

In their own words: oral histories of Medical Library Association past presidents*

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Objective: The purpose of this lecture was to review the development of the Medical Library Association (MLA) oral history program and to highlight the oral histories of thirty-seven past MLA presidents to identify themes of common interest and relevance to current MLA members.

Methods: The lecture focused on three main topics discussed in many of the interviews: the presidents' backgrounds and how they came to be medical librarians, how MLA developed as an organization as a reflection of the growth of medical libraries, and the presidents' predictions and advice about the future.

Results: MLA presidents came from varied backgrounds and locales. As MLA grew from a small, intimate group into a multifaceted organization with a professional management staff, the workload of the presidents changed in scope. One recurring theme in the presidential oral histories was the power differential between men and women in the organization and the profession. MLA presidents reminisced about notable annual meetings and praised the positive impact of the organization on members' professional and personal lives.

Conclusions: The lecture concludes with recommendations to the organization to increase the availability of the oral histories by providing online access for future interviews and to pay careful attention to their long-term preservation.

It is a thrill to deliver the Janet Doe Lecture and to see so many friends and colleagues with whom I have worked throughout my career. The Medical Library Association (MLA) has been an important part of my life for almost forty years. Since the first meeting I attended in my hometown of Cleveland, I have missed only two annual meetings. For one week every year, I have been so happy to leave behind my obligations at home and in the workplace, travel to a new city, stay in a nice hotel, eat in good restaurants, listen to interesting speakers, learn about advances in our profession, brainstorm about problems and opportunities, present papers, teach classes, go to fancy parties, and make new friends from across the country and around the

world. It has been a wonderful part of my professional life!

I have listened to many Doe Lectures, and I must admit that the experience of preparing my lecture during the past year has given me a new appreciation of the effort that goes into selecting and researching a topic. While there may not have been blood, sweat, or tears, I will admit to more than a few sleepless nights. I thank my terrific colleagues in Pittsburgh, my husband, and my friends for listening patiently to my endless ruminations.

When I was invited to be the Doe lecturer, I knew that I wanted to tell a story, but I was not sure what story I wanted to tell. And here I have to acknowledge Mary Langman from MLA headquarters and my fellow members of the Joint MLA/Association of Academic Health Sciences Libraries Legislative Task Force. Every year, this group travels to Washington, DC, and spends a day on Capitol Hill, meeting with legislators and staff to

* The Janet Doe Lecture on the history or philosophy of medical librarianship, presented at MLA '15, the 115th Annual Meeting of the Medical Library Association; Austin, TX; May 18, 2015; Margaret Moylan Bandy, AHIP, FMLA, the 2014 Janet Doe lecturer, gave the introduction.

tell them about the important contributions of the National Library of Medicine (NLM) and medical libraries in general. After a busy and exhausting day on the Hill last June, the group gathered in the hotel to relax before leaving for home. We were talking about MLA, and Mary told us about the Oral History Project, and lamented that there is so much wonderful information and stories in those documents that very few people read. A light bulb went off in my head, and I knew this was the story I wanted to tell.

Our profession is changing rapidly, as is our association. We are reevaluating our strategic vision and our goals. We are seeing a generational shift, as the Baby Boomers move toward retirement, while a new cohort of medical librarians enters positions of leadership in the association and in our institutions. As this new generation creates the future, it is useful to remember that progress is rarely a smooth progression of preordained successes, but rather a series of false starts, wrong turns, frustrations, insights, “aha moments,” and course corrections.

In my remarks this morning, I will focus on three main topics:

- the development of MLA’s oral history program
- common themes in the oral histories I reviewed
- my recommendations for the future of the oral history program

The first theme I am going to discuss is the development of the oral history program. Oral history as a scholarly field dates from the mid-1900s, made possible by the development of the tape recorder [1]. Dr. Peter Olch, former deputy chief of the NLM History of Medicine Division, wrote that the unique aspect of oral history is that it “supplement[s] the written record with candid commentary, to create a record or collection of information about an individual or a specific subject area in those instances where a prior record does not exist, and to capture a sample of the personality of the person being interviewed” [2].

As related by Diane McKenzie, FMLA, and Victoria Pifalo in their 1998 *Bulletin of the Medical Library Association (BMLA)* article:

An oral history program was proposed at the 1977 Medical Library Association Board of Directors meeting “to provide one basis for the history of American medical librarianship and the Medical Library Association. . .[by recording] in their own voices the memoirs and reminiscences and experiences of medical librarians of the United States and

Canada who had an impact on the practice of health sciences librarianship or the Medical Library Association. [3]

An Oral History Committee was appointed and began conducting interviews in 1977. NLM provided a three-year grant in 1980 to support the program. The oral interviews are transcribed and edited, and bound with a biographical statement, photograph, and index. Some recent interviews also include a full curriculum vitae. A collection of oral histories is kept at MLA headquarters in Chicago, and the printed transcriptions are distributed to NLM and to each of the Regional Medical Libraries (RMLs) of the National Network of Libraries of Medicine (NN/LM). The original recordings and unedited transcripts are accessible with permission in the MLA archives at NLM. My friends at the University of Maryland Health Sciences and Human Services Library were kind enough to send me the full set of oral history transcripts on long-term loan, so I could do a preliminary review and identify a subset to focus on for this project.

To date, ninety-one interviews have been conducted. The interviewees and summaries of their interviews are listed on the MLA website. They include MLA past presidents and organizational leaders, NLM officials, Janet Doe lecturers, winners of MLA’s prestigious Marcia C. Noyes Award, and significant leaders of academic, society, and hospital libraries.

I decided to review the oral histories of MLA past presidents for several reasons. They came from a variety of institutions, over a long time period. They had varied leadership and personal styles: some were visionaries and some were functionaries. Some faced great challenges and unforeseen difficulties, while others had relatively smooth sailing.

I read the oral histories of 37 past MLA presidents. Tables 1 and 2 list their names and the year they served as president. The earliest president interviewed was Mary Louise Marshall, who served for 5 years during World War II, and the most recent was Frieda O. Weise, FMLA, from the University of Maryland, who was president in 1999/2000. Some interview transcripts were as short as 11 pages, while others were more than 100 pages.

I feel that I have made thirty-seven new friends. Their perspectives and recollections vary. Some were interviewed before or shortly after retirement, or even at the midpoint of their career. Others were quite elderly and interviewed several decades after

President	Term
Adams, Scott	1967/68
Anderson, Rachael K.	1997/98
Annan, Gertrude L.	1961/62
Bastille, Jacqueline D.	1992/93
Brandon, Alfred N.	1965/66
Brodman, Estelle	1964/65
Broering, Naomi C.	1996/97
Brown, Sarah Cole	1973/74
Buchanan, Holly Shipp	1987/88
Clausman, Gilbert J.	1977/78
Colaianne, Lois Ann	1979/80
Crawford, Helen	1972/73
Darling, Louise	1963/64
Doe, Janet	1948/49
Draper, Wesley Bright	1955/56
Groen, Frances	1989/90
Hallam, Bertha	1956/57
Hetzner, Bernice M.	1971/72
Kerker, Ann E.	1976/77
Keys, Thomas	1957/58
Lamb, Gertrude	1980/81
Langner, Mildred Crowe	1966/67
Lentz, Robert	1960/61
Love, Erika	1978/79
Marshall, Mary Louise	1941/46
Matheson, Nina	1983/84
McClure, Lucretia W.	1990/91
Messerle, Judith	1986/87
Mirsky, Phyllis	1984/85
Postell, William D.	1952/53
Prime, L. Margueriete	1951/52
Rogers, Frank Bradway	1962/63
Roper, Fred	1994/95
Sargent, Charles	1981/82
Troxel, Wilma	1954/55
Washburn, Donald	1970/71
Weise, Frieda O.	1999/2000

Table 1
Medical Library Association (MLA) presidents' oral histories reviewed: alphabetical listing

Term of office	President
1941/46	Marshall, Mary Louise
1948/49	Doe, Janet
1951/52	Prime, L. Margueriete
1952/53	Postell, William D.
1954/55	Troxel, Wilma
1955/56	Draper, Wesley Bright
1956/57	Hallam, Bertha
1957/58	Keys, Thomas
1960/61	Lentz, Robert
1961/62	Annan, Gertrude L.
1962/63	Rogers, Frank Bradway
1963/64	Darling, Louise
1964/65	Brodman, Estelle
1965/66	Brandon, Alfred N.
1966/67	Langner, Mildred Crowe
1967/68	Adams, Scott
1970/71	Washburn, Donald
1971/72	Hetzner, Bernice M.
1972/73	Crawford, Helen
1973/74	Brown, Sarah Cole
1976/77	Kerker, Ann E.
1977/78	Clausman, Gilbert J.
1978/79	Love, Erika
1979/80	Colaianne, Lois Ann
1980/81	Lamb, Gertrude
1981/82	Sargent, Charles
1983/84	Matheson, Nina
1984/85	Mirsky, Phyllis
1986/87	Messerle, Judith
1987/88	Buchanan, Holly Shipp
1989/90	Groen, Frances
1990/91	McClure, Lucretia W.
1992/93	Bastille, Jacqueline D.
1994/95	Roper, Fred
1996/97	Broering, Naomi C.
1997/98	Anderson, Rachael K.
1999/2000	Weise, Frieda O.

Table 2
Medical Library Association (MLA) presidents' oral histories reviewed: chronological listing

retirement. Some shared information and opinions openly, while others were more circumspect. I am not going to regale you with the biography of each president; there is an excellent series of three articles in the 1998 *BMLA* that gives an overview of each person's career [1, 4, 5].

My goal in reviewing these interviews was to identify recurring themes in their experiences that have relevance for us. What were their concerns, challenges, and struggles? What can we learn from them as we move toward an uncertain future? As the famous World War II American General George Patton said, "Prepare for the unknown by studying how others in the past have coped with the unforeseeable and the unpredictable" [6]. Even more to the point, Guy Stanton Ford, noted historian and president of the University of Minnesota, was quoted

by past MLA President Helen Crawford in her oral history:

History is not a conservative subject, and if it teaches anything, it teaches constant change. I do not think any man fully grasps all that his profession means, the sense of all that is behind him and the importance of what he is and what he does unless he knows the long road traveled by all those on whose shoulders he stands today. [7]

So let us turn to the specific themes in the oral histories that I have reviewed. I will focus on three main topics that were discussed in many of the interviews:

- their backgrounds and how they came to be medical librarians
- how MLA developed organizationally as a reflection of the growth of medical libraries

- the presidents' predictions and advice about the future

MEDICAL LIBRARY ASSOCIATION (MLA) PRESIDENTS' BACKGROUNDS

MLA presidents entered the field from a variety of backgrounds. I have heard medical librarianship referred to as "the accidental profession." Very few little girls or boys report that their goal is to become medical librarians when they grow up. There are not many books or movies featuring medical librarians as heroes or heroines. For the first thirty-five years after our founding in 1898, MLA presidents were generally white, male physicians. In 1933, Marcia C. Noyes was the first nonphysician and the first woman to become president. Unfortunately, we do not have an oral history for her. Many early presidents rose to become leaders in the profession without any formal library degree, but rather through apprenticeships and on-the-job training.

Mary Louise Marshall, the first president to be interviewed, said she did not want to be a teacher or a secretary. Librarianship was a new developing career for women. Admission was by exam after high school, for people at least twenty years old. She finished studies at the University of Wisconsin in 1914, then interned in a public library where she lived in the home of a faculty member and was paid \$50 a month. She eventually served for 39 years as librarian of Louisiana's Orleans Parish Medical Society, which was later merged with the Tulane University Medical Library under her leadership [8].

Gertrude Annan, president in 1961/62, earned a degree in English from Brown University in 1925 and planned to teach and direct dramatics. Since jobs were scarce, she went to secretarial school, which she "loathed and despised." She said:

I worked very hard, because I wanted it over quickly and to get out. When I left, I had 3 jobs offered to me, and I took the one that paid the least, but we got out at 4:00 during the summer, and had a charming atmosphere. And here I found, in the John Carter Brown Americana Library a most exciting, rewarding, enriching world that I never knew existed. [9]

Though she had no formal training in librarianship, she specialized in rare books, learned on the job, and eventually became director of New York Academy of Medicine Library.

Bertha Hallam, president in 1956/57, entered a library apprenticeship in the Portland Oregon Public Library and then got a position as children's librarian. Then, she was hired by the new medical school library in Portland. She said:

They had a little room about 20'x40'...for the library, but it was not only the library, it also, this room, had the main telephone switchboard for the school coming in there. So the librarian was supposed to answer the phone and contact people and be like a telephone exchange. [10]

Speaking of telephones, Jacqueline Bastille, AHIP, FMLA, who became MLA president nearly forty years later in 1992/93, credits her early experience as a telephone customer service operator in developing public relations skills that later helped in her career as director of the prestigious Treadway Library at Massachusetts General Hospital [11].

Many were attracted to librarianship because they worked in libraries in high school and college, and were encouraged or inspired by their supervisors to become librarians. The key message for us in these stories is the importance of paying attention to our student workers, identifying the most promising ones, and mentoring them to consider medical librarianship as a career choice.

Others drifted into librarianship because they had liberal arts degrees and had not considered any career options. Nina W. Matheson, AHIP, FMLA, president in 1983/84, had a distinguished career that ended as director of the Welch Medical Library at Johns Hopkins University. She was one of the seminal thinkers in visualizing how libraries could be leaders in integrating technology into academic medical centers. In college, she was an English major because she loved books. She worked in the bookstore, where she met her future husband. Since he planned to enter library school in the fall, going to library school with him seemed like the logical thing to do. She got a job in the library because the stacks were closed and working there was the only way to get access to the collection [12].

Many entered medical librarianship because of their background or strong interest in the health sciences. Janet Doe trained as a nurse but became a librarian because she had "bad knees." She became the first woman director of the New York Academy of Medicine's Library [13]. Gilbert Clausman, president in 1977/78, was an operating room nurse and hospital corpsman during World War II instead of being a conscientious objector [14]. Donald Washburn, president in 1970/71, earned a dental

degree in 1941 and worked in a munitions factory until the end of World War II. Then he decided he did not want to continue with “wet finger dentistry” but “preferred his dentistry on paper” [15]. After earning a library degree, he had a long career as director of the American Dental Association library.

Frank Bradway Rogers, president in 1962/63, held various jobs, including working for *Newsweek* in New York City, being a bouncer in Cincinnati, and then working as male nurse while in medical school at Ohio State. During World War II, he served in the Philippines and Japan. While completing a surgical residency at Walter Reed Hospital after the war, Rogers saw a notice that the surgeon general was looking for a young officer interested in a post at the Army Medical Library. He volunteered and was sent to earn a library degree at Columbia University. When he returned, he was appointed director of the Army Medical Library in 1949 and oversaw the beginning of its transformation from an “aimless, drifting and dying organization” to the powerhouse that today’s NLM has become [16].

A poignant story was that of Erika Love, FMLA, who served as MLA president in 1978/79. She grew up in Nazi Germany. In 1947, she was a library assistant at Amerika Haus in Darmstadt, Germany. Amerika Hausen were cultural institutions set up after World War II to expose Germans to positive aspects of American culture. She said:

My work at Amerika Haus was one of the really great revelations of my young 19 or 20 years. As you know, I was brought up in Nazi Germany and the intellectual repression in terms of what one could read and what was available in bookstores and libraries was enormous. I was not aware of that because as a child and a teenager I was not exposed to anything else. I don’t think I really discovered the difference between the free world, intellectually speaking, and what we had in Nazi Germany until I walked into Amerika Haus. It was there I saw books by strange authors; poetry I had never heard of, reports and histories about countries and political treatises that I didn’t know even existed. Every day I discovered new books, authors and ideas. It was the most glorious time of my life, even though I still lived in a country that was bitterly defeated. When I came to the United States, the idea of working in that kind of library was a dream that I hoped would come true for me. [17].

MLA DEVELOPMENT

A second theme running through the MLA presidents’ oral histories is the organization’s

development and growth through much of the twentieth century. MLA was founded in 1898. Until the 1920s, MLA meetings were small affairs, mostly attended by doctors and sometimes held in conjunction with meetings of the American Medical Association. It functioned more as a medical history association, because libraries were seen as storehouses for accumulated knowledge. MLA presidents and officers were mostly physicians.

Mary Louise Marshall attended her first meeting in 1927 in Washington, DC, and noted that there were about thirty attendees. By 1931, sixty people attended the MLA meeting in New Orleans. Dinner was in a restaurant courtyard. Marshall noted that the speaker’s address was delivered to the tune of “When the Saints Go Marching In,” played by a jazz band next door [18]. The primary activities of MLA in the early days were the *BMLA*, the forerunner of today’s *Journal of the Medical Library Association (JMLA)*, and the Exchange, whereby libraries would post lists of duplicate journal issues they were willing to give away, so other libraries could replace missing items in their collections.

The World War II years were very difficult, and there was concern that the association would not survive because there were not enough dues-paying members. After the war, however, there was an influx of new MLA members from new medical schools, VA libraries, and hospital libraries.

Many of the oral histories noted that the 1946 meeting at Yale University in New Haven was a turning point. There were about 100 attendees out of a total membership of 701. Janet Doe observed that this new energy was reflected in MLA’s publications, especially the *BMLA*. She noted that these “reflect the coming of age of the young, small struggling organization, manned by perhaps self-taught people, or with less education than they would have liked; and an organization which grew into a really professional one with personnel with enormously different backgrounds and abilities and experience” [19].

Many of the presidents praised the friendliness of the early meetings. Bernice Hetzner, president of MLA in 1971/72, reminisced about her first MLA meeting in Galveston in 1948. She traveled by train from Nebraska with many other librarians going to the meeting. The local librarian invited everyone at the meeting over to her house for Sunday night supper. Hetzner said:

A thing that impressed me was the President of MLA that year, Janet Doe, asked if she could join me at breakfast one morning when I was sitting alone. This was so friendly and she was so interested in what I was doing that I think it characterized the type of people and the attitude of the membership back in those days when everybody knew everybody else. [20]

Certification

There was also increasing interest in standards for medical librarians. Controversy over certification would continue for decades. Janet Doe believed that MLA's outstanding contribution was "the recognition of the need for training and providing the facilities for obtaining it" [21]. And further, "the enunciation of standards for medical librarians was what produced the increased educational opportunities. In order to make standards work, there had to be certification to show that a person had reached those standards" [22].

Louise Darling, president in 1963/64, believed that certification was most important for hospital librarians, as she explained:

In the hospital field, the administrators don't know very much about libraries as a rule; and they have a lot of other pressing matters to deal with, but they're acquainted with the idea of licensure and certification. If there's something that they can grasp and hang onto and know that candidates for their jobs either meet them or don't meet them, I think that's meaningful in that milieu. . . just being certified doesn't mean that you're much better than somebody who isn't certified, but it indicates professional commitment. [23]

It should be noted, however, that not all MLA presidents were certified. Louise Darling, head of the University of California–Los Angeles (UCLA) medical library, said she never got around to applying for it, even though she was eligible [24]. Alfred Brandon, president in 1965/66, complained that after having taught the medical librarianship course at University of Maryland, he was not given certification because he had not taken the course [25].

Headquarters

By the late 1950s, serving as MLA president was practically a half-time job. Lucretia W. McClure, AHIP, FMLA, longtime member of MLA and president in 1990/91, said she remembers presidents telling her that "they spent half of their day doing

MLA business and the other half in the library. The President and the President-Elect had to write hundreds of letters. . . by themselves with not necessarily any help" [26]. Thomas Keys, president in 1957/58, noted that his employer, the Mayo Clinic, was very generous and said he could take as much time as necessary [27]. Donald Washburn was business manager for the *BMLA* in the 1950s. He brought a typewriter home from the American Dental Association where he worked and ran the operation from a spare bedroom in his home [28]. Gilbert Clausman was chair of registration for the MLA meeting in 1957, and all the work was done in his library's rare book room: "we did the invitations, and we printed the tickets" [29].

Understandably, pressure was building to establish a staffed central office, even as members worried about the increased costs. The controversy led to spirited debate at business meetings, but eventually the decision was made to move forward. Chicago was selected as the location, and the office opened in 1960.

But the workload for officers continued to be very heavy. Mildred Crowe Langner, president in 1966/67, noted that her boss, the medical school dean at University of Miami, hired a half-time assistant for her so she could serve as MLA president [30]. During the presidency of Sarah Cole Brown, in 1973/74, a director of education was added to the staff. She said:

It doesn't sound like, today that was too much of a change. But it was a tremendous change. It was a change in budget. It was a change in the whole policy. It was a change in the influence the Board had on the Medical Library Association. It was a change in—and for the good, I think—in medical library education. The Association started serving the members. [31]

Phyllis Mirsky, AHIP, FMLA, served on the MLA Board in 1977–1980, before she became president in 1984/85. She said:

When I was on the board, MLA was in the process of moving from a small mom-and-pop organization into a professional organization with professional management. . . Back in the early '70s, there was huge growth in health science libraries as a result of NLM's programs, RML outreach, training and hospitals becoming more aware of the need to have some professionalization of their library. MLA was growing and it couldn't be managed anymore by a handful of staff. [32]

Lois Ann Colaianne, AHIP, FMLA, president in 1979/80 and one of the first hospital librarians to serve

as president, noted that a more professionally run organization headquarters helped hospital librarians and others who had little support in their home institutions to play more active roles in MLA [33].

Annual meetings

Many of the presidents reminisced about notable annual meetings. A humorous story is from Helen Crawford's description of a social event at 1961 MLA meeting in Seattle. She said:

The boat we took out for dinner got stuck waiting for a permit to go through the locks, and we sat out there until midnight. . .Marion Robinson at that time was [MLA] placement advisor, and she hadn't gone on this famous tour. . .when we hadn't come back by midnight, she was almost ready to call out the Coast Guard, but she couldn't help from having this sneaking feeling that if that ship had gone down, there were going to be an awful lot of good positions available for librarians. [34]

Another eventful meeting was the 1967 meeting in Miami. It rained for several days, and the lower floor of the hotel flooded. Sarah Cole Brown remembered that the water came up to members' knees during a board meeting. They could not leave the room until they took off their shoes and stockings and waded out [35]. Charles W. Sargent, AHIP, FMLA, explained that, for the banquet, librarians took over the nightclub that was in the hotel:

The floor show, of course, went with the banquet. It had been censored by a librarian, who shall remain nameless, because she had attended it the night before and felt that it was a Folies Bergère type of program. So when we went, a lot of it didn't make sense because the jokes had been cleaned up, the girls had been covered up, and the only act in the show that we could understand was the dog act. [36]

Aside from the flooding and censored floorshow, the 1967 meeting was significant because the first Janet Doe lecture was presented there. Gertrude Annan, who had been president five years earlier, delivered the lecture, titled "The Medical Library Association in Retrospect, 1937–1967." She said of this experience:

I was astounded myself. . .to find out what these people had achieved. To me it was very exciting and inspiring. I remember after the lecture some of the younger librarians came to me and said how astounded they were at the problems that had been faced, that they had no idea of the difficulties that met our librarians in the early development of the Association. [37]

And it is important to note that, though the Doe Lectureship was established by an anonymous contribution, Alfred Brandon, who was president in 1965/66, related in his oral history that the anonymous donor was actually Estelle Brodman, former president and influential figure in MLA history [38].

Gender equality

A recurring theme in the presidential oral histories was the power differential between men and women in the organization and the profession, which reflected the larger struggle for gender equality in American society in the last century. Tension between the male physicians, who had traditionally dominated the organization, and the increasing number of female professional librarians was noted as early as 1943 in an article in the *BMLA* by Julia Wilson [39]. Even as late as the 1950s, MLA had a position of honorary vice president, which was to be filled by a physician [40]. Robert Lentz, president in 1960/61, noted that the MLA president was to be a man every third year [41]. Janet Doe remarked

In the early days, practically all medical librarians were female. The handful of men stood out quite often just because they were asked to make resolutions in a loud voice at the annual meeting, but very very few men, or boys, went into medical librarianship. Not until salaries came up to where they would be attractive, did men come in any large number. [42]

These disparities reflected the general conditions of the larger society at the time. Before she got married, Mary Louise Marshall had to go talk to the dean at UCLA to see if it would make any difference in her position, even though she already had been working in the library for eleven years [43]. Estelle Brodman was acting librarian at Columbia University for a year in early 1960s. When she asked for a permanent appointment, she was told "Well, we never make women Librarian of a large university departmental library" [44].

Gertrude Lamb, president in 1980/81, had earned a master's of public administration degree and, after World War II, became the first woman on the faculty at the College of Liberal Arts at Boston University. She said, "The Dean came around and reminded me that the faculty lounge was the men's faculty lounge and I was not. . .to go in and play billiards with the boys" [45]. She later moved to the University of Connecticut to teach and work on her doctorate. When she met and married her husband, who was in

the Speech Department, she was asked to resign because two members of the same family could not be on the same payroll [46]. These are just a few of the many depressing stories related in these oral histories.

Rachael K. Anderson, AHIP, FMLA, MLA president in 1997/98, spoke at length in her oral history on the struggle for gender equality in our association and for salary equity in the profession. She started her career as a single mother in New York City in the 1960s, balancing her home life with increasing professional responsibilities. When she was promoted and asked for a salary increase, her boss told her, “Well if I were going to pay you this much, I could have gotten. . . Mr. X. If I could afford to pay that much, I could have gotten him” [47]. As associate library director at Mt. Sinai, she broke open the conservative dress code and began wearing pants suits, so the other women librarians could follow suit (literally).

In 1972, Rachael Anderson and her colleague Dorothy Hill conducted the first survey of women administrators in biomedical libraries. She perceived an undercurrent of grumbling in the medical library community because talented women were often being passed over for directorships and other leadership positions in favor of men with less experience. At that time, 75% of the librarian workforce in medical school libraries was female, and 75% of the directors were men.

Anderson was invited to give a plenary address at the 1976 MLA meeting in Minneapolis. Though this was her first major talk at a meeting, she gave an impassioned address, saying, among other things:

The issue of women in administration is not a women’s issue only but is a problem for everybody who gives a damn about the future of medical libraries. [She noted,] I had a great deal of trepidation before I spoke to that group, especially looking down at some of the men who were in the front rows. . . But I went and did it. I was absolutely amazed when I got a standing ovation when I finished. [48]

She and Dorothy Hill did a follow-up study five years later, which did not find much change. By the time she was interviewed for her oral history in 2003, however, Anderson did acknowledge that there had been significant progress in this area.

The association’s impact

Not surprisingly, these past MLA presidents praised the positive impact of the association on members’

professional and personal lives. Bernice Hetzner, president in 1971/72, commented, “MLA has always been an association that had the reputation of doing things for their members. It just wasn’t a social affair. If one were to grow and enjoy a career in medical librarianship, one of the musts is the Medical Library Association” [49]. Frieda Weise, president in 1999/2000, said:

It has been my pleasure to have been involved in MLA to the degree that I was. I always felt that it was a great boost to my career. . . just the networking itself is so important. . . MLA can help you a lot in terms of developing your own style and leadership abilities. [50]

Many commented on the close and supportive friendships with people whom they would have never met were it not for their professional organization. Mildred Langner, president in 1966/67, echoed my personal feeling when she said:

Medical librarians are about the most cooperative people you could find most anywhere in the world. And I’ve always felt that I could go to any city almost. . . where I know librarians and feel that if I had any emergency, I could just call on someone there to help me right away. You know, that’s a marvelous feeling. [51]

Those of you who might have felt tempted to skip some sessions at this meeting can take comfort in the comment of Robert Lentz, president in 1960/61, who said, “I think the prepared papers are fine and very good and useful, but I think the personal contacts we have during the non-meeting part of the sessions are really more important” [52].

PREDICTIONS AND ADVICE

A third theme running through these oral histories of MLA presidents is their predictions about the future and their advice to us. Many of the comments are remarkably astute and prophetic, citing the inevitability of change and the need to embrace new ideas. Louise Darling was interviewed in 1981 when she was seventy years old. She said: “It seems to me we have to try to keep abreast of new ideas. . . and be ready to move into a new area when it’s fairly certain that the time has come to do so. . . we have to be careful not to hang onto things when something better is coming” [53].

Many recognized that the “something better” that was coming was the advent of advanced technology. When Thomas Keys was interviewed in 1978, he told about the chairman of his library committee, a

famous neurosurgeon, who looked forward to the time “when he wouldn’t even have to go to the library, where he could ask for certain articles by telephone. . .so that he could read and write in his office” [54]. Estelle Brodman said in 1981:

I see a withering away of libraries as we have them today in medical centers. . .I think the way in which every laboratory has its own computer terminals and the ease with which it can tap into information stores is going to make it unnecessary for them to come to a library for a lot of the information which they now come to the library for, such as MEDLINE, such as the catalog. [55]

Also in 1985, Charles Sargent said:

I think eventually that the computer is going to replace a great many things that we take for granted or are standard now. . .many of our journals will disappear from the shelves and be in some way or another on the computer. . .the libraries, by using computers, are going to be the broker. . .of all kinds of data bases, which puts the librarians in a new career focus that they never had before. Especially the health sciences libraries are adopting the philosophy that libraries are more than just books and journals. . .Possibly in the future, or already right now, you won’t even have to go to the library to get the information you want. [56]

Sarah Cole Brown, in 1985, mused that:

The library is becoming more and more. . .a warehouse, because I think the size of the library [may] become smaller, maybe now, or in the future. It may be we built our libraries too big, after all. Of course, we thought a library could never be big enough. But I don’t think in the future, we’ll have to house every journal. [57]

Charles Sargent advises us to “push the walls out.” His concept of “the library with the walls removed is that it gives you an opportunity to do a great many things, specifically outside of the traditional things that librarians have done. The image that a library has is of the books and journals on rows and rows of shelves” [58]. “I see a great future for a library that will be able to push the walls out, and the library will be an entirely different animal in the twenty-first century” [59].

Many thought about the role of the librarian in the future. In 1981, Louise Darling predicted the rise of embedded librarianship by saying: “Librarians in general and certainly health sciences librarians in particular, will have many other workplaces besides formal libraries in the future. . .we have to realize that a lot of the methods of librarianship are adaptable to many kinds of activities” [60].

Judith Messerle, AHIP, FMLA, president in 1986/87, said, “I do believe that the librarian of tomorrow is going to have to know a lot more about basic science and genetics and a whole new vocabulary and a whole new way of accessing knowledge resources. And I suspect a whole new way of managing things that heretofore have not been managed” [61].

Lucretia McClure reminded us, however, that the basic value of our role is unchanging:

We talk about a great many of the new things that are coming along and that’s important. But I think it’s also important to say: “What is our real role in our institutions?” I don’t care whether you’re in a society library, a hospital library, an academic library or a special library of some kind, the purpose of having a library is to help users learn. [62]

And what nuggets of advice do these past presidents offer librarians today and in the future? Nina Matheson told us to be risk-takers who are willing to fail sometimes, when she says, “If you’re going to go out on a limb, you will sometimes fall off, and take some other people with you” [63].

Phyllis Mirsky’s advice was: “Don’t lose sight of what you are trying to accomplish. Don’t get caught up in the latest/next thing and feel you have to do that because it is the latest/next thing. Don’t lose sight of who you are trying to serve—it’s not yourself. Know your users” [64].

Frieda Weise addresses her advice to new librarians by encouraging them:

to go to MLA and to get involved in the profession, to get to know other people in similar situations and learn from them, and to try not to be isolated. It’s very tempting when everything is online to do it all by email. . .it’s good to let people get together and meet each other personally and get involved in the whole profession, get known and contribute something. Don’t just take things, but contribute something too. [65]

Naomi C. Broering, AHIP, FMLA, president in 1996/97, told us: “if you have an idea, follow your dreams and set your goals and you’ll fulfill them, and you’ll feel good about what you do” [66]. And Lois Ann Colaianni, president in 1979/80, said, “I don’t think I have any advice specifically, professionally, other than enjoy. The time will go by very fast. It doesn’t seem so while you’re slugging your way through it and battling with budgets and cuts, but find time to enjoy, find things to enjoy in what you do, because the time does pass very rapidly” [67]. That is wise advice for us all to remember.

The observations and quotations that I have shared are only a glimpse into the rich content of these oral histories. There are many other topics and themes that I could not address in this brief time. There are firsthand accounts of the history of NLM in the twentieth century, the development of MEDLARS and other technological advances, the impact of World War II on the publishing industry and on medical libraries, the relationship between NLM and medical librarians, the passage of the Medical Library Assistance Act of 1965, early library technology, the building of new medical school libraries, and on and on.

And these are only the thirty-seven oral histories that I have reviewed. Doubtless there is a treasure trove of medical library history in the remaining oral histories that I leave to future historians to review.

In closing, I have recommendations for MLA, for the medical library community, and for potential oral history interviewees.

First, to MLA: I have been told that the association is planning to make these oral history transcripts more easily available through the MLA home page, and I strongly encourage these efforts. It may not be possible for the existing oral histories to be digitized, due to restrictive permissions signed at the time of the recording. But I hope that the agreement language will be revised for future oral histories, so that these may be accessed online, perhaps behind special passwords or permissions. It would be worthwhile to investigate whether any past interviewees would amend or update their consent to include digitization and posting on the MLA website.

I would also recommend reviewing the current practice of sending the transcripts of new oral histories to the eight RMLs of NN/LM. Some of these libraries, like the University of Maryland and UCLA, have served as RMLs since the beginning of the program in the 1960s. But the location of the RMLs for other regions has changed over the years, so the oral histories might be scattered in different library collections.

Given the fact that many academic medical libraries, including RMLs, are reducing their print collections and that there are no formal agreements between MLA and the RMLs to retain these oral histories indefinitely, it would be a prudent course for MLA to enter into long-term retention agreements with academic medical libraries with strong history of medicine collections.

Attention should also be paid to the long-term preservation of these recordings. There are inexpensive or free programs available to restore or enhance the audio quality.

Second, to the medical library community: When you are researching any historical topic related to our profession, do not forget about these valuable firsthand accounts. If you are working in the same library as an oral history interviewee, borrow that transcript and read it. You will likely find some useful nuggets of information and perhaps some juicy stories about past events.

And third, to potential oral history interviewees: When you receive that phone call or email asking you to participate—just say yes! Every story is important, especially yours.

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