MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

Interview with

LUCRETIA W. McCLURE

Interview conducted by URSULA H. (ANKER) POLAND

28-29 May 1998

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BIOGRAPHICAL SUMMARY

Lucretia Walker McClure was born in 1925 in Denver, Colorado. She always loved reading and was an early public library user. She received a bachelor's degree in journalism from the University of Missouri at Columbia, in 1945, and then married and moved to Rochester, NY. After raising a family, she went to library school and in 1964 received a master's from the Graduate School of Librarianship at the University of Denver. Her first position was as a cataloger at the University of Rochester School of Medicine and Dentistry Edward G. Miner Library, where she was in on the beginning of the automation of Index Medicus and OCLC. Lucretia was successively Serials Librarian, Reference Librarian, Associate Librarian and Director of the library. She also held positions as Assistant and Associate Professor of Medical Bibliography from 1979 until her retirement in 1993. In addition to teaching at the University of Rochester she has taught library school courses at the University of Denver, the University College of Arts and Sciences at Geneseo, and Syracuse University.

Lucretia has been active in the Medical Library Association since 1965. She developed the popular Management of Reference Resources Continuing Education course and, beginning in 1976, taught about 35 sessions all over the country. She also chaired or served on nearly every MLA committee. She particularly notes her service on Government Relations and Legislative Committees and task forces, and the By-laws, Finance, Nominating and Membership Committees. Her interest in history is indicated by her involvement as chair of History of Medicine Section and member of the Oral History Committee.

Lucretia served on the MLA Board of Directors from 1980-1983 and was President of MLA in 1990-91. She was elected a Fellow of the Upstate New York and Ontario Chapter in 1990 and an MLA Fellow in 1993. She delivered the 1985 Janet Doe Lecture and received the 1996 Marcia C. Noyes Award. The University of Rochester presented her with the Distinguished Service Award in 1992 and made her Medical Librarian Emerita in 1993.

In addition to MLA, Lucretia was also active in many other organizations, such as Archivists and Librarians in the History of the Health Sciences, International Federations of Library Associations, and Association of Academic Health Sciences Library Directors. She was a founding member the Upper New York and Ontario Chapter, serving as Chair in 1969.

Although officially retired, she remains active in MLA as Parliamentarian, Copyright Referent and member of the Centennial Coordinating Committee. She also is editing, writing, and working on various short term library projects in many libraries.
Ursula Poland: It is a great pleasure to have the privilege of interviewing Lucretia Walker McClure as part of the Medical Library Association’s Oral History Program. We are sitting in my living room in Delmar, New York, on a sunny morning, 28th of May, 1998. My name is Ursula Anker Poland. Lucretia, we need a little bit of where life began for you. I know you will give us a more detailed biographical sketch to record later, but just give me a few ideas of where life began.

Lucretia McClure: Ursula, I was born in 1925 — on the quarter century — which is wonderful because it’s easy to remember; in 2000, I will be 75 years old. I was born in Denver, Colorado, and spent my life in various places, which I’ll give you on my written biographic sketch. I was always a child who liked introspection and reading. I can’t remember not being able to read as a child. It was one of my favorite things to do. Whenever I was unable to think of anything else, I always turned to a book. I remember as a child going to the public library and fortunately no librarian ever said, “You’re too little to read this,” or nobody ever said, “This is not for children.” So I would start with one aisle — I promised myself that I would read every book in that aisle — and I proceeded to do that. I liked to read. I didn’t understand, I’m sure, half of the things I carried home, but something that I had always had since my childhood is a love of literature, of different kinds of literature. I was fortunate to be brought up in a home where music, art, books — everything that my family could give me in terms of appreciation — I had around me. So, as I grew up I decided that I would like to be a writer, and I promptly figured out that I might do that on the way to journalism. I went to the University of Missouri, [which has a] famous school of journalism, in Columbia, Missouri. While I enjoyed that — and I started out for a few years trying to be a
newspaper reporter — I soon found out that I'd rather get married. I married Arnold McClure and we had two sons: John and Paul. So in reality, I wasn't a writer very long. I became a homemaker and a mother. That was not only wonderful and satisfying, but what I'd always really wanted to do was have a family first. But when my children got to be in middle school, I began to think about my future and when they were gone off to school and no longer at home, what would I do? What would I contribute to my community or to life? I began to think about careers for myself. I knew I was never going to be a newspaper reporter, not in this day of investigative reporting, where it's quite ferocious, I think. It occurred to me to go back to what I'd always loved best, which was reading and literature. I had many friends who were librarians. My mother's best friend was a librarian. They seemed to love their work so. I thought: "Aha! I could get paid for doing something that I love to do." I was accepted at the University of Denver School of Librarianship in 1963 and I went off to start my new life as a librarian. It was a grand choice because the school had many fine instructors. It was a rigorous program. There was not a computer there. In fact, while I was there, the school got its first photocopy machine. We were totally non-technology oriented, and this suited me fine because the emphasis was on understanding the literature; how you work with it; how you organize it. That is the beginning of my life as a librarian.

P: Wonderful! Now, tell me, where was your family while you went to school, to library school?

M: Well, my family lived in Denver. My mother and my sister and my brother all are Denver residents. Arnold stayed home in his job in Rochester and we periodically visited by airplane; I took the two children, enrolled them in school and I lived with my mother for
a year and went to graduate school. That was the only way I could really do it, because I had to have a home base. So it worked out very well. I went in 1963 and graduated with the class of 1964 from the University of Denver.

P: That’s wonderful. So now we know why librarianship. How come it became medical librarianship?

M: Well, I’ve always been interested in science and medicine. I had no real preconceived idea when I went to library school that I would pick medical librarianship. But one of the things that you do when you’re in a library school is you listen to people who talk about what their desires are. I had classmates who wanted to be children’s librarians or work in various kinds of disciplines. We had lots of information about the Medical Library Association. In fact, I applied for a grant but found out that they didn’t give it to you after you’d already enrolled, so I didn’t get one. I read about the Medical Library Association and the American Library Association, and I heard about special libraries. We had a very fine program at Denver and one of the things that we did while we were in library school was visit libraries. I had the opportunity to visit the University of Colorado Medical School Library. Brad Rogers was the director then and, in fact, it’s a day I’ll never forget because we were assigned to go there on the day that John F. Kennedy was assassinated in Dallas. So, we were there that day in November.

P: November 1963.

M: That’s right. I met Brad Rogers for the first time, and we visited his library and that began a life-long friendship. It also piqued my interest in medical librarianship. Well, then one of my colleagues came in one day toward the end of our year at Denver and said: “Look, there’s a medical library job for a cataloger in Rochester. I had always
enjoyed cataloging. In fact, we had to take an internship at Denver, and I took mine in the cataloging department. I liked cataloging; I thought it would be a very good way to begin a career, and I also was thinking that catalogers can’t take their work home at night, and I still had children. So, I thought this would be a way to begin. You learn a lot in cataloging — I liked cataloging — and here was a job in a library at the University of Rochester Medical School Library. I could do nothing but win if I could get that job, so I applied. You have to remember that in 1964 it was very hard to find librarians. There were many, many jobs available. Some of my classmates went out as head librarians from library school. I must add that most of them were men at that time, but there were many jobs. I should tell you, also, that the person in my class who got the highest salary was a woman who went to catalog. She was given a salary of $12,000.00 a year, which we thought was absolutely unbelievable. Now, my salary at the University of Rochester was $6,000.00. I thought it was wonderful and the librarian said: “You will probably never get more than $8,000.00 a year; that’s where we’ll cap this job. But it suited me fine. I was offered the job and began to work at the University of Rochester Medical School in September 1964.

P: Isn’t that wonderful that a job would be available, to your liking, in the city where your husband was already working!

M: That’s right. I had planned to come home, of course, to Rochester. But it just worked out that the job was right. I liked the literature, and it was a perfect place for me to go, right there in Rochester. So, I began with a director named Stanley Truelson [Jr].

P: Wonderful. I’d like to go back, because listeners may not know who Brad Rogers was, whom you were so fortunate to already meet when you were still a student and he was
then the director of the Denison Library of the University of Colorado Medical School in Denver. But can you, for the listener, say a few words about who Bradway Rogers was.

M: Well, Frank Bradway Rogers was a physician; he had gone to medical school and then had been in the Army and he had not yet practiced in medicine. In fact, he told us that day that he had never prescribed so much as an aspirin to anyone. He saw a posting saying that there was an opening in the Army Medical Library and he was interested enough to go and find out about it. He got that job and then the Army sent him off to library school at Columbia. So, he was not only a physician, but a librarian. And he was the director of what became the National Library of Medicine. He was the person who got the MEDLARS [Medical Literature Analysis and Retrieval ] program started — got the automation going — along with Scott Adams and other people, at the National Library of Medicine. When he retired from the National Library [of Medicine], he moved to Denver to become Director of the Denison Library. He was also an adjunct professor at the University of Denver, later on. So, I started my acquaintance with him in that first visit in November of 1963. In the year 1967, I was invited to come back to DU to teach the cataloging course in the summer, and Brad was teaching a course at the same time and so we encountered each other during that summer as fellow teachers at the University of Denver School of Librarianship. That began an acquaintance that deepened into life-long friendship. I have known Brad all these years, and when I used to go back and visit my family in Denver, I would always go to the library and we would keep up with our friendship. So, he was not only a fine library director, but he was a person who made great changes at the National Library of Medicine — changes that
influenced us in our careers forever.

P: Very good. That was really a fortunate happenstance.

M: Yes it was, and one of the treasures from my years in Denver.

P: Good! Good! As you say, there are several of us librarians who had the good fortune of first raising a family, then going into a career, and therefore we were mature returning students and we were, I think, all given responsibilities that were right for our age, which was good.

M: I think women are very fortunate because we can have a number of careers in our lives. I think that a man who has gaps in his resume is questioned intensely by personnel officers: "What were you doing during that time period?" But women have always been fortunate in that it's certainly not unusual or odd that we take time off to have a family and that we can do that and re-enter the workforce in a new, or the same, or a different career, and nobody thinks it's odd. It really is the greatest opportunity we have. Unfortunately, most men are not given that opportunity. But it does mean that you select a career in your midlife that you, perhaps, would never have chosen as a young person, and so I think that librarianship is one of those opportunities that women have found to be intensely rewarding. I certainly have enjoyed it immensely and would recommend it to both young men and young women today as a field that has unlimited opportunity. It was important because you have to remember that women who were born in my generation were expected to stay home and to be homemakers and mothers, and most of my colleagues in those days did just that. It was not until into the sixties that it became obvious that women were going to be a force in the labor world and we began to go back to school. This was one of the ways that we changed our lives. And of
course the economy had something to do with it; opportunity had something to do with it. I feel extremely fortunate that I lived prior to World War II and saw that part of our world, that I lived in the manual library world and understood how libraries functioned before automation, and then had the opportunity to utilize the automation, later.

P: Great. So, do you want to talk a little bit about how the library world was when you arrived in Rochester, and what you did?

M: When I was in library school, we had very strict core courses that were required for all students to take. We had to take cataloging, and since it was something I enjoyed, I took every course in cataloging and studied not only Dewey, and the Library of Congress cataloging, but other kinds of cataloging in the world. I found it to be an interesting subject that practically nobody today even talks about. We also took literature courses. Those two areas are the heart and soul of the librarianship that we studied. We had literature of the sciences; we had literature of the humanities, and so on. We had to get into the kinds of material that are offered in those programs. This is where you learned that if you were going to help a user, you had to study the literature. I feel so fortunate because medicine is one of the richest literatures in the world. In the manual world, which is what I came into in 1964, you had to read in order to give your user an answer. Now, I started out in cataloging, and I think cataloging is absolutely the best grounding for any job in the library. I think library schools are making a terrible mistake in not requiring students to study cataloging for its principles. You don't have to be a cataloger, but you ought to understand that organization of literature. You ought to understand how it's classified: what classification does; how you develop subject headings; what you do to describe a book. That is one of the things that we don't see
in young librarians coming out of library school, because they didn’t take any cataloging; it’s no longer a required course, in most places. At Denver, we were required to take cataloging. We were required to take a course in technical services in which we learned what serials were, and what periodicals were, and how you used them, and how you organized them. We had to take courses that I think served me extremely well, and I know that in talking to people from other library schools, I knew things that they didn’t know, and so, I’ve always felt Denver gave us a very solid grounding. I can still say: “Adams*, Sabin*, Shaw*, Shoemaker*, Evans*” and all of those things that we learned in our beginning bibliographies, because we were told the importance of bibliographic knowledge [*compilers of bibliographies of American literature]. When you go into the library, how do you help people unless you know the formats? unless you know the volumes? So we had to do this. I had very stern and strict instructors who expected a lot of us. In Denver, we had a major paper to do, and comprehensive examinations, three days of it, before we were awarded degrees. I’ve never forgotten it. And I’ve always been grateful that it was a rigorous program: old fashioned instructors who knew their subjects from the ground up. So, I had a very good grounding in library instruction. Of course, it was all in the manual world. When I got to Rochester as a cataloger, I did not have any OCLC; I did not have any RLIN to help. We cataloged our books with the help of Library of Congress catalog cards, which we used then. There was a great deal of original cataloging that we had to do. And cataloging was done; you took the card and you adapted it to local needs. Now, I don’t suppose you do it today, but we would go through every book; if there was a local author, we added a note in the note field to indicate that Professor So-and-So, with the medical school, was an author of a chapter
in this book. We also added great numbers of subject headings that we thought would be of local interest. This was the kind of custom cataloging that we did before there was a universal cataloging. I also want to tell you that cataloging was one of the most vociferous disciplines in the library. Catalogers ... I don't suppose anybody recalls Seymour Lubetski, but there were great numbers of people in cataloging and they were preparing the AACR2, the second rule book. They argued and they fussed, and there were great reports in the literature about the disagreements, and so forth. Finally, AACR2 was published and we went to the new rules, which made a great deal of difference. To just tell you one [of the differences], we used to use: "Rochester" and then period and then "University" [to indicate the university as author]. AACR2 said: "University of Rochester". So, you could just imagine the subject heading changes, and the author changes that we had to make to conform to the new rules. Nevertheless, cataloging was one of the areas in librarianship that was active. People of great stature spent hours of time working on these rules and regulations, and the literature was full of cataloging, catalogers and what was going on in the professional world. Well, in 1964, we cataloged as original catalogers, and then very shortly after that, we changed to the National Library of Medicine subject headings and classification, so that was another big change in our medical school library, one that was of great value to us, of course, to have the better subject headings and a more relevant classification. It wasn't too long until the librarian then at Rochester, who was Willis Bridegam, asked me if I wouldn't become the Serials Librarian. So, I moved from cataloging to serials, in which I had the serials cataloging to do, and I did love serials. I could have been a cataloger all my life and been happy, I think, but serials had other problems. We had to deal with acquisition and
claiming and binding, and for your interest, our binding budget in those days was $4,000.00. So, it tells you what kind of economy we had. I liked working with the materials. In order to do your work in cataloging, you had to read a lot of the material. You had to study the books to make sure the subject headings were sufficient. You had to scan the material to see if there were any local authors. You had to work with the materials, and you got to know the collection very well. After a time, I was then asked to take over as a Reference Librarian. And so I did that, and found out that having been a cataloger and understanding the card catalog in those days — how it was organized, what subject headings were and how we had filed the catalog and all of that — made an extremely important facet of reference work. So, I became a Reference Librarian. Again, we had to do bibliographies for our users and that meant you had to read the material in order to tell him or her that this article was relevant. Now, if you wanted to know how to do some procedure in the frog — Frogs were not in Index Medicus; I mean, an experiment on a frog wouldn’t be listed under: Frogs — so, you had to go into Index Medicus and you had to identify material that looked relevant, and then you had to go to it and read it in order to find out if frogs were included in that study. This was the greatest opportunity that we had to become knowledgeable medical librarians. I think the worst thing that has happened in technology is that the young people today coming into the profession do not have to read the literature in order to find out frogs, because it’s very easy today in MEDLINE to put: Frogs, and you pull the relevant articles. But they don’t get that opportunity that we had to really get into the literature: to know the journals, to understand the book material, and to see how you really had to find what you needed to give to your user. If we did five or eight of those a month, we thought we ...
[had really accomplished a lot].

P: I was just going to ask you, how long did it take you to satisfy one person's need for a bibliography?

M: It depended on how hard it was to pull it out of the Index Medicus subject headings. Very often, they did want something in a particular animal or a particular patient and so you did have to go to the literature and read. This was extremely time consuming. When I started as the Reference Librarian, I was the only one. So, I was at the Reference Desk from 8:00 o'clock in the morning — of course, I did get to go to lunch — but I was there all day. I did not have an office. The Reference Desk in the public area was my office, and I was there in Reference all day. Later on, we did get more staff, but when I started out, I was the only one there. So, I answered the phone; I answered the questions, and I did the bibliographies. Of course, I worked with the other staff members in library issues also. It was the best grounding that anyone could ever have had. The opportunity to work directly with the user and then read the literature, in order to find things for them, was just remarkable. You also have to remember, at that time, that nobody had technology. Our faculty, many of them long time faculty, brought their students to the library for instruction. We did, of course, talk to students about the library too, but every morning, faculty members would come in, trailed by six or seven of their students, and they would go to the new display area and talk about the journals that were important to their subject. They would come to the library with their graduate students and they would talk to them about how they should proceed to do the literature search for their thesis. Then, we would get these students and we would try to get them into Index Medicus, Science Citation Index, and you have to remember we had dozens
of printed bibliographies in those days, and we had many specialized bibliographies. So, we could say: "You must start with these major tools, but if you're going to work on leukemia, here is Leukemia Abstracts. If you're in genetics, here's Genetics Abstracts. Here is Psychological Abstracts." We had all kinds of printed tools. They were time consuming. I'll never forget the one on schistosomiasis, because it covered the literature from the beginning to right up to the present and the first volume covered all of the literature up to 1970. This author had spent his lifetime collecting the literature of schistosomiasis and he also said what was important. This is another thing that we don't have today: the bibliographic scholar who devotes his life to pulling together the literature of a subject and then distilling it so that you have some basis for understanding. You can go to that volume and read every important work on schistosomiasis today if you want to see how the system developed. We just do not have that today in the same way. We had the great fortune of being able to work with these faculty members who were interested in getting their students to be literature literate in their field. When [they] did [their] literature search for [their] thesis, they knew all of that literature themselves because that was the field they had studied all their lives. One of the things these faculty members did was visit the library daily, to see what was new in their field. They did not have these current awareness tools that we have today, so they relied on the library to display the new issues and to keep them informed of what was coming in. This was the absolute best training anyone could have had in the medical library field. I had a number of years with this kind of background before any technology appeared on the scene.

P: Wonderful! And how did you acquire the new skills that came along that you did not get, basically, in library school? How did you continue your education?
M: Well, it was very interesting in the library field because we thought we were extremely up-to-date. We had in our library one photocopy machine — one Xerox 914 — which we thought was a marvelous machine. We also had an electric pencil eraser. In cataloging, you know, if you had a mistake on a catalog card, or you wanted to change the subject heading, you had this electric eraser that would remove the red subject heading at the top of the card. So, when the automation began to be talked about, first we knew of was MEDLARS. You could send a search request to the National Library of Medicine for a MEDLARS batch search. Now, this often took three to four weeks. Frequently, you would get the search back saying: “You spelled this wrong; send it again.” It was not very useful to our scientists because we could actually look things up ourselves and give them a better start on the literature, but we did have that possibility. We knew that this was going on. We were there when the first Index Medicus printed by automation came out. And so we knew things were beginning to happen. It was a time of great excitement. We looked forward to seeing how these things would impact our libraries and what it would do to us. But being in New York was [fortunate for the first] ... [end of side 1]

M: ... online actually functioning system was the SUNY Biomedical Communication Network — the SUNY BCN. It began in Syracuse, New York, under the creative genius of Irwin Pizer. Irwin had been developing this idea of an online system. He had support and interest from NLM, but I think it was his drive, his energy and his determination that this could be done that got the SUNY BCN off the ground. Now, there were nine original members of the SUNY BCN, and in this network we each had a very cumbersome, a big awkward old IBM machine. It sat next to my Reference Desk and clunked away at
about 30 characters per second. In October 1968, we had online bibliographic searching of Index Medicus. Now, there were really a very few citations in the database, but it was one of the most thrilling days of my life when I could go to that and sit down and put in a subject and get a printed bibliography out of that machine. It was not just a bibliographic searching system. Irwin’s idea was that we would not only have Index Medicus, but, at Syracuse, he had his staff index chapters of books and we were going to add these chapters; we were all going to, ultimately, be involved in contributing to this so that we would have journals and books available on the subjects from the MeSH subject headings and we would be able to give our users this instant information. In addition, Irwin had the idea that there would be an Interlibrary Loan component built into this, and at the bottom of the sheet, it was to say: “Do you want any of these articles?” Now, this sounds very good, but the librarians were a little bit leery of this third component because we knew our users, and we knew that if you said to a doctor: “Do you want these?” he’d say: “Yes,” to all of them. And perhaps seven of the articles would be in your own library and you thought he might not be able to distinguish and then we’d be going off to get Interlibrary Loans of things that were right here on the shelves. In addition, there would be a sudden influx of requests that could overwhelm our staff. So, we suggested to Irwin that we weren’t quite ready to implement the Interlibrary Loan part of that. But you see, Irwin’s vision was the same as John Shaw Billings whose idea, when he started the Index Medicus, was that the doctors would have a current list of the medical literature available. And then, there was going to be an Interlibrary Loan component, so that doctors who didn’t have these at their fingertips could borrow from the National Library of Medicine. So, Irwin took that idea and built
this into an online system and it was absolutely miraculous! In addition to that it was considered to be a user friendly system that we could offer to our users to do their own searching. Now, people talk about — you know — when [end-user searching came about. Well, it came about back in 1968. What happened was a program that said: “What subject are you interested in?” You would type in: Anorexia nervosa, and then, it would say: “Are you interested in another subject?” And you would say: Young people or Young adults or whatever the term was — Teenagers — because you wanted to restrict it to that. You could put in then a language restriction, so that you didn’t get any articles, except in English. So it had these components. It had Boolean possibility, and you had these subjects that you could combine, and then you would say: “Print,” and out would come your 10 or 15 articles. It also was available to the users of our libraries. Now, I think at Rochester, we were probably the last one to still do [end-user searching. The librarian searched in the morning, and then, in the afternoon, we offered half-hour segments to our users and we tried to train them in the way to search. Now, I say “train” them. We didn’t know anything. There was not one piece of documentation that came with SUNY BCN when we started. I had a physician who insisted on putting in the term: Biochemistry. I said to him: “You know, that really isn’t what you want, because in the MeSH subject heading book: Biochemistry, means the discipline, and what you’re going to get are articles on how I organize my biochemistry department, or my physiology department, or something like that. If you put in: Pediatrics, you won’t get childhood diseases, you’ll get the discipline of pediatrics, and that’s not what you want.” It was very difficult, because they did not, first of all, believe in subject headings and they simply wanted to put in the terms that they thought. Now, remember that at this time,
it was strictly a controlled bibliographic searching system. You had to use MeSH headings; we didn’t have keywords yet. So, we would sit down with these people and we would try to get them to formulate some kind of a decent search, and believe me, it was a struggle. But we wanted to do it and we let our users do this until we realized that even the people who were very interested would come back and need to be trained again, and again, and again, and again. Also, they found out that while it was fun at first, they realized that they didn’t have to sit down and do that. We were going to be able to do it for them faster, and then in much better search structures. So, finally, we did no longer offer that. But you can see that Irwin’s vision was very far ahead of the rest of the world. Search Index Medicus, you would have book chapters; you could get Interlibrary Loan; you could have interactive searching by your users. And that was 1968. If you read in the literature when [end-]user searching became popular, you would think that nobody had thought of it beforehand because they didn’t make the connection back to the early days. But this was a real opportunity. It was also a nightmare, because there was no documentation. We really didn’t understand how this database was built. Remember that we were all manual searchers of the printed Index Medicus and we didn’t have any clue about interactive, or machine searching. So it soon became apparent that we needed some help. That’s when the SUNY users group began. Irwin would call the nine people — organizations — together, and we got instructions from the people at Upstate — particularly Jan Egeland — who would explain to us how they built the database in order that you would know how to get material out of the database. And so, we began then to talk to each other: “Well, how do you deal with this? Well, how do you deal with that?” I remember the day I figured out that you could put in:
Well child clinic, which was not a subject heading, and you could say: well child, or: well adjacent child, and you would get that combination of terms out. So, we were absolutely ignorant, and we were absolutely determined that we were going to make this work. It was a revelation to the kind of work that we had done in the library. We began to meet regularly and we began to have workshops, regularly, in which we had people who were working with this and developing it, explain to us how we could search. And then, of course, we began to holler at Irwin: “We have to have keyword searching! We want Psych Abstracts! We want Biological Abstracts! We want Index Medicus back to the day one.” We realized the potential of it. Our original learning was strictly from each other. We counted on our colleagues to help us. We would call and say: “I can’t figure this out, how did you do it?” And the workshops then. And then pretty soon, there began to be some real documentation. Joe Leiter at the National Library of Medicine was always greatly involved in our user materials and in our user meetings, and he was a great help because NLM was the indexing place and they created those subject headings, and until then, we didn’t understand all of the subject headings either. We learned a great deal about the structure of NLM’s MeSH book and we had help from the people at NLM in what the subject terms meant. Then, we were also able to say: “Wouldn’t it be grand if you could put in one subject and pull all of those under the hierarchy?” and so, the tree structures were developed. It was really a collaborative effort of people who were wanting, in the worst way, to become skilled in this new technology. Well, of course, as soon as you have something like that, then the continuing education course is also another avenue of learning. I think the very beginning was really neighbor to neighbor, colleague to colleague, and then pressure on
the people at Upstate Medical Center to say: "We need more instruction. We need more background. We don't know what this truly means." But it was really trial and error. You found out a lot of things by putting in something wrong and then figuring out what it was. It was a truly exciting time. We were, for that moment, on the absolute cutting edge of the world. There wasn't anything else, yet, and we were the only nine places that could say: "We have online searching in our library and we can get Index Medicus on a printed sheet with a combination of subjects tailored to your particular need."

Believe me, we've never topped that moment in library excitement for those nine of us that began with that new funny sounding BCN and its components! So, that was the introduction to technology in our libraries for the reference people, and for our users. At the same time, there was activity going on in cataloging. Now, maybe you don't recall, but there was something called the Harvard-Columbia-Yale Cataloging Project. This was started out by Fred Kilgour at Yale; he had this idea that we're all reinventing the wheel. You know, the Library of Congress had cards and you could order them. Incidentally, that goes way back to Charles Coffin Jewett. When he was at the Smithsonian, he had this idea that he'd make little plates of cataloging, so that everybody would not have to catalog. Now, that didn't fly, but you see, it just tells you that a lot of librarians had vision, and he had the very same idea that became OCLC ultimately: that there would be a system so we could all dip into the mutual cataloging. But this Yale-Harvard program was ...

P: Was it three? Harvard, Yale and Columbia?

M: To start out with, but somehow or other, Rochester got in on it. We had this typewriter, and what it did was: we had cataloging worksheets — 8 by 11 sheets of paper with little
grids — and you had to fix your typewriter so you could put one letter in each of these. And you gave this cataloging sheet to a technician and that person then typed it into this machine, which then automatically types out your cataloging card set! It made a horrific noise! We had to sound-proof one of our offices, and we cataloged on this. The idea was that you then did not have to ... We used to have people who typed catalog cards all day; that was their job. They had a master card, and then they typed all the added subject headings and added entries. Then, you had to manually proofread every card because they typed each card. This was, again, a revolution, in that you typed it once and your set came out and you could file it the same day, you know. It was miraculous! Well, I think, Harvard dropped out of this program. Anyway, Rochester came into it and we thought we were, again, right there at the very edge of technology, doing something that was marvelous in terms of cataloging. Well, everyone knows that Fred Kilgour then went on to Ohio to form OCLC. I always smile to myself, because I remember reading all those articles about the cataloging world in which the struggles were so terrible; they would not agree to anything. When OCLC came and people realized that they could use this automated system to get the cataloging of experts from other libraries, and they did not have to do everything originally or adapted from something in their libraries, and that the thing would print out the cards, almost immediately the struggles stopped. What those folk had never accomplished in agreeing on cataloging was done by mechanization. You don’t find people arguing about the cataloging rules anymore. Actually (laughs), it was one of the most fun parts of librarianship to go to a meeting and hear these people argue and fuss over added entries and the way you structure your authors. OCLC was a revolution in the cataloging and technical services. We always had a backlog of
cataloging in our library. The manual process, with its proofreading and its filing, and all of the things that you had to do in order to get a book onto the shelf, were changed overnight. You had people in your cataloging department who — because it was done for you by another reputable library — you could use different people to catalog on copy cataloging. So, the catalogers became the specialists in original cataloging, or in problems, but you could get your material cataloged. We came to the point of being able to say: “We get our books on the approval plan and if we keep them, they’re not only on the shelf within a week, but the cataloging cards — at that time, we still had cards — the catalog cards are in the catalog.” Before that, we did a booming business in circulating uncataloged books to our users because we simply did not have the staff to get it all cataloged. When you realized what OCLC could do ... , and of course, it went on to add components for Interlibrary Loan and so on, but the two major parts of our library then were automated. We had Cataloging automated and we had Reference automated. Again, with OCLC, there was very little instruction at the beginning, but very soon there was an OCLC Users Group and that became a major force in the actual workers going and saying: “Here’s what we need; we want this, we want that.” And OCLC has responded in the way the online searching components have been changed and added and subtracted and modified to meet the needs of the user. So, this was a very exciting time in librarianship. We had been buried because of the volume of literature coming out. We had, in the sixties, the dawn of our new science. As you know, when Sputnik went up, people in this country were horrified. We are the best in the world and all of a sudden another country does something like going into outer space. So, in the sixties and the early seventies, two things happened that, I think, allowed us to take
advantage of technology. One was the Medical Library Assistance Act [MLAA], which said: "The libraries in this country are in deplorable state." This was the federal government's way of saying: "We're going to support this because science is demanding it." I think the reason we're fortunate is that we have science to push us. People in the humanities have never had this luxury of having the kind of demand that science made. So, we had the MLAA, which gave many libraries new buildings; [it] certainly gave us lots of support for collection money and other things. We had the press of science, which was all of a sudden with NIH funding, booming and with that came the over-abundance of new journals, new books. The medical literature was, literally, pouring down on us and we were really in a terrible state because we could not keep up. And just when you thought: "Well, we're going to sink with all this," along comes SUNY BCN; along comes OCLC, and so, we began to harness the technology that was out there. Primitive, yes, but nevertheless it made a tremendous difference in how we could use the resources of our library. Now, I want to say very emphatically that machines do not replace people. The best thing in your library is the thinking librarian. The librarian has the flexible mind, has the creativity to link and do various things. But what we can do today is take that mind and use machines to do the output. I think we should never make the mistake of saying that technology is the library. It's the thinking librarian who is the library. These things were miraculous when you consider what we had done before in order to get our materials to people, in order to produce bibliographers. Many libraries had people who were bibliographers only, and they spent their entire time bringing material together for users. Now, for the first time, we could say: "If you come in, Doctor, and you have a patient, we can give you some articles within a very few
minutes.” Even though it was a slow machine, we could do that. It gave our work a lift. It also gave us a panache that we had never had. “Have you heard of what these librarians can do? and what they’re able to pull out of this system?” It caused a great — an absolute great — revolution in thinking. In the medical center, we were a place of excitement. People came down just to see it. When we had trustees visiting, they were brought over to the medical library to see us type on that thing and pull out a sheet of citations that they could then take away. We could call up their names on OCLC — if they had been an author — and they could see right in the database. It caused great excitement in the university. I must add that it caused great resistance in the academic part of our university. They looked askance at this “database searching” for a long time. Of course, it was the beginning of a revolution. Not long after BCN came about, the National Library of Medicine established AIMTWX. You used your TWX machine — which was really an Interlibrary Loan typewriter kind of equipment — and you had the 100 journals in the Abridged Index Medicus. This was the first step at NLM before they went on to their online system: MEDLINE, and produced the Index Medicus on MEDLINE, but those of us in New York were wedded to the SUNY BCN. We’d had this system; we liked the interface. We thought it was far superior to anything else. It was the beginning of a revolution. I’m not sure that people coming into the profession today even know the name: “Irwin Pizer”. I think that it’s a shame if they don’t, because like Charles Coffin Jewett and many of the other early librarians who made such an impact on the library world in their careers, Irwin Pizer changed the way medical librarians worked — medical librarians thought — and changed the way medical people found their information. He was a giant in our field. Perhaps no one else in these 50
years has made a change in medical librarianship that had the impact that Irwin Pizer had on us. And he was an interesting man. He could be vitriolic; he could be as gentle as a lamb. He was extremely kind to me; he was one of my mentors. He was creative all his life in the medical library field. He was impatient because he didn’t want to wait, and he could get things done. If you can imagine, this was just at the beginning of computers, and he made this thing work. He not only made it work, but he sold the state university administration on the support of it, and we had this system going. People all over the country, of course, wanted to get in on it. Here we were, the lucky ones who could have this equipment, who could do this. We did it and we got up and talked about it, and the network did expand to other libraries. But there came a time when the State University of New York said: “It is not something that the state tax payers can do to fund a system that goes — people in California want it — goes way out to California.” So SUNY BCN — and that’s another story that you’ll hear from somebody else — went on to become another system, and so on. But to be a part of that was one of the great opportunities of librarianship. While there are changes every day and new things that happen, and the world wide web and all of that, it will never be as exciting as the very first idea that you did not have to sit down at a printed thing and work on it in order to get out information. You had a tool, a machine, that could assist you in doing it! I think that is one of the things that we ought to talk more about. We ought to have lots available for young people coming along to explain to them the kind of person that Irwin Pizer was and the kind of contributions that he made, not only to medical, but ultimately — since there are databases on everything now — to all librarianship. He was a brilliant man; he had ideas that never stopped. Had he but lived longer, I’m sure there would
have been other contributions that he would have made. I feel like he was one of the people who made me think in much broader terms. He challenged you at every step of the way. He made you better at what you did because he was not hesitant to tell you you were not doing it good enough. He was one of the lights in our profession. It should be noted everywhere in our records that this was watershed; this began something that today is so commonplace that most librarians don't think about it.

P: That's right. Irwin did a lot for us. One of the great things he did for us was to begin the regional group in our geographic area. Do you want to talk about that?

M: I do indeed. Irwin was multifaceted. (laughs) You might think that he lived in an attic or a cellar with his computer and never came out. No, indeed! He was a very social man. He gave wonderful parties at his house when we went to BCN meetings. He had interests in music, in art, in literature, in everything. Incidentally, I think he started out to be a physician and got veered off — as Brad Rogers had — into the information world, which is our good fortune. Irwin also saw that we couldn't live in isolation, and in 1964 the libraries up and down Upstate New York — Buffalo, Rochester, Syracuse and Albany — were as separate as four kingdoms. We were all friendly with each other. It wasn't that we didn't know each other, in some way and it wasn't that we didn't consider each other, but, it was not a unified library world in those days. There were absolutely no networks. As we did in cataloging, we wouldn't dream of taking cataloging from some other library. Why, they couldn't possibly meet our standards! We examined each book and each catalog card for all of these local adaptations; that was the way we were trained, and thought it had to be. OCLC, of course, immediately knocked that out of our thinking, when it came along, but that's the way we operated.
Each library was its own serfdom and you did your thing and you did not consider somebody else because you didn’t have to, or you didn’t know how. There wasn’t any venue for getting together. So, in 1964, an invitation went out from Irwin saying: “Wouldn’t it be a good idea if we got together and formed a group so that we could begin to work on mutual issues?” A perfect example is the Interlibrary Loan; in those days, Rochester probably requested about 2,000 items a year. If you did not know where this item might be — and we had no regional tools, no national tools, other than the Union List of Serials, which wasn’t very helpful to us — you would request from somewhere, and if that didn’t come through, then you went to the National Library of Medicine. That was a very slow process. Stanley Truelson [Jr.] was the librarian at Rochester; he had this idea that when we sent an Interlibrary Loan [request] for a medical journal article, we put four [sic] mailing labels in it — for Buffalo, Syracuse, and Albany — and if we sent it to Buffalo and they didn’t have it, they forwarded it (the typed ALA Interlibrary Loan request form) with that mailing label on to Syracuse. If Syracuse didn’t have it, they forwarded it on to Albany. And so, in our very primitive manual way, we had begun an Interlibrary Loan network. We thought this was just the height of sophistication. I mean, look at us, we’re not just out and back, and out and back. We are saying: “Here’s a kind of network that we can use to help each other.” We thought this was just great. That was an example of the kind of cooperation that was just beginning in the thinking of the librarians at the upstate medical libraries. They were the four medical school libraries — and that didn’t include the hospital people at this point — in Interlibrary Loan. We had no way of knowing what was on the shelves in the hospital libraries, but we did know that we had each other. So, Irwin’s idea of bringing
together the group and having an organization was just at the right time. We began the Upstate New York Regional Group. [end of side 2]

P: Would you like to talk a little more about the Upstate New York Regional Group?

M: Yes, because I think the regional group has played a role in all of our lives in the region. [When] we started out, we were a good small group, but pretty shaky with organization, as most groups are. We've tried to go back this year [1998] to document our history and find that there are few things from some of our early meetings. They were certainly not the polished affairs we have today, but it was remarkable to us to be able to meet and to have lunches and sit down at a table and greet the librarian from Erie, Pennsylvania, or from Toronto, Canada, and know that this person was one of your neighbors and that after that you would always have them as a colleague. I think the chief thing that the organization did, at first, was to get us to know each other. We met; we had this rotation, so Syracuse was the first meeting [place], Stanley volunteered Rochester for the second meeting, and I recall that meeting very well. We had a wonderful lunch and we had all of the people come over to the School of Nursing lounge where we had our lunch. My most memorable recollection of that meeting is [of] the delightful dental librarian from Canada who wore a white feather hat, and I think — if I'm not being too forgetful — that every man in the room chose to sit at her table. She was a lovely lady and we were all enchanted by her accent and her contributions to the meeting, but we began in that way to know each other. We began to realize that our problems were in common and that, perhaps, as we had a session on ... actually, we had, in Buffalo, a session on the TWX machine! (laughs) Seems primitive now, but we had Warren Byrd down in North Carolina communicating with us on a TWX machine and we thought that
was quite an interesting meeting. So, we began to meet in rotation and we covered all of our areas. We had meetings in Syracuse, Rochester, Buffalo, Canada and Albany, and we went to all of our neighboring libraries. We not only knew who was there, but we had the opportunity to visit the libraries and we all learned a lot about the kinds of systems they had, or wonderful kinds of benches, or chairs, or whatever. So, we became not only colleagues, but neighbors, in the sense of being acquainted with the whole institution. Many of our library staff members who had never come to a national meeting, for the first time, became real participants in the upstate group. We had five year intervals before we had to plan a meeting, and we worked hard in our local groups to do something that would interest the other members. I think that we had a very informal kind of organization at first, and then, as MLA got more and more involved with sections and chapters, and gave us more guidance about how to organize, and so forth, we then became a real Regional Group or Chapter of the Medical Library Association. At one point, we added Ontario because the Canadian members were very important in our chapter. They were there at the beginning — we also can learn a lot from our neighbors to the north — and we wanted to know what they were doing. We wanted to know about the issues in their libraries, and of course, we loved to go to Toronto — or Hamilton — or one of those places and have the opportunity to see the libraries there. So, our group grew to a certain extent as we got more and more people interested. We are a self-contained region. We don’t have expansion in the sense that, perhaps, some of the groups do, with large cities, but we’ve had lots of variety in our organization. I think practically every person who wants to can become an active committee person or officer in our chapter. I think that it has given all of the librarians
and many of the staff — support staff can come, as well, to meetings and gain a lot of information and acquaintance with people — it’s given us a base. I think it strengthens the Medical Library Association to have these groups out in their communities, because that’s where you kind of try things out; that’s where we test it, and we have done a lot of interesting things in our chapters over the years. We’re certainly far more sophisticated in the programming that we have today. We have meetings with national speakers; we have workshops; we have continuing education; we do, more or less, what MLA does at the national meeting on a very small scale. But, we did begin at the behest of those early medical librarians in upstate New York and I think that the chapter has served us very well. Now, are there particular questions that you want to bring up about the chapter?

P: I was just wondering, I think one of the things that we got involved in, perhaps, was the legislative issues and we worked on local, regional, New York state legislation, which was ...

M: That’s very important, because while we have a legislative program at MLA, that doesn’t do anything in your local or state organizations for you. They just couldn’t do that. So, one of the great benefits of the Governmental Relations Committee at MLA was to get this idea out that we all had a responsibility in our geographic area. This is a very big part of our chapter action now. I think that we have all been asked to write, talk, visit our local legislators. I think that we carry to them the message that we have needs in our libraries. We also have the message that we serve a big population. In the legislative arena we include the New York City people — because they do the same thing there — so all of us in New York work toward the idea of getting the New York legislature to
realize the value of libraries. I think New York State has one of the best arrangements for libraries in that we have Regional Library Councils. Now, you're in the Capital District Regional Council. I'm in the Rochester Regional Library Council. Every region in New York has a library council that is funded by the State of New York — not funded sufficiently — but funded by the State of New York. And this, in concert with the Regional Medical Library that's in our medical regions, and with the chapters that are in our local regions, has given New York state a very important way of communicating library services. I think we have in our state, probably, identified all of the medical people and all of the medical related organizations that there are through the councils and through the RML. It's helped our libraries tremendously because, while we're a medical library we're also a member of the council, and we benefit from the council activities. We're a part of the Regional Medical Library and we benefit from their programs. In the early days, I think you know, New York was unique in that our Regional Medical Library meetings included the State Librarian of New Jersey because we were, at that time, the New York/New Jersey region. We had programs that jumped over the state line; we had programs that jumped over the county lines. We had councils in a certain number of geographic locations. We had the RML for the whole state of New York and New Jersey and we cooperated with each other. That means a psychiatric library, or an art library, or a public library, or a school library. The one thing we have in our councils is every kind of library. So, medical libraries in New York have many avenues to get to their colleagues and one of the biggest was in sharing resources, because while we primarily are interested in medical literature, every doctor you know, every nurse you know, is interested in something else. They are all taking courses; they want to read on
this, that and the other, and now as a member of the council, we can borrow from any one of 500 libraries in the Rochester region, and there are all kinds of libraries. I think that our chapter, the kind of organization we started, was one of the ways that we got going in the networking idea. Now, of course, everybody has networks of all kinds, but that was a new thing for us. The cooperation meant that we were not facing it alone and we were not fighting for New York funding alone; we were not fighting for NLM’s products alone. We had all of these avenues. And so, I think that we found good support in the chapter. I found some of my very best friends forever in the chapter. There was Erich Meyerhoff, of course, at Buffalo, and then, C.K. Huang at Buffalo. There was Irwin Pizer, and then [he was] succeeded by Evelyn Hoey and Sue Murray at Syracuse. There was Ursula Poland at Albany Medical College. All of us were connected by the fact of our chapter, and our councils, and our RML. Of course, beyond that was our personal affection for each other. But we were a unit, in that if I had a problem, I could call any one of my colleagues in upstate New York and say: “We’re going to be closed because of some problem or another, can you help me?” We didn’t have to hesitate. We had support; we gave each other this kind of support, and I’m not sure everybody has this advantage, but we certainly did in New York. I think it started with the chapter. That was our first experience with having a regular annual meeting and knowing that we could go; we would gain something from a program, but we would have gained something more from our informal opportunities. We always had — as you know — good parties in upstate New York. Sometimes, you found out how somebody dealt with a problem at a party; you never would have heard of this in a formal program. So, the newsletter, the opportunity for new members to come and get into a committee;
I think it was a very good way for professionals to say: "This is the way you can get started." And so, I think we encouraged it.

P: For you, too, this was the jumping off point to get to wonderful positions in the national Medical Library Association. When I look at your activities in that arena, it's hard to know where to start. So I've sort of broken it down a little bit and thought perhaps you really ought to start with Continuing Education because I think that was, perhaps, the arena that you first became very well known in MLA.

M: Well, I think that was one of the great opportunities that MLA offered to me and continues to offer to people. Now, it happened in a funny way; Jean Antes, the librarian at the Robert Packer Library in Guthrie, Pennsylvania, called me one day and [asked] could I help her out. She was on the MLA Continuing Education Committee and they wanted to prepare a manual on Reference Services. Evidently, this opportunity had been offered to someone who wanted to do it, and then, at the last minute, couldn't or something, and so, she was rather desperate to get this started. Well now, as you know from my earlier remarks, I had been a Reference Librarian for a long time, and I found this to be great joy and I said: "Well, that would be great; I'd love to do it. Tell me what you want." I had no idea how you prepared a manual, but I thought well: "She'll help me and we'll do it." Jean was another good person because she had been an educator before she became a librarian and she understood a lot about this. So, we worked out what I was to do and I prepared this manual for medical reference services and it was to be tested. I don't know if they still do, but in those days, they tested you at a meeting and before the course was approved, Jean had to come and monitor and then give a report. So, this was to be tested at the Minneapolis meeting. I went with great
trepidation, because while I had a manual, I didn't know exactly what I would do with a room full of people, and quite how it would play out, and so on. Anyway, we went, and Jean was there and I presented the Continuing Education course on the manual of reference services and Jean said that was what they wanted, and so, I started out on my teaching career. Actually, I presented that course 35 times!

P: Isn't that incredible!

M: I had a marvelous time doing it! I had taught at the University of Denver, in the library school, in the cataloging and I also taught at the Genesee School of Librarianship in Geneseo, New York, before that school closed. But continuing education courses had to be lively and you had to be flexible. I had many a nightmare in teaching these courses. Once, there was a course and the local person who was supposed to be my agent there said: "You have 15 people," and so I took 15 things, and 38 people showed up! And it was room fit for 15. She had neglected, after a certain date, to check and so these people came, and there weren't enough provisions, and so on. Another course I taught somewhere, the fellow who was supposed to be our host there came in and introduced me and then promptly left, and no coffee appeared at the coffee break, and so on. So, you learned that you had to be quick on your feet (laughs) to deal with these problems, but I thoroughly enjoyed it and I loved having the opportunity to meet with different people in different places. I remember teaching at Sioux City, Iowa, where I went to register at the motel and the woman looked at me quite doubtfully and then she said: "Now, you know this is $12.00 a night." (laughs) Another time, I taught in a small town and I took a taxi and the taxi picked up people all along the way, not quite what we do in New York. Anyway, when I got there, he said: "Well, it's 65 cents." (laughs) And
I said: "You know, I just couldn't imagine you could ride anywhere for 65 cents." So, I gave him a dollar tip; I just didn't know what was the custom there. I had wonderful experiences! Most of the places I went, the people were great and they were so receptive. I had lots of fun in the course trying to present my ideas of reference service, particularly things like going the second mile, and how you get up and go with them, and how you want to do things in your library, and so on. It was a great opportunity, and it fell into my lap without any thought on my part that it might ever be possible. That was one of the great opportunities I had.

P: That way people knew you all over the country ...

M: That's right. It was a great way to get acquainted. I had always — after I got into this and worked in MLA a little bit — wished that I could get on the CE Committee. Every year, when they put out the list, I would put down that I'd like to be on Continuing Education (laughs), but every year, somebody from the office would call and say: "Now, we're really stuck; we can't get anybody to work on bylaws, so would you please work on the Bylaws Committee?" (laughs) and I would say: "Well, of course, I'll be glad to help out." So, I never did serve on the Continuing Education ...

P: So what were the committees?

M: ... [Bylaws] Committee [was one]. I found out that you can have a great time with bylaws, and I know that I got started in copyright because they called and said: "We've asked about 35 people and none of them will work on this copyright issue; will you take it on?" I thought, that is the last thing I want to get into. But, of course, it's turned out to be one of my most rewarding experiences. I sometimes think that it's much better never to seek but to let it come to you, as it were. Well, I was on the Membership
Committee. That was my first committee. I went to the meeting in New York City and Gilbert Clausman was chair of Membership and he invited me to be on the committee, and that again was one of the nice opportunities from some older member of the association. He had been in the association for a long time and knew everybody. I was new; I didn’t know anybody, and he welcomed me to a committee.

P: This was the 1971 meeting?

M: Yes, that’s right. I became a committee member, and then, somebody who was going off the committee suggested my name for chair, and so, that was the first time I was chair of a committee. I worked in Membership. I’ve been on the Oral History [Committee]. I have worked on bylaws, and I have worked in the legislative arena, and in all instances, it’s because of some circumstance. Looking back I think: “Oh, that’s much better than writing down what you want.” I might not have liked the Continuing Education Committee. (laughs) I had good experiences with all the ones that I had. Now, the Legislation [sic] Committee of the national organization was also a very interesting kind of situation. We have the Governmental Relations Committee and the old Legislative Committee, and so on. I remember early meetings when Joan Titley Adams reported on governmental issues; so that’s been a long time committee. I don’t think in those days that there was the kind of activity that we have today that was brought about when we became aligned with the Association of Academic Health Sciences Library Directors and we formed the Legislative Taskforce. This was started because there needed to be more activity on the Hill. There needed to be some way to be more than we were out here with our organization and our committees. We had Bradie Matheny, who was a lobbyist in Congress. He had lots of experience in the science funding world and he agreed to
work with us. We had members from AAHSLD [Association of Academic Health Sciences Library Directors] and we had members from MLA, and we were going to be this joint Legislative Taskforce to try, first of all, to get funding for NLM, and second, to promote the kind of things that we were doing in libraries that had no recognition on the Hill. We met with Bradie Matheny; he must have thought we were the most (laughs) uninformed group of people he’d encountered, because we simply had never had any experience like this. We were as green as apples the first time we went up on the Hill and talked to people in congressmen and senator’s offices, but he guided us. He told us how to talk and what to do. And so, this little bunch of us would go up there and we had an appointment — not with the congressmen — with the staff, because you mostly tried to get acquainted with the staff. They did the leg work for the senator or the congressman and if they were sold on what we had to say, then we knew that the congressman would hear about it. Of course, we always had documentation we could take along, but we were there to talk about the value of health information for the citizens of this country. We weren’t trying to say: “Give us more book money.” We were trying to say: “What we’re doing has an impact on health and since you represent the citizen, the patient, then what we’re doing has value. We need support for the National Library of Medicine because the things they do enrich our ability to provide this information.” If NLM hadn’t provided MEDLINE and other databases and all kinds of services and Interlibrary Loan and DOCLINE, and whatever, then we would be the lesser. So, we would go and we would talk. Well, the first year, I’ll bet it was about as awkward as anybody they ever had, but the second year some of them remembered us. I think the great value at the beginning was, the same group of us stayed on. Bradie said:
“I don’t want you to change because we need to get this started, and training. Once we have a group, then new people can come in, but we need to have you understand the process and we also need to have the staff people begin to recognize that you’re the same group.” One year, we took a portable computer and we stood out [in the hall]; the offices are tiny and small. We couldn’t squeeze in, so we set this [portable computer] up on a cart and we invited the staff members to come out and we said: “Let us just show you what we’re talking about.” Well, we were visiting one of them from one of the offices of some congressman from Iowa, and he happened to have a deaf child. So, we did a search on deafness in children. Well, people came out of their offices and clustered all around and thought: “What is this going on?” We got lots of interest, because we could demonstrate: “Look, we can provide this information for you. Think, if we could do this for you, what we could do for people who are sick, or doctors who need to know how to treat this disease, or medical students, or researchers.” And so it was a very visible meeting. We had great success with that. Another time, we had a luncheon that we invited them to and then we had little demonstrations of some of the kinds of things that we do in the library. But the key thing was that we would go, and they would recognize us, and we would talk to the same people. We would tell them what bills in Congress would have benefit to us, and how much the National Library of Medicine meant to the health of the citizenry, because they’re not interested in helping us *per se*; they’re interested in the people who elect the representative or the senator. We tried to focus on health of the population, which is ultimately what we’re all doing. If we help a doctor, a medical student, a researcher, then the beneficiary is a patient. And you and I may be those patients some day. That’s the kind of message that we took up
on the Hill. We also talked to them whenever there were bills on copyright, on privacy, on patient confidentiality, on health reform. Many of the subjects that were before the Congress have impact on our work. I think that is absolutely one of the best things that MLA and AAHSLD ever did was to join together and support this kind of activity. It goes on today; they meet twice a year in Washington and talk to their congressmen and senators and spread the word about the value of libraries, about information service, and about the kinds of things that we do to help the people and improve health care.

P: You were very much involved, too, in the top governance of MLA. You have served both on the Board and, of course, as President. Are there things you’d like to talk about on that topic?

M: Well, of course, I was on the Board back in the early 1980's, that’s quite a long time ago.

P: An interesting view, that’s just what we need.

M: At that time, the Board of Directors was a dedicated group of people; it is a hard job. You’re expected to do a lot of work, and it takes a lot of time. I think all of the people there wanted to do that. It was very much a manual operation at that time.

P: Including the Finance Committee, of which you were chair?

M: Yes. We had a financial officer at headquarters, but the committee did — I think — certain kinds of things that are no longer necessary because headquarters is organized differently. I remember going to the meeting before I was elected to the Board. In those days, they invited the candidates to come, at their own expense. So, I went to a pre-conference Board meeting — or a Board meeting of some kind — and Lois Ann Colaianni was the President. I remember that she had 496 items on her agenda and that she had a little clock in front of her, and she had figured out how much time an issue
could take. Now, you have to remember that in those days every committee functioned itself and sent in all manner of motions for the Board to consider. The Board meetings were long and tedious because you had so much material that you had to cover. I remember going home and feeling astonished that that’s how it operated. I was amazed and I thought: “Well, it’s going to be an interesting three years.” I was duly elected and so I went to the Board; that was ... [tape off] 1980 to 1983. The next president was Trudy Lamb, and at that time I think Trudy had a very good idea. She was very interested in the budgeting process and getting us onto a program-based budget. That was a new theme at the time. The next president was Charles Sargent, and then, the incoming president after Charles was Nancy Lorenzi. This was another major turning point for the association because Nancy Lorenzi ... [end of side 3]

M: ... [understood] the things that were going on in business, and she brought to the Medical Library Association Board the idea of starting a strategic plan. Now, that was one of the buzzwords; you know, business has been full of buzzwords. We had: zero-based budgeting and then: program budgeting and: quality circles and: CCI and: CCQ, and all these things that have come along and gone. At that moment, strategic plan was something that was really big in the business world. You no longer just sat around and said: “This is how we’ll solve today’s problem.” You sat down and you said not just: “long range planning”, but “strategic planning.” I think that is another turning point in the Medical Library Association, because if you read this year’s annual report you will find very few motions made by committees, because you see, the strategic plan guides us and says: “These are our goals and we will work toward this.” So, instead of having 496 items on the agenda, the Board of Directors can talk about: “Here are our goals in
advocacy, or sound financial strengths and information technology,” but they don’t have to deal with 150 separate motions to move this committee from A to B, and that sort of thing. So, Nancy Lorenzi made a giant contribution to the organization in getting it started on the idea of developing a strategic plan. If you had been on both sides, you would see the big difference in how we’re regulated today and how everything flows through those goals and objectives of the strategic plan. It was an enormous undertaking, because in those days strategic planning was new; the association hired a facilitator and the Board members really had to struggle and work. And then, at the Portland meeting, I remember we had roundtables and we all discussed what this meant to us and how we would work with it. It was a very big leap for the association to come into that kind of planning. I remember presidents telling me 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, had to do all of this material in their libraries by themselves with not necessarily any help. Now we were going to go into a strategic plan, and we also began to build a headquarters staff, and so, for the first time, the organization had a cohesion that it never had before. You may look, when you’re a committee chair, at the strategic plan and say: “Why do I have to do it this way?” But if you would go back and see how the board operated before we had this kind of a structure, you would realize that we no longer have every little group spinning off doing its own thing. Everybody must be connected to advocacy. Everybody must be connected to professional development. So, whatever your committee or responsibility is, you funnel the energy under one of those goals and you work toward that. I think that that has been the major change in the 1980’s: that we no longer function in little pockets.
We are geared to goals and objectives. I don’t know whether people remember that, but that was a major shift, not only in our thinking but [in] the way we had to act. It was not done without lots of opposition. People said: “How dare you spend the money to do this?” and: “Why do we have to do this?” and: “This is boring and we don’t want to do it.” They went around to all of the regions and they talked to various groups and they had focus groups. I can remember sitting in a focus group at our chapter meeting and people standing up and I remember, distinctly, one woman looking at me as if she thought: “I wish you weren’t in the room to hear this because you’re on the Board, but I think this is the dumbest thing I ever heard of.” So, it was not done without stress. People had unlimited opportunities to speak. We had all sorts of things to give people the chance, but I think time has shown that the work of the organization is much better organized, because we are not all going out and doing our own thing. We are all targeting certain goals and objectives, and we revise the strategic plan as things change in our world. I mean, we have to face the economy; we have to face downsizing; we have to face the things that are happening in our libraries and in our communities. The strategic plan is the base. However you organize your committee, you’re always brought back to the central theme that you must work on this in this vein, and so we’re now working together. But that was quite a major change, a sea change for the organization. It has held us together; if you go back and read proceedings of the meeting or Board reports and so on, you will see that it has become quite different than it was when we were doing this as Boards up until the time of Nancy’s presidency.

P: So, by the time you became President, do you feel that your task was somewhat easier than your predecessors? Or had that not yet ...
M: No, I think by the time I became elected ... , I mean, it was a long span. I was off the Board in 1983, and I didn’t get to the presidency until 1990. And 89/90 was my presidential election. There was a whole realm of experience with the strategic plan; they had tweaked it, and nurtured it, and undone it and redone it, and so I think that was just part of the culture by the time that I was President. I think that the other major difference in the presidency in Lois Ann’s time, for example, and in the time I was, was that we had a headquarters staff with other professionals on it. For example, we have a person who is the publishing liaison, and so, if you were an editor of something, you were not expected to do all of the work that had been done by individuals at home before. The President-Elect nominates the people for the committees, or selects from the membership applications the people for the committees, and in the early years all those letters were written by the President-Elect, from his or her own office. Now, that’s all generated because the headquarters is fully automated and they have membership lists and all of these things. So the manual work of the president has changed in a great many ways. I think that those two factors are what make the difference between the president of the ‘80s and the presidents later on, in terms of their ability to do things. You had much more time to devote to issues and the kinds of things you wanted to make sure you got on the agenda, and so if you were very interested in one of the goals or another, you could pick your focus. One of the things that I wanted to do in that year was to start on the governance exploration. One of the things that strategic planning does is to bring to the fore various areas of the association; we were given the benefit of going to association management training classes and getting ideas from professional association people. We had worked on various areas of the association, but had not tackled the
governance issues. And so, in that first year, or years, of my term, we began to talk about governance, and it's interesting that it's 1997 when the Governance Taskforce finally brought its report to the association. That brings up a point that you have to remember: we're all volunteers. The association people do a tremendous amount of work. When you're a committee chair, yes, you have headquarters support, but you're giving your time; when you're in some committees you're giving a huge amount of time to preparing documentation for your staff of committee workers. So it seems like a long time since that first board session that we started talking about governance — and what if? ... and how about? ... and do we need? ... and should we be looking at? ... and that kind of thing — to seven years later when a full report of the Governance Taskforce was submitted to the association and they are now beginning to discuss and vote on various recommendations of that committee. It takes a long time. If you know — because I'm on the Bylaws Committee — that in order to do a bylaws change, we have to start here and make a motion, and it goes to the Board and if it's done, then it has to go to the Parliamentarian, and then eventually it goes to the membership, there's a minimum of two years before you can make any change in your bylaws. Part of that [delay] is because we do try to make sure that the members have input, and if you don't like to take time for open forum discussions, or for roundtables, then you don't have to come. But we're not an organization from the top down; we're an organization from the bottom up. So, while the Board is charged to make sure the organization runs, the Board is not there to make the decision that, yes, we will change our structure today. The Board says: "We're interested in this, and we get a taskforce." This particular process of governance is very thorny because we said to them: "Look at the council
structures. Is that still valid? It was something we needed to do when we did it, but is it still the right way? Look at the structure of the Fellows. What is the purpose of that? Look at …” We had a recommendation for a single slate for president. There are reasons why that came to that committee, but we have to say: “Wait a minute, the Board can’t decide that, that has to be something that the members look at.” So, the process at MLA is extremely slow. There are benefits to that, in that we won’t jump off and do something crazy. There are objections to it, in that you sometimes want to stand up and say: “Why can’t we get a move on and do something about this issue?” One of the things that bothers me is that when we have a crisis, say, and some governmental outfit says: “Well, let’s cut it off, like the woman said: ‘Let’s take two million dollars from the National Library of Medicine’, ” it’s hard for us to jump up and respond because we try to say: “Before we answer we want to make sure the membership knows.” Sometimes, I think we take too much time. We need to be out there at the forefront saying: “We know the answer to this and the answer is: ‘No!’.” But this is the way a democratic organization operates. So, we lean heavily on support from the membership and input from the membership. It makes your job as President very hard. I had a wonderful time as President, but we had tough things — like a dues increase — and that’s no fun. You would like to have a time when you talk about issues. A dues increase was necessary because we were in a deficit situation, but the members don’t want a dues increase and you had to spend a lot of your time writing letters and trying to get support and doing something about informing the membership about a dues increase. You have to consider that the presidency is a great opportunity and it may come as you don’t know years out when you promised to do this, you have no idea that the next time the Board meets it’s
going to say: “We want a dues increase,” and now, it’s your job to present it to the membership. So you get surprises like that, but the presidency is an opportunity to lend your voice and your philosophy to the members. It’s also a chance, if you have (as Nancy Lorenzi did) an idea — like strategic planning — to bring forth to the association. When I was there in the office, we were trying to talk about not only governance, but [being] member-driven, client-driven (I don’t like the word: client or customer for library users, but that’s what people talk about). We were trying to move to be “user-oriented”. That was one of the thrusts that we had that year, to try to say: “Not only do we (as an association) want to be user friendly, as you the members, but we want to take this idea of “user-oriented” into your libraries.” And we had other things to wrestle with. That was a time of great hospital upheaval. There was a lot going on in the downsizing world. We had a lot of things going on in technology that threatened many of our people and their jobs. We had a lot of library schools closing. So, there were educational issues. One of the things that you do in the president’s office is to be concerned with that and you need then also to be concerned with what’s going on. We had a number of opportunities to be with ALA officers or SLA officers or law library officers, and we did have a good opportunity to say again: “While we’re a little organization — I mean, ALA has got 47,000 members — but ALA, ARL, SLA, and AALSA, all of those organizations together can speak.” Part of the president’s responsibility is to get acquainted with the other leaders and, this year, on our celebration of the 100th [anniversary of the association], the president — Rachael Anderson — brought in some of the presidents of other associations to join in our celebration. These people need to be aware of us. We can’t stand alone in Congress. We need the support.
Most of the library organizations do join together in legislative efforts and we speak with a much bigger voice. Also, it doesn’t hurt a bit to have the public library voice there because they serve the general population and we need to let people know that libraries of all kinds serve people and that we all have the same kind of service in mind, that we want people not only to find the information, but [we] are very concerned about access. We’re going into an era of licensing that means that you, because you’re not a member of my university, can come in[to] the library but you can’t read this because my license doesn’t allow you access to it. This is one of the issues that we must fight and fight hard when we go to the Congress. Right now the legislators are hearing: “Oh, you’ve got to protect the database builders, you’ve got to protect the publishers. Libraries are stealing their books and journals and sending them out over the Internet.” This sounds fine to the people in Congress. It’s supported by commerce; the Department of Commerce believes that the Internet and this information technology is an impetus to business and they see this as being something that will help our economy. So, when the publishers and the software manufacturers go to the Hill, they say: “You’ve got to protect us. If this database is out there and anybody can get into it, they’ll steal our stuff. And if this electronic journal is allowed free to a library, or if they can buy it, then they’ll give it away.” These people have enormous numbers of lawyers, and lobbyists, and they have a lot of money. Their money goes into the coffers of these congressmen and these senators. The library associations must join together. The Digital Future Coalition is another organization that we work with that says: “We have got to stand together on these issues. It isn’t just medical. It isn’t just legal. It’s the public library; it’s your child in his school program. If he goes to the public library and he can’t have this because he
can’t pay $7.50, then you are being cheated!” That’s our battle on the copyright front to say: “Okay, we agree that we expect that you will make some profit and we certainly don’t plan to steal your products, but we have under the present law — and it’s not been changed — that there is a fair use of material for citizens and that fair use is what we depend on in order to let our users have access and some copying of material.” If, because it’s digital, we cannot do that, then our users are going to be left out, and our students, particularly, are going to be left out. So I think that this is the kind of thing that you get into when you’re the President. You find the issue of your time and you say: “This is where the association must put its energy; this is where the association must put forth its best information and let the membership know.” And we’ve said in any way we can to the membership: “Write, call, send a message, e-mail, to these people on the Hill and say: ‘Remember that it’s the citizen who’s going to be hurt if all of this material that’s digital is locked up tight and our population can’t get into it. It’s your health that will suffer if your doctor and your medical student and your researcher doesn’t have access.”’ The presidency is a great opportunity. It’s work, yes. I guess the most fun part of my presidency was being invited; I attended ten chapter meetings that year, including Hawaii. So I saw people from all across the country and had an opportunity to say: “This is what I think, this is what I want from the membership, this is what I want our profession to become.” I had an opportunity to talk to people one-on-one, and in groups, and from the podium. The President has this kind of opportunity to speak out on the issues. At the same time, you’re always corralled in a little bit because you have, in the back, the strategic plan of the association and you’re trying to speak on behalf of the organization as well as put forth some of your own philosophy.
P: Well, you did extremely well, Lucretia. Absolutely admirably. And I wouldn’t be surprised if you aren’t the best-known throughout the nation as a medical librarian. [tape off] ... as a subject, tell me a little bit about business meetings.

M: Well, you know, Ursula, when I first started going to the association meetings, I would sit in the business meeting. I didn’t know much of anything about the association and I certainly didn’t know people, but I was absolutely enthralled with the business meetings. Actually, if you want to know, they were the most fun part of the whole event because you would go and you would sit there and the President, or the executive, or somebody, would present something or another and these people in the audience would stand up and tear it to shreds. We had a whole cadre of wonderful gadflies — like Erich Meyerhoff, like David Bishop, like Gerry Oppenheimer, like Estelle Brodman, like Ann Hutchinson — who would speak on these issues and say: “Now, that’s not the way it ought to be!” You would find the most interesting discussions, fiery at times and adversarial; you could see — almost — sparks flying, sometimes, between the two. It gave a vitality to our organization and I thought that was an absolutely amazing thing to be a spectator of, and I wouldn’t have missed a business meeting in any of those years. Now, after we got into the strategic plan, and after our organization was very differently structured, so that we had channels and ways of flowing into the Board and out, and so on, and we had goals and objectives, we didn’t have the same kind of business meeting. The committees and the other groups did not bring the kind of motions to the Board that we used to have in our free days when everybody went his own way and committees often presented four, or five, or ten motions to the Board and then they were discussed in the business meeting. We used to present the annual reports and the committee chair
would stand up and then this discussion would go forth. Today we don’t do that. We have a business meeting in which the annual report is accepted in a block unless there are corrections. Once in awhile, somebody asks a question. But we don’t have the give and take of those wonderful old business meetings where you got to know who the people were in the association that were not afraid to challenge, people who had far-reaching ideas. Irwin Pizer would jump up! Henry Lemkau would jump up! Wayne Peay would jump up! We had all these people who would say: “Hey! Wait a minute before you go on with that.” Now we don’t do that anymore because our structure is different. The opportunity to hear those kinds of comments, and to hear the thrust and parry that we used to have in our business meetings, is simply gone. It’s become a very much cut-and-dried affair and I think that one of the things that I miss the most is not having this kind of activity. It’s where I first spotted who these people were and thought: “That’s the kind of person that I need to hear from; that’s the kind of person that I want to know more about their ideas.” I wish we would do that again. I don’t know how they could do it and it’ll be somebody else’s problem, but any number of us, at least the “golden oldie” crowd, really thought that was where the heart of the association was expressed. If you really felt passionately about this, you went to the business meeting and you were prepared to stand up at that microphone and speak. I think it’s too bad that we’ve lost that.

P: (laughs) Well, I’m inclined to agree with you. I also thought those business meetings were absolutely wonderful! I’m sure we’re going to come back to MLA, but let’s now find out about other organizations in which you were active.

M: Well, I was active in a number of other organizations. In 1979, Irwin Pizer asked me
to teach a course in Helsinki. This was [at] the Northern European arm of IFLA; I had never been abroad and I didn’t know anything about going or doing. I had no real idea of anything except that I had taught this course a good number of times and because Irwin was one of my mentors and deeply admired colleagues, I certainly wanted to do it. So, he very nicely printed up the manual with the name of the group on it and I gathered together all kinds of stuff that I thought I might need and I took off for Helsinki. This was an exciting experience. I taught the class in reference tools and services. I have to tell you — because it’s one of the two things that I really want to say about myself in this interview — that it was the first Continuing Education course taught for medical librarians in Europe and I have to give Irwin Pizer the credit for letting me be that person. It’s also where I began to find out about IFLA. I met lots of people there that I continued to know through the International Federation of Library Associations, which is IFLA. I became, at Irwin’s suggestion, a member of IFLA and I have attended a good many IFLA meetings. Now, IFLA is very different from MLA. There are people there from all over the world and the program is geared in a different way. It’s not medical in any sense of the word. There’s a medical section: a Biological and Medical Sciences Libraries Section of IFLA. But the real meaning of IFLA is universal librarianship. It’s every country; it’s every kind of library; it’s every kind of librarian. You go to IFLA with a totally different thought in mind. Frankly, you don’t go to the courses in IFLA because they don’t teach us what we need to know. We’re the ones who have the technology; we’re the ones who have the money for our libraries. The courses in IFLA and the lectures are given from people around the world with very different problems. My absolute favorite session at IFLA was the one given on how to
catalog Arabic first names. You can imagine what would happen at MLA if somebody tried to present a lecture on cataloging first names in American libraries, but that was something that they needed to do. So you go to IFLA with different expectations. The exhibits are wonderful because they have exhibitors we don’t know anything about, and so it’s great to go to the exhibits. The receptions are marvelous because you meet people you would never meet any other way. The pageantry! Very often, when we were in Stockholm, it was the King of Sweden who welcomed us on the podium. You have a totally different kind of meeting with IFLA, but again, the real key is that you meet people. You talk to people, and you find out that the rest of the library world has much worse problems than we do. A group of African librarians talked to me one time about the fact that, when their money is tight and they can’t pay their bills properly, their journals sit on the dock and rot because they can’t get them shipped to the libraries. They depend on things coming by sea and of course it may or may not ever arrive. The things they told you made you want to weep. They have no electricity on Sunday, or they have problems that we can’t even dream of. So, when we say we have these terrible issues and problems, it’s very good for you to go and see how librarians in other parts of the world have to live. Even in Helsinki when I went to the Central Library of Helsinki, which is their big medical library for that whole country, I could’ve wept looking at their pharmacology collection; it was so out-of-date. I thought: “The one thing you don’t want to do is give people old drug information.” Yet, I know the librarian there and they have lots of struggles. [end of side 4]

P: ... May 29th, and we will continue our conversation. I believe you were talking about IFLA when we stopped last night and perhaps you have more to say about that and what
other organizations you’ve been involved in. [tape off]

M: ... another facet that I’d like to mention. Just as MLA has chapters and sections, IFLA has standing committees, one of which is the Biological and Medical Sciences Libraries Section. This is the standing committee on which I have been a member, and Ursula has been a member, and a number of other MLA individuals have served. The section was started by Irwin Pizer and has focused on health sciences libraries and had various programs. I think the important thing is that it does give a venue for health sciences libraries meeting at IFLA, which is an enormous organization and has libraries of all kinds. IFLA is an interesting experience and it would be good if more MLA members could come and participate in it. I think we learn a lot from our colleagues around the world. Another organization which has had an impact on health sciences libraries is the Association of Academic Health Sciences Library Directors, now called just [Association of Academic Health Sciences] Libraries. This organization, I think, was started because there was actually no forum for the directors of medical school libraries to sit down and talk to each other about mutual issues and problems. It’s a very small organization because it is just what it says, it is for the directors of academic health sciences libraries. They have problems that they need to discuss; they have issues that they want to work on and this organization provided the forum for that. I think there’s another reason why this organization was important, and that’s because it gave us the opportunity to be a part of the AAMC (the Association of American Medical Colleges). After all, we are all in the education business. We wouldn’t be in academic libraries if we weren’t serving students and populations that are in their learning stages. So, whatever else we say about ourselves, the real underlying purpose of libraries is to foster learning. AAMC is the
organization that all of our academic libraries and medical schools participate in at an annual meeting. Being in AAMC gave us visibility to our deans and to our directors and gave us the opportunity to become part of that organization. I think it’s impossible to think of medical school education without thinking of the library in the context of learning. So, being a part of AAHSLD gave us this opportunity and I think it’s very important that we continue that relationship with AAMC. After all, we’re an arm of education and we’re an arm of the academic world. We’re not a service organization that sits down with the laundry and mail delivery and other services of the medical center. It was very important that we do this; the development of this organization has strengthened our ties with our deans and directors. Also, I think, the publication of the Annual Statistics of Medical School Libraries in the United States and Canada has been a vital publication for all of us. I used to take it with me and go to the Dean and point out where we stood in the library world, and where we stood in the academic world, and let him know that the funding for the library was something that made a difference and that he could see us in relation to libraries of our similar kind. There was another organization in which I participated that I feel very strongly about and that’s the American Association for the History of Medicine. I’ve always been interested in the history of medicine and was fortunate to be in a library at Rochester that had a fine history collection. Outside of the Academy, I think Rochester’s collection is the strongest in New York state. We had an early faculty member named George Washington Corner who was very interested in books and learning and he convinced local doctors to give him money to buy some rare books because he felt the medical students ought to have this in their library. So, he went off to Europe at a time when
rare books were very cheap and he bought a marvelous collection for the library. We’ve always fostered our History of Medicine collection and the work that goes on in history. So, when this organization became known to me, I thought: “This is where I can also go and learn more about the history of medicine.” AAHM is made up of doctors and historians and librarians and it has an annual meeting that I like to attend because it is a “content” meeting. Here are people of mutual interest talking about subjects in medicine and it’s a very interesting kind of program to attend. Along with it was a group of librarians who formed the Archivists and Librarians in the History of the Health Sciences, and that’s become a strong organization, also. The librarians meet the day before AAHM and talk about issues in our library, not the least of which is our great concern over the number of libraries that are letting their history librarian go, or not filling that position; who are cutting back on the services in history; who are saying: “We’re not going to buy any books in history.” I think that this is the primary issue that this group of librarians has to face at the present time. It’s very difficult to believe that young physicians-to-be should not be taught that medicine did not happen over night; that medicine does not run in a straight line; that science is full of controversy, and that there are things that they need to know about the development of medicine. Medicine did not begin with the CAT scan. Sometimes, in talking to students, you get the sense that they think the only important thing is today and the machines they have and the equipment they have. We’re talking about medicine that began with the dawn of time. It would be dreadful if medical students did not have some focus on how it all began. After all, the Japanese people knew that there was something in seaweed that made a difference to your thyroid. American Indians knew that if you put moldy bread on something it had
an impact. So we’re not just the only ones who make medical discoveries. The other
danger is that people are constantly reinventing the wheel because they no longer go
back in time to search for documents that show what had been done a century before.
So I think that we need to fight for history. We need to go out and tell people about the
value of history. It’s true not only for medical students, but it’s true for library students
as well. I wonder sometimes what they’re being taught about 20th century librarianship.
We’re almost at the end of a century; I know we all had to study about Melville Dewey
and some of the early people in the library field, but I don’t know what they’re taught
about 20th century library history, and we have had some astonishing things happen in
the library field. So I feel very strongly about the value of the history of medicine and
about the need to have some kind of regular courses or teaching — to have some kind
of collection within the library — even if you don’t have a rare book collection. You
can have a collection of historical works and facsimiles that will help your students
understand the value of the continuum of medicine. Not enough of our library people
are interested today. I see that the push for automation and the rapid changing in
automation makes librarians frantic. They are scrambling to keep up; that’s one of the
reasons why history has sunk to a lower realm, because they’re just so busy trying to
make the changes and to keep up with the new things that are going on. But this is part
of our tradition. It’s part of our heritage, and I think if we don’t emphasize it, nobody
in our medical centers is going to do it. So, I want to be a champion for the history of
medicine.

P: I’m going to ask you a couple of questions to clarify. You mentioned “the Academy”,
and you meant thereby: the New York Academy of Medicine.
M: Yes. The New York Academy of Medicine has one of the finest History of Medicine collections and rare book collections in this country. And we in New York are exceedingly fortunate that we have the New York Academy of Medicine in New York City. We can all appreciate that collection and the work that's going on there. I think that it's important to know that, along with the National Library of Medicine and the Francis A. Countway Library of Medicine at Harvard, we have outstanding collections in the history of medicine. Those are the three largest in this country and among the finest in the world. But there are many other libraries in this country that have good History of Medicine collections and some fine rare book collections. It's important that we not only identify those but that we try to make sure that those libraries are not decimated because there's no interest in it.

P: Perhaps, while we're still talking about the Academy, would you like to comment on some of the wonderful people who brought that library into existence? You, I believe, had the pleasure of actually meeting Janet Doe, and of course, you also knew her successor, Gertrude Annan. Would you like to talk about them?

M: Yes. I think that those were two of the finest librarians of an earlier time. I did have the privilege of meeting Janet Doe. When MLA met in New York one time there was a reception for Janet Doe at the Academy and so I did meet her for the first time there, although there were streams of people and we didn't get much opportunity to talk. But I also did visit her in her home in retirement at one time, so I felt that I did get to know her and have the opportunity to talk to her, briefly. Gertrude Annan was a good friend and someone I knew very well. We all, in upstate New York, have great affection for the Academy and Gertrude was the epitome of a grand librarian. She was one of those
great ladies; we have had a number of them in the library field — certainly Janet Doe was; Gertrude Annan was; Mary Louise Marshall ..., Eileen Cunningham ..., Estelle Brodman...— these women were powerhouse ladies. They were also, if you will remember, scholarly women. Janet Doe was a scholar in her own right, as was Gertrude. When you look at the accomplishments and at the background of these women, it’s quite astonishing. Often, they started out to be something else and ended up in the library, but they not only were good librarians; they were scholars in their own right. They were leaders of the association, and believe me, they were not timid about telling people what the library needed. I think it’s a very interesting thing to look at, because here were women heading the New York Academy of Medicine — which is an old and established and traditional institution — and these were women at a time when (at least when I came into the profession) most of the head jobs were [filled by] men. It was just considered that mostly these jobs would go to men, but here were women heading one of the finest educational and society organizations in this country. I think it’s a tribute to those women of that earlier day that they were of such stature that they could do this.

P: Wonderful! We were really very fortunate that we met them. I’d like also now to go to your enormous, prestigious and prodigious list of publications and talks that you have given. They are so varied, and since we were on the history of medicine in our last topic, I believe you’ve written quite a lot to make different audiences aware of the importance of history. Do you want to enlarge on that?

M: Yes. I do feel strongly about the history of medicine. We have lots of good authors in the Medical Library Association and in the library field, and they write about a lot of interesting things, but very few people are talking about the importance of learning. This
is something that bothers me: that we focus on the latest CD-ROM miracle, for example, or we talk about how we develop web pages. 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, and so we ought to be thinking in terms of this whole realm of learning. The reason that I’m interested in talking about history is, I think, you can’t be knowledgeable — you can’t understand today — if you don’t have any background, or know what happened in the past. And so, I’ve tried, whenever I had an opportunity, to talk about where history fits into our work and our lives. One of the things that I was pleased about was my opportunity to talk at your retirement, Ursula. I gave a talk about libraries and the value of learning and so on, my favorite topics. After that, I sent this paper off to the Pharos to see if they would like to publish it, and they did. What pleased me the most was that I received all kinds of letters from doctors and other health people — not librarians, but practitioners — who read that paper and said: “Yes, I remember that from my medical school days and how glad I am that you talked about learning.” That was one of the high points in my publishing, to receive letters from people outside the profession telling me that they had read it and it struck a chord. If you look at what I have written, very often that same thread runs through it in some way or another, because I feel that we are too concentrated on our “today”. We are in the midst of an automated revolution and we have wonderful things happening in our libraries with networks and webs and all of that. The opportunity to expand our libraries beyond our walls is something that is miraculous, but I also feel that
we need to think about what we’re there for. I would not like to have a medical student come out of my institution [who did] not have an understanding or have built a way to continue his or her education. This is why we’re there: to show the range. That’s why I don’t like to have a person tell me that he doesn’t need to come to the library anymore because it’s all on the web, or he can connect to our catalog and he doesn’t need to come. It’s not the same thing. Just reading a paper, or getting an article off an electronic machine does not show you the array that’s in the library. It doesn’t give you the chance to browse and to pick up. There is nothing to take the place of picking up something published in the 17th or the 18th century on this wonderful parchment and it feels buttery soft and you look at the pages and they’re pure white, and you touch this binding and it may have all sorts of do-dads on it and things and you think: “People spent their lives on some of these beautifully illustrated publications.” You want your students to know that this was part of medicine, and you want them to come and look in the library. I often think the display of new journals in a library is a fascinating place. You look and you can see things you would never think of looking for if you were studying the catalog, but when you come into a library and you see these journals piled up on a rack and you see titles that just are intriguing, then you say to yourself: “This is where I will find something I never dreamed of looking for.” Every time I pick up a strange title, I say to myself: “Why would anybody want to publish this?” Then, you thumb through it and you find the most interesting thing, and this is what we’re not going to have if we don’t get people to come into our libraries. Very often, I think we have marvelous reference books and textbooks that give you a much better view than some of the other sources that people have, and yet people today are so busy and they want
you to print it out and give it to them and they don’t want to look to the right, nor the left. We have got to do something about that. We’ve got to reinvent the enchantment of the library so that people, especially students ... I’m very concerned about a student who comes and says: “I don’t need any more than this, all I want are these five things and I won’t look beyond it.” This is a battle that we’re not even addressing. And I think that’s why I like to ... I’m way far off what you asked me, but I think that’s why I feel like we must work on and write about the value of history in medicine. As I say, it also applies to the history of libraries and librarians because we need to know our own background as well. I’m very concerned because in all this talk about, you know, beyond the walls and outside — and it is wonderful what we can do with the web and the Internet — but if you really want to learn, if you’re really going to master the subject, then you need to come, and you need to read widely, and you need to read bad books as well as good books. You need to read with enough depth so that over time you become a skilled reader. All the rest of a physician’s life, he or she is going to have to make determinations based on time limits of how to keep up, how to increase knowledge, how to find out what’s going on. That’s really the job of medical school: to train young people to be ongoing learners. This is very difficult to do when you can say on the one hand: “You need to come to the library and you need to look at resources; you need to immerse yourself in this literature.” Then you can say, on the other hand: “You can sit home at night and you can punch in the web and you can pull up all this stuff and decide that that’s enough.” That’s my concern.

P: Wonderful! I think that little lecture you’ve just given should be given at every medical school to the students and the faculty. But your publishing record goes beyond that
thread. You become an activist, at times; you protest the fact that medical libraries no longer are a requirement in a hospital, and of course, most importantly, you have been our authority on copyright issues and you have written many papers on that. Perhaps you'd like to talk about one or other of these.

M: Yes, copyright has become very important to me, and again, it happened because I received a phone call from Ray Palmer at MLA headquarters, and he said: "Would you help us out? I've called and called and called people and nobody wants to work on this little problem we have with copyright. I don't need a whole lot; just write a small piece."

Of course, I didn't know enough about copyright to write two paragraphs, but I said: "Okay, I'll do it." It was the farthest thing from my mind and something I had really not thought about, one way or the other. But, as I have always in the past, when a door opens, found that it becomes important down the road. So, I started looking at this issue of copyright and I wrote the little piece. Then, the next thing that happened was that there were things coming before the Congress, and so MLA began to be very much involved in the copyright issues. In 1983, I was appointed the Copyright Referent and began, really, to try to keep track of the legislation and what was going on. This was a wonderful thing to do; I testified before the copyright people in Washington, and I'll never forget, the Register of Copyright said to me: "Now, what would you do if a doctor came into your library and said that he was in the middle of an operation and he needed an article? Would you give it to him?" I said: "Well, of course I would." I said: "If it were your child, wouldn't you want me to?" And I thought how little they understand, really, what we do in the library. I also said to him: "If you have a doctor that has to come into the library in the middle of an operation, change your doctor!" But it was a
very interesting opportunity to talk about the library and what we do in terms of making material available. At that time, the copyright law — this of course was all on photocopying before digital — but we were supposed every five years to make sure that there was a balance between the rights of users and the rights of the public, and so this was the thrust of the testimony. It was very important that MLA be represented in the copyright arena, and so I have tried to write and represent MLA on this issue. Most recently, I’ve been at the Conference on Fair Use, which was one of the most contentious things I ever attended because the publishers and the software people, the music people, the video people, Jack Valenti [motion picture executive] came to the first session and testified at that hearing. Those people are extremely concerned that — with the ability to transfer information in a computer world — we in the library are simply going to give away their products. They have a right to be concerned because they don’t know how to charge for this and they don’t know how to protect it. What they’re thinking, of course, is that they’ll no longer sell us anything; they’ll license it, and when you have a license, then there’s a limitation. A license may be only for the students in your institution who are matriculated. That means if you come into the library and you want to read that piece that’s digital in the library, you will not be allowed to because you don’t fit what the license says. This concerns us greatly. It also means that, in many cases, it’s pay-per-view and this effectively cuts out your students. When you look at the cost of medical education and what these young people pay in tuition to go to medical school and all of the effort that goes into that, then to turn around and say to them: “Well, you can have this but it will cost you $7.50, or $12.00, or $18.00 to have access to this article;” that is something that we are fighting against. So, on the one side,
we have these people from the publishing and software world. On the other side, we had librarians and educational organizations, the Council of Learned Societies, and we were trying to say: “We have the right to fair use in the digital world just the same as in the print world. We’re not asking for more or less, but we need to have the same.” And they’re talking entirely about the fact that the format is the difference. We’re saying: “It’s the content and the present copyright law does not mention format. It doesn’t say anything about the container.” So, what we’re fighting for is the same right in the digital world, but believe me, these people are formidable adversaries. First of all, they have pots of money and they have lots of legal people and lobbyists on the Hill, and the legislation that was passed recently that did say: “We’re going to protect these databases,” and that would be greatly to our detriment. These people are contributing to the congressmen and the senators’ coffers. We don’t have that kind of funding. So I’ve had kind of to become a loudmouth advocate at these sessions about the value of fair use in the digital environment for the benefit of people. When you think about our work and [that] our information is related to health — which ultimately translates to every citizen in this country, and we’re all potential patients — if your student is denied information, or your researcher, or your doctor — because he doesn’t fit into the license or whatever — then the ultimate result is poor health care. That’s the message we’ve tried to get across to Congress: that we’re fighting for access to information for the population of this country.

P: Yes, and that’s admirable and the Government Relations Committee does try very hard to alert the membership to such actions. I wish that the membership at large would heed those calls and would respond and help with the fight. You can’t do it all yourself.
M: Oh no! What we need is individual communication. I always write letters as a citizen; I write in long hand and I write it very brief because you just have to get the message across. As a citizen, I need access the same as a person in an institution, and I need to have access [end of side 5] ... to information ... because we all have interest in our own health. And having access to health information is important to every citizen.

P: I agree with you, Lucretia. I know that you will probably update your bibliography and then send it so that we can append it to this interview because it is so good and so plentiful. Let us go back once more to revisit Rochester and your relationship there with your administration and whatever else you would like to talk about.

M: Well, I talked earlier about being a cataloger and so forth, and enjoyed all of those aspects of librarianship. There wasn’t any part [I didn’t like]; I loved serials; I loved cataloging; I loved reference, and then I became Associate Director of the library, and in 1979, I was named the Director of the Edward G. Miner Library at Rochester. I think the most satisfying part of being a director was the opportunity to have a relationship with the Dean of the medical school. I was exceedingly fortunate because I did report to the Dean of the medical school; I served under four deans during my 14 years as director there. The first dean was Lowell Orbison, [M.D.,] who was almost at the point of retiring. He had succeeded the former chair of pathology and become the Dean. He was not only a fine gentleman, but he was very interested in the library, and he asked me if I would assume the directorship and was extremely supportive in his last years. Frank Young, [M.D.] became the next Dean and he also was interested in the library. It was under his administration that the promise was made that we could renovate the library. One of the great things that happens to you in a library is when you’re visited by the
LCME — the review team that comes from the Association of American Medical Colleges — and one of the things that they said when they visited Rochester at that time was: "Your library needs more space." Now, you know, nothing makes your heart happier than to have some outside person reinforce what you’ve been saying all along. We’re shelving books on the top of books and we’re crowded out in every inch of the library. It was very nice to be able to have this support and after reading their recommendations, Dean Young said: "We will get money for your renovation of the library." That was great news for all of us. The library at Rochester was designed when the school opened in 1925 to be in the center of the one building that was Strong Memorial Hospital and the School of Medicine and Dentistry. Dr. [George] Whipple, our founding Dean, had this idea that the school and the hospital should be intertwined and that the library should be exactly in the center of the building. Now, that was a wonderful idea, except that from that moment on, they began to sprout wings on every corner of the building and the thing sprawled all over the space. It was built out in what had been farmland and way out in the country, and so lots of space was there and lots of new areas were added to the medical center. So, the library was actually no longer in the center of the building. But the new hospital built in 1975 was attached, so we were still all one building and the library was central to the programs in the building, but we were awfully crowded. It wasn’t until later on that we did actually get the money for our renovation. My next Dean was Robert Joynt, [M.D.,] who had been chair of the neurology department. Now, he was not only a bookman, but a historian. He was exceedingly enamored of the library and was the kind of dean that you dream about. It was right in the era when we had so much trouble with cost of journals. Every year, 8%,
9%, 15% increase to your journal budget and every library in the country was having great difficulty. So I explained this to Dr. Joynt and I said: “You know, I don’t know what to put in the budget for serials because we simply can’t seem to contain it.” He said, “Well, why don’t you put $250,000.00 as your budget for serials and then we’ll just pick up the rest of the cost?” Now, that was one of the luckiest statements ever made to a librarian, because as time went on, that extra cost amounted to more than half a million dollars. We were fortunate to be able to have that kind of backing for the library and the support of the deans that came along in my tenure. [They] were absolutely wonderful in terms of willingness to support the library and never looking upon us as the place where they might cut back and save some money. We did actually get $3,000,000.00 raised to do our renovation and we were able to expand the library and add the beautiful former lobby of Strong Memorial Hospital to become our reading room. That was one of the most interesting times of my life to go through this process and to work with engineers and architects and to see how something like that could come about. My final Dean was Marshall Lichtman, [M.D.,] again a Dean of great integrity, and a man who was very concerned that our medical students would have access to the finest library. We were able, I think, in all those years to keep up with automation, to begin new programs in the library, and at the same time, to maintain our history of medicine collection, build on it, and to do some of the things that we wanted to do. During this time, another landmark study came forth that was of value to all librarians, and that was the Cooper-Matheson Report: Academic Information in the Academic Health Sciences Center: Roles for the Library in Information Management. Now, Irwin Pizer, with his SUNY BCN, had changed the way we worked, had changed the
nature of our jobs. Nina Matheson’s report changed the way people thought about information in the academic health sciences center. She not only touched what librarians did, but she touched on the administration of our medical centers to give them a broad idea of how information could be a part of the entire center and not just a cluster here and a cluster there. So this was another great study that simply changed thinking all across the country. Today, if you look in bibliographies, you constantly see the Matheson Report cited because it began a sea change in our thinking about the way libraries should operate within medical centers and the way medical centers and libraries should cooperate. So I was extremely fortunate to have the kind of deans who never once looked at the library as a money drain or as a black hole that they could not get any return from, and I must say that was one of the great joys of my life. They’re all my personal friends as well and that, I think, is a great honor to be able to say your Dean is your friend. I was also fortunate at Rochester to have three very supportive Directors. Before I became the Director, I worked with Stanley Truelson, [Jr.,] before he went off to Yale. I worked with Willis Bridegam, and he then returned to the academic world. My final Director was Henry Lemkau who went on to the University of Miami. All three of those Directors were extremely good librarians to the staff. They simply wanted us to learn and grow. They welcomed our ideas, and I think that that is one of the reasons that I enjoyed all those years at Rochester. Each of these Directors said: “Do everything you can think of doing,” and never turned us down when we said: “We have this idea and wouldn’t it be good if we took this on?” So I’d like to thank them, as well, because I think it made the kind of environment that you all want to work in. I think that I was extremely fortunate also in being in upstate New York, because upstate is kind of a
unified place. I think all New Yorkers think of two things. One is: upstate people are not like New York City people. At least, we want to say that we live in the other part of New York and we are very unhappy when people think of New York state as New York City. We like to uphold the values of upstate New York. I think that one of the things that was so good about it was that our medical schools in upstate are not that far apart, and we were very closely aligned. You, Ursula, have been my role model since the first time I met you at that opening meeting in 1964. I have looked to you for inspiration and for ideas, and you have always been there. And then we were joined [by] C.K. Huang at Buffalo and I think that we had another strong person who always put the health sciences library at the forefront and was also a solid friend who would come at the drop of a hat if you needed him. We had Sue Murray at Upstate Medical Center [in Syracuse]; these kinds of relationships are not necessarily what everybody has the privilege of having. It seems to me that we were not only fortunate in being in the library world at a very exciting time, but we were together, working in ideas and programs and problems in a way that was perhaps unique in that not everybody had that opportunity. Obviously many places don’t: like Indiana only has one medical school, so they can’t have this kind of collaboration that we had up and down upstate New York. Now, that’s not to say that we didn’t work with and do a lot with the people in New York City, because we did. I think that one of the things that was so good about New York was our opportunity to work with the RML advisory committee and all of us worked there with many other people. We had strong leaders like Brett Kirkpatrick in the RML and these are people that we are still counting as our friends. New York City had a great number of librarians that counseled us and supported us in upstate New York, people
like Erich Meyerhoff, Lynn [Kasner] Morgan, Gil Clausman. A whole cadre of New York City people often came to the upstate chapter of the Medical Library Association; we often went to the New York/New Jersey meetings, because we had lots of things in common. So I think that being in New York was fortuitous. Being a librarian at the particular time that you and I were beginning our practice and extending it into the 1990's gave us absolutely a marvelous time. We were able to see the library world from its traditional days right through its take-off into space days. I don’t think that anybody who hasn’t lived that time frame can understand how grand it is to have been able to participate in both.

P: Well, you’ve given as much and more to me than I have given to you, I can tell you that. I’d like to think that you carried on your tradition — the tradition of your three directors under whom you worked — because you gave your staff a lot of freedom and a lot of opportunity to shine. Would you like to talk about some of your staff members?

M: Yes. I had the opportunity to work with a great number of fine people at Rochester. I think that it was the kind of place that you could do things because we had a sense of being part of the medical center. My very first supervisor was Janet Boynton in Technical Services; she just gave me every opportunity not only to learn but to do things and to move along and try other things. There were so many good people I don’t know that I can mention them all by name, but I think the staff at Rochester all felt the same intense wish to make a fine library. There are ways that each person contributed. I think each person felt the job fit into the whole and that we were, in many ways, a team with one abiding goal and that was to serve a population. We had an enormous medical center in that building with a 750 bed hospital, with a full School of Nursing, full School
of Medicine, and a very large research staff. The opportunity there was great. We never had enough people, as no library does have enough staff to do everything, and we had hard working people, dedicated people, excellent librarians. I must say I think that the success we had was due entirely to the fact that each one of them pulled his or her own weight.

P: Good. I was actually thinking about having staff people of yours who worked under you rising to very visible positions within MLA, and I must say that that is not true of all other medical libraries, so I think that is a feather in your cap. Julia Sollenberger, for instance, became a Board member by virtue of being Chair of the Chapter Council. I think you were the one to nurture her.

M: Well, and Chris Hoolihan in the history of medicine is a recognized author and historian in his own right and has published some fine material. I think that any number of the staff have contributed to various organizations. We have lots of people in our library who have been dedicated workers in our chapter and contributors. So I think that in each of these kinds of situations, you want to have your staff have an opportunity. How much they want to do with it is what they can decide, but to say: “The door is open and you have this chance,” is what I think is a goal for every director. [tape off]

P: MLA helps us with our profession. How do you feel about the other component: how it also enriches our opportunities for friendships?

M: It’s always interesting to look back at the beginning of your life in a profession. I think you and I had seen, back in the early 1960’s, quite a different life of professional and personal interaction than we have today. One of the things that strikes me is that when I became a librarian, most of the library directors were men, and very often in the
academic world, they were academics and not librarians. This was not surprising to someone brought up in my generation, but it gradually began to change and today I would say that just as many top jobs are held by women as men. I think that it’s no longer assured that just because you’re a male you will get a directorship. I think also that the association was looked upon ..., perhaps [it] is perceived by other people that librarianship as a profession is in some sense a safe harbor for a number of people. I think that in my generation when you thought about a career, young people, women, were really limited in what they might do. You could be a school teacher; you might be a nurse; maybe you would be a librarian. I think that the library was considered a place of non-threatening action. Perhaps you could get a job in the library and you weren’t threatened with competition. I think, perhaps, that that attracted some kinds of people — both men and women — who thought the business world was too competitive and maybe this would be a place where you could work without difficulty. I think that’s not good for the profession, and I’m not sure it’s true any more, but it certainly was true in the early days of the profession that this was a place you could go and perhaps, if all went well, you could stay all your career and never have to move. The library world has also been a place where lots of gay people have come and found a home. I think that there are a good number of gay people in our association and I think they have made tremendous contributions to the association. I think perhaps people feel that the library is a place where people are free from discrimination; I hope that that will always be true. I think that one of the things that MLA has done for us in having the kind of organization that it is — with a lot of opportunity to get involved — that we have become friends of people we might ordinarily have never met in our library situation. I think that when you
start in MLA — all of us begin, perhaps, not knowing anybody but who is in our own
library — you go to your first meeting and the association tries, with its new member
reception, and with its buttons, to identify new members. With the things going on in the
business meeting — “New members please stand up!” — we try to say: “Let’s be
friendly to the new members coming in.” It’s hard because we’re all busy when we go
to MLA. So I think that having a mentor is very important. I know that people took me
around and introduced me to people. Gil Clausman welcomed me to the Membership
Committee and that was the first time I had a chance to really meet people. Being on
Membership — [there] was somebody from each geographic region of the country —
was a great start because I didn’t just meet people from my area, but from all around in
MLA. Then, as I went on to other committees, I began to get acquainted, and when
you’re on a small group you have interaction that you don’t have with the great big
meetings. Being on the Board of Directors is another way that you get solid friendships.
People I met on the board at that time: [it] was early 1980’s and people who were there
working with me included Nancy Lorenzi and Nina Matheson and Ray Palmer and a lot
of other people who were in that small group. And believe me, the Board is an intense
experience. When you’re there, you work from morning ‘til night. You understand that
when you join the Board; it’s a place where you have breakfast, lunch and dinner and
meetings all day with these people. You carry out your obligations during the coming
year with these people. And you meet for three years and many of them are [there] the
three years with you. So I think that that’s one place that you do find friendships that
endure. All of those people are my friends today and — even though they may have
retired — our friendship will endure because of that close relationship we had on the
Board of Directors and in small sections or committees of MLA where you worked very closely together. I think this is one of the things that MLA offers. It’s never in the brochures, but it’s one of the things that you get by being an active member. If you don’t want to work in the association then you may say: “Well, I go, but I don’t see that it’s very much fun.” Well, that’s your own fault because you can have opportunity. All you have to do is say: “I’d like to help,” and somebody will be glad to have you on their committee. I’m always amazed when you go to committee meetings, that hardly ever does anybody come in as a visitor. All committee meetings are open; you could go to any committee meeting, except those talking about personnel. I have been in dozens, and very few times has anyone come as a visitor. That’s a great way for young people to come in and see what committee work is like, and then if you’re interested, tell somebody there. The one funny thing I do recall is one day I was chairing some committee and we asked people who visited to sit; there were chairs around the room. We asked that the committee sit at the table and our guests and visitors would sit on the chairs. This one woman came and she insisted on sitting at the table; so she did. I explained the rules, that were that the committee did have some business that we needed to discuss and make recommendations on, and then we would call on our visitors at an appropriate time and ask if they would like to make comments or observations. Well, during our business meeting, this woman insisted on talking, and she also had something in her hand. I want to say she took off her shoe, but that probably isn’t true. She pounded on the table and was very annoyed with MLA over something. And I thought: “You know, dear lady, this is not a good way for you to get membership on a committee.” (laughs) But, it is a vital part of what’s become my life. When you work
in a profession and you’re interested in the growth of it, as we all are who are interested
in MLA, this is the opportunity that you have. Some of these people I have worked with
for years and they are friends that I think have been a great influence and have given us
all as MLA members an opportunity for friendship. I’ve mentioned some during the
course of our discussion of people that I have known, but there are many more. More
than I can mention in any program like this. That’s what really is the value of MLA,
undergirding all of the opportunities to speak or to participate: the fact that you form
professional friendships that then become personal friendships. I count on these people
as not only my colleagues, but as my friends, and would have not wanted to miss this
kind of relationship that you can have by being a member of an association like MLA.

P: Lovely! Yes. I’d like to ask you now about your retirement activities. You’re not —
I don’t really consider you — retired. It seems to me that you are still very, very much
involved.

M: Well, it’s interesting. When you look back, I remember talking to colleagues; I remember
Al Brandon’s talk on retirement and all of these things that you think about when you
head into retirement. I remember the day I went to my Dean and I said: “You know, I
think in a couple of years I will want to retire.” He did say: “You don’t have to.” And
I said: “I don’t think you know how old I am.” (laughs) He really didn’t. I was nearing
69 and I thought: “You know, if I’m ever going to have a chance to run around and play,
I’d better start doing it.” I was lucky because I truly don’t think he knew how old I was.
I stayed beyond the traditional 65 and had all those wonderful years, but I really hadn’t
planned anything for my retirement. The year you know you’re going to finish up is a
year when you think you’ll get everything done and it will all be neat and tidy. Then, you
find out that the days are coming closer and you haven’t gone through the book shelves, and you haven’t weeded the files, and you haven’t turned in these things and done all of the final things that you need to do. So, it was rather a frantic year, and I was just not thinking about what I was going to do. I had one plan in mind and that was a trip with my sister and her husband to the South China Seas. So I had my retirement, a wonderful party, and had a great send-off by the institution and by my friends. I went home and I had to think: “What do you wear on a cruise to China?” I went off to the South China Seas, and when I came home it was almost Thanksgiving, and then Christmas came and the New Year, and so I really hadn’t made any plans. Then, the phone began to ring, and people called and said: “Well, we have this going on and would you like to help with it?” So I said: “Yes, I could probably do some of that.” I began to respond to some calls and I had opportunities to do short term projects in libraries, and to do some editing and some writing, and I was taking assignments from various places, and I also was appointed to the Board of Trustees of the Rochester Regional Library Council. I began to have my days filled up. I went traveling off to Stonybrook, for one, to participate there. I’m now working at the Countway Library of Medicine, at Harvard, doing some projects there, and I have been finding various kinds of activities that have come to me. I have not sought any of them. I don’t plan to seek any, but now that I’ve found out how much fun retirement is, I don’t plan to stop as long as I can keep going. It is wonderful to do this kind of thing, because you are free. Now, not only free to think about what you want to do, but I don’t have to do a budget, I don’t have to do personnel reviews; I don’t have to do any of the things that are very difficult, often, in your job. So, I’m really back doing library work, which is what we all started out thinking we
would like to do. Whatever they want — you know — if they need something in serials, or if they need something in rare books, or if they need something in reference, then ...

[end of side 6]

P: ... doing these projects. You’re still working for MLA, aren’t you?

M: Yes. I’m continuing to work on committees. I am a member of the Centennial Coordinating Committee, that is ongoing. I am, presently, the Parliamentarian of MLA, and, of course, the Copyright Referent and will be continuing to work on copyright issues and be involved in the Conference on Fair Use. I guess my philosophy is that if I get a call from somebody saying: “Can you do this?” and I want to do it, I’ll say: “Yes!” So as long as somebody from MLA calls me, I will work in the association. It’s been one of the best things that I think any professional can have: to be an active member and to have the benefits and rewards that you get from not only the association — seeing the results and products that we’ve done here in MLA — but as we’ve talked about, the very valuable friendships and relationships that develop from your association.

P: So, where do you see MLA’s future and what do you think is important for those that follow to know?

M: Well, looking at MLA with its 100 years, I think just that survival is a wonderful achievement, in itself, because there have been many hard times for associations over the years. Of course, as we’ve heard, they started out with a very small number of people and, for many years, it was a very tiny organization. I think that there are many things down the road that need our attention. If you look at MLA from the outside, I think you immediately are drawn to the Continuing Education program and the Credentialing program. Both of those I think are stellar. Other associations credit us with having
perhaps the best CE program in library associations, and they certainly credit us with moving on into credentialling and getting this program started. It's a very difficult thing to do and so I think, in those areas, we are considered the leader among library associations. Some of the things that I think will need our attention in the next 100 years are programs that will have an impact on recruitment. Now, today, if a young person—especially a young woman—is looking about for a career, she does not have to be limited to nursing, teaching and librarianship. If you look at the educational opportunities today, you can be an engineer, you can be a computer specialist; you can be an anthropologist; you can be a doctor; you can be anything you want to be. So, why would you—as a young person coming out of a university education—pick librarianship? When they start looking at what is required, and when they start looking at the financial rewards, then I think we're going to find that many of the best young people are not going to look at librarianship. I also think that we have not done anything about minority recruiting, and there are many good young people who could find a very good opportunity in librarianship and I don't think they know anything about it. So, it seems to me, that one of the first things that we have to do at the beginning of our second century is to take on this problem of recruitment and say: "Why, why would you want to do this?" We do it because we don't think there's any better profession, but we're in it and we know all about it. I am very concerned about the quality of people we're going to get in the next century because the competition for good people is much, much greater than it has been before. Everything is wide open for women and so we need to make sure that they know about the opportunities and the rewards in medical librarianship. Another idea that I think we ought to address is the sections that we have
in MLA. I would like to have us abolish the type-of-library sections in the Medical Library Association and, in turn, come to sections that are based on issues. Perhaps an issue will rise and be solved and go away and then there can be another one. I think we’ve talked about memorable moments in our meetings. One of the things that was memorable to me was the talk by Lawrence Weed, [M.D.] — the man who developed the medical record — and I’ll never forget that he said: “When you go to medical meetings, the white corpuscle men talk only to the white corpuscle men, and the red corpuscle men talk only to the red corpuscle men.” Well, that’s exactly what we do. If we’re in a type of library, we go the to veterinary library group, or the cancer librarians group, or the pediatrics librarians, or the medical school librarians, or the hospital librarians group. We talk about ourselves, to ourselves. I think it’s time that we got the benefit of each other’s experience, in a broader group. We could learn a lot from librarians in other libraries, but we tend to go to our own little group. I think we ought to abolish those sections and form issue-oriented sections, and then people of all types of libraries could make contributions toward solving the problem. For example, many of us are concerned that a lot of our top jobs are going to non-librarians. Now, a lot of these “informaticists” are our friends and we like them, but is it saying to the world that we don’t have any people of the quality to handle a job that they are now in? I’m very concerned about that. I’m old enough to remember when English professors were the librarians in academic libraries. Of course, you had a librarian who came in, at a much lower level, to run the library, but the Librarian was an English professor. I think, today, that we need to look long and hard at what’s happening to these jobs that are going to people who are not librarians and who then have to have a librarian come to run the
library part but are no longer the director. I’m also very concerned about what’s happening in hospital libraries where there’s a merger and the administration says well: “If we have a merger, we’ll have one library and we won’t do anything in this place, we’ll close it down.” We need to get some kind of action; we need to do something about these situations where librarianship is taking a beating. I think this is the kind of issue that we could have as a section to tackle issues. I would love to see us — all kinds of librarians — get together in forums or roundtables, or whatever you want to call them, rather than going to your own group. Now, I know it’s important in some of the groups to get together to work on standards and things like that, but as far as having type-of-library be the focus of our sections, I’d like to see us abandon that and move into an issue-oriented program. I’d also like to see us do more with education in library schools. Now, we have a wonderful Dean of the South Carolina Library School — Fred Roper [Ph.D.] — who has made sure that there is a health sciences library program at his School of Librarianship. Fred has done a great deal in the Medical Library Association to help us understand educational issues and to foster relationships with library schools and education, but not every library school has a health sciences library program and not every school has a dean who’s interested in the Medical Library Association. I think that here is another opportunity for the Medical Library Association to say: “We need to be closely aligned with library education.” I hear all the time people say: “Well, I’ve got a new person, a beginning librarian, and this person doesn’t come with the training that I need; this person doesn’t come knowing.” I met a library school student — from a highly regarded library school — and I asked her what they taught about citation indexing. And to my great horror, she told me she never heard of it! She
also told me that, during the course of her library education, copyright wasn’t mentioned in any of her courses. Now, perhaps they had one but they didn’t make sure that she took it. I was very distressed to hear this because I think that we need to be sure that library schools are teaching the kinds of things that will endure. Now, I didn’t have any training on computers when I went to library school because we didn’t have any computers and we never dreamed that we’d ever have this kind of automation. But our library schools in those days insisted that you take a certain core collection — core course collection — so that you came out having a broad background; so that you knew the history of libraries; you knew the history of the book; you knew the basic principles in the other disciplines, and it’s very distressing to hear a recent graduate say citation indexing was never mentioned in any of her courses. I must add, that I promptly took her to the Science Citation Index and gave her a little lecture on how to use it. (laughs)

I think that we could work on activities; we could be guided by people like Fred Roper, who knows how education in library schools is progressing, and we could do more to connect with this. I think, also, that’s a place where we could interest young people and do some real recruiting about health sciences librarianship. It seems to me that internship was one of the best things we had in the past and while it may cost money, and may be difficult, I think if you want to interest people in the jobs that we have in the future, that we need to say: “Before you decide what you want to do, come and give health sciences librarianship a try.” If we had internships in our libraries or encouraged it to come back to NLM, or the Regional Medical Libraries, or whatever ..., it would be wonderful if the RMLs could now take on internships and do some of the things that we need to do in order to assure the future of our profession. I think it’s frightening when you go
somewhere and you read, or you hear a lecture, where somebody says: “You know, we
don’t need a library because we are going to have the Internet available to all of our
students.” There is a community college in New York that does not have any books, any
shelves, and they have put up the Internet for their students and they say: “This is your
library.” Now, I have a very strong feeling that all of the public libraries in that borough
of New York are going to be inundated by these students who are going to be frantically
coming to look. Just imagine, you’re in an American literature course, and you have to
read Hemingway. Now, are you going to sit in front of the screen and read Hemingway?
or are you going to pay to download 400 pages of his novel? Of course not! So these
students are really being short-changed. I think that one of the things that we can do is
to get people trained in library education, get students involved in internships, and get
them to understand the value of our kind of library, and hopefully, this community
college will be a total failure and it won’t last. I think this is the kind of thing the
Medical Library Association can do. It has the ability to coordinate our membership.
You and I might do something ourselves, but we can’t coordinate 2,000 or 5,000 people.
MLA can stand behind this and can get something going. I think this is one of the things
that really needs to be done for the future. If you hear people say: “I can’t hire anybody
with the kind of skills I need,” then you know you’re in trouble and we ought to address
it right now. Another issue that I think would be very important for MLA to address is
in the realm of advocacy. This is one of our big goals: to be advocates for librarians.
You know, we have librarians who have been displaced for wrongful reasons, and the
Medical Library Association has absolutely no way to step in and do anything about a
situation. Now, the American Association of University Professors has a mechanism
and, in fact, one time years ago we looked at this in trying to decide if MLA could not have a way of addressing this kind of problem of the librarian. When somebody is put out of a university — a tenured professor for a wrongful reason — the AAUP stands up and censures that institution. Now, I don’t know how MLA could do it, but I’d certainly like to be on a taskforce that would address this issue and would start talking about how can we be a force that would help librarians in this time of downsizing, in this time of merging, in this time of losing jobs to other kinds of people. It seems to me that these are the kinds of issues that we need to start addressing as we go into our second century. They’re not easy, they’re thorny; they are going to cause a ruckus. In fact, it might even bring us back to the glory days of the business meeting when we would have people stand up and argue and fume and fuss and fight over this! But if you look at our program for the future, then how can we avoid taking on the hard issues? How can we do this in the future, if we don’t? Where will we be? Will we be just what we are today? That won’t be good enough. If we have come this far in 100 years from the little library that a doctor would say is the medical library for the doctors only — tiny little libraries — if we come from a point where ..., I have to tell you that when the University of Rochester opened, the library was open to the students from 2:00 to 4:00 in the afternoon, one day a week. You know, we’ve come a long way from then. We want to build access; we want to build sources; we want to do all these things, but I see these kinds of problems ahead of us and, at the moment, I don’t see that we’re addressing them in an adequate way to develop for the next century.

P: Wonderful, Lucretia. And I hope you’ll get to serve on that committee that will look into some of these measures. (laughs) [tape off]
P: Lucretia, shall we talk about mentors and mentoring next?

M: That's a very good topic, Ursula, because I think it an essential one in any profession and it's not one we give a whole lot of thought to, I'm afraid. MLA does have a mentoring program and we have tried to be mentors at some of our meetings by signing up to help a new member and so on. I think mentoring is one of the things that marks a profession. When you are in your library and you have young people coming in — new people coming in — and you can give them the benefit of your experience, or help them if they're interested to become a book reviewer, or to ask for a committee assignment, or even to take a course in the university, or to improve the skills that they have in their job, then you're being a mentor. I think that it's something that we ought to delve into more deeply and consider in the association in whatever ways we think could be possible. We could do a lot more to encourage our members to take mentoring as one of their responsibilities in their home institutions. I've been extremely fortunate in my experience in librarianship to have a great many mentors. All of the people I've talked about during the course of this interview have had an impact on my life and on my work and on the way I do things, and they may have done that in a variety of ways, but in some sense, all of them have served as a mentor in whatever area we were working on. I think that all of us need mentors, and to consider being mentors, if we're going to help our profession. There are just a few people I want to mention, as we come toward the end of our interview, because it's the lasting kind of friendship that comes from these mentors. When I was just beginning in medical librarianship, and was not acquainted with very many people, one of the people who became a mentor long before I met her was Estelle Brodman, because I read what she wrote. I was enthralled by what she wrote, and she
was the kind of librarian I emulated — I wanted to be — and I think that she has done that for a great many people in the profession. I was very fortunate that I got to know Estelle very well as we both attended history of medicine meetings and we had opportunities there to have breakfast together, or lunch, and we had many a good discussion about the topics or about librarianship, and I feel that she has given me a great deal to think about in the field of librarianship, as well as in history. I think that our friendship has deepened over the years, and it's one I hold with great affection. She is the kind of librarian that I'm not sure we'll see again, and so I think I would count her as a mentor extraordinaire. Another person who served as a mentor to me was Ray Palmer. I knew him first as a librarian and he was the kind of person who would challenge you. He had lots of ideas. He was very knowledgeable about librarianship and he often would take your ideas and give you pointers that turned your ideas into a different focus. He could, by discussing issues with you, get you to think differently. He could make your writing better after you'd had a discussion with him because you thought more clearly, having had to explain it to him. He could make you work harder by giving you ideas that you hadn't thought of. When he became the Executive Director of the Medical Library Association, he added another dimension, in that he was not only a librarian but he was also in the field of association management. When I was president of MLA and during that term on the Board, he was so helpful and supportive because he knew how associations should operate. He had a wealth of knowledge about the way associations could benefit users and he was always very much user-oriented, member-oriented, in the association. So it was a great help, as a Board Member and President, to have a kind of a colleague and friend who understood both librarianship and association management,
and his contributions to my efforts in the association are great. He is a life-long friend. Another person that I want to mention is Nina Matheson because, again, she is one of the people in our association who stands out for her contributions. I don’t think we’ll see many people like her. She is a very knowledgeable person, not only about librarianship but about ideas. She has given the whole field of librarianship such a momentous work in her IAIMS development and writings that we should be thankful to know that librarianship can produce people of such stature. Now, there are many, many more people who are mentors to me, continuing to be mentors to me. I could reel off all kinds of names, but I think I will just end this part of my discussion of mentoring by mentioning one last friend — an enduring friend and one who is so faithful to all of us — and that is Erich Meyerhoff. I always feel like it’s okay if Erich gets to the meeting and that we’re going to be okay if Erich is there. I feel like he’s probably one of the last of our gadflies and we should be very concerned that we’re not following in his footsteps in being the kind of person who is not hesitant to ask the question: “Why are we doing this? Is it still important?” I don’t think any of us can remember a time when we didn’t have a trouble and there was Erich Meyerhoff, or a time when something was going on, and we needed clarification, and there was Erich Meyerhoff. So, these are the kinds of people, among all the others I’ve talked about and mentioned in various capacities, who have given me so much and have enriched my life and my work. In addition to that are all the other people I know in the association and in the library profession. It is one of the great joys of being a librarian that you have opportunities, not only to make friends, but to contribute with your friendship and to know that they will help you — that you can help them — and that we live in a kind of mutual situation where we are truly
collegial, where we are truly interested in each other and willing to support one another. I'm sure that's not true in everybody's profession to the same extent. [tape off]

P: Lucretia, some of the things that you have done I know you are too modest to tell about yourself, so I am going to take the prerogative of reading out what you have been awarded in terms of honors and recognition. This will give you a chance to think about, maybe, a few more items that you may want to add to this interview. In my files, I happened to find the citation that I wrote for you on the occasion of your becoming a Fellow of the Upstate New York and Ontario Chapter of MLA. This was written in October 1991: "The highest honor we bestow on a member of our chapter is that of being named a Fellow. Tonight, we shall honor an individual in this manner for unique and outstanding achievements, not only on the chapter level, but nationally and internationally. How fortunate we are that this beautiful person whom you all know and greatly esteem came to this geographic area to commence an astonishing career in medical librarianship. Our candidate has developed one of the foremost health sciences libraries within our chapter boundaries, including a strong History of Medicine collection; has taught us in many stimulating CE courses, not only us, but MLA members around the nation and internationally, attendees of international congresses on medical librarianship and members of the International Federation of Library Associations and Institutions (IFLA); has chaired some of the toughest MLA committees, such as: Bylaws and Finance, as well as Nominating and Membership; has also chaired the History of Medicine section and the Medical School Library section; has become an expert on all questions pertaining to copyright; presented the 1985 Janet Doe lecture; is a founding member of this chapter, and was its chairman in 1969; has served on the MLA Board and
now graces the Medical Library Association’s highest office — the first time that a member of our chapter does so. There’s not time enough to do justice to all her accomplishments. The list of publications and presentations is long and varied, testifying to her breadth of knowledge and interest and her constant concern to be an advocate for our profession. But that is not all. I am sure I speak for many of you here tonight. The person we are honoring is also our personal friend, our anchor, our mentor. However busy or burdened, there is always time for some kind words, perhaps a story to make us laugh, a genuine warmth and concern for the individual as well as the for the association. In private life, she is a loyal fan of the U of R sports teams, a supportive wife, a devoted grandmother. Lucretia, you are truly our own first lady and we welcome you as Fellow of the Upstate New York and Ontario Chapter of the Medical Library Association.” This was in 1991, so I now must add a few more honors. What I believe you are really most happy and most proud of is that your own university made you Medical Librarian Emerita in 1993. This was followed by the Marcia C. Noyes Award — the highest award given by MLA — in 1996. It’s quite a story, Lucretia, and you are ..., everything I said about you in 1991 is even more true today.

M: Thank you very much, Ursula. [end of side 7]

P: Lucretia, I give you your opportunity for your last word. (laughs)

M: Thank you, Ursula. It’s certainly been a grand opportunity for us to talk together and for me to have this chance to talk about my philosophy and my ideas, and I wish to express appreciation to the Oral History Committee for choosing you as my interviewer and allowing me to speak in this interview situation. The one thing I want to say at the end is, I think you know from all the things that I’ve talked about that I dearly love our
profession, that I wouldn't have been anything else rather than being what I've been, and where I've been, and having the opportunities that I've had. But I must say, during this annual meeting in Philadelphia [May 1998], someone told me that a new term that she planned to use was: *Webmaster Librarian*, and I want to say here and now that I am never going to be a *Webmaster Librarian*. I strongly object to the term. I told her that I thought that was short-changing our profession. I am a *Librarian*, in the fullest sense of that word. I think if we think about ourselves as partners in the learning arena then we cannot be *Webmaster Librarians*. We're part of the ongoing process of education, whether we are librarians for children or junior high school students, medical students or the most highly ranked scientists. What we do contributes to learning. In essence, I think we're curators of the learning situation. And the word: *Librarian* to me, stands for all of that. So, I would be remembered as a librarian.

P: Thank you Lucretia. It's been a wonderful two days to interview you and on behalf of the Oral History Committee of the Medical Library Association I thank you for giving us your thoughts and your ideas and your reminiscences. This concludes the interview with Lucretia McClure on May 29th, 1998. [tape off]
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Employment Background:

1986-1993  Medical Librarian and Associate Professor of Medical Bibliography, Edward G. Miner Library, University of Rochester School of Medicine and Dentistry, Rochester, NY.

1979-1986  Medical Librarian and Assistant Professor of Medical Bibliography, Edward G. Miner Library, University of Rochester School of Medicine and Dentistry, Rochester, NY.

1964-1978  Successive positions as Cataloger, Serials Librarian, Associate Librarian, Edward G. Miner Library, University of Rochester School of Medicine and Dentistry, Rochester, NY.

Education:

1964  M.A., Graduate School of Librarianship, University of Denver, CO.

1945  B.J., University of Missouri, Columbia, MO.


Honors:

Medical Librarian Emerita, 1993 -  
MLA Excellence in Education Award, 1999  
Marcia C. Noyes Award, 1996  
MLA President's Award, 1995  
Fellow, Medical Library Association, 1993  
Distinguished Service Award, University of Rochester, 1992  
Fellow, Upstate New York and Ontario Chapter, MLA, 1990  
Distinguished Member, Academy of Health Information Professionals, 1989  
Janet Doe Lecturer, 1985

Library Consultant:

Francis A. Countway Library of Medicine, Harvard University  
Health Sciences Library, State University of New York at Stony Brook  
National Library of Medicine  
Library, National Center for Education in Maternal and Child Health  
New York Public Library  
Moody Medical Library, University of Texas Medical Branch, Galveston  
Falk Library of the Health Sciences, University of Pittsburgh

Memberships:

Medical Library Association, 1965-  
Upstate New York and Ontario Chapter of the Medical Library Association, 1964 -  
New York/New Jersey Chapter of the Medical Library Association, 1985-93  
International Federation of Library Associations, (IFLA), 1982-  
Association of Academic Health Sciences Library Directors, 1979-93  
Rochester Area Libraries in Health Care (RALIH), 1976-93  
Copyright Society of the U.S.A., 1983-93  
Archivists and Librarians in the History of the Health Sciences, 1973-
Council of Biology Editors, 1985-
American Association for the History of Medicine, 1973-
Society for Scholarly Publishing, 1987-

Teaching:
Seminar on Collection Development, Fordham Health Sciences Library, Wright State University, Dayton, OH, March 8, 1989.
Seminar on the History of Medicine, Catholic University, Washington, DC, November 1, 1989.
Seminar on the History of Medicine, University of North Carolina School of Librarianship, Chapel Hill, NC, July 1, 1984.
Instructor, Medical Education Course 410, "Medical Skills Section on Library Resources", University of Rochester School of Medicine and Dentistry, 1977-80.
Guest Lecturer, School of Information Science, Syracuse University, Syracuse, NY 1978.
Instructor, Medical Library Association Continuing Education Course, "Management of Reference Services", Presented 35 times, 1976-
Visiting Instructor, School of Library and Information Science, University College of Arts and Sciences, Geneseo, NY, Summer Session course, "Introduction to Biomedical Library and Information Science," 1976-82.
Visiting Instructor, University of Denver Graduate School of Librarianship, Denver, CO, Summer Session, 1967.

Professional Activities:
Medical Library Association:
President, 1990/91
President-Elect, 1989/90
Immediate Past President, 1991/92
Parliamentarian, 1993-
Copyright Referent, 1983-
Conference on Fair Use, Participant, 1994-97; Representing MLA and AAHSL,
Testified at Public hearing on intellectual property, September 22, 1994.
Centennial Committee, 1994-
Convener, MLA Fellows, 1993-
Platform for Change Implementation Task Force, 1993-95
Chair, Nominating Committee, 1992, 1989; Member, 1995, 1986
Chair, Task Force on Ethical Issues, 1991/92
Chair, MLA Archives Committee, 1987-90
Chair, Bylaws Committee, 1984-88; Member, 1983-84
Chair, Strategic Planning Task Force on Honors and Awards Governance, 1983
Chair, Finance Committee, 1981-83
Board of Directors, 1980-83
Chair, Membership Committee, 1975-79
Chair, History of Medicine Section, 1978/79; Chair, Program Committee, 1983/84
Chair, Medical School Libraries Section, 1977/78; Chair Strategic Planning Committee, 1988

Ad Hoc Committee to Draft a Code of Ethics, 1985-87
Oral History Committee, 1988/89
Ad Hoc Committee for the Cunningham Endowment, 1988-93

Upstate New York and Ontario Chapter, Medical Library Association:
Chair, 1969; Chair, Committee on Education, 1978-81

Association of Academic Health Sciences Library Directors
President, 1985/86
President-Elect, 1984/85
Immediate Past president, 1986/87
Legislative Task Force, Member, 1985-91; Chair, 1990
Chair, Economics of Information Committee, 1991/92

International Federation of Library Associations (IFLA)
Standing Committee, Section of Biological and Medical Sciences Libraries, 1987-95

Friends of the National Library of Medicine
Board of Directors, 1991-

Archivists and Librarians in the History of the Health Sciences,
Program Chair, 1986 Rochester meeting; Bylaws Committee Chair, 1988;
Program Chair AAHM luncheon, 1988

American Association for the History of Medicine, Local Arrangements Committee, 1986 Rochester meeting

New York and New Jersey Regional Medical Library Advisory and Planning Committee: Chair, 1981;
Secretary, 1977-80; Chair, Subcommittee on Education, 1975-78

Research Libraries Group, Medical and Health Sciences Program Steering Committee, 1985-89; Chair, 1987-89

Association of Teachers of Preventive Medicine, Resources Management Committee, 1985-87

Springer Advisory Library Committee, 1988-90

Statewide Continuing Library Education Advisory Committee, 1980-85

Rochester Academy of Medicine Library Committee, 1979-

Rochester Regional Library Council
Board of Trustees, 1995-
Automation and Technology Group, Chair, 1986-89
Advisory Committee, 1979-; Chair, 1989-93
Hospital Library Service Program Advisory Group, 1984-93

University of Rochester Committees:
President’s Commission on Benefits
University Libraries Council
GEAC Policy Board
Medical Center Education Committee
Medical Center Computer Assisted Instruction Committee
University of Rochester Library Trustees Visiting Committee
Saward Archives Committee
Executive and Acquisitions Committees of the Friends of the University of Rochester Libraries
Benefits Review Committee

Publications:
McClure, LW, Focus on fair use. MLA News No. 300:12,15, 1997

1995

1990
McClure, LW, and Richards, DT, Selection for Preservation: Considerations for the Health Sciences. 

McClure, LW, Comment on the Second Report on the Register of Copyrights: Library Reproduction of 

McClure, LW, From Curiosity to Knowledge; The Role of the Library in Medical Education, 


McClure, LW, [Book Review] *The Copyright Primer for Librarians and Educators*, by M.H. Reed. 


McClure, LW, and Palmer, RA, Information Explosion and the Nursing Profession: Suggestions from 


1985

McClure, LW, Information and Responsibility. In: *Proceedings of the 5th International Congress on Medical 
Librarianship*; September 30 - October 4, 1985, Tokyo, Japan. Japan Organizing Committee, 


McClure, LW, and Palmer, RA, Response of the Medical Library Association to the Report of the Register of 


September: 30-31, 1983.


McClure, LW, Reference Services in the Academic Health Sciences Library: Implications for the Future. 


McClure, LW, [Book Review] *Classics and Other Selected Readings in Medical Librarianship*, edited by 


Media:

McClure, LW, Video: The Confident Path, a distance learning course in the History of Western Medicine, 
Produced by the University of South Carolina. Moderated by Dan Barron with discussion by Lucretia 


**Editorial Responsibilities:**

Ex Libris Column Editor, *The Watermark*, 1998-

Editor, Newsletter of the IFLA Section of Biological and Medical Sciences Libraries, 1994-
Editor, Bulletin of the Edward G. Miner Library, 1971-93
Editor, Health Sciences Environment and Librarianship in Health Science Libraries, v. 7, Current Practice in Health Sciences Librarianship, 1999
Editorial Board, Medical Reference Services Quarterly, 1981-
Cover Editor, Bulletin of the Medical Library Association, 1985-89
Editor, Copyright and the Health Sciences Librarian, Rev. ed. 1989

Presentations:
(with Ursula Poland)
“From the Past,” Responve to the Joseph Leiter Lecture “The Digital Library: An Oxymoron?” by Dr. Jean-Claude Guedon, National Library of Medicine, May 12, 1998
Sharing and Document Delivery in the Electronic Era.” NAHSL Annual Meeting,
Burlington, Vt, September 30, 1997
“Knowledge and the Container” EAHIL Fifth European Conference on Medical and Health Libraries, Coimbra, Portugal, September 19, 1996.


Seminar on Collection Development, Fordham Health Sciences Library, Wright State University, Dayton, OH, March 8, 1989.


"From Curiosity to Knowledge," at the retirement party for Ursula Poland, Director of the Schaffer Library, Albany Medical College, Albany, NY, June 18, 1987.


"The View from Buffalo: Summary," at the dedication of the new Health Sciences Library, SUNY at Buffalo, NY, August 19, 1986.

1985


Moderator and presented summary of the Post-Conference on Collection Development in the Health Sciences Library, New York, May 31-June 1, 1985.


