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Of Time and Memory-What was life like before OCLC?

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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's entrance, 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,⁶ meetings that bring together vendors and libraries so that we can review the past, share the present, and plan for the future. 🌿

Endnotes

1. "The Selected List of Books and Journals for the Small Medical Library" by Alfred N. Brandon and Dorothy R. Hill, published biennially in the April issue of the *Bulletin of the Medical Library Association*. Now called the "Brandon/Hill Selected List of Books and Journals for the Small Medical Library" by Dorothy R. Hill.
2. This was shortened from the initial three week training period when MEDLINE was introduced in 1972.
3. Alfred N. Brandon, then Librarian of the New York Academy of Medicine, in "The Controversy Over Change," *Bull. Med. Lib. Assoc.* 66 (1): 1-5, Jan 1978.

Excerpts from speeches given by Ken Robichaux, Sales Coordinator, Majors Scientific Books, at the following Joint Meetings: The Florida and Georgia Health Sciences Library Associations, April 24, 1998, Jacksonville, FL and The Midwest and Southern Chapters, Medical Library Association, October 10-12, 1998, Lexington, KY.

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. Esterquest** 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, 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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ture. Imagine being told to read the great medical books and journals and getting paid to do so!

However, time was a factor. In order to know if an article was relevant you had to read it. This was exceedingly time consuming and one always raced against the clock. But it is the one thing that new librarians, brought up on the computer do not do today. To me, it was the great joy of reference for you became knowledgeable about medicine while searching for information for users. And while the database searching today is sophisticated and quick, it does not give you the same learning that you received by reading.

The first online database was the **SUNY Biomedical Communication Network**. It went online in October of 1968 and provided an interactive database of *Index Medicus* for nine libraries. The **BCN** was the creation of **Irwin Pizer** at the **State University of New York at Syracuse**. You cannot imagine the excitement of that event. We could put in a combination of subjects in the machine, an IBM 740, and get a printout of citations. Talk about a revolution.

Pizer's plan was similar to that of **John Shaw Billings'** a century earlier. Billings produced the monumental **Index-Catalogue of the Library of the Surgeon-General's Office**. He also realized that physicians needed a more up-to-date index to keep abreast of the medical literature and created the *Index Medicus*. Because medical libraries at that time had few resources, he pressed libraries to share resources through interlibrary lending. Pizer's **BCN** produced the citations from *Index Medicus*, he devised a program to allow users to interact directly, and he developed an interlibrary loan module. This was years before user-searching became the practice it is today. In 1968 we actually set aside time for our users to try their hand at searching. Most of the **BCN** libraries abandoned this practice because it took time to train users and online time was limited. The interlibrary loan module never came to fruition, but think about end-user searching and electronic interlibrary loan in 1968!

The Future

Today's marvels are truly just that. A reference librarian can create a search strategy that pinpoints the topic, limits it by age, language, or evidence-based medicine. She can find fulltext articles and links to related articles. There are dozens of databases, Internet sites, and books, government documents, and data files for the taking.

I see library practices in a continuum. In the days when libraries had few resources, the librarian had to use each title to the fullest. In the 1960s with the great push for more science and medicine, funds for resources caused libraries to expand rapidly. We were literally drowning in literature and the computer came to help control the flood. Today electronic resources are creating a new flood of information, and I am sure that something not yet imagined will come along to help stem the tide.

The one constant in all this change is the librarian. Machines mean nothing without a human brain to provide judgement and direction. Librarians have always been the intellectual key to learning and their skills are not dependent upon format. That is why we will not only survive, but thrive, in the traditional/digital/graphic/sound-filled/ hand-held library of the future.

For further reading see: Kilgour, FG. "Mechanization of cataloging procedures." *Bulletin of the Medical Library Association* 53: 152-162, 1965.

Pizer, IH. "Looking backward, 1984-1959: twenty-five years of library automation—A personal view." *Bulletin of the Medical Library Association* 72: 335-348, 1984.

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