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## People Profile: Melissa Nasea

Editor

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consider extremely important. Nevertheless, most medical libraries simply do not have the space to retain everything.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup>

**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 reshelved. 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

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**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.<sup>8</sup> 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**,<sup>9</sup> 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 bibliographies<sup>10</sup> 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. 🐾

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