December 2000

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Majors Scientific Books

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Recommended Citation


DOI: https://doi.org/10.7771/2380-176X.3099

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Threads of the Past: Libraries and Vendors Working Together

by Ken Robichaux (Sales Coordinator, Majors Scientific Books)

I
t has been twenty years since I was hired by Majors Scientific Books, and as I look back I realize that both our world in general, and our libraries in particular, have changed in many unforeseen ways. If we try to recollect what that not-so-distant period was like, we might better visualize both the chasm that separates us, and the many bridges that still link us, to that era. Return with me to 1978 — when music was recorded on LP's and not CDs, when each of us felt adequately connected to the world if we had a telephone and an IBM Selectric Typewriter on our desks, and when I was first introduced to the wonderful world of health science libraries.

Jimmy Carter was our President, Russia controlled the Soviet Union, Iran was ruled by a Shah, Berlin was still divided by a wall, and the newly signed Camp David Accords held out the hope for peace in the Middle East. Pope John Paul II had just become the first Polish Pontiff, and Prince Charles had not yet cast his roving eye on Lady Diana Spencer. It would be a year before either Margaret Thatcher would become England's Prime Minister, or Mother Teresa awarded the Nobel Prize. The names of Bill Clinton, Bill Gates, Saddam Hussein, Rush Limbaugh, Dilbert, Forrest Gump, El Niño and Rogaine had not yet become part of our collective consciousness; and a young girl named Monica Lewinsky was still a few years away from entering kindergarten.

On television “Laverne & Shirley,” “Happy Days” and “Mork & Mindy” topped the Nielsen ratings, and Johnny Carson once again agreed to renew his contract to host the “Tonight Show.” “Grease,” “Animal House” and “The Deer Hunter” were among the top movies. “The Elephant Man” and “On Golden Pond” were about to open on Broadway where the top ticket prices for a play had reached $20. John Irving’s novel, The World According to Garp, dominated the bestseller lists. Few restaurants had non-smoking sections and the horror of Acquired Immune Deficiency Syndrome had not yet been generally recognized, much less given the name AIDS.

Although few people were aware of a tiny software company in Albuquerque, NM, that had been formed three years before called Microsoft, in that year a slightly larger company named Apple, which employed just under seventy people, captured the attention of the general public by unveiling the first all-purpose desktop computer, the Apple II. But the first IBM Personal Computer was still three years away and the Macintosh computer wouldn’t be introduced for another six years.

At that time common words had none of their new connotations. “Star Wars” was a hot new film, not a Defense Plan. The name “Starbucks” did not conjure up the warm scent of coffee, but merely referred to the steadfast first mate in the novel Moby Dick. “Windows” didn’t control computers, but rather referred only to something you looked through. “Icons” were old religious paintings from Russia. “Hardware” was used for fixing things around the house, a “hard drive” was a long trip in a car, “surfing” was done in the water, “browsing” was usually done in stores, “platforms” were something you stood on, and “webs” were only constructed by spiders with no world-wide aspirations. Memory was not stored in either RAM or ROM but safely between our ears. If anyone used the term “software” at all, it was used to refer to audiovisual material. Needless to say, only computer “geeks” would have been able to identify or explain what a thing called the “Internet” did or even was, and the first World Wide Web browser would not be introduced for another fifteen years.

What are now easily recognizable everyday words, acronyms, abbreviations, and initials like Telnet, Modem, PC, HTML, CD, HMO, CNN, MSNBC, Hypertext, Informatics, Grateful Med, PubMed, and Loansome Doc had not yet been created. Others, like WYSIWYG (what you see is what you get), Jughead (Jonzy’s Universal Gopher Hierarchy Excavation and Display), Veronica (Very Easy Rodent-Oriented Net-Wide Index to Computerized Archives), COM catalogue (computer output microform catalogue), Archie and even Gopher came into popular usage for awhile but are quickly disappearing if they haven’t disappeared already. Some like KWOC (key word out of context), and VDU (visual display unit) appeared (Handbook of Medical Library Practice, 1983) but never really entered our common vocabulary. In fact, Federal Express wasn’t even referred to as “FedEx” yet because 1978 was the year of their Initial Public Offering, an IPO which allowed a Harvard graduate student’s idea for an overnight package delivery system to finally raise $20 million.

In that seemingly simpler time, we weren’t concerned about the Y2K problem or encrypting our messages or migrating to a new platform. The idea of a “Virtual Library” or a “digital environment” or “electronic commerce” would remain concepts espoused by only the most precocious futurists for years to come. We didn’t e-mail, voice mail, scan, Fax, interface or hyperlink; there were no such things as “listserv groups,” cell phones, or pagers. If you wanted to be on the cutting edge of communications technology, you might have purchased a CB radio for your car, created a clever “handle” and learned to refer to everyone as “good buddy.”

When I joined Majors there were eight book wholesalers in the United States dedicated to the distribution of health science material — now only four remain. (Note: three as of Nov, 2000.) Although none of these wholesalers was computerized yet, or even had toll-free numbers, the planning for these new services was already taking place and the implementation would soon begin in earnest. I recall how excited we all were a year or so later when Majors introduced a microfiche catalog of our database that we began supplying to our customers. At the time it was an amazing development, to think that each health science library could now have a free listing of every medical title in our database, updated monthly with new prices and new edition dates, and out-of-print dates! It became a remarkably popular acquisitions and reference tool.

Twenty years ago the average price of a book on the Brandon-Hill List was less than $35, and an average journal subscription cost a bit over $40. The mean annual salary for positions advertised in the MLA News was $12,448. The introductory MEDLINE course required one week of training at the National Library of Medicine in Bethesda, which included fifteen hours of hands-on searching. A librarian who searched MEDLINE had to use the library’s dumb terminal, a bulky machine without a monitor, little more than one step up from a typewriter, which produced an average of 8 feet of paper per search.

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The year 1978 also introduced many things that would have far-reaching consequences for medical libraries for years to come. The new Copyright Law became effective in January. The second edition of the Anglo-American Cataloging Rules (AACR-2) was published. The “video home system” (VHS) with four hours of recording time on a single cassette was introduced by Matsushita to compete against Sony’s dominant Betamax format, and the four other video cassette formats that existed. Who can recall “Omnivision 18”? These one-half inch formats (using tapes that cost only $20 each) would soon overshadow the three-quarter inch video cassette formats used in libraries since 1971. In December of that year, Philips/MCA introduced the first laser videodisc system in Atlanta. And the Ohio College Library Center, later renamed OCLC, Inc., employed sixty-eight full time professionals to offer online cataloging and the printing of catalog cards.

Although a number of larger libraries were already converting card catalogs to a COM Catalog or some other machine readable format, it was in the following year, 1979, that discussions about the structure of the US/Marc record, which would implement the ANSI Z39.2 standard, began. In 1980, the Library of Congress decided to stop filing new entries in its massive card catalog and rely primarily on automated data to provide access to its collections. After 1980, the conversion to MARC records became a priority for the majority of health science libraries.

Although MARC records were becoming the norm, the future use of electronic technology was still being hotly debated among medical librarians. Al Brandon, in a speech published in the January 1978 issue of the Bulletin of the Medical Library Association, summed up the debate as follows:

“Some of us viewed all electronic advancements as Satan-inspired heresies and fervently hoped they would mysteriously disappear. For us, change was frightening and the status quo was comfortable, but above all else, libraries were for librarians, books, and book lovers. Even now, many of us who took on that role probably have not completely relinquished it, and in the present-day world of MEDLINE, on-line and off-line, we consider ourselves helpless victims of technological rape. Our intimate personal relationship with the book has been violated!

“Others of us became the avant-garde. We immediately meta-morphosed from librarians to biomedical communicators, information specialists, subject analysts, and many more. Our libraries became biomedical communication centers and multimedia learning facilities. Books were of little relevance to the technologically hip, and we hoped that they would mysteriously disappear from our lives. We envisioned our working environment to be a place of cathode-ray tubes, tape decks, buttons, flashing lights, and maybe even robots pushing buttons.

“However most of us took on the Miltonian philosophy of ‘They also serve who stand and wait.’ We stood and waited, but I am not sure whom or what we served. For us, the pace of change was simply too fast, resulting in what has been termed ‘future shock.’ In essence the future had arrived too soon for all of us: those who were vehemently opposed, those who were desperately in favor, and those who stood and waited.”

I suspect that all three divisions of librarians that Al described in the late 1970’s may still be represented in our professions.
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While our world of technology has moved far beyond what was implied in AI’s speech, many of us continue to experience “future shock” when some major new development appears. What else would explain, for example, why it is that of the twenty most frequently visited sites on the Web, none is a library site.

In twenty or so years I suspect that others will be reviewing the amazing changes that have taken place since 1998. You’ll look back and recall technological advances that we can’t even imagine today which have become an integral part of everyone’s existence. You’ll remember the significant people whom you may not even know yet, but who will, by then, have advanced or changed your profession and perhaps even your lives. You’ll be different as we are different — your world will be different as our world is different.

Yet, as you look back you may be surprised, as I am, at how much today resembles yesterday. A little over a month ago I was visiting a hospital in rural Georgia, one I had visited often over the past twenty years. As I walked toward the hospital I had the eerie sensation that I was about to meet myself as I was leaving the hospital after a past visit. In that instant, Time — all Time — suddenly became “now.” It was truly a Twilight Zone moment.

But perhaps, somehow, all Time is “now,” and every memory becomes the present when it is called forth. After all, Pope John Paul II is still in the Vatican. “Laverne & Shirley,” “Happy Days” and “Mork & Mindy” can still be seen on television, and the movie “Grease” is back in the theaters. The Camp David Accords are still offering the hope of peace in the Middle East.

I’ve come to realize, as I hope you will when you look back, that the most meaningful memory of all is still not stored in RAM or ROM. The most meaningful, if not the most reliable, continues to be that delightful collection of carefully tinted mental etchings that we store safely between our ears, although, as we age, it’s true that some of its files may become corrupted or even misplaced. Still, it endures as the most rewarding storehouse of all because it is made up of our common experiences. These experiences link us all together and allow us to celebrate a lifetime of collaboration during meetings like this, meetings that bring together vendors and libraries so that we can review the past, share the present, and plan for the future.

Endnotes


2. This was shortened from the initial three week training period when MEDLINE was introduced in 1972.


Of Time and Memory
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One of the joys of practicing your art for many years is the range of perspective that the span of time brings. Having been a practicing medical librarian for thirty-five years, I had the opportunity to practice in both the manual and the digital environments. Both had advantages and challenges.

Cataloging

The pre-automated library in the 1960s was slower paced. (Even though we were not automated, we had electric erasers and one photocopy machine and thought we were at the forefront.) Everything took time. We cataloged with local adaptations. We stopped to include notes about chapters written by our faculty. We added subject headings to reflect our interests. Our library, the Edward G. Miner Library of the University of Rochester Medical Center, was a participant in an early cataloging project, the Columbia-Harvard-Yale Medical Libraries Computerization Project, the creation of Frederick G. Kilgour and his colleagues Ralph T. Estes and Thomas P. Fleming.

We had what we considered a “magic” typewriter for after putting in a record — the typewriter produced the added entry and subject cards. Of course, we had to sound-proof a room because it made so much racket. And it was with a typewriter produced the typed entry and subject cards. Of course, we had to sound-proof a room because it made so much racket. But it certainly beat typing each card! And you will recognize that it was the forerunner of OCLC.

Cataloging was full of foment in those days. The new rules had caused much discussion and turmoil. I remember angry debates over changing Rochester University to University of Rochester because of the number of cards that had to be erased or retyped. If you are interested in the great cataloging debates, you will find many articles by Seymour Lubetsky listed in Library Literature. The fascinating thing to me was with the advent of OCLC, the debates ceased. The catalogers could never agree, but when the OCLC database was available to one and all, the disputes vanished. Here was a way to capture information and create catalog records. It was truly a sea change.

Acquisitions

There were similar practices in acquisitions (collection development was not yet in sight). We ordered our books from the National Library of Medicine proof sheets. Think of the time lag. There were libraries that ordered only after reading reviews of medical books, often years after publication. When approval plans became the norm, the library would receive weekly shipments of books based on a pre-determined profile. With online cataloging, the books were on the shelves within a week of receipt. Cataloging backlogs were a thing of the past.

Reference

The reference librarians were pressed to produce bibliographies and to answer questions. The experienced reference librarian knew the collection for each title had to be known and used to the fullest. The reference books were simply an extension of one’s brain.

To produce bibliographies was both a delight and a nightmare. The librarian had to use the print Index Medicus and as many other bibliographies as necessary in order to find the best, most relevant citations for a user. This meant reading the litera-

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