
Mapping Culture: Rural Circuit Medical Librarians' Information Systems

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ABSTRACT

THE FIRST RURAL CIRCUIT MEDICAL LIBRARIANS provided medical library services to underserved practitioners in rural areas. The nature of their work required that they use literal maps while also developing complex "mapping" techniques and information systems, both in the library and in the field. The collection of this oral history from Jean Antes Pelley, combined with fieldwork observation, illuminates the development of workways unique to this service culture.

INTRODUCTION

Begin at the beginning. . . and go on till you come to the end: then stop.

—*Alice's Adventures in Wonderland*, Lewis Carroll

In affiliation with the Oral History Project of the Medical Library Association (MLA),¹ I conducted a series of interviews was conducted with Jean Antes,² a significant member of the library profession whose work impacted the profession of librarianship and specifically medical librarianship. Antes³ was one of the first circuit rider medical librarians, the first in a rural setting. She was a pioneer among those who literally traveled to remote and underserved hospitals and clinics to deliver medical library and librarian services that were unavailable to physicians and other health care providers. Antes told me about the beginnings of this rural circuit librarian service launched in 1976.

Dr. Beck⁴ asked me how the doctors in rural areas, those in small hospitals and small towns in the area, got their information. He said, "Do you know any way we could get them information?" And because I had gone to Case Western Reserve and had kept in touch with Sylvia Feuer, [I was aware that] she had established a suburban circuit in which she went to suburban hospitals . . . and let the hospital personnel know she was available to take requests. So I told Dr. Beck about that and he wondered whether we couldn't start something like that for the rural physicians, and he was willing to fund it. I was perfectly happy to go right along with it because I did know some of the doctors in the hinterlands and . . . they wanted information—they just didn't know how to get it—because of course . . . there was no Medline, there was no computer connection, there was nothing except the telephone.

The early circuit medical librarians were creative adventurer types who forged their own paths into a work culture and information system that had not been pre-tested by other librarians. Their work, and their documentation of it, created many new global opportunities for innovative roles within the profession of medical librarianship. The early rural circuit medical librarians found it necessary to develop creative methods for information needs assessment, searching and document delivery services, and systems development to serve clientele at the many and varied sites visited. Through the development of a new role and type of work, and through the expansion of creative and collaborative services, the circuit rider medical librarians established a new information system with its own organizational culture and work methodologies.

Over the course of the interviews, the passion and creativity of Antes and her enormous dedication to her profession became apparent. Her imagination and drive created many opportunities for operationalizing library work in innovative ways. Through the telling of her oral history, we can understand the work culture and the way she and her staff developed "systems" or *workways* and utilized mapping techniques to navigate the complexities of library work taking place both within the library and in the field.

METHODOLOGY

Though this be madness, yet there is a method in't.

—*Hamlet*, Shakespeare

In Fall 1997, I coordinated plans with the MLA Oral History Project Director to collect an oral history from Jean Antes via an in-person interview. Antes was asked to record her history because of her well-known contributions to the profession of medical librarianship. The interview expenses were funded by the MLA, and I otherwise volunteered my time for this project. At the end of the project, I delivered to the MLA Oral History Project the original tapes of the interviews, which became the

property of the MLA. The MLA and Antes granted me permission to use her history for this research project.

In collaboration with Antes, I developed travel plans to go to Sayre, Pennsylvania, to interview her. During the pre-planning phase, Antes Pelley was asked to develop a résumé and a brief biography. Simultaneously, I developed a series of interview questions that were sent to her in advance for review and feedback. These questions were based upon her personal information; information provided by the MLA Oral History Project (Zinn 1990; Pifalo & Flemming, 1997); and a literature search I conducted on circuit rider medical librarianship. I also reviewed the questions with Victoria Pifalo,⁵ a former circuit medical librarian and one of the more prolific writers on this type of work. The MLA provided all the recording devices necessary to document the interviews and fieldwork experiences. The data from the recorded interviews were professionally transcribed, and the transcript of the interviews and my field notes were utilized in the writing of this article.

Antes and I began the thirty hours of interviews and field observations when she met me at the airport in Elmira, New York, just a short distance from the town in which the circuit rider medical librarian program she founded was located. Shortly after arriving for the interview, I asked her to sign the various human subject research release forms related to the project. Over the course of days, we would talk at the airport, in her car, at a site located on the library circuit, in her office, over meals, in the lobby of the bed-and-breakfast where I stayed, and at her home. There was nearly always some recording device in use, be it a high-end tape recorder or a pen in my hand with a green-covered notebook below it.

Per the request of the MLA, the formal interviewing of Antes began with her reading the self-prepared biography into the tape recorder. This biography was several typed pages in length and included the personal and professional information chosen by Antes. The formal interviewing and informal talk about her work began after this introductory phase. Over the course of days, many handwritten field notes were written, artifacts given to me and/or copied for future reference, and photographs taken. Antes was a meticulous "cultural keeper" and retained many personal papers, letters, newsletter articles, and a wide variety of resources used in the circuit rider program. All of these materials were used in the writing of this discussion.

REVIEW OF THE LITERATURE AND CONTEXTUALIZATION

Circuit Librarianship

A culture, like an individual, is a more or less consistent pattern of thought and action.

—*Patterns of Culture*, Ruth Benedict

Estelle Brodman (1980), in her discussion based on the oral history project of the Medical Library Association, states, "since librarianship is just now arriving at the point of looking back at itself historically, it is not surprising that some library historians are suggesting a new interpretation of past events" (p. 167). Brodman argues that the history of ideas in librarianship is no less worthy of study than the history of ideas in biomedicine, astronomy, or politics. She suggests that librarianship is beginning to reinterpret its history and that an examination of a branch of librarianship providing information services to health care professionals in need over the past twenty years—that of circuit medical librarianship—is deserving of a historical research beginning (and reinterpretation). "The plight of unserved health professionals has commanded the attention of medical librarians for decades. As early as 1941, a detailed plan for cooperative library services to correct the imbalance in the availability of information services in hospitals was suggested" (Pifalo, 1994, p. 19). In both past and current times, the quality of hospital libraries and librarian services has varied greatly and has thus impacted those who need such services.

Feuer (1977) and Cheshier (1975) developed the concept of the circuit rider as related to libraries at the Cleveland Health Sciences Library of Case Western Reserve (CWR) University and the Cleveland Medical Library Association in 1973. The Cleveland circuit was one of an urban/suburban nature, and the circuit rider librarian service was based on the role of the bygone circuit preacher or circuit rider physician, a "colorful American tradition dating to the 1760s" (Pifalo, 1994, p. 21). "The term 'circuit librarian' or 'circuit rider' has become a relatively common concept in the medical library world" (Gordner, 1982, p. 59). The signature features of the role include the mobility of the librarian, the regularity of visits, and the focus on reference services.

The increasing recognition by hospitals of their need for access to a library and the services of a librarian for support of continuing medical education spurred the Cleveland program development (Cheshier, 1976, p. 15). The goal of the contemporary circuit rider librarian was to "provide hospitals without prior library services with a qualified medical librarian and library services through shared costs" (Gordner, 1982, p. 59) and, in the early Cleveland program, to "encourage communication between the hospitals and the health sciences center of CWR" (Smith, 1976, p. 83). The Feuer/Cheshier program in Cleveland grew so that by 1977 there were twenty-four northeast Ohio area institutions participating in six circuits (Shelly, 1997, p. 2). The Cleveland program was actively reviewed and was well evaluated, including comprehensive studies on cost analysis and outcomes (Levine, 1985, p. 42).

Victoria Pifalo (1994) states: "In theory, circuit librarianship is the model of simplicity" (p. 24) and she continues to depict the scope of the role: a routine that includes travel to the participating health care facili-

ties to provide reference service where requests for information are taken and materials delivered based upon librarian-conducted searches of the medical literature. She argues quite convincingly that the model is anything but simple and, in fact, that the circuit librarianship role is dynamic and didactic. The scope and nature of the work changes with each librarian, every trip into the field, every health care facility entered, each different space mediated within those facilities, and every different individual with whom the librarian interacts in the scope of her role. Even at "home base," where both the library and human resources "live," the librarians have an evolving role with the challenges to keep abreast of current trends and changes in medical and health literature resources. Paralleling real-life medicine, information "emergencies" may even occur when a health care provider on a circuit route might be in urgent need of information. The folklore of circuit librarianship includes stories of librarians reading literature critical to a patient care decision over long-distance telephone connections to the satisfaction of both the librarian and the doctor. In contemporary times, this scenario has evolved to include toll-free phone numbers, fax services, electronic mail, and electronic document delivery, but in the early days of the medical circuit riders, these "fast" communication methods did not exist. Circuit rider programs and services often include other features beyond reference services, such as collection development activities for the sites on the circuits, acquisitions and cataloging of materials, and a plethora of administrative tasks including fiscal details, policy and procedures development, and committee meetings.

As with any type of new service or program, there are caveats. Funding sources for programs can run dry, cost recovery requires careful consideration, staff turnover occurs, the need for keeping the program "alive" in the eyes of administrators is challenging, and ongoing communication between both the resource library and the circuit locations is essential. On the human resource level, there are concerns regarding burnout, the physical demand of travel, salary issues and, in some cases, wear and tear on personal vehicles. Despite these aspects, many librarians find it to be exciting and satisfying work. Circuit library programs continue to function and expand across the United States and Canada and continue to provide valuable services to health care providers who would otherwise do without (Pifalo, 1994).

After Feuer and Cheshier established the urban-suburban circuit in Cleveland, the second circuit librarian program was developed by Jean Antes when the Robert Packer Hospital received funding from the Donald Guthrie Foundation for Medical Research in 1976 (Antes & Henry, 1977, p. 188) and, in 1979, a National Library of Medicine grant. This circuit program operated over farflung territory that expanded to the near-breadth of the northern half of the state of Pennsylvania and downstate New York from New Jersey to the western mountain ranges. It was the first

rural circuit medical librarian program, with librarians often traveling 600 to 1,000 miles a week, initially in their own personal vehicles and, later, in a "company" car. Antes took circuit librarianship to new levels with creative staffing, the development of new services and, most critically, a commitment to the expansion of knowledge of the role through writing journal articles (Antes & Henry, 1979), presenting training programs at regional and national conferences, making two videos about circuit librarianship, and hosting the first national symposium on circuit librarianship. Antes's work caught the attention of publishers in the United States and England and program developers as far away as Australia and Africa (Antes, 1982, 1983).

ORAL HISTORY

I did not think I could get so much profit from the content of books
as from the utterances of a living and abiding voice.

—*The Ecclesiastical History*, Eusebius Pamphilus

Historian Jan Vansina (1985) states that "oral traditions have a part to play in the reconstruction of the past" (p. 199). Folklorist Henry Glassie (1971) believes oral history contributes to "the development of an understanding of what people really did in the past" (p. 54). Historian Michael Frische discusses what oral history "does" in terms of functioning as a source of historical information and insights. And Anthropologist Ruth Finnegan (1992) speaks about the rise of oral history as an "approach or even a discipline, in its own right," a method for exploring certain sets of sources to aid in the understanding of societies and people who "had no history": no history, that is, in the sense of 'normal' documentary records" (p. 47). The (American) Oral History Association suggested: "Oral history . . . was established in 1948 as a modern technique for historical documentation when Columbia University Historian Allan Nevins began recording the life memoirs of persons significant in American life" (Thompson, 1988, p. 59), and oral history has been extensively described in the literature of librarianship (Palmer, 1984).

In relation to this research, the purpose of the Oral History Project of the MLA is to record, in the members' own voices, the histories of librarians in the United States and Canada who had an impact on the practice of health science librarianship and on the MLA. The resulting works will ideally give new insight into past practices through the actual words of the "actors" as they explore their involvement in the profession and situate the work in their libraries, their professional organizations, their collegial relationships, and their lives. Through oral history, their actions and thoughts come alive and the memories of the participants inform us. We learn "what the predecessors did; how they were influenced and by what; what they hoped to accomplish and how they went about doing it; as well

as what impact this has had on present day libraries and librarians" (Brodman, 1981, p. 35).

It may be helpful to recall that, for the latter half of this century, librarianship has been a profession dominated by women. Naastrom (1992) suggests: "By preserving women's narratives, oral history can serve as an antidote to much of the written record on women in which descriptions of actual women come laden with prescriptive notions of ideal womanhood and prevailing gender relations" (p. vii). Oral history "is a tool which helps to reconstruct those snippets of everyday lives and careers that exist between the cracks of written record" (Everman & Zang, 1988, p. 3). Nasstrom (1992) states:

Oral history begins with the spoken word, generated in a conversation between an interviewer and an interviewee. In the process of telling their stories, informants define their own identities and suggest the meaning of their lives. Oral histories constitute a rich source of primary historical materials . . . allowing us to *create* some of the very sources we lack . . . to fill some of the gaps that exist in our knowledge of women . . . through oral history, researchers can seek out informants who have been excluded from other historical accounts, design questions to plumb neglected topics, and seek clarification of complex and often elusive issues involving emotion, ideology, and consciousness. (p. vii)

The promise of oral history as a research method is not without its pitfalls and caveats. Within this methodology, it is important for researchers to note the rationale for choice of informants as well as the lines of historical inquiry pursued because these methods preserve some, but not all, of the "voices." In other words, acknowledging who or what may be lacking in selection and representation is important. The structure of interviews is also dependent upon their purpose, their relationship to the project as a whole, the skills of the interviewer, and the ability of the interviewee to reflect and give voice to memory. In Grele's (1975) paper, he discusses the relationships in an oral history interview. Power and authority impact history-giving, and the dynamics of language, human interaction, and memory are important to consider.

Some interviews become lengthy biographical memoirs while others may focus on only the specific aspects of the respondent's experience that bear on the issues raised by the interviewer. Oral historical-type interviews may take on differing personalities and models: a collaborative effort, an informed exchange, a dialogue of conversation, discussion, analysis, gossip, personal narrative, and/or argument. Finnegan (1992) speaks about personal narrative, often a "central source for oral historians—[that] can have a role of validating and expressing someone's life, making sense of various experiences lived through" (p. 48). Stahl (1986) argues that the personal experience story is a vital part of social life and a mechanism for the recreation of experience—from childhood, from work, from other

frameworks. Whatever form the narrative takes, the shaping influences should be acknowledged.

Briggs (1994) believes that social scientists who use interview techniques in field settings often ignore the nature of communication in the various cultures in which they conduct these interviews. In his discussion about oral history, Briggs points out the "dialogic, contextualized nature of all discourse including interviews (p. 13), and reminds us that the resultant products are *dialogic texts* that are largely structured by the interviewer" (p. 13). The nature and significance of context in oral history interviews needs to be sufficiently appreciated.

Donald MacDonald (1972) states that "it ought to be part of every fieldworker's training and practice to have basic systematic, yet variable, question patterns" (p. 410) and further offers that "systematic fieldwork usually begins at the desk, in the library and the archive . . ." (p. 407). Grele (1975) extends the discussion of what is constructed in the field by arguing that: "Oral history, almost alone among the various practices of historiography has heavily depended upon fieldwork, which means that not only can we come back again and again to our sources and ask them to tell us more, but we can also explore the varieties of historical visions in far greater detail amid radically changing historical conditions" (p. 141). Such analysis allows us to focus interviews, and their interpretation, upon the crucial elements of thinking and expression among members of the culture with whom we are particularly concerned.

Grant McCracken (1988) asserts that: "Qualitative research methods are most useful and powerful when they are used to discover how the respondent sees the world" (p. 21). In a sense, all of us are doing qualitative research "when we observe behaviors or performances with sufficient self-consciousness to recount happenings later and make judgments of the goings on" (Abrahams, 1983, p. 346). Grele (1975) argues that if we "fail to see our interviewees as bearers of culture and thus people with their own view of the past . . . we will, because the information must be structured, infuse our own vision of the past into the interview" (p. 142). He believes the aim of the oral historian is to bring articulation to the "ideological problematic of the interviewee, to reveal the cultural context in which information is being conveyed, and to thus transform an individual story into a cultural narrative, and, thereby, to more fully understand what happened in the past" (p. 142).

Vansina (1985), in his formative chapter "The Message Expresses Culture" states that "all messages are part of a culture. They are expressed in the language of a culture and conceived as well as understood, in the substantive cognitive terms of a culture. Hence, culture shapes all messages and we must take them into account when we interpret them" (p. 124). He defines culture as "what is common in the minds of a given group of people; it refers to a community of society where the people in a

community share many ideas, values, and images—representations—which are collective to them and differ from others” (p. 124).

In preparation for this oral history project, theoretical readings in oral history were critical to the development of questions about the circuit rider medical librarian role. The goal was to elicit a full history of the rural circuit medical librarian program that Antes developed—i.e., the earliest conceptualization of the project, the implementation of the program, the evaluation stage, the hiring and training of staff, the development of new sites on the circuit, the status of the program when she retired, and a current update. The entire scope of the information generated in this collaboration with Antes warrants several papers. This article will analyze a subset of the work practices of this group of rural circuit medical librarians.

My experiences collecting oral histories from medical librarians have taught me this—Between thought and expression lives a lifetime. Oral history work has formed my opinion that all of our lives are informed by the past. When we talk in an ordinary fashion or tell stories to each other, we consciously, unconsciously, and necessarily bring our pasts into the conversation. The ability to communicate comes out of the past growth and development of language in the brain. Most seeing people have a visual orientation—we experience much of life as visual images. Blind persons interpret their experiences using aural senses. All of us process information with temporal patterning that assists us in making sense of our experiences and putting things in order. Embodied in life is the grand map—DNA—and the form and function of our thoughts are born out of the maps of our lives.

Through her oral history, Antes expresses thoughts and reflections on her work. I asked her many questions and she supplied many answers and related stories to exemplify her experiences as the director of a circuit medical library program. There were time and spatial constraints in this process because it would be impossible to be everywhere, show everything, and tell every detail. To bring her story into a more realistic dimension, she gave selective examples—map forms—and memories in which she described the details, images, colors, shadings, borders, focal points, and landscapes which formed a picture for me. Her story comes alive and is easier to trace because the language that is natural to maps is natural to her story. Like an archaeologist, I tried to examine what remains—the tapes of Antes's oral history, the transcripts, field notes, artifacts of her work, and my own memories. My interpretive journey led to the discovery that the oral history dimension and the mapping dimension intersect.

This discussion emerges from an oral history process to become an interpretive study of culture. I hope to exemplify contextually and historically the ways the circuit medical librarians operationalized activities and created a work culture that necessarily used mapping techniques

to support library activities in the field during the time before electronic information services were readily available.

CULTURAL LANDSCAPING AND MAPPING

It's hard to know what to expect from a place
when you can't find it on the map.

—Mama Day, *Gloria Naylor*

Antes functioned at a very high level within the medical library culture. As the director, she had the authority and support to develop new services, and she related the beginning structures of the first rural circuit medical library program:

We started it by my visiting (and it was a pilot project for 6 months) the hospitals and speaking to the administrators to see whether they would be willing to let us come into the hospital. I had hired a new librarian and together we explained to the administrator how we would operate, and that for these six months [our service] would be free. We started with six (outlying) hospitals in Pennsylvania and one newly graduated librarian. She traveled, searched, copied and delivered all by herself. And she was busy. Eventually, New York State asked if I would start a similar program for them, since Sayre is on the border of Pennsylvania and New York. We received a grant from the National Library of Medicine and were able to begin that program.

In this progressive atmosphere, there was expansion of services as well as an increase in the number of professional librarian positions to serve the clientele in both the local clinic/hospital and the circuit program. A very strong service culture was nurtured, along with a level of professionalism and autonomy that attracted young library professionals who were motivated to carve new niches of work practice. For example, Antes reported that, once her staff was trained, they were able to modify and customize procedures to make communication and delivery of services within different sites easy for the hospital professionals:

Eventually, we had 19 hospitals on our circuit, and we traveled 150 miles one way to our farthest hospital. I was blessed with three excellent librarians who felt that service was the most important product and worked very hard to give their best. We visited all departments of hospitals from physicians' offices to maintenance and housekeeping. The librarians were greeted as friends in each department and were given freedom to visit almost anywhere in the hospitals.

Within the scope of this budding library services system, Antes depicted a culture of commitment. Her medical librarian staff, also members of a group often referred to as *special librarians*, were truly special in that their commitment to providing critical patient care information, which could mean the difference between life and death on some occasions, was so strong. There was also a culture of appreciation, with and among the

librarians and those health care providers to whom they gave service, regarding the timely delivery of current medical information. This yielded great satisfaction for both groups. Antes reported that one of her librarians did not miss a single day of work for nine years.

Through the voice of Antes and her stories about the circuit librarian culture, we come to understand another central work theme: how circuit rider medical librarians developed and utilized mapping and mapping techniques. Their work was incredibly varied and required the mediation of multiple environs—i.e., from the home, to the library, to the car, to the field, to the site, to multiple spaces within the site, to sharing their expertise with the library world:

In 1985, we were really going very, very well. We were giving good service both in the hospital here and in all these others. And I think it became just a great experience for the librarians to go out every day. They worked 3 days on the road and 2 days in the library, and after we got the New York grant there was some support staff. [The librarians] didn't have to do quite as much work as they did originally when they had to do all the searching and the reading of the information, and the doing of statistics and [photo] copying. We copied many, many pages of material, because they were going [out] each week at that time and so that meant that they had to have this [information] all ready by the time they started out the next week so they could deliver the finished product to the people. They met with everybody [at the various hospitals] . . . and asked them if they thought it was what they wanted after they had read it—probably two or three weeks later they'd ask them—and it turned out that they all seemed to be quite satisfied.

One of the first things Antes did was provide maps to exemplify the journeys of these librarians. The first one she showed me was the American Map Corporation's *Pennsylvania Road Map*. It appeared to be a typical map—made of paper with multiple folded sections that included an index, mileage chart, enlargements of cities, points of interest—and the actual map of the state including roadways, cities, towns, and counties. The map included parts of lower New York state and upper Maryland state, as well. However, it had been altered with circling in blue pen around the names of many towns. These were the places to which the circuit librarians traveled to give service. Circles extended from the top of the map to more than half way down and from one side to the other. I noted locations from the edge of the Allegheny National Forest to farmland of the central part of the state to its eastern borders with New York and New Jersey. I also noticed circles around cities in New York. In all, twenty cities were circled with the additional noting of the Sayre location as “home base.” All of this depicted a landscape that is, in actuality, two landscapes: one constructed by the American Map Corporation cartographer and another layered on top of that as reconstructed by Antes Pelley. This initial unprepossessing “tour” of the sites was in fact significant: it was the

beginning of a researcher's understanding of the importance of maps and the construction and reconstruction of maps in the scope of the work of Antes and the circuit rider medical librarians.

In looking at the map, I saw the cartographer's indications of the hilly terrain of north-central Pennsylvania that represented what I first viewed on my arrival by plane. Maps such as this one provided a methodology for these librarians because, without the landscape of the state represented in some structure, they would not find the sites to which they traveled. Over the course of days, Antes would provide many "maps" and talk about many more.

Shortly after Antes and a current circuit medical librarian greeted me at the airport, we spent the afternoon traveling to one of the sites on the first rural circuit Antes developed. It was a revelation to travel by car to a site, to learn how the librarians "set up shop," to understand how they navigated through the hospital to meet with staff, and to see how they operationalized their work. It was obvious that the circuit rider librarian services were valued and known by the staff, as so many people greeted our companion and even submitted requests to him during this tour. These fieldwork opportunities with the librarians proved invaluable in understanding the scope and dynamics of the work and the ways that literal and cognitive maps function.

In his book, *The Power of Maps*, Dennis Wood (1992) speaks about the power of maps and elucidates how maps are instruments of communication, persuasion, and power. In examining how maps and mapping techniques proliferated among these librarians in their work, some of Wood's themes were drawn upon and will comprise five sections of analysis as follows:

1. the maps that we make in our minds embody experience exactly as paper maps do;
2. maps are encoded;
3. maps serve the interests of the map makers;
4. out of the need to keep records, maps become (cultural) artifacts; and
5. the knowledge of the map is the knowledge of the world from which it emerges.

THE MAPS CREATED IN OUR MINDS EMBODY EXPERIENCE EXACTLY AS PAPER MAPS DO

Wood (1992) quotes Robert Rundstrom as stating: "Mapping is fundamental to the process of lending order to the world" and goes on to explain that "what Rundstrom is speaking of here is the way we humans make and deploy mental maps" (p. 32). This is a way of combining all the accumulated information we have to form a structure within the mind, what I will refer to as the cognitive map.

Antes had an encompassing and personal view in her mind of what a medical librarian is, and this cognitive map shaped the way she and the other librarians viewed the importance of their work:

I think of medical librarians as being a special breed. I think they—medical librarians—get information for [health care professionals] who really need it to take care of someone. And so [the librarians] recognize that they have a special responsibility to be helpful, to get the absolute latest and best information. Getting something for a term paper for a student in a public library or finding out something historical for someone who wants to read is not quite as [much] pressure. The need for it isn't quite as much pressure as what medical librarians [experience]. And so I think that they are just a little more ardent in their desire to do it right. And it's the service end of it, which makes that. These people were very dedicated and their whole idea was to get the material to the doctor as fast as they could. If a request came in by phone, I've even been known to, and they have too, to read a short article over the phone so that the person might have it immediately. If the doctor needed it right away, we would speak to him of course, or her, and read at least the main points so that they knew the answer to whatever it was they wanted.

These workways and cognitive maps formed and informed an integrated standard among the librarians that demonstrated a strong inner desire toward exemplary service. Ensuring quality and delivering critical information germane to patient care decisions, at a time long before *evidence-based medicine* was coined a term, was prized. This view of self as a contributor to the broadly based information system taking place in the field ultimately affected end performance. A cognitively-mapped identity as a medical librarian who could make a critical impact on the health care of others motivated high-quality work.

The circuit medical librarians worked in dynamic environments. Small and rural hospitals were the focal point of their service structure. Many activities would occur in the time before and after their journeys to these places, but it was necessary to develop methodologies for doing the work on site, and they began to form mind maps. These cognitive maps accumulated with each visit to a hospital, with each new point of entry, with each new "information system" developed in a reference interview or any dissemination of information.

At one point, a trip to the intensive care unit with two librarians was observed. We entered the unit, which was labeled with many signs indicating that only authorized staff were allowed admission. At the touch of an electronic door opener, there appeared a world full of beeping noises, silver-toned metal, and soft conversations. In a small office near the door where we entered, I saw the librarian begin to speak with the staff in a friendly manner and simultaneously to go to a file drawer and open it. I got closer to observe and noted a series of files, one of them labeled "Requests." The librarian dug into the file and removed several pieces of

white paper (forms—all from staff in the intensive care unit). These were requests for literature searches on specific topics. The librarian checked for anything else left for him: personal notes, journals, and envelopes. This drawer and this file folder became a point of service, a part of the information system that facilitates interaction between the staff in the intensive care unit and the medical librarian. The accumulation of experience and understanding of this system and the way it functioned allowed the librarian and the staff to form the mapping pattern that constructed the document delivery system. Maps get constructed; maps construct.

Other models of cognitive mapping proliferated consistently in every site and within every information system in which the circuit medical librarians worked. As we left a particular site through the emergency area, inside a glassed-in space a hospital worker speaking on the telephone wildly waved to the librarian indicating she wanted him to come into the unit. A dialogue with Antes explains this as a common situation:

R: So then the librarians would develop some type of a routine when they got to the hospital?

A: That's right, they made rounds.

R: It sounded like there was structure but it was flexible.

A: Oh, very flexible, yes. If doctors were there and they could see them right then, then they'd go there immediately, because the doctors usually had offices outside the hospital. But nevertheless, they were flexible. They may find that the pharmacist wasn't there, so they would go to the maintenance department. Or if the nurses who may have wanted something were taking care of a patient, they went somewhere else and then came back. And it's very heartwarming to remember that these people [at the hospital] looked for the librarians. And as you saw yesterday when we went to Corning . . . those people were delighted to see the librarian and, in fact, even flagged him down, though it wasn't his day to be there, because they knew that they could give him requests if they wanted to.

Nothing is necessarily routine and yet somehow, routines get mapped. It is important to understand that, for these librarians, the "routine" is always dynamic. Out of the process of dynamic routine comes method, workways that enhance the information system's functional capability. Consistently, a solid rationale for the purpose of being on site emerges with movement through the site, interaction with people, and exchange of items. However, the hows, whens, wheres, and whats change and evolve. And at home base, the library from which the librarians worked, there was also the development of mapping systems to enable the work to take place at the sites:

R: Can you go back over, just very briefly, when a librarian went out to the field and got the requests, when they came back here, what happened?

A: Well, if it were late in the afternoon, they just brought all of their things in and left them in the office and went home. Many times they were pretty tired because they had traveled through maybe two or three hospitals, and as you know from today and yesterday, walking around the hospital can get to be quite good exercise. Usually the next morning, if they weren't going out on the road, they would come in and start to search. And we all did that.

R: Did the librarians work together?

A: Well, I guess we were so closely connected. Everybody was working in the same place, they were sharing the *Index Medicus*, they were getting things from the shelf at the same time . . . it wasn't competition because they didn't [compete].

R: So the actual physical proximity was really conducive for the team work to happen?

A: Yes. Because even now, even though the library is larger, you can see that it isn't very hard to talk to somebody in the library.

From the field to the library, the librarians developed maps that enabled them to work. All people need maps. Young children learn the mapping of the school lunch room, a teenage pizzamaker has "rules" for making a quality product, the mother has "how to's" for giving care to her sick child, the banker has protocols to manage money flow. Mapping such as this is a circuitous, almost symbiotic, process where the cognitive and other maps construct and reconstruct each other.

MAPS ARE ENCODED

Human language is a code, but other coding schemes exist in our lives and work. When one looks at a state road map, there is a common understanding that the broad lines are roads and that some colors on the map will represent water, mountains, or state/national parks. This is a form of encoding that explains something that may be important to us. The medical librarians worked with in this research used encoded maps on a regular basis. Antes developed workways to ensure the system would function to the satisfaction of everyone involved. This culture fostered, if not proliferated, the development of such schemes to represent information of a critical nature, a method of operation that extended, for example, to "legal" agreements:

A: We did not have a contract [with the hospitals]. This bothered some of the people who are legal minded. They said: "Well, don't you have a contract we can sign?" We had been advised that perhaps a letter of agreement [would work]. In those days there was no problem with taking people's word for things. Among the stipulations [in the letter] was that I would provide a qualified medical librarian for this particular position. And actually, until a few years after I retired, anyone who was on the circuit was a degreed, if that's a word, medical librarian.

R: So did you do a letter of agreement?

A: Yes. But anyway, it was just a “gentleman’s agreement” between a lady and a gentleman. And they were always willing to sign it and we, of course, were perfectly willing to sign it, and it just said that they would pay so much per bed.

The letter of service agreement, like the legend of a map, was encoded with pertinent information about the skills of the personnel to be involved and what the fee structure would be. Antes moved from the cognitive process to the documenting process which resulted in tangible mapping forms. Because the circuit rider medical librarian program was new and evolving, Antes created the necessary coding schemes as she went along. It was part and parcel of her role as the library director to do this.

As all librarians will do, the circuit rider medical librarians used tools, many of them developed expressly for their own use. For example, during the time of the inception of this circuit rider program, the *Index Medicus* was one of the key reference tools used to search for information within the published medical literature. There were other tools used as well, both those they purchased and those they constructed. Some of these self-created tools became maps: they were encoded with trenchant keys to find information, and they contributed to a highly functional system of work. Antes recalled the way she pioneered new workways using their self-developed search request form:

R: Within your library, when they would come back to do their research—to get the information—did they do things as a team or was there any type of buddy program going on?

A: There wasn’t any buddy program as such, but they were extremely cooperative, and if one were looking for something, and this is again the serendipity of the printed *Index Medicus*, if one were looking for something in the *Index Medicus* and accidentally came across something that he or she knew the other person wanted, they said, “Hey, look here, this may be what you’re looking for.” So there was great cooperation between them. And as I explained yesterday, we kept a record of all of our searches and the citations which were good and the ones which weren’t any good and noted them on the back of the search request so that, again, when there were repeated questions of the same thing, each one could go and use the other one’s information, because there was great cooperation. Seems like an ideal setup and I have to say it was.

This story details the way that the encoding of documents became a mapping technique. The librarians applied evaluative methodology to qualify particular search findings as “good” or “no good” and developed a system to use them again on repeat requests via their own mapping tool. The coding worked for the librarians. These routes could potentially lead the librarians to better information, faster and more efficiently, thus reducing searching time and improving upon the system. Pioneering ideas proliferated in this environment.

MAPS SERVE THE INTERESTS OF THE MAP MAKERS

Wood (1992) presents us with Jacques Bertin's idea that maps are "constructed and reconstructed until [they] reveal all the relationships constituted by the interplay of the data" (p. 185). The construction and reconstruction process is a part of mapping, and the concept of interplay is important to consider. Maps are about relationships, about how one landscape is positioned in relation to another. In some instances, the map making becomes a collaboration, and this act of paired-construction can serve the interests of all involved. Antes relates some instances of collaborative mapping:

R: When the librarians went to the site, would they spend a whole day there? Or what was the typical amount of time that they were on site?

A: Well, of course most of them had to visit maybe two [sites] in a day, at least, because they were only on the road three days.

R: Did they bring lunches or eat in the hospitals? Or what was that like?

A: Well, they ate in the hospitals as often as they could when they were there over lunch, in the cafeteria, so they had a chance, again, to ask people if they wanted any information. They always had a pad and pencil with them so they could take any requests down. And they enjoyed that because they had a good chance to meet the people and the people knew them. It didn't take long that when I would go with them and walk around the hospital with them, they were greeted as old friends.

R: Other examples?

A: I would meet the doctors and then they would say, "Oh, I wanted to ask you something but I forgot it as I walked out of the patient's room. Now that I see you, would you get such and such?" So I always had a pad and pencil and collected requests and then went to the library, and tried to get them back that afternoon, but if I couldn't, I'd get them the next morning. This was very satisfying, and I really had a good time with it.

The reference interview, complete with notations on who and what, leads to the delivery of information services. Whether in the hospital cafeteria or hallway, the interplay of data between a health care provider and a librarian leads to a process of decision-making. This iteration map directs the search, and the professional medical librarian makes decisions based on findings that lead to either satisfaction about what is found or a determination to keep searching for something more. Once delivered, the items land in the domain of the health care provider, who can determine if his/her question is answered or if more information is needed. Thus, a pair-construction of a mapping process serves the interests of both makers.

Maps, by and large, show the way, or a way. They are a socially constructed entity. Wood (1992) states that "every map facilitates some living by virtue of its ability to grapple with what is *known* instead of what is merely seen, what is *understood* rather than what is no more than sensed" (p. 7). Because maps are wrought from the social milieu, they come with flaws, prejudices, biases, and problems of imperfection. Still, they help to organize understanding and act to reflect the map-making systems of various social structures or entities.

Another form of collaborative mapping within the circuit rider medical library program took place at the level of evaluation. Evaluation tools are often shaped and written by the "players" involved and are brought into being by the very culture that is being evaluated. Evaluation of services has long been a practice in librarianship, and Antes ensured that evaluative data were collected from the recipients of service. Through the process of crafting a survey tool and collecting data, Antes was able to construct an evidentiary map by processing individual responses and building a larger picture through connecting the data and making sense of it:

R: Did you at any time get any formal feedback from the hospitals, either in writing or through interviews?

A: Well, we had luncheon for the liaisons a couple of years. In fact several. And they came. We provided transportation for them as well as lunch. And they had a lot of feedback. And then in 1984 we did a survey with the [doctors and staff who received our services at the sites]. It was a blind survey. . . .

R: How many surveys were distributed? Or how many were received?

A: About 400, and we had a tremendous response, 99% as I remember, which is almost unheard of for a survey.

R: May I have a copy of the survey?

A: Yes. We asked, how often do you use the circuit? When you request information, is what you receive relevant to your needs? Do you receive enough information? What do you use it for? If it's used for patient care, did it ever influence their treatment? If the circuit librarian did not visit your hospital, would you phone as many requests to a resource library, and the answer was: 15% said yes, 82% said no, which I think is very telling. It indicates that the personal contact made a difference. Had any of them ever felt they had to go to another library, they didn't get what they wanted from ours? And [the answer] almost always was no, occasionally was 17%, seldom 38%, and they never went to another one was 43%.

R: Did you process the evaluations yourself?

A: Yes, with the librarians.

R: And what was your general impression from the feedback, and did you make any changes based on the feedback?

A: The feedback was all positive. It was just incredible.

R: So it basically spurred you to keep going?

A: Oh my, yes.

This evaluation sought to establish credibility of the program by getting information about the scope of service, patterns of usage, and levels of satisfaction, for example. What was extracted from the survey were answers to questions about what had been taking place in the past. This snapshot revealed details that allowed Antes to make well-informed decisions about improvements. Just as maps can record and demonstrate physical and historical transformation in landscapes, so too does this map reveal the landscape of the circuit rider medical library program and further serve the interests of the map makers.

OUT OF THE NEED TO KEEP RECORDS, MAPS BECOME (CULTURAL) ARTIFACTS

As developed out of our work activity, maps not only show us “the way” but also create records. In my work with Antes, it was surprising how many materials she kept in what appeared to be a very valuable collection of thirteen small leather-bound books.⁶ These were in the corner of her office in a cardboard box, and I examined them, not knowing what they were but sensing they were important. They measured four inches by six inches and were spiral bound. Examining one of them, I found a title on the page “Idiopathic Hypertrophic Subaortic Stenosis.” Underneath the title were handwritten entries listed vertically on the page, with journal names in abbreviated form such as “Vasc. Surg” and “Am. J. Cardiol” which were followed by months, dates, and page numbers. These appeared to be a history of searches for many subjects. I asked her to tell me about them:

Going from A to Z, I developed each of these little notebooks when I first started. [A]t first I started by putting in the doctor's name, and I thought “That's ridiculous, if somebody else asks you for it, you're not going to know the doctor's name.” So then I began to go through and I re-recorded everything I found for them. I think A's full. I have them down through Z. Of course some books don't take as much [space] as others. But that's what gave me the idea that I needed to get some things on computer [in the future], because it would save us an awful lot of time, particularly when the circuit program started because, as I told you, the repeat [requests] for information were fantastic. And so that's why I had to give up on this, of course, because it didn't work, and that's when we went to the notebooks with the pages of the request on the front and the citations on the back.

Antes said she had considered throwing the notebooks away, the thought of which almost caused an idiopathic hypertrophic subaortic stenosis in her interviewer. I took the liberty of defining these for her—a database. The notebooks served as a paper database record of searches

performed by the librarians in a time when electronic databases were not in common existence for librarians. She agreed with my "naming." So obviously a map, her series of notebooks directed librarians to past searches in an attempt at efficiency. And even though later abandoned for another mapping technique, they help us understand part of the culture formed.

"To write about the past, one needs information from the past" (Glassie, 1983, p. 376). Antes's database provides a material item from the past that is artifactual. It depicts a form of thinking at that time. Just as a piece of Pueblo pottery tells us something about Native American material culture, so does this collection of books provide a balanced look at the history of the circuit rider medical library information system and the ways the culture was expressed. As Glassie (1983) states: "Because they survive from past times, artifacts can transport us backward to deepen our understanding" (p. 382).

Antes kept many of her statistical reports as well, exhibiting pages and pages of actual grid maps of data with the types of services rendered on the vertical axis and the site to which the services were given on the horizontal axis:

R: How did you keep records?

A: Well, of course someone tabulated all of these requests, if not every day, as often as was feasible, and kept it up to date. So originally they did it on their own with these numbers. And then the support people did it. And then we kept records. I have them here from about . . . well, I have a whole stack here that I may be able to give you.

R: This is a grid, it's a sheet—who developed this grid?

A: Together. . . we all did.

R: Could you read off some of the categories on the grid?

A: Literature searches—is that it? Item requests, audiovisual requests, total requests. And then we would tabulate how many were patient related, how many books were loaned, how many audiovisuals were delivered. We did a tremendous interlibrary loan business because we often did not have some things that they really needed and so we would send for them. We kept track of in-house searches and did bibliographies that were tabulated—that is, in-house with each hospital, because we had the names of the hospitals across the top, the number of articles photocopied, and the number of materials delivered. And the pages that were photocopied. And then we got to the total number for one month.

R: And so they would do daily tallies or weekly tallies?

A: Weekly. One of the people did that.

R: And then you would synthesize it all to a whole group. . . a monthly report kind of thing?

A: Yes.

These data maps shed light on the use of noncomputerized data recording and the librarians' strong drive toward knowledge, understanding, and assessment of their service. Like an aerial view of a landscape, maps of statistics can provide a broader view of the scope of the information system at work. And just as Pasteur's microscope revealed the microbes in milk, so can statistical maps provide enlightenment on the minutia that may impact decision-making on some level.

Along with the data maps that leave a form of legacy, the card catalog has also become an artifact of library culture. Antes herself faced a huge transformation in reorganizing the access points to information in the library. Among the first things she did when she arrived as director was change the classification system:

The collection was all in the Dewey Decimal system but having learned about the NLM [National Library of Medicine] (I guess it was in the Library of Congress) . . . special classification system, I thought that they would like to have it up to date, and so I started recataloging. As it turned out, I thought that was going to be done very quickly, but it was a big job. So that took me longer than I expected.

All of these forms (evaluations, statistics, catalog records) provide artifactual glimpses of the thinking at the time and the mapping methods used. It is important to note that these models both resulted in the proliferation of information and had an impact on the information system. As well, out of the necessity for records, the varying map forms reflected the evolving cultural landscape of the medical librarian's workways.

THE KNOWLEDGE OF THE MAP IS THE KNOWLEDGE OF THE WORLD FROM WHICH IT EMERGES

Maps are windows on the world. They can situate the locus of activity or force us to see something that we do not want to see. They show us borders and boundaries and connections and inform us about what others discovered. Mapmakers bring their skills and weaknesses to the act of mapping and, through the cognitive or tangible, they construct maps of what they know or believe, see or discover. Antes was indeed a pioneer as the developer of the first rural circuit rider medical librarian program. And like the pioneers of the past, she left a legacy of what she came to know. She conducted training programs, held a national symposium, wrote journal articles, and developed two videos on the circuit rider medical library program:

- R:** Other librarians or hospitals invited you to come to talk about how to start a circuit program. Was it more of an open question and answer, or was it an actual training?
- A:** It wasn't a training because they weren't set up yet. It was a case of—and in some cases they had applied for a grant but they didn't know if they were going to get it—but they wanted to know what

they could do, how could you get money [to fund it], and so on. It was pretty much nuts and bolts. I had been to Texas, New Mexico, New York, Canada, Delaware, [other places] where all these people were interested in the circuit program and, as a result, now there are many circuit libraries. Also, at the Medical Library Association annual meeting, I gave presentations to those interested in circuits to meet and talk about it.

Among the records from Antes are copies of a thick stack of letters addressed to her. "Your Symposium . . . was so well executed and I certainly found the time there to be stimulating and rewarding." "I believe your symposium must be counted as a success." "Thank you for your delightful conference." These are just some of the comments given after the National Symposium on Circuit Librarians and Shared Services. On the cover of the symposium program was a map. In the center of the map was a book with the word "Sayre" on it, which represented the site of the circuit home base, and extending outward from the book are lines toward all of the eighteen cities and towns on the circuit. Inside appeared a list of 2.5 days of sessions and activities and a photograph of the circuit librarians with their canvas bags. Antes continued to extend her mapping methods to share knowledge and serve the interests of others:

R: You decided to plan the first National Symposium on Circuit Rider Librarianship. Could you tell me what went into planning this national symposium? How did you come up with the idea?

A: I guess somebody said you ought to—maybe it was at MLA—somebody said "You know, you ought to have a meeting and tell people how you do this." And so I suppose that planted the seed, and we began to investigate whether we could get the financing and these people are the ones who did it. We contacted some book publishers and pharmaceutical companies and asked if they would help fund it and present this, and they agreed.

R: How many people came to the first one?

A: About 30. I know we had representatives from 16 states, including California, Oregon, and Colorado. We had some of the leaders of the Medical Library Association and people from the National Library of Medicine as speakers, as well as circuit rider librarians.

Antes also published several articles about circuit rider librarianship in both domestic and international publications and developed two videos about the program. She gave me copies of purchase letters from the Tokyo Metropolitan Institute of Gerontology; the Public Health Department of Perth, Australia; the African Medical and Research Foundation; and others. I watched the video with her while on fieldwork and was shipped a copy later.

We did [a videotape] which I think sold the [National Library of Medicine] on our program. And then we did an update. We wanted

to take [the video] to the national convention. [The titles are] "The Circuit Librarian" and "The Circuit Librarian Update." I guess one of the things that happened was that somebody connected with the *Nursing Times* in England asked if I would do an article for them and I did. As a result of the article in the *Nursing Times*, people in Australia heard of the video, people in Japan heard of it, and people in Africa. So we're very happy to say that our videotape is in England and Africa and Japan and Australia and the United States . . . we have sent the videotape to many places.

CONCLUSION

But the truth changes color depending on the light and tomorrow can be clearer than yesterday. Memory is the selection of images; some elusive, others printed indelibly on the brain. Each image is like a thread, each thread woven together to make a tapestry of intricate texture and the tapestry tells a story. And the story is our past.

—*Eve's Bayou*, Trimark Pictures, Kasi Lemmons

Antes reflects upon her work and professionalism:

I guess I try to make what I have done speak for itself and be pretty obvious. And I guess I could only repeat that I felt that if people remember anything about [the first rural circuit medical library program] they don't have to remember that I started it, but remember that it was a great service to rural and small hospitals that didn't have libraries and librarians. [I recall that in the Guthrie Journal] Dr. Beck⁷ wrote a commentary [entitled] *Fire Extinguishers, Libraries and Librarians*, and I have a copy of it, in which he said that he had several fire extinguishers in his house, but he really didn't know how to use them. And he said it's a little like a [medical] library that doesn't have a librarian, because the librarian is the one who knows how to use the library. And so it's like the fire extinguishers, if you know how to use it, if you know where to find information, it's going to be successful, and if you don't, the fire's going to burn you right down to a crisp.

In many ways, this discussion has been a mutually traveled story-journey between Antes and me as a researcher. The process was very much a partnership. There was, of course, the observational fieldwork along with many hours of formal interviewing. There were also informal conversations, time spent together digging through files and boxes to prepare and gather materials for me to bring home, viewing the circuit rider video, and having meals together. Near the end of the last day, we shared a quiet walk through the Corning Museum of Glass, which served to bridge the three days of intense work that ended with an emotional departure at the airport. Out of our many conversations over the last year grew a relationship rooted in mutual respect. I recall near the end of our time together (as recorded in my field notes) when Antes said to me "I never met a person so full of questions as you." I also looked at the end of our transcript at the time when we were summing up, and read what I said. "I

really didn't know when I was coming here who exactly I was going to meet. And I realize I have met one of the most remarkable people I've ever [known]."

Through the dialogue that emerged, a different type of history about circuit rider medical librarianship has begun to be written. This was a pair-construction that resulted in the melding of the historic, the folkloric, and the anthropologic. Through the telling of Antes's oral history, her memories of the past emerged to constitute new primary source material. Through the time I spent with her in the field, the collection and study of artifacts from her work, and many hours listening to our tapes, I have attempted to allow her voice to sound a new understanding of the work culture of her program. This collaboration, and the interpretations it inspires, could not have occurred via a survey, an essay, by telephone interviews, or by long-term letter exchanges. For Antes, I hope it was an enjoyable (if not overwhelming) opportunity to reflect upon, and tell, her own history, moving toward an interpretation of her life and work as a pioneer in the field of medical librarianship. For me, it was a journey through the history of another's work life and an opportunity to reflect upon that history to develop a new theory about the anthropology of work and to further understanding of how work processes evolve through the use of mapping techniques.

Maps are many things: a common object, a representation, a container, a directional, a path; something simple or sensational or explicit or intricate or evolutionary. Maps tell stories as much as people do. Whether the maps are literal tangible pieces of matter or cognitive processes, they exist prolifically in our lives and work because they assist in making sense of the world. Maps serve as "bridges" to create the important links between networks of people and systems. At the micro level, we use maps to help us "navigate" the necessary aspects of our lives and operationalize activity. At the macro level, maps shed light on the evolution of processes and reflect upon the adaptability of humans and the need for the ongoing construction and reconstruction of workways.

It is important to look at the ways circuit rider medical librarians utilize mapping techniques as a way of contributing to the body of knowledge of medical librarianship and an understanding of its history. But, more importantly, from this work comes a better understanding of the methodologies of mapping in creating new opportunities for all librarians in collaborative work partnerships. The librarians in this research project exemplified the necessity of a creative and flexible work environment to ensure their ultimate goal of high-quality library services to a unique clientele in varied and dynamic work settings. Analyzing their achievements can help improve the quality of workways for future librarians by assisting in understanding the use of both literal mapping tools and cognitive mapping, and the ways these intersect and influence each other.

NOTES

- ¹ The Medical Library Association (MLA) is a professional organization of more than 1,200 institutions and 4,000 professionals in the health information field. The MLA fosters excellence in the professional achievement and leadership of health sciences librarians and information professionals to enhance the quality of health care, education, and research. The MLA Oral History Committee is charged to manage the association's oral history program, which is devoted to the history of North American health sciences librarianship, especially the history of the Medical Library Association. The MLA currently funds the Oral History Project, and it was under the domain of this project that I first met and interviewed Jean Antes.
- ² Jean Antes married William Pelley in 1997 and retired to Ridgewood, New Jersey.
- ³ With her permission, I will refer to Jean Antes by name. Kathleen Casey (1995) provides inspiration to pursue this reconstruction of the relationship between the researcher and the participants of research. In this analysis of Antes's oral history, I will write about my observations and interpretations of them and, at times, will use first person to reflect my thoughts. In dialogic excerpts, Antes will be represented as "A" and I will be represented as "R," for researcher.
- ⁴ William C. Beck, author of *Memory bytes: An autobiography of a surgeon*, was a mentor to Jean Antes and credits her in the introduction to his book as "almost a co-author" (Beck, 1995).
- ⁵ Victoria Pifalo is the Health Sciences Librarian (Library of the Health Sciences—University of Illinois at Urbana-Champaign) and Associate Professor at the University of Illinois at Chicago and a former circuit medical librarian at Robert Packer Hospital.
- ⁶ I made photocopies of selected pages from the books at the time of the field work and refer to them for description. After studying them, I asked Antes Pelley to consider donating this collection of artifacts to the National Library of Medicine.
- ⁷ William Beck's (1987) essay was written in response to the elimination of a hospital library requirement from federal regulations.

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