The National Library of Medicine: 175 Years of Information Innovation

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The National Library of Medicine: 175 Years of Information Innovation
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National Library of Medicine
The year 2011 marks the 175th anniversary of the National Library of Medicine. NLM started as a small collection in the office of the United States Army Surgeon General. Today, NLM, as part of the National Institutes of Health, is the world’s largest medical library and the producer of electronic information resources used by millions of people around the world every day.

NLM has changed the way scientific and medical information is organized, stored, accessed, and disseminated through its technical innovation, partnerships, and early adoption of the Internet. For example, the library has developed databases and software tools that make it easy to find medical literature and health information; enable scientists to study genes and their roles in the disease; and provide emergency responders with critical information to handle disasters.

NLM’s leadership of the National Network of Libraries of Medicine, with nearly 6,000 members, brings high-quality information services to health professionals and the public across the country, regardless of where they live or what level of access they have to computers.

The library is committed to making its remarkable resources available to users around the world to support scientific discovery, enhance clinical care, and improve public health.

Partnerships
NLM – Publisher partnership provides free access to medical literature following a regional disaster — by Maria E. Collins

The Emergency Access Initiative (EAI) is a collaborative partnership between NLM, participating publishers, and the National Network of Libraries of Medicine to provide free access to full-text articles from over 230 major biomedical serial titles, three online databases, and over 2,000 books to healthcare professionals and libraries affected by disasters.

The idea for the Emergency Access Initiative developed in regular meetings between NLM and a small group of publishers following the widespread devastation in the Gulf Coast caused by Hurricanes Katrina and Rita in 2005. Access to medical literature and information resources was lost or severely restricted by the damage to hospital and academic medical libraries which serve healthcare professionals in the region.

The primary goal of the Emergency Access Initiative is to provide free, full-text access to key medical and scientific journals most useful to healthcare professionals and libraries responding to a disaster, and to serve as a temporary replacement to library collections damaged or rendered inaccessible following a disaster. EAI can also be used by healthcare professionals responding to disaster and post-disaster medical issues of the affected population. The Emergency Access Initiative is not an open-access collection — it is intended only for those affected by the disaster or assisting the affected population.

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Titles for the Emergency Access Initiative collection were recommended by a small team of medical librarians representing academic, hospital, and government agencies led by NLM. The primary focus was on commonly-requested titles within the National Network of Libraries of Medicine (NN/LM) for interlibrary loan, and emergency medicine and public health related titles recommended by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). Additionally, core medical reference works, as well as books about emergency medicine and public health, were recommended for inclusion based upon input from librarians and medical personnel consulted on the project.

A three-person team with representatives from NLM, the publishers, and the National Network of Libraries of Medicine serve as the activation team for the Emergency Access Initiative — deciding whether a particular event will trigger EAI. For the purposes of the EAI project, a “disaster” is a naturally-occurring or man-made event that disrupts access to biomedical literature for health care professionals, students, and other users of health science libraries in the United States and internationally (eai.nlm.nih.gov). The initial period of free access is four weeks, which may be extended by the activation team as they evaluate conditions and biomedical literature needs in the affected area.

The Emergency Access Initiative has been utilized in four separate regional disasters — Haiti (earthquake), Pakistan (flooding), Haiti (cholera), and Japan (earthquake, tsunami, and nuclear event). During each of these events, the site received from 2,000 to 8,000 visitors who viewed thousands of articles and book chapters. The mostly commonly accessed materials were on emergency medicine, drug reference books, and for the Japanese period, materials on radiation.

The Emergency Access Initiative (EAI) is a partnership of private, public, and government entities that resulted in a humanitarian service that provides free access to biomedical literature and medical reference material to areas impacted by a regional disaster.


PROFESSIONAL CAREER AND ACTIVITIES: Masters in Library Science, University of Maryland; started at U.S. Department of Interior; worked at U.S. National Library of Medicine since 1976, serial acquisitions, DECLINE and Loansome Doc development, PubMed Central back file digitization project, MedlinePlus, print retention.

PHILOSOPHY: Don’t look back unless you have to. Planning for the future is the most positive action we can take for our personal and professional lives. One of the reasons the National Library of Medicine has been so successful at what it does is because we look forward and have made changes to our guiding principles as the world changes around us.

HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS: Innovations we don’t yet know about will enhance access to digital collections and improve the capturing techniques. More libraries will move all electronic, and those with access to digitized backfiles or original print will be in greater demand by historians and serious researchers.

MedPrint

NLM’s National Cooperative Medical Journals Print Retention Program — by Martha R. Fishel

Since about 2000, medical libraries throughout the United States have increasingly shifted their journal subscriptions from the traditional print to the electronic journal version to meet user expectations of immediate access to material 24 hours a day. While the shift to electronic journals has eased the pressure on the limited physical space in libraries, many libraries have come under pressure to give up physical space to other areas of their parent organizations. As a result, libraries have had to discard the print holdings of some, many, or all of their journal titles — limiting them to the years/volumes available online.

The National Network of Libraries of Medicine (NN/LM) and the National Library of Medicine (NLM) are working to ensure the preservation and continued access to the historical literature through a new national cooperative medical journals print retention program called MedPrint, launched in September 2011. The findings of two regional task forces identified some common themes in many medical libraries with regards to print. Libraries facing pressure to reduce or repurpose library space have already begun removing back issue print journal collections from their stacks. Additionally, they are worried about the loss of the archival record, and the quality of and future access to digitized content.

NLM’s Print Collection

NLM has every intention of retaining its own print collection well into the future. NLM still subscribes to a large number of print journals. As of this writing, 91% of the approximately 18,000 journal subscriptions at NLM are print, and the others are e-only. NLM will continue to subscribe to print for as long as that is an option, unless the print version becomes secondary to the e-version.

Program Decisions and Parameters

NLM has made decisions that will provide the framework for MedPrint for the near future.

1. Approximately 250 Ab stinted Index Medicus and PubMed Central (AIM/PMC) titles have been identified as the primary set of materials to preserve in print. These are core titles held in the NN/LM. These titles are the most widely-cited and widely-requested material and thus most valuable to protect. Libraries may opt to retain titles outside of this list, but they need not sign the MedPrint agreement with NLM to do that.

2. Twelve copies is the minimum number to keep. This relatively high number is justified by the fact that we will not require validation at the issue or page level. NLM’s copy will be the 13th copy.

3. Libraries will commit to holding a title until September 30, 2036.

4. Libraries must hold the titles they agree to retain from the first published volume until the title ceased in print or, if still published in print, at least until the year 2000.

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Public Access

Existing trends will continue — Masters in Information from DoCLINE will work with OCLC on exchanging print retention information between WorldCat and DoCLINE.


Digital Developments

NLM’s Digital Repository — by John Doyle

The National Library of Medicine launched its new digital repository, Digital Collections http://collections.nlm.nih.gov, in autumn 2010. Digital Collections allows rich searching, browsing, and presentation of monographs and films from NLM’s historical collections. Users can perform full-text and faceted keyword searching across the range of content in the repository. Digital Collections uses a suite of open-source and NLM-created software, with the Fedora Commons Repository as the underlying framework. The repository facilitates the long-term preservation of the content by describing, verifying, and managing the ingested files using XML and RDF technologies. The repository also makes use of NLM’s offsite co-location data-center for redundant storage and distribution of access services.

Digital Collections contains a growing number of digitized books in the Public Domain, which are therefore freely available to read and download. The books are currently presented in two collections: Cholera Online, consisting of 518 monographs dating from the 19th century about cholera pandemics of that period, and Medicine in the Americas, NLM’s in-house digitization project which will eventually number approximately 6,000 volumes, demonstrating the evolution of American medicine from colonial frontier outposts of the 17th century to research hospitals of the 20th century. The books are displayed through an integrated viewer which provides within-book search, thumbnail preview of all pages and page zooming/rotating. Digital Collections also contains 29 historical films which can be downloaded in a variety of video formats to accommodate a wide range of playback devices, including mobile devices. The films are also playable via an integrated, Flash-based video player which allows full-text search of a film’s transcript and graphically displays where the searched word or phrase occurs within the timeline of the film. Additional content, including other format types, will be added over time.

PubMed Central

PubMed Central (PMC) is a free archive of biomedical and life sciences journal literature at NLM. In keeping with NLM’s legislative mandate to collect and preserve the biomedical literature, PMC serves as a digital counterpart to NLM’s extensive print journal collection. Launched in February 2000, PMC was developed and is managed by NLM’s National Center for Biotechnology Information (NCBI).

Free Access: A Core Principle of PMC

As an archive, PMC is designed to provide permanent access to all of its content, even as technology evolves and current digital literature formats potentially become obsolete. NLM believes that the best way to ensure the accessibility and viability of digital material over time is through consistent and active use of the archive. For this reason, free access to all of its journal literature is a core principle of PMC.

How Journal Articles are Provided to PMC

PMC is a repository for journal literature deposited by participating publishers, as well as for author manuscripts that have been submitted in compliance with the Public Access Policy mandated by NIH and similar policies of other research funding agencies. PMC is not a publisher and does not publish journal articles itself.

A number of journals that joined PMC prior to 2008 benefited from NLM’s back issue digitization project, offered to publishers whose archival content was not yet available in electronic form. By scanning back issues from Volume 1 that were available only in print, NLM has helped create a complete digital archive of these 90 journals in PMC.

International Collaboration and Durability

NLM is collaborating internationally with other agencies that share the goals of PMC. Maintaining copies of PMC’s literature in other reliable international archives that operate on the same principles provides greater protection against damage or loss of the material.

Conclusion

NLM’s rich collection of print and digital resources has grown significantly over the past 175 years, and the Library looks forward to the next 175 years and more of collecting, providing access to, preserving, and recording the world’s most important materials in medicine and health.

Rumors

Some more non-attendees updates. Arnaud Pelle <APelle@emeraldinsight.com> couldn’t make it but he was following the Conference through Twitter and the Conference Website. Technology! BTW, did you see the great interview Arnaud did with yours truly? http://www.emeraldinsight.com/librarians/info/interviews/strauch.htm

Arlene Sievers Hill wasn’t at the Charleston Conference either. She tells me that she had surgery and was out for six weeks! Plus there was a reorganization at Case Western. On the plus side, Arlene says she spoke at the ALPS International Conference in Oxfordshire about changes in acquisitions and university libraries and how these changes are affecting publishers. She may be writing a book soon!

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