Reinventing the medical librarian*

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The caliber of the librarian is a health sciences library's most important resource. This paper explores factors which have influenced who has, or who has not, entered the profession of medical librarianship, and discusses several attributes which the author considers critical for restructuring the profession to meet current and future needs.

As many previous Doe lecturers have so eloquently noted, being selected for this honor provokes a host of reactions and emotions, including the realization that it is not an unmitigated blessing. This is an opportunity to remember and honor the great librarian of the New York Academy of Medicine, Janet Doe. One has been awarded a distinguished platform, a large block of uninterrupted time, and a captive audience of colleagues to whom one can speak on virtually whatever one wants, as long as the topic fits under the very broad thematic umbrella of the history or philosophy of medical librarianship. Despite an open agenda, some Doe lecturers, no doubt, clearly knew from the start what they would speak about, but my invitation unleashed a convoluted search for a topic.

I kept returning to what I regard to be the library resource most critical to achievement, in IAIMS as well as in other endeavors, the caliber and qualities of the people, the librarians.

Preparing a Doe lecture provides the opportunity, in fact impels the speaker, to look inward and backward—to explore and analyze—and for me, this spurred an enjoyable interlude in which I attempted to abandon my characteristic posture of attention to results and practical outcomes as I delved into our professional history and early records. But I must confess that my choice of subject is not divorced from pragmatic concerns. While I flirted at length with

topics emanating from work on Columbia's IAIMS project—such as policy issues for accessing information resources or involvement of the library in nontraditional pursuits—I kept returning to what I regard to be the library resource most critical to achievement, in IAIMS as well as in other endeavors, the caliber and qualities of the people, the librarians. Although this has been true in the past, there is reason to expect it to be even more important in the future. John Scully contends that

organizations designed to thrive in the nineteenth and early twentieth centuries can learn to contribute to the twenty-first ... only by reinventing themselves through refocusing on individuals. The key strength of twenty-first century organizations will not be their size or structure, but their ability to simultaneously unleash and coordinate the creative contributions of many individuals [1].

According to conventional wisdom, one who talks to you about others is a gossip, one who talks to you about oneself is a bore, and one who talks to you about yourself is a brilliant conversationalist. So, in my desire to dodge criticism for speaking too long, and in an ardent effort to abstain from the sin of inflicting boredom, I will talk to you today about yourselves.

Historians acknowledge that, despite scholarly efforts, writing history is not an objective recounting of facts, but invariably reflects contemporary concerns. As the product of an amateur historian, my presentation today is unabashedly influenced by the problems of recruiting staff that many of us have been experiencing in recent years.

Preoccupation with recruitment is not a diversion of recent vintage but a persistent and recurring refrain. Librarians became concerned about this issue after World War I ended, but the shortage of qualified library staff began to attract major attention after World War II began [2]. A 1942 editorial in the *Bulletin*

(BMLA) deplored not the number but the quality of those graduating from library schools, and called on the schools to be more rigorous in selecting students [3]. In subsequent years, association leaders continued to call attention to the paucity in both the quantity and caliber of recruits to medical librarianship. Marshall noted the "dearth of properly qualified personnel" in 1946 [4]; a 1947 BMLA editorial lamented the "numbers of medical library positions going begging" [5]; Darling called "the personnel situation . . . still very acute" in 1956 [6]; Brodman contended in 1965 that despite increasing budgetary affluence, medical libraries "have not attracted as many recruits as are needed" [7]; and Kronick concluded from the data in MLA's 1969 manpower study that although a high attrition rate due to age could be projected in the following ten years, there did not then appear to be "a quantitative crisis in terms of manpower . . . [but] a qualitative crisis [was] more of a reality" [8]. In 1980–1981, the Study Group on MLA's Role in the Educational Process for Health Sciences Librarians, the Mirsky Study Group, deliberated under the sense of a growing, critical, unmet need for qualified health sciences librarians. Their concerns are confirmed by current recruitment difficulties and in NLM's plan to convene a panel this fall to recommend educational and training initiatives for librarians.

For health sciences librarians, a background in the study of medicine and related sciences has always been prized and repeatedly pronounced a basic requirement.

Our profession has repeatedly studied and recommended what is needed in medical librarians. While much of this activity dealt with the relatively objective qualifications acquired through education or experience, attention has also been called to those subjective and innate qualities which not only contribute to, but may actually be prerequisites of, effective medical librarianship. Today I will explore several factors influencing who has or has not entered this field, and I'll note a few characteristics esteemed in health sciences librarians. I think these are relevant to an understanding of who we are now—our makeup, our strengths, and shortcomings—and they may also assist in developing strategies for the future. Who and what we medical librarians are constitute powerful determinants of whether we can successfully address current and future staffing issues. My focus today is selective, and I will discuss only some attributes that appear critical for restructuring the concept of what a medical librarian should be in the future.

A familiar theme running through our literature is the relative importance of being trained in library science and being educated in the subject domain which one's library supports. For health sciences librarians, a background in the study of medicine and related sciences has always been prized and repeatedly pronounced a basic requirement.

Physicians initiated many of the early medical libraries. Garrison notes that in the eighteenth century, when medical practitioners became wealthy and could pursue leisure interests, some "became virtuosi in the collection of books and curios" [9]. As medical libraries developed in the nineteenth century, they were generally small working collections tended by interested physicians. By the 1870s and '80s, physician-librarians were often the libraries' titular heads, while the actual work was carried out by clerical staff enlisted from ancillary medical services. After the turn of the century, some staff for medical libraries were recruited from among those trained in general librarianship, but this did not become common practice til the 1920s and '30s [10]. James Ballard, then director of the Boston Medical Library, stated it was "not necessary for a medical librarian to be a physician; at times it is a serious handicap. The average physician is not an executive or an administrator." But Ballard thought it might be advantageous for reference and research departments to be headed by physicians provided they had "all the other necessary qualifications" [11]. By the 1940s, training in librarianship was generally regarded as essential to avert problems such as the "subject specialist without professional library training [who] is likely to rely too much on memory . . . [and] become the so-called indispensable librarian in whose absence no one can find anything" [12]. Janet Doe described the opportunities available in medical librarianship in an article encouraging women physicians to enter the field [13].

In recent years, relatively few practicing health sciences librarians have been trained in biomedical subjects. The membership profile presented to MLA's Board of Directors in 1981 reported that over 40% of librarians in all types of medical libraries had humanities backgrounds, and about 20% in hospital and academic libraries had social sciences degrees [14]. Analyses of advertisements published in MLA's newsletter show that in both 1977–1978 [15] and in 1986 [16], subject background was required or preferred for almost a quarter of these positions. According to data from a 1985 survey by Newcomer and Pisciotta, fewer than 19% of the responding medical school library directors had degrees in health-related subjects [17].

A recent examination of the demographics of academic and research librarians highlights the poor representation of the sciences in their undergraduate background and points out the potentially serious

consequences this poses for the profession as a whole in that "we have a fairly narrow educational perspective from which to examine issues or approach problems. . . . [The] data . . . imply that we have little formal training or on-the-job experience in quantitative and technical disciplines, even though our jobs and our times require that training" [18]. Prospects are dim for any near-term infusion of librarians with differing educational backgrounds since only 6% of students in library school last year held degrees in the sciences [19].

A component of professional acculturation, which we acquire early and proudly in library education, is an orientation to service—though we have come a long way from the notion of librarian as devoted handmaiden to the physician, as exemplified by a 1919 librarian waxing rhapsodic that "to minister to and assist this wonderful wizard is . . . the privilege of the medical librarian" [20]. The service imperative remains strong, but when applied as the overriding value in practice, it also has some deleterious side effects.

The traditional role of the librarian has been described as "hidden," such as that of a nursing school librarian in the mid-1950s who "develops a course . . . which turns out to be successful . . . in improving the level of education." The author asserts that "her contentment must not depend upon seeing her name on the credit line but in the knowledge that something she has done . . . is paying dividends" [21]. While encouraging librarians to assume stronger educational and research functions, a physician speaking at our 1967 annual meeting pointed out that librarians "tend to spend their professional lives . . . on a job which . . . brings credit and frequently renown to the people that they are assisting with little recognition to themselves" [22]. According to a recent report from a Special Libraries Association task force, the "invisibility" of the work of the information professional "adds to its general lack of appreciation and low valuation." Furthermore, "more aggressive players often 'take over' research results which information librarians derive. . . . They deprive the library of due credit" [23].

The medical librarian has been lauded as among "the most important of medical educators" [24], and the profession regarded as "important to society" in that it grapples with problems "worthy of profound thought" [25]. Yet, as Herbert White noted recently, "libraries, in the common perception, are defined by clerical functions," and they are "clerical traps" with librarians performing those duties which "take precedence in day-to-day . . . operations" [26]. At least as early as 1941, concern had been voiced that librarians were dissipating their abilities in performing technical and routine procedures for which clerical staff should assume full responsibility [27]. Nevertheless,

data from MLA's manpower study almost thirty years later indicated that "a significant part of the work performed . . . by professional librarians may be of a nonprofessional nature" [28]. Although this behavior has been historically tolerated and, at times, sanctioned [29] as necessary in order to achieve a perceived higher goal of service, it is worth considering its possible ramifications for recruitment to the profession as a whole, as well as to our own specialty.

The characteristics and performance of practicing librarians exert a major influence on library career choice. Typically, many library school students come from the ranks of student and clerical assistants. Almost 53% of those enrolled in M.L.S. programs in 1988 had previous library experience [30]. However, the perils for the profession of reliance on this entry

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route stem from discrepancies between qualities needed for effective librarianship and those valued in the predominantly routine work of assistants. C. C. Williamson, who was concurrently director of libraries and dean of the library school at Columbia University, pointed out that while some of the ablest librarians may have discovered the profession through this type of employment, many others had easy entry because they stuck to student assistant jobs on which their superiors put "a premium on patience, regularity, and a certain kind of dependability, rather than on imagination, initiative, and the higher levels of ability" [31]. Louise Darling has noted the significance of "experience at nonprofessional levels or appreciation gained from using libraries" in career decisions and the consequent importance of the individual librarian's personality as a "weapon in the recruiting arsenal." She concluded this has too often "proved a regular boomerang" [32]!

Over the last fifty years, leaders in medical libraries, as well as in general academic libraries, have pointed out the unlikelihood that people of outstanding ability will enter a field which is "bogged down by the minutiae of . . . work" [33] and in which "existing forms of organization have left few positions below the top . . . which appeal to those whose interest and training equip them to do something besides routine work" [34]. In her MLA presidential address, Estelle Brodman exhorted us to "understand the place of the routine through a realization of the larger questions

involved" and to provide "for the growth and flowering of the intellect of those who come to work with us." She noted that "if we wish to attract and keep more and better people in our profession, we must allow them the space to grow. By their very stature later, such librarians will be our best recruiting device" [35].

We cannot ignore the strong influence that societal attitudes toward gender and race have exerted on library staffing patterns. While these have also affected other professions, I think libraries have not recovered from their profound effects, and we continue to experience their negative consequences.

As recently as the mid-1960s, advertisements published in the MLA's newsletter candidly noted preferences for male or female applicants. Dorothy Hill and I documented the disproportionately small number of women in the administration of biomedical libraries in 1972 when they comprised over three fourths of the librarian work force [36]. In 1977, thirteen years after Title 7 of the Civil Rights Act had become law, the glaring disparity between the number of female biomedical librarians in the work force and the number of women holding top administrative jobs in the very same libraries was continuing. Men were then being appointed to head these libraries at a rate three times their representation in the libraries' work force [37].

More recently, however, women are becoming directors of academic medical libraries at rates nearly proportional to their overall representation in the field. Newcomer and Pisciotta found that in 1986 women still constituted over three fourths of the librarian work force in these libraries and that since 1977, over 72% of the directors hired were female [38]. However, salaries for women in the field do not yet equal those of men. The 1986 MLA Salary Survey showed that men earn higher median salaries at every level of experience and at every level of staff size supervised [39]. Likewise, data from the most recent ARL survey of medical librarians in sixty universities indicate that women's salaries remain more than 13% below those of men. Salaries for women in the ARL medical libraries in 1989 lag at every level of experience, except for those with thirty-two to thirty-five years of experience [40]. These findings are significant as we look to the future of the profession, since over 80% of library school students today are women [41].

Librarianship has also not been immune from the effects of racial prejudice. MLA did not admit the libraries of Meharry Medical College and Howard University to membership til 1939, and then only after nine years of heated Executive Committee discussions and pressure from outside foundations from whom the association hoped to solicit funds to support the Exchange. Strong concerns were expressed in MLA that the attendance of blacks at annual meetings would create social problems and diminish the pleasure and value of these meetings for the rest of the membership [42]. The deeply-felt, negative, personal convictions of several individuals who were among the association's most active members and leaders for another generation betoken a continuing inhospitable climate for recruiting minorities to the field for many years thereafter.

Now that prejudicial practices and attitudes are less inhibiting to the promotion of women and the admission of minorities, librarianship is in a rather uneven contest with other fields which have been recruiting aggressively to attract bright and ambitious women and minorities.

MLA began awarding scholarships to minority students in 1976, by which time other professions, with reputations for being both more prestigious and lucrative, were aggressively recruiting minorities. There are no data on the number of minority professionals working in all health sciences libraries today, but data from the 1988 ARL survey, which show that minorities—black, Hispanic, and Asian—comprise 9% of the professionals in the U.S. medical libraries, included a somewhat smaller proportion than the 11% in all the U.S. ARL libraries [43]. Data on students enrolled in library schools in 1988 show that "minority students continue to comprise an abysmally small number of future librarians" [44].

We can ask ourselves with regard to both major societal issues—gender and race—to what extent we are now reaping the consequences of our profession's past inhospitality to women and minorities. Now that prejudicial practices and attitudes are less inhibiting to the promotion of women and the admission of minorities, librarianship is in a rather uneven contest with other fields which have been recruiting aggressively to attract bright and ambitious women and minorities.

Librarianship developed in this country in the late nineteenth century, concurrent with a major shift in women's labor patterns when changes in household technology resulted in a "reservoir of underemployed, reasonably well-educated, young, unmarried women," whose services were no longer needed at home and who turned to outside work [45]. Alice Kessler-Harris, in her book *Out to Work*, points out how the fields they entered and the roles they undertook generally conformed to the prevalent and well-ingrained socialization that women belonged in the home and were responsible for family and household. In the work force, "they landed in its lowest

places, without coercion, with their full consent and understanding. . . . Women's assigned role fit neatly into a set of societal expectations of the home" [46]. By 1920 "women had carved out a series of professional areas, many of which were loosely construed as nurturing . . . and found themselves in job categories that were heavily female." These included nonsupervisory positions in libraries [47].

According to Kessler-Harris, the "tacit understanding about the primacy of home roles" was a very forceful influence in inducing women to satisfy the growing demand for them to take jobs while "simultaneously restraining their ambition to rise in them." For the proliferating businesses and offices of that period, women constituted "a transient, yet educated, labor force . . . [which] found . . . rewards not in high pay and promotion but in glamor, paternalistic amenities, and the opportunity to serve." The qualities valued in secretaries and wives were complementary—"tact, an even disposition, quick work, endurance, and a winning personality." However, this occupational stereotype of women was not confined to businesses, and its "broad shadow" extended to other

"administrative and professional occupations equally consistent with home roles. Careers in nursing, libraries, teaching, and social work drew on years of socialization and a consciousness bred to serve. They fitted the demand for personal satisfaction, yet met the criteria for women's work. They were careers in the sense that they paid relatively steady salaries, . . . but they explicitly limited possibilities for advancement. . . . Because it was thought executive positions in all these areas ought to be filled by men, the search for male talent was intense, and the monetary rewards disproportionately high compared to those offered to women [48]."

Modern librarianship was forged in this environment, and some of the attitudes Kessler-Harris describes are evident in our own literature and other professional records. Here are some examples culled from the *Bulletin of the Medical Library Association* from 1912 to 1956:

A library is always a place where the spirit of rest and refreshment seems to dwell, and to him who has helped bring about this atmosphere there is a sense of satisfaction in the well-doing of a good work [49].

Unfailing courtesy should be the watchword of the library. No matter how much of a crank or nuisance a person may be, he should be handled with gloves [50].

Above all, she [the librarian] must be gracious and tireless from morning to night [51].

A library that is as comfortably attractive as home sweet home, and that has librarians as warmly understanding as favorite aunties, will do much . . . to insure traffic jams at

the loan desk. . . . A competent librarian, who knows her stuff, is good, but a friendly librarian who knows names and faces is better. Even if you can't find old Dr. Fussbudget's hazy reference . . . you will probably be able to seduce him by remembering . . . his name . . . and by calling him that with subtle charm and sympathy [52].

The librarian . . . knows much better how she can help and often direct the efforts of the 'family' she is thrown with during the working day. . . . [I]t is the contact with the teacher and the student, making sure both have just what they need to teach and learn that gives the librarian her best opportunity to help develop the *esprit de corps* that makes it possible for us to take the dark days that happen in school and on the job just as they do at home [53].

This may sound quaint to us, but as Virginia Woolf remarked in *A Room of One's Own*, "What is amusing now . . . had to be taken in desperate earnest once" [54].

I have dwelt at some length on Kessler-Harris' thesis because its insights into pervasive societal influences during the period coinciding with the critical formative stage of librarianship's ethos can help us comprehend how these external forces may have informed and infused our fundamental professional values. I raise the issue here not to account for the historic disproportion in administrative opportunities which until very recently have prevailed for women in librarianship, although I have long been deeply concerned about this, but as a tactic for opening an avenue of research leading to a general redefinition of professional expectations and practice in light of current and future requirements. Some of our sacred cows may prove of dubious legitimacy when examined within the historical context of their conception. These enduring values may, however, be a continuing deterrent to attracting people whose choice of profession, in today's environment, is no longer driven by similar socialization.

A 1988 issue of *Working Women* magazine listed "library-sciences expert" among the twenty-five hottest careers—careers the editors viewed as being stimulated by a demand for creative professionals in institutions that are managing their assets, including information, with new aggressiveness [55]. The hospitals, universities, and health-related corporations in which medical librarians work are motivated by comparable economic and competitive pressures for greater productivity, and information management is a recognized critical component of their institutional infrastructure. As the Matheson report points out, "Few organizations are as information-dependent as the AHSC (academic health sciences center), and few professions are as information-intensive as medicine" [56]. And one of the basic premises underlying the guidelines in *Challenge to Action* is that "the free and open availability and exchange of information . . . is

integral to the nature of ... institutions [in the academic and health care communities]" [57].

Expressions such as "electronic library" and "library without walls" are already commonplace in the literature. Technology is extending human capabilities, and one does not need a library *per se* to access information electronically. The changing library has even been likened to the Cheshire Cat as it becomes "disembodied, disappearing ... slowly but relentlessly" [58]. While it is no more likely that we will

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witness the total demise of the physical library in the next few decades than we have fulfilled predictions made thirty years ago that microfilm would obviate the need for space for large research libraries, it would be foolhardy for us to assume that "past is prologue" [59] for librarians.

The emerging view of the medical librarian is similar to that of other academic, research, and special librarians as they all generally emanate from concepts exemplified by IAIMS development. Projections of what strengths and skills librarians will need are based on three assumptions: continuing advancements in information technology, growing recognition of the importance of information as a resource, and proliferating applications of information science in health-related disciplines, or medical informatics as it is commonly called.

A literature survey prepared as background for MLA's recent strategic planning noted a consensus that "technical work in libraries and information centers [is being] off-loaded to support staff ... leaving librarians the dual responsibility of managing the development and use of information systems and the management of staff who assume the routine, but technology-based, work of the library" [60].

This changing technical environment has already led to substantial deprofessionalization of technical services departments even in the largest research libraries. While fewer librarians will be needed for these operations, their work will not be oriented to files and procedures as they assume more complex responsibilities that require better preparation and broader skills. Trends in collection development, cataloging, and acquisitions presage a demand for librarians with strong management skills, in-depth

technical expertise, and a firm understanding of the principles, not just the practices, underlying the organization and retrieval of information [61-63]. IAIMS implementation points up the need for librarians to apply proficiencies in thesaurus building and authorities work to the construction and management of databases, and to collaborative research on natural-language processing and knowledge representation.

Additional expanded roles for hospital librarians have also been reported, including director of research administration [64] and clinical information coordinator, which expands the concept of clinical librarianship to encompass management of all departmental information [65].

Public services librarians already encounter stronger demands, but further new roles are envisioned, roles which may challenge some long-held tenets of library service. These roles are variously referred to as "knowledge counselor" [66], "information counselor" [67], "database manager" [68], or "information manager" [69]. What is being advocated, though, is renunciation of the neutral reference posture in which the librarian gathers, or points the user to, bibliographic citations or sources but does not evaluate, analyze, and synthesize them to deliver the information the user actually seeks. In lieu of the present "bibliographic open-mindedness," one author urges librarians to perform an information services role analogous to that already standard in collection development—extending to the dispensing of information the evaluation expertise we have not been loathe to exercise when selecting materials [70]. Matheson's report envisions the future librarian who delivers "repackaged and synthesized information" [71].

Success in such new roles hinges on quality of outcome and is not assessed by the traditional quantitative measures—numbers of volumes, of circulation transactions, of bibliographic searches. The shifting focus of library activities from what is referred to as "marking and parking" [72] of publications can be conceptualized as a professional maturation from *collection* service to genuine *information* service. Emily Fayen has noted that "librarians' reluctance to provide real answers and to vouch for their correctness contributes to the low value that is placed on libraries. ... Users discount the experience and knowledge the librarian draws upon in identifying appropriate sources ... [and] perceive that they must do the real work ... extracting the information." She contends "professionalism means more than requiring a librarian to hold a degree from an ALA-accredited school ... it means being responsible for the services we provide and staking our professional reputations on their excellence" [73].

Those discussing future developments repeatedly identify several key attributes librarians will need to

carry out their responsibilities in virtually all these areas, both in the newer roles and in those considered more traditional. These attributes are:

- **Technical literacy**—being conversant with information technology and knowledgeable about database design and function.
- **Research competence**—entailing, at minimum, familiarity with research methods. But it is increasingly important for many to have themselves developed research skills to determine user information behavior and needs, and to devise better ways of addressing them.
- **Service orientation**—leading to assertive, client-centered programs driven by acknowledged technical expertise and subject background.
- **Management abilities**—including proficiencies in interpersonal relations and communication.
- **Leadership qualities**—exerting leadership not only among other librarians but within the broader organizational context, thus positioning the library as an effective player in the overall institutional framework for administration and planning.
- **Organizational knowledge**—understanding one's environmental context and the functional role of information within it. As libraries emerge from the safety of their traditional isolation in institutions and become intricately intertwined with other units outside familiar domains, political savvy is critical for negotiating and building coalitions.

In other words, we still need those "achievers" Lois Ann Colaianni spoke of in her 1980 MLA presidential address, people who "take risks, cultivate contacts and alliances . . . and enhance their institution" [74].

Among the outcomes of the technological transformation of information access have been the career opportunities opened for specialists from other fields [75]. Information practitioners now enter the field through "training programs outside the bounds of library and information science education and [are] firmly based in one or another of several disciplines" [76]. There is also evidence that skills and experience are becoming more significant to employers than formal qualifications [77].

Pat Battin maintains the abilities most needed are "problem-solving skills, a high degree of flexibility, an ease with ambiguity, managerial and supervisory skills, and the capacity to operate continuously and creatively within a web of tensions." She believes that when an employer's "choice lies between credentials and talent . . . we must opt for the talent" [78]. Others also emphasize the importance of personal traits which "cannot be taught . . . in school or on the job"—characteristics such as "a logical and orderly mind . . . expertise in problem solving . . . ambition . . . and be[ing] able to grow in the job" [79].

Maurice Line has contested the view that skills constitute "the 'heart' of librarianship," arguing "that qualities are fundamental, that knowledge can be fairly easily learnt, and that skills not only can but must be picked up in practice." He notes that "the qualities which are the most fundamental and important, might be considered largely inborn . . . imagination, capacity for conceptual thinking, analytical ability," thus pointing up the critical importance of "good recruitment" to the profession [80].

If we are now genuinely serious about attracting more individuals from among the proverbial "best and brightest" and about improving our standing in what is, in effect, a recruitment competition with other fields, forthright analysis of our profession's human resources is in order.

If we are now genuinely serious about attracting more individuals from among the proverbial "best and brightest" and about improving our standing in what is, in effect, a recruitment competition with other fields, forthright analysis of our profession's human resources is in order. Have we been recruiting those with the abilities and qualities we say we want? And are the qualifications we have been seeking those which are truly needed? To what extent do we, the current practitioners, represent the prototype and model for potential recruits and for the medical librarian of the future?

In a period of burgeoning recognition for the value of information and of dynamic advances in related technology, librarianship has much to offer as a career. But not if our work and image are shaped by ideals and attitudes to which this generation has not been socialized and to which they don't subscribe. When I describe to outsiders what I do and the issues and policies with which we are grappling, I am frequently met with perplexed expressions as they say, but I thought you were a librarian! They are intrigued by the complexities of information delivery and access, and by the problems inherent in incorporating sophisticated technologies into tradition-bound organizations. Information issues that we have customarily treated as esoterica inhabiting the librarian's exclusive bailiwick have moved into the mainstream and are recognized as underpinning not only academia, but industry and society at large. But while people may express fascination with what I say we do for a living, they do not associate it with librarianship; the activities I depict do not correspond to their perceptions or memories of libraries and librarians.

If we are concerned about the future, let's not hastily categorize this as an image or marketing problem but, instead, honestly confront the current reality that underlies the perceptions. Over the long term, have the outcomes of recruitment efforts matched the professed goals? And do these actual outcomes now subvert plans and objectives for addressing true library personnel needs?

I appreciate the opportunity you and the association have provided me today to contribute to such a self-analysis by identifying some qualities, attributes, and values of librarians which I propose we scrutinize and, in some cases, challenge, as we recast not merely the image of the medical librarian, but the very substance.

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FROM THE *BULLETIN*—75 YEARS AGO

Some problems in the administration of a medical library

By James F. Ballard, Assistant Librarian, Boston Medical Library

The power of selection and purchasing should be vested in the librarian. He is the person most conversant with the needs of the reader and is in a position to take a very broad view of the whole field of medical literature. The selection of books by a Committee is impracticable. There is either a difference of opinion in the Committee or the selection is narrow and not well proportioned. The average physician is the last person to whom the task of selecting books should be entrusted. . . .

The good material should be obtained as soon as issued and preferably before being asked for by the reader. It is a great satisfaction to be able to say, 'Yes, we already have that work.'

Bull Med Libr Assoc 1914 Oct;4(2):41–2