Advocating for history of the health sciences libraries and librarians: a position paper by the History of the Health Sciences Section, Medical Library Association*

DOI: 10.3163/1536-5050.98.1.006

Introduction

The genesis of this article stems from the concern of the History of the Health Sciences Section of the Medical Library Association (MLA) over what we perceive to be erosion of an appreciation for and knowledge of history and medical humanities and the future of these historically based collections. This concern extends beyond university administrators to include the library profession itself. We are not alone in this concern. The American Association for the History of Medicine is similarly disquieted and has reacted recently to this unease by forming a committee to examine issues related to the future of medical history libraries [1]. Evidence to support the assertion that we have entered a period of professional amnesia can be found as close as our peer-reviewed journal itself, where there has been a steady retreat of historical articles since the 1970s, with the trend continuing to the present.†

However, this is not to point fingers at editors. Editors cannot publish what they do not receive. Moreover, we believe the issue runs deeper and is rooted in professional amnesia over our own professional history, a profession that itself historically had included historical studies and historical collections management as an integral part of its interests and responsibilities. In this advocacy document, the authors will review the integral relationship between history and medical librarianship in the development of the profession, confirm the continuing relevance of this relationship as we continue to find new roles for medical librarians in the changing health curricula, and offer practical ways in which we can advocate for the history of the health sciences within our institutions and beyond.

Starting with our own professional history, beyond our association’s original founders such as Margaret Ridley Charlton and George Milbry Gould, the role of William Osler was key in making history and medical humanities part of the MLA’s organizational charge. As historian Jennifer Connor has observed in her Guardians of Medical Knowledge:

In general, where Gould—a self-consciously cultured man himself—had pushed scientific communications as the means to transform moribund collections into active workshops, medical leaders afterward reclaimed the notion of humanism in medicine [emphasis added] to breathe life into collections of classical books as well…. The objective of these later leaders was to use the association to elevate and cultivate the medical profession, in part through reading and celebrating their medical heritage. They were deeply influenced in this respect by the association’s second president, William Osler. Key participants in the society formed an intricate network of the medical elite through their relationships with Osler, their connections to the Association of American Physicians, and their roles as directors of medical libraries. [2]

Indeed, it was Osler who steered the newly formed association toward historical studies. The first periodical devoted to the history of medicine was also the official publication of the Association of Medical Librarians. The official journal of the association, The Medical Library and Historical Journal, begun in 1903, made the connection between medical libraries and history explicit. The early list of MLA officials reads like a who’s who of American medical historians: Gould served on the board of the MLA and edited the Annals of Medical History (a journal established in 1917); later, Archibald Malloch, an MLA official, became the first editor of the Journal of the History of Medicine & Allied Sciences that was started in 1946; and other prominent MLA officials like Francis R. Packard, J.
George Adami, Fielding H. Garrison, and Abraham Jacobi served in important positions in the history of medicine. Together, they helped create a culture of professionalism as well as scholarship in an emerging field that distinguished itself from other library specialties emerging contemporaneously from the work of Melvil Dewey, William Frederick Poole, and Justin Winsor. Along with this professionalism came a general elevation in the caliber of medical libraries from those who staffed them to the collection development resources that filled them.

Thus it was from the very beginning that this organization of library professionals was intimately bound up with the history of medicine and health care and owes much of its success to the influence of medical humanities. And yet, as indicated in the introduction, the pages of the Bulletin of the Medical Library Association (now Journal of the Medical Library Association [JMLA]) show the steady shrinkage and virtual disappearance of this valuable and critical tool in our profession and along with it an alarming display of professional amnesia. This advocacy document is, therefore, a call for MLA to once again take the lead in recognizing the value and importance of history in the health sciences. Some clearly focus one of three areas: the library, the parent institution, or the professional organization, while others find expression in more than one. All these are listed below.

In the library

1. It will move health sciences librarians into a leadership role in multidisciplinary fields to support not just medical center needs, but the curricular needs of humanities departments (e.g., history, sociology, education, etc.) in the institutions they serve.

2. It will enhance real and perceived proficiencies for librarians in the academy by emphasizing history as a legitimate specialty in our field (e.g., special collections management and promotion, application of appropriate methodologies to historical inquiry, and sound historical reference and consultation services).

3. It will assist health sciences librarians (with appropriate expertise and interests) in becoming true collaborators with teaching faculty.

4. It will restore a broader role for health sciences librarians by providing a focus beyond that of assisting clinicians to include direct curricular support for history and historical components in history, medical sociology, and other education programs.

We assert that through our professional expertise and purpose as gatekeepers of knowledge, librarians of the history of health sciences are an integral component of the faculty, especially, and in some ways uniquely, well positioned to provide key interdisciplinary services in the sciences and humanities through preservation, access, consultation, instruction, and relevant programming.

Ways to show our value

There are a surprising number of ways to advocate for the history of the health sciences in our institutions. Some clearly focus one of three categories: the library, the parent institution, or the professional organization, while others find expression in more than one. All these are listed below.

In the parent institution

- Digitize portions of the historical collection—texts, illustrations, portraits, artifacts, and realia—to make them more widely accessible for use by classes in the institution as well as by scholars, regardless of affiliation.

- Contact faculty, both medical and university, and encourage them to bring their classes to the history of the health sciences library early in the semester to introduce students to the resources.

- Organize a class visit to share historic anatomic atlases with medical students as well as students in other health care disciplines.

- Encourage students to consider submitting relevant class papers and research for history of the health sciences competitions both within and outside the institution.

- Showcase student history of the health sciences projects whenever possible with exhibits.

- Not only encourage donors to fund essay competitions, but also encourage them to fund scholarships for the study of the history of the health sciences.

- Award book prizes for outstanding students. Work collaboratively with university and medical center administrators to publicize the prizes and select the awardees.
Organize speaker events, and invite faculty to participate.
Welcome new history of the health sciences faculty, and celebrate promotions with receptions.
Encourage faculty to loan personal collections for exhibit and to serve as guest curators.
Make every effort to partner with deans and administrators who have expressed any interest in the history of the health sciences.
Participate in the orientation for new students as well as new faculty and staff.
Develop a “Friends” group drawn from the organization, as well as from emeritus faculty and the local community, to serve as a valuable resource for funding and promoting history of the health sciences.
Invite donations to support the restoration of special volumes, manuscripts, or artifacts in the collection.
Take opportunities to partner with other programs in the parent institution.

In professional organizations

Explain how relevant and useful the history of the health sciences librarian can make history collections and services. Try to build as many bridges as possible.
Make sure the history of the health sciences has a presence in regional and national meetings of organizations that target a broader or more general audience than history of the health sciences.
Publish historical articles in the journal literature beyond an in-house newsletter. Submit articles to JMLA. Each year, the winning Murray Gottlieb Prize essay is considered for publication; however, the establishment of a regular history feature or column in JMLA to which librarians and historians could contribute would raise the profile.
Invite faculty and historians to write for history of the health sciences newsletters and to speak at medical library events and meetings.
Encourage the contribution of electronic files of lectures to the Global Health Supercourse repository [3].

Conclusion

With library budgets shrinking and libraries being downsized or closed, librarians can no longer be passive about the role they can play in historical studies or in the support for and promotion of the special collections in their institutions. The Advocacy Committee recommends that the members of the MLA History of the Health Sciences Section, both individually and collectively, agree to become advocates for the history of the health sciences librarians and their libraries. We urge that MLA members adopt or adapt strategies, such as those suggested in this report, in their institutions. In addition, we recommend that the organization use part of the annual meeting program to outline, emphasize, and publicize the value of our work and our collections to a wide audience.

We, the history of the health sciences librarians, are small in number but powerful in our willingness to fight for the continued existence of our libraries and the qualified staff necessary to provide the high-quality services that our users require as well as to maintain the historical resources held in our libraries.

The least we can do is to engage and inform the leaders in our institutions and seek their support. The MLA History of the Health Sciences Section can spread our influence by inviting local historians and library supporters to our programs at the annual meetings. To do this will take more than the section alone: it will take all of our colleagues to support this effort. We believe the medical library profession will be immeasurably enriched by doing so.

As Fielding H. Garrison said in the preface to his first edition of the Introduction to the History of Medicine:

The history of medicine is, in fact, the history of humanity itself, with its ups and downs, its brave aspirations after truth and finality, its pathetic failures. The subject may be treated variously as a pageant, an array of books, a procession of characters, a succession of theories, an exposition of human ineptitudes or as the very bone and marrow of cultural history. [4]

It is up to all of us as medical librarians to embrace history. This advocacy document proclaims the section’s commitment to leading the charge.

Advocacy Committee, History of the Health Sciences Section, Medical Library Association; Michael A. Flannery, MA, MLS, flannery@uab.edu, Associate Director for Historical Collections, Lister Hill Library, University of Alabama at Birmingham, Birmingham, AL; Edwin Holtum, MS, edwin-holtum@uiowa.edu, Curator, John Martin Rare Book Room, Hardin Library for the Health Sciences, University of Iowa, Iowa City, IA; Suzanne Porter, MA, MLS, AHIP, porte004@mc.duke.edu, Curator, History of Medicine Collections, Medical Center Library, Duke University, Durham, NC; Lucretia W. McClure, MLS, AHIP, FMLA, lucretia.mcclure@hms.harvard.edu, Chair, Advocacy Committee, and Special Assistant to the Director, Countway Library of Medicine, Harvard University, 10 Shattuck Street, Boston, MA 02115

Received June 2009; accepted August 2009

References

1. Fye WB. President’s message: the AAHM and the future of medical history libraries. Am Assoc Hist Med NewsL. 2009 Feb 88:1–4. (Available from: <http://www.histmed.org/Newslettercontents.htm>. [cited 8 Jul 2009].)
2. Connor J. Guardians of medical knowledge: the genesis of the Medical Library Association. Chicago, IL: Medical Library Association; and Lanham, MD: The Scarecrow Press; 2000. p. 11–2.
3. World Health Organization Collaborating Center University of Pittsburgh. Supercourse: epidemiology, the Internet and global health [Internet]. The University [cited 8 Jul 2009]. <http://www.pitt.edu/super1/>
4. Garrison FH. An introduction to the history of medicine. Philadelphia, PA, and London, UK: WB Saunders; 1914. p. 10.