. Carrie Smith teaches Sociology of Health at Millersville University, with a research focus on medicine and topics relating to reproductive health and childbirth. Kristy Askey has joined the Board from the Medical Affairs office at LGH replacing Carl Manelius. Mr. Manelius, despite his retirement from LGH, will be staying on as chair of our Collections Committee. Dr. Manjeet Kaur, practicing neonatalist and pediatric specialist has also joined the board in the past year, as has Dr. Joseph Lahr.

Thanks also to Dr. Kenneth Brubaker who delivered an excellent presentation in May on the history of gerontology at LancasterHistory.org., our partner in the annual lecture guided by Dr. Laurence Carroll and the Education Committee.

Personally, I am very grateful for the steady leadership of Dr. Barton Halpern, our Vice President, who has made a video of the founding of our Museum and has researched and spoken on the use of local plants in our medical history. And I am most grateful for the advice and counsel of Dr. Nik Zervanos, our past Chair, who remains on the Board as a passionate advocate for our Museum.

An Update From the Executive Director, Hannah Lerew:

As a staff of one, I have been working hard to gain new skills in order to better serve the Museum. Since I have transitioned to full-time status this past May, I have completed the AASLH’s (American Association of State and Local History) Basics of Archives online course and participated in the Grantmanship Center’s week-long training, hosted at the Mütter Museum. With this new training, I hope to write a successful grant to digitize and preserve the Museum’s archives, in an effort to expand our virtual museum.

Efforts over this last year have been focused on ways to spread awareness and promote interest in the Museum. A big part of that has been revamping our online presence, mainly our website. With the help of some Millersville students, we have launched a social media campaign through Facebook and Instagram. After much deliberation and input from our board and students, we have decided to work with Tower Marketing to build a completely new website in an effort to update our branding. This includes an overhaul of our virtual museum, which will be more useful, editable, and effective than our current one. Until the Museum can find a more easily accessible home, we hope to use our website and virtual museum to preserve and make the rich heritage of the healing arts in Lancaster county more available.

In addition to updating the website, we decided to update other aspects of the Museum to better align with national museum standards. This includes a reconstruction of our membership tiers and levels of giving, as well as building new outreach programs and conducting a written and oral history project based on the global health volunteering of Lancaster county physicians, as described later in this newsletter. These new projects are supported through our board members and dedicated volunteers. If you have any interested in participating or have other ideas for museum projects, please contact me at executivedirector@edwardhandmedicalmuseum.org. For financial donations, please look for us this Extraordinary Give on November 16th, 2018, or visit our new website for an online donation portal.

Thank you for your ongoing support and interest in this organization.

Finally, please check out our updated website and look for us on Facebook and Instagram. You will find fascinating photographs from the history of medicine in Lancaster County that show how the county has contributed to the development of medicine in the nation. In today’s market, we need to make sure the public understands and values these contributions. We are proud to continue our efforts to meet the mission of the organization.

Susan C. Eckert, President
Announcing a new undertaking ...

The Global Medical Service History Project, by Tom Miller, MD

In service to the mission of recording and telling the history of medicine in Lancaster County, the Edward Hand Medical Museum is launching a new project to collect the writings, photos, artifacts and oral histories of physicians in our county who have voluntarily served in underserved areas. The stories of this work are part of this county’s greater story of sharing our abundance with others, and they challenge us to do even more.

Dr. Stanley Godshall, a retired family physician and one of the founders of Norlanco Family Medicine, served in Shirati, Tanzania, in 1978, 1982-1985, and 1995-1996, under the auspices of Eastern Mennonite Missions. He has generously shared some memories from 1978 in illustration of how such service impacts a community.

Preserving stories like Dr. Godshall’s is the purpose of this new project. The Museum hopes to find and record the many experiences of Lancaster physicians as they volunteer to serve those in need. If you’d like to be a part of this project, please take a moment to consider the questions listed on page five and send your responses to either of the addresses at the bottom of the questionnaire.

Selected Memories of Dr. Godshall’s 1978-79 work in Tanzania

Finding a back-page article in a November 1978 issue of “The Intelligencer Journal” with the headline “Thanksgiving will be Christmas for Dr. Godshall in Tanzania,” caused me to recall vividly my arrival at Shirati, Tanzania, six months prior. I was a young, US-trained family physician, unfamiliar with the practice of tropical medicine and surgery in a setting of deep poverty. I had left my colleagues at Norlanco Family Health Center behind for a one-year term of service at Shirati Hospital which was in dire need of physician services.

Before leaving Lancaster County I sat with Mr. Paul Wedel, the CEO of Lancaster General Hospital, to discuss the health and nursing home care of his mother, my patient. “When you get to Shirati, please write and tell me how it is,” he suggested. So on June 28, 1978, in the depth of my despair and depression, I wrote Mr. Wedel a letter.

Here are some excerpts from that letter:

“We arrived here May 5 and I am trying to get used to running a 120-bed (80% occupancy) hospital while having to cope with such in conveniences as no water for one whole week (the old pump broke down and the spare had been picked apart for spare parts over the years) and yesterday our [electricity] generator broke—so we are out of electricity for God knows how long…

Our per diem rate is 10 shillings ($1.20): 5 shillings for the bed and 5 shillings for the medicines...a steep rate when minimum wage is 15 cents per hour…

I guess it points out the tremendous gulf between the rich and the poor. While in Lancaster County I hear about the needs in the Third World... But now that I’m here and suffering with them it really hurts and makes me feel bitter to think that my stateside friends are spending millions to make a great hospital better while I sit in Shirati cancelling surgery because we cannot afford a stand-by generator, or using local anesthesia because we cannot afford ether from the private drug stores, or seeing horrendous wound infections because the gloves I used have been reused umpteen times and have holes, and the instruments are not properly sterilized, etc…

A craniotomy patient 8 days post-surgery. He was comatose before the operation, but “woke up” toward the end of the 4-hour procedure and began speaking. I used a rusty trephine—had never even witnessed a burr hole before! It turned out he had an epidural hematoma putting pressure on his brain and dilating one of his pupils. The textbook said that for a blown right pupil, make the hole on the right side of the skull! They were correct.

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I don’t know what the answer is to the have–have not questions, but over here it must be asked—at home it can be ignored...Stop over sometime—you must see to believe this!” Then I added a P.S. “If you know of any source of capital for a hospital like Shirati, please inform me at once. Thanks.”

In an article in the December, 1978 issue of LGH’s publication, Generally Speaking, Mr. Wedel is quoted, “We were all deeply touched by what the letter said...” I learned that Mr Wedel had instructed Vice President, Tom Paisley to write a cover letter to the hospital staff:

“The letter from Dr Godshall and the situation it depicted was considered by the Joint Conference Committee, composed of Members of the Board of Trustees and the Medical and Dental Staff, at its September meeting. The Committee decided to share this special need with the Hospital Family and urge your support of this project. It will be of great encouragement of Dr Godshall to know that we here at the General are interested.” The Hospital Family responded and donated more than $12,000 to the Shirati Hospital. By the end of the year the Shirati Fund had received more than $28,000 from 220 donors! I was overwhelmed and on Dec. 4, 1978, I wrote a reply to Mr Wedel: “We here are very grateful for the overwhelming response of the LGH community to our needs. Please pass along our thanks...we reported the good news in our morning worship service today and afterward Pastor Nashan came to me and said, ‘God bless you.' So I pass that blessing along to you.”

Here are some words I wrote in a June 13, 1979, letter to Mr Wedel: “Almost one year ago I sent you a most depressing letter which you turned into gold for Shirati Hospital...let me pass along a big thank-you to you and all those who went to bat for us here in rural Tanzania!”

1978 was a pivotal year for Shirati Hospital. The funds that were received and the increased interest had stirred continuous gifts and personnel from abroad to assist the medical program. Shirati Hospital is now growing and running smoothly without personnel help from abroad. A Friends of Shirati board was formed which solicits and manages gifts for the hospital as determined by the Tanzanian doctors and staff.”

Left: One of more than a hundred c-sections I performed at Shirati;
Right: due to a scarcity of IV fluids, we set up an infusion unit using a reverse osmosis machine and sterilizer.

Left: The preferred delivery table at the hospital. Even after they got a new modern delivery table, most midwives preferred this wooden one.

Right: Stan, Operator of Station SH3SG, keeping in touch with the world beyond Shirati.
Questionnaire for Global Medical Service History Project

1. Have you participated in voluntary medical service? If so, please describe the location, time frame, length and scope of your work.
   a. If yes, do you regularly return to this area for medical work? If so, how often?
2. Do you have interest in sharing your experience in volunteer work?
3. During your work, did you document or share your experiences?
   a. If yes, would you be willing to donate these accounts to a museum in order to preserve them and make them available for research?
   b. If yes, what format did you document your experience?
4. Would you be willing to give an in-person presentation of your experience?
5. Would you be willing to work with a university student to create an oral history of your accounts?
6. Would you be willing to write up a formal description of your experience to publish through the museum?

Thanks for taking time to answer these questions. Please send your responses to Hannah Lerew at executivedirector@edwardhandmedicalmuseum.org or to Dr. Tom Miller at tljmiller@comcast.net. Alternatively, you can mail them to the Edward Hand Medical Museum at P. O. Box 10302, Lancaster, PA 17605

Meet the Board Members, Dr. Gerald Rothacker

Dr. Gerald Rothacker grew up in Minersville, Pa., and did his undergraduate education at Muhlenberg College and Medical School at Hahnemann Medical College (now Drexel University College of Medicine). After an Internship at LGH, he completed a residency in orthopedic surgery at the Mayo Clinic in Rochester, Minn. Returning to Lancaster in 1981, he joined Orthopedic Associates of Lancaster from which he retired in 2016. While in practice he served in many leadership positions at LGH including Chairman of Preferred Health Care Board, Chairman of the Department of Surgery, and Trustee for the Lancaster General Foundation Board. He is most proud of having been awarded the Henry S. Wentz Award in 2012 and inducted into the Societas Generalis Society for Excellence in Medicine in 2015.

Any spare time is consumed practicing and performing with the Auscultation Brass, Moonlighters Big Band, the Malta Band, and serving as an Elder at Highland Presbyterian Church and playing golf. He joined the Board of the Edward Hand Medical Museum in 2018 and serves as the Treasurer.

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As editor I want the newsletter to increase interest in and awareness of the Museum's collections. I would also like to facilitate the publication of research based on local medical history. Please feel free to contact me with any questions or suggestions at joseph.w.lahr@gmail.com

Joseph Wilson Lahr MD
Meet the Intern: Jo D’Avella

Joanna “Jo” D’Avella is a native of Monmouth County, New Jersey, and a senior at Franklin & Marshall College. Her major is History, with an emphasis on medical history, and her minor is Italian. She is a proud member of the Zeta Beta chapter of Phi Sigma Pi honor fraternity and tubist for the F&M wind ensemble. After college Jo plans to attend graduate school to pursue a doctorate in the history of medicine.

Jo was an intern in the museums of the Monmouth County Historical Society prior to spending the past summer at the Edward Hand Medical Museum. Jo’s task was to compile information on local pharmacies and medicinal advertisements from an overlooked period of medical history, that is, a time when there were few trained physicians in the county. As a result, pharmacists, herbalists, and even folk healers were called upon to provide the population with both primary medical care, including setting bones and pulling teeth, and pharmaceuticals.

Since all treatments were limited by the state of scientific knowledge, early pharmaceuticals were often emetics, laxatives, or various toxic substances assumed to be of some value. Other “potions” of unknown composition were compounded and hawked by local companies.

Her work is divided into two parts: “Take Your Medicine” and “A Doctor in the Advertisements.”

“Take Your Medicine” was inspired by the museum’s wooden apothecary cabinet which houses everything from jars designed for dangerous substances to brightly colored pills and brass scales.

“A Doctor in the Advertisements” explores the means used to sell pharmaceuticals to the citizens of Lancaster. When finished, Jo’s work will be posted on the website. Her mentor for this project has been Dr. Nik Zervanos.

Additional Resources


Your editor’s book, Hale Columbia, based on a record of infectious diseases kept by the Columbia Board of Health between 1893 and 1905. It is available at the Museum.

And don’t forget Dr. Wentz’s book, Patients are a Virtue, published in 1997, for a first-hand account of family practice in Lancaster’s Amish County. It can be found at the museum.
Chloroform Inhaler:

This specific chloroform mask was manufactured between 1880 and 1920. This type of inhaler, possibly a Yankauer design, was covered with a thick cloth and then held onto the patient’s face. The physician would drip chloroform onto the cloth until the desired effect was achieved. This inhaler design worked to keep the wet, chloroform-soaked cloth from touching the patient’s face, reducing skin irritation.

This inhaler was likely composed of nickel-plated brass and measures approximately 2 inches in height, 3 inches wide and 6 ¼ inches long.

Item EH101293 is a permanent part of the Museum’s anesthesiology collection. Photos are by Shelah Riley Photography.

History of Chloroform:

Until the invention of ether and chloroform in the 1840s, doctors and surgeons relied on substances, such as opiates and alcohol, to deaden patients’ senses.

Chloroform was first used as an anesthetic in 1847 and later became a popular alternative to ether. The introduction of chloroform, ether, and nitrous oxide (commonly known as laughing gas) allowed doctors and surgeons to safely reduce pain for longer periods of time. Chloroform was very popular in the United States until about 1900, when it was discovered that chloroform could cause liver damage. Although it fell out of fashion in the United States around 1900, its use continued, especially in the United Kingdom and Germany, well into the 1920s.

www.edwardhandmedicalheritage.org

Become a regular visitor to our website and check out the virtual museum. Discover the old, the new, and the unusual in our collection.

And check us out on Facebook and Instagram.
The newsletter of the Edward Hand Medical Museum is published annually by:

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Open Tuesday, Thursday, and Friday, 9 am to 3 pm, and by appointment

The Edward Hand Medical Heritage Foundation is a non-profit organization under Section 501(c)(3) of the Internal Revenue Code

We are located in the Burle Business Park. Turn off of New Holland Avenue at the light by Coyle Avenue, proceed straight past and around the parking lot, through security, and then follow the map to Building 2.