Medical Librarianship, A Mid-Century Survey: A Symposium

Changing Concepts in the Role of the Medical Librarian in the 20th Century*

By Estelle Brodman, Ph.D.

Assistant Librarian for Reference Services, National Library of Medicine

THE study of the past is important for an explanation of the present and as an aid in solving the problems of the future. For this reason a symposium on medical librarianship at mid-century is much more than an exercise in antiquarianism. According to the Talmud, there are three steps to perfection: Torah, or study; Kovanath, or honest reflection; and Mitzvath, or correct actions. Perhaps if we now apply Torah, study, and Kovanath, honest reflection, the way will become clear to us for the development of Mitzvath, correct actions, in the future.

If I read our professional literature aright, the *fundamental* role of the medical librarian has not changed in the half-century we are examining. The medical librarian has always been, and continues to be, the mediator between the physician and medical literature. What has changed over the years, however, is the emphasis placed on one or another phase of this mediation, and, to some extent, the concept of how each phase should be carried out. It appears to me, also, that the main factor in many of these changes has been the growth in the size of medical libraries generally.

It is obvious that in the early days of the century medical libraries were smaller than they are now. This is strikingly true wherever one looks; the largest libraries then (the Library of the Office of The Surgeon General, the New York Academy of Medicine Library, the Boston Medical Library, the College of Physicians of Philadelphia, for example) had collections which were no larger than today's outstanding medical school libraries, while the size of the "average" medical library has grown from 2,000 to 20,000 volumes in the intervening period. This fact has significance for the role of the librarian. Not only does a change in size bring about a quantitative change in problems; it changes them qualitatively as well. Smaller libraries need smaller staffs; smaller staffs do not require the administrative set-ups which larger staffs must have, so that, for example, the personnel officer or the librarian who has

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nothing to do with books is unknown in medical libraries until they become fairly large. It is not surprising, therefore, that the medical librarian in the first decade of this century was mainly expected to know his collection thoroughly, know the history of medicine and of printing, and help each of his library users personally.

That some librarians at the turn of the century—as, alas, today—did not live up to this ideal is revealed by a number of the articles in our own BULLETIN. In 1913, for example, Waterson (1) lamented: "The mere avowal from the busy doctor that he has 'a trained librarian' indicates that he is the victim of a delusion as to order and is certainly not guiltless when he has placed his most cherished possessions in the hands of one who, with ill-directed zeal, may commit atrocious crimes." Miss Waterson continues in this vein for several pages. " 'One who loves children', " she says, "is the first requisite of a nurse; 'one who loves books' should be the first thing required from a librarian. . . . Almost worse than hot devouring flame," she thunders, "is the cold bloodless cataloguing hand of the 'thoroughly trained librarian'. "

Such laments exist in other places, as for example the 1916 discussion on the use of the medical library, where it is said, "The present day librarian is picked for . . . executive ability and general usefulness [rather] than for any special love or any erudite knowledge of medical books and literature," and down to modern articles on the librarian as the enemy of books. But today's larger libraries demand some individuals to whom a library is just another business establishment to be managed economically, as a factory is managed, and one measure of the change in our concept of the role of the medical librarian is that today we accept, as we fatalistically accept the income tax, the necessity for admitting some librarians who are not primarily medical bibliophiles.

When relative growth is large, the time and attention given to the selection and procurement of literature must also be large. Only after the library reaches a fair size does its relative growth slow down, as Fremont Rider has had to admit when he found that the "doubling time" of large libraries was becoming greater than it had been earlier. This fact has had two effects on the role of the medical librarian. First as the proportion of time spent by the librarian on book and journal selection became greater over the years, either personalized work for readers had to be curtailed or else additional staff had to be obtained for one or the other phase of the work. And this increase in staff tended toward the "library administrators" which we have just discussed.

The second effect of increased emphasis on acquisitions over the years has been the gradual shift of responsibility for the building up of the collection from the physician-collector-user of the medical library to the librarian. This shift is not complete even today, of course, and there is some doubt in my mind whether it will ever be complete or whether it is desirable that it should ever be complete. But it is probably only the exceptional medical library of any

size in this country where the librarian does not make the routine decisions about purchasing new editions, new works by standard authors, reference tools, and the like, with the physician or the library board or other governing authority being consulted only on the questionable, unusual, or expensive works, or being asked merely to review the decisions of the librarian at intervals. Part of the reason for this is the increased amount of time that book and journal selection requires when a large amount of literature is to be purchased; few physicians today can afford to be generous with time, a commodity of which they have so little. In 1924, for example, Donald Gilchrist, the librarian of the University of Rochester, in an article in the *Journal of the American Medical Association*, which can still be read with profit, stated that book selection should be left to the medical librarian, who must, of course, have a good education and be willing to ask for advice (5).

An increase in the size of a medical collection brings with it, of course, the necessity for greater emphasis on cataloging and indexing. What could once be kept in the head of the librarian and the users of the library must now be kept in records to which all have access. It is not surprising, therefore, to find that the literature of medical librarianship from 1910 to 1930, the very period when medical libraries were growing so explosively, is replete with articles on cataloging, classification, and indexing. Indeed, so much emphasis appears to have been put on these facets of the duties of medical librarians, that we find some voices raised in protest. As far back as 1918, Sir William Osler (3) gently pointed out, "Cataloging [is] an important branch of work, but not the most important," while Mr. Ballard (4) reminded the members of this Association in 1919, that "Expert library workers are apt to forget that their catalogs and classification schemes are for the use of the public and consequently should be made as simple as possible consistent with good work. Librarians should bear in mind that their institutions are being maintained for the public and not for the staff."

With so much work to be done, as I have pointed out, it became necessary in the larger libraries to add more staff members, and for economical administration with a larger staff specialization in library tasks had to come about. The librarian in the small medical library—then or today—is the general practitioner, the jack-of-all-trades, the "librarian." In the large library, he is the acquisitions assistant, the cataloger, the reference assistant. And note the change from "librarian" to "assistant." No longer does the specialist have knowledge of the whole organism. He is like the factory worker who knows only his task or organizational unit and does not know and soon ceases to attempt to know how his task or his unit meshes in with other tasks performed by other units. Indeed, he sometimes tends to lose sight of the final result he is helping to build. What effects this has on the library or on the personality of the librarian, I cannot tell. I suspect it is not good, but I wonder if the complexity of modern libraries makes any other solution possible.

Throughout the century it has been held that the medical librarian's duties were primarily to help the physician and research worker to use medical literature. Just how the librarian can best assist them has been, however, the point of debate over the years. In 1912 it was held (6), "A trained librarian should be in charge . . . She should index the current medical literature, catalogue the books, and look up references for members." In the discussion after this paper, someone proposes, "If the librarian has sufficient leisure, the articles in the current journals can be so indexed that the physician . . . can have at his immediate disposal the latest information on any given topic." Unfortunately, however, says a somewhat later (1914) discussion (7), "It is beyond most libraries, on account of the small amount of money at their disposal, to have a trained library worker with no other duties than to assist the readers in finding what they want."

That such help was always considered desirable is implicit in the statement by Mrs. Mellish of the Mayo Clinic Library in the same year (8) that "There is a demand for skilled assistants to collect and review medical papers. Some of these," she feels "should be employees of the library who are familiar with medical literature, who are skilled stenographers and who work in immediate association with the physician." A similar statement is made by Dr. Ruhräh in 1918 (9): "The medical librarian . . . should be able to help the busy practitioner who wants a few authoritative articles on some subject, together with the latest expression of opinion." Donald Gilchrist, in the article noted earlier (5), suggests that the medical librarian ought to compile bibliographies and help in the writing of medical papers.

Even as early as 1914, however, there were dissenting voices to this doctrine. Mrs. Mellish refers to "The question as to whether to the librarian, to the professional bibliographer, to the skilled special assistant, or to the physician himself shall be left the task of accumulating and selecting medical literature preliminary to its final critical analysis by the author. . ." That this controversy is still partially unsettled is shown by a talk given to this group just three years ago (10): "What help does a physician expect of a librarian? The least he expects is a knowledge of what is in the library, and he generally feels safer if that information is written down in some kind of card file, rather than being in the memory of the librarian only. He also expects the librarian to act as clearing house for all bibliographical matters, interlibrary loans, photoprints, knowledge of how to buy books, and the like. He usually hopes for general help in answering questions, but he does not expect translations, long bibliographies, or reviews of the literature, except as outside jobs paid for as extras. . . ." On the other hand, he remarks, "It is probably true that medical librarians will never be able to exploit the literature which they collect and arrange unless they have more background in those subjects. . . ."

This same feeling is widespread today, as shown by the findings in a still-unpublished survey of the information-gathering habits of medical scientists

undertaken by Mr. Saul Herner, who questioned clinicians and researchers in New York, Washington, Philadelphia, and other cities, and who found they seldom consult their librarians for interpretation of the literature.

One reason for the still unsettled character of this question is in the last sentence of the quotation I read you a moment ago. The medical librarian has generally had a background in the medical sciences insufficient to make reasonable value judgements, and both librarians and users of the library have been aware of this. The dilemma arises, it seems to me, because the medical librarian wishes to be of real service to the physician, realizes that critical reviews of the literature would aid greatly, but understands only too well his inability to do the job satisfactorily. Just how much, our agonized literature and our after-hours coffee sessions ask over and over again, just how much can the medical librarian do to help the readers he serves?

If I may be allowed to interpolate my own thoughts on this subject, I should say I fear we have the cart before the horse. We should not, in my opinion, ask, "How much should I do for readers?" but "What needs to be done; what training is it necessary to have in order to do this well, how can I or my successors get such training, or (perhaps) be induced to take such training?" Only in this way do I feel we will be able to satisfy both our own consciences and the needs of our readers.

The medical librarian over the years has been, as I see it, the purveyor of medical information, and if at times he has emphasized one aspect of purveying over others, it has usually been a direct result of conditions about him; the size of his collection, the training he has had, and the demands made upon him. I believe such flexibility is desirable, and luckily that there is no reason to believe that this flexibility in meeting conditions will be lost in the future.

I started this talk by referring to the uses which a study of history provides us: an understanding of why we have developed as we have and a basis for planning for the future. I have tried to describe in this paper how the past has brought about the present. But what of the future—what will be the role of the medical librarian in the second half of this century?

I have no crystal ball and no special clairvoyance. It appears to me, however, that medical librarianship may now proceed in one of two ways. By recruiting people with sound scientific backgrounds, educating them in the philosophy as well as the minutiae of medical librarianship, and by giving them exciting and meaningful tasks as well as decent salaries, we may be able to keep the best thinkers in our profession and become the true medical auxiliary force we have always hoped we were. Contrariwise, we should be wary of accepting intellectual mediocrity, of insisting too rigidly on the continuation of past methods of education and experience, of stultifying the growth of newcomers in our profession, for by this means we will only widen the gap between what we wish we were and what we really are.

I wish I could say the choice is entirely up to us. It is not. We are, as a group, in competition with all other groups for intellectually superior, scientifically trained college graduates, and we are neither a large group nor an especially influential one. But if we should allow this fact to lull us into comfortable resignation, we would deserve the reputation for ineffectual qualities which has bedevilled the librarian for so long.

My answer, then, is that the role of the medical librarian in the future is whatever we can prove we have the ability to do well; the future is, to this extent, ours to see.

REFERENCES

1. WATERSON, DAVINA. Chaos and crime in libraries. BULLETIN, 2: 42–45, 1913.
2. Use of the library. BULLETIN, 6: 41–43, 1916.
3. OSLER, SIR WILLIAM. Science of librarianship (abridged). BULLETIN, 7: 70–74, 1918.
4. BALLARD, JAMES F. Cataloging and classifying for a medical library. BULLETIN, 9: 37–41, 1920.
5. GILCHRIST, DONALD B. Modern medical school library. J.A.M.A., 82: 1287–1290, 1924.
6. BLACK, C. E. The small medical library. BULLETIN, 2: 13–18, 1912. (See also page 19).
7. On the use of medical libraries, BULLETIN, 3: 40–41, 1914.
8. MELLISH, Mrs. M. H. Suggestions on the use of the reference library in the preparation of medical papers. BULLETIN, 4: 30–34, 1914.
9. RUHRÄH, JOHN. The medical library. BULLETIN, 8: 41–50, 1918.
10. PULASKI, EDWIN J. The user looks at the library. BULLETIN, 42: 421–425, 1954.