November 2008

Preparing to Honor the Past in the Future: Collection Development in the History of the Health Sciences

Melissa M. Nasea

East Carolina University, NASEAM@ecu.edu

Ruth M. W. Moskop Ph.D.

East Carolina University, moskopr@ecu.edu

Follow this and additional works at: <https://docs.lib.purdue.edu/atg>

Part of the [Library and Information Science Commons](#)

Recommended Citation

Nasea, Melissa M. and Moskop, Ruth M. W. Ph.D. (2008) "Preparing to Honor the Past in the Future: Collection Development in the History of the Health Sciences," *Against the Grain*: Vol. 20: Iss. 5, Article 9.

DOI: <https://doi.org/10.7771/2380-176X.5187>

This document has been made available through Purdue e-Pubs, a service of the Purdue University Libraries. Please contact epubs@purdue.edu for additional information.

Preparing to Honor the Past in the Future: Collection Development in the History of the Health Sciences

by **Melissa M. Nasea** (History Collections Librarian, Laupus Health Sciences Library, East Carolina University) <NASEAM@ecu.edu>

and **Ruth M. W. Moskop, Ph.D.** (Head of History Programs, Laupus Health Sciences Library, East Carolina University) <moskopr@ecu.edu>

What About The History? Why Do We Care?

As a rule, academic health sciences libraries are charged with the responsibility of making the most current clinical information available to their clients. As the electronic availability of and demand for information increases, the call to use stack space for other purposes, such as group study areas, also increases. Study areas are an important “perk” that draws students into the library especially at exam time.¹ While medical libraries increasingly invest their resources in electronic databases with full text capability, print books and journals are often considered less essential. Print resources that are more than five years old are frequently deselected from general collections.

East Carolina University’s William E. Laupus Health Sciences Library has supported the development of a history of health care program since 1996. Since this growing program is the one we are most familiar with, most of our examples stem from experience at Laupus Library.

A brief survey of several North Carolina academic health science libraries suggests that some libraries do very little deselection of their print collections, some conduct semi-regular deselection projects, and some engage in continuous deselection. Print journal subscriptions are increasingly replaced with electronic subscriptions. Print book collections are either growing at a much slower rate than in the past or are shrinking.

With serious concerns about the best use of precious library space and increasing demand for instant access to information, how do we justify retaining historically significant materials? What are some ways to develop history collections in the health sciences when only a small percentage of an institution’s budget can be allocated to that purpose?

Studying health care history is a fascinating way to gain insight into the development of many aspects of human culture from age to age and from community to community. By necessity, people have always been concerned with health. Perhaps these realizations underlie the increased interest we see in the history of health care as well as in the history of health care education. Some faculty members and practitioners enjoy reading about the history of their disciplines, and those who include a history component in their courses send students to the library in search of both primary and secondary sources. Library employees regularly assist students from middle school through graduate school who are fascinated with various aspects of this history. Some

special collections departments keep materials relevant to the history of the library itself, the college or university, local health care institutions, and related community groups. These local health care history resources are invaluable to the community particularly as it prepares for special celebrations such as anniversaries. In addition, long after the organizations themselves have reorganized, repurposed themselves, or dissolved all together, the documents that are retained may serve to round out the understanding of a community in a more direct way than scientific literature does.

How Do We Develop Our Collections In The History of Health Care?

The first step in responsible collection development is preparing a prioritized collection development policy. This policy should describe the ideal scope of the collection with regard to content, geography, and date. While information in the policy will be used to guide collection development decisions, it will probably not wholly dictate them. At Laupus Library, for instance, the primary focus of the library’s history collections is on materials relevant to the history of primary health care and rural health care in the region. This focus, however, has not precluded the library’s acceptance of major in-kind gifts that center on specialties like European surgery or pathology. The history of scientific development in both of these areas has, after all, contributed in important ways to what is today primary health care in eastern North Carolina.

There are three major ways in which we develop our special collections:

1. By accepting gifts.
2. By participating in the library’s deselection projects.
3. By purchase.

The Joys of Giving and Receiving: Gifts and Donors

It is probably the case for all library collections in the history of medicine that the most significant collection growth results from in-kind donations. In the best of circumstances, an institutional library can be the beneficiary of fabulous private libraries whose owners have lovingly gathered and cared for historical treasures throughout their lives. Sometimes these private libraries have been assembled over several generations. In at least one instance, prominent physician collectors developed their personal libraries in conversation with one another so as to minimize duplication when, according to plan, all of the books found their ultimate home in the same university library.²

Given the importance in-kind gifts can have for developing special collections, Laupus Library accepts most gifts of journals, books, manuscript materials, and relevant artifacts. It is our long-held conviction that good public relations are fostered by accepting even those gifts that are unlikely to contain material we will want to add to our collection. Accepting these gifts lets donors know that the community is important to the library. Besides, word of mouth successfully advertises that we are, in fact, interested in developing our collections through donations.

How can we continue this policy of gift acceptance and simultaneously reduce or at least control the size of our collections? The answer lies in the way we use a document that has developed over the last ten years, our *Contract of Gift*.³ Every donor is required to read and sign this straightforward, one-page form. Basically, the gifts that are accepted are unconditional gifts, and the donor agrees that ownership of the donated material (and copyright in the case of manuscript material) is transferred to the library. The form also allows us to track the gift, take statistics, and ensure appropriate acknowledgment.

Indeed, saying “thank you” is one of the most important things we do. Not only is expressing gratitude a “feel-good” opportunity for library staff, but it is essential in cultivating both in-kind and monetary donations. In addition to sending thank you notes signed by our library director, we seek creative ways to express our gratitude. Donated materials are regularly included in displays, and exhibit labels acknowledge the donor. We also use a field in our online catalog for donor recognition. A sample entry is “Smith, Janet Collection.” Each item donated by Dr. Smith has the same information in that field, permitting us to prepare a list of all the items in the collection donated by her when requested. In effect, this use of the field allows us to separate collections while keeping call numbers in rational order on the shelves.

Deselection Projects: Separating the Wheat from the Chaff

Throughout the academic community, there is a general aversion to deselection. Some librarians would prefer not to participate in deselection projects. Someone may complain because the library is discarding a particular item, or, because the library is discarding — period. Some librarians fear they will deselect something that the library will later

continued on page 42

consider extremely important. Nevertheless, most medical libraries simply do not have the space to retain everything.⁴ If a deselected title is later recognized as a "must-have," library personnel may explore the possibility of re-acquiring it through purchase or donation. Deselection must remain an important aspect of collection management in most academic health sciences libraries in spite of reservations about and protests against the practice.

A brief look at the **Laupus Library's** deselection process will show how one history collection grows by the process. The library evaluated its print book collection prior to moving into a new building in May 2006 and again this past summer. The evaluators were given a list of books that were at least five years old and had been used comparatively infrequently. They were asked to retain books in the history sections. (In the **NLM** classification most of these have a call number of "11" or WZ). When electronic versions of statistical sources (such as U.S. vital statistics) were available, paper copies were usually deselected and the appropriate URL was added to the catalog record.

The evaluators were asked to identify books the library should keep because of their historical importance, local authorship, or author autographs. They also pulled all books published prior to 1960 for possible transfer to the History Collections.⁵ These books were reviewed by special collections personnel who selected books that should be added to the non-circulating collection and be granted, thereby, a certain measure of immortality.⁶

In some cases, recently published books were retained in the general circulating stacks because of the historical information they contained. The following label was attached to the inside front cover of these books.⁷

DO NOT WEED: This Book is Kept for Historical Purposes. The information contained here may not represent current clinical theory or practice.

Each candidate for deselection was checked in **OCLC**. If it was the only remaining copy, it received the historical purposes label and was reshelfed. The deselected books were discarded in accordance with North Carolina law that does not allow materials purchased with state funds to be sold or given away.

Through this regular deselection process, the history collections develop in two ways. Some books are actually relocated into the special collections stacks. Other books bearing the "Do Not Weed" labels will eventually make their way to the closed stacks as well.

Playing a Rich Man's Game in Spite of a Budget

Forty years ago, when a prominent North Carolina physician approached a prominent collector of medical antiquities to enlist his help in founding a medical museum, he declared that she was poor folk trying to play a rich man's game. In spite of his admonition, or, perhaps spurred on by it, the physician

against the grain people profile

Melissa M. Nasea

History Collections Librarian
William E. Laupus Health Sciences Library, East Carolina University
600 Moyer Blvd., Greenville, NC 27834
Phone: (252)744-2235 • Fax: (252)744-3512
<naseam@ecu.edu> <http://www.ecu.edu/laupuslibrary>

BORN & LIVED: Allen Park, MI (a Downriver suburb of Detroit) & Greenville, NC (not the larger Greenville, SC).

PROFESSIONAL CAREER AND ACTIVITIES: MSLS from **Wayne State University**; MBA from **East Carolina University**; Distinguished Member of the **Academy of Health Information Professionals (AHIP)**. Since coming to the **Laupus Library** in 1982, I have worked in reference, cataloging, serials, and collection development. I moved to History Collections in 2002 (where I have used all of the previous skills).

FAVORITE BOOKS: *Letter Perfect: The Marvelous History of Our Alphabet From A to Z* by **David Sacks**; *Citizen of the Galaxy* by **Robert Heinlein**.

HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS: More digitization projects and more coordination between projects; continuing concern and, I hope, progress on preserving titles that were "born digital;" additional work on migrating previously digitized material as electronic formats inevitably change. 🌱

proceeded with her plans and founded a very fine, small medical museum.⁸ In a sense, all of us who work within a budget and aspire to develop history of health care collections are poor folk competing in an environment traditionally dominated and sustained by the relatively wealthy.

In this atmosphere, the first guide for seeking historical materials to purchase will be the intended scope of the collection. When reviewing rare book vendors' catalogs or online listings, such as **ABE**, **AddALL**, or **Alibris**,⁹ the scope will generally steer selection by author, title, subject, and, perhaps, place and language. Once possible candidates for purchase are identified, other considerations come into play.

It is advisable to check the major history of health care bibliographies¹⁰ for descriptions of how significant a particular book is within the whole context of the history of a subject. Cost, condition, and value to the collection will be considered for each purchase. If funding is insufficient for an original publication, perhaps a good reprint will serve the purpose. Reprints often have the advantage of durability over original editions. If, however, the original is greatly desired, library personnel might wish to seek a donor who will sponsor the book or appeal to a friends group to sponsor the purchase.

In some instances, one might decide to purchase particular books or journal sets because funds have been donated to increase collection holdings in a specific area. Likewise, an in-kind gift might inspire acquisition of works on a particular topic or by a certain author. Similarly, a new program in the development phase or a research interest described by a client may warrant expanding the scope of the

collection. Although microform collections tend to be quite expensive, they may provide a way to quickly expand offerings in a particular area. Selected print books can then be acquired as availability and money permit.

Digital Materials in the Special Collections

We would like to conclude this discussion with a word about the role of digital materials in special collections. It is our opinion that digital text is generally not an appropriate substitute for text on paper. Clearly, when the paper version (perhaps a section of a book) is not available, a digital version is better than nothing, particularly when a person's interest is limited to the content of the text. Digital versions of printed works and manuscripts are very useful when remote accessibility or collection promotion is the goal. From the perspective of a special collections librarian, the most important use of digitization is, perhaps, to allow better preservation of an original. In the case of medical libraries, a particularly good use of this technique would be a project to digitize fragile 19th and early 20th century instrument and equipment catalogs. These are often very scarce, very useful reference sources. Digital versions of these catalogs will allow preservation of the originals while the "reprints" are read many times. Besides the aesthetic considerations, digital media is very ephemeral compared to paper and may need to be reformatted to keep up with technology changes. When original materials are digitized, both the original document and the digital version should be cataloged and kept in the special collection. 🌱

endnotes on page 44