Don Keast chats with Jocelyn Morris

Don Keast recently retired after a long career in health libraries, most recently at the George Hatch Medical Library, Dubbo Health Service. He sat down for a chat with Jocelyn Morris, formerly Charles Sturt University campus librarian at Dubbo.

Tell us about your educational background.

I attended Punchbowl Boys' High School in the western suburbs of Sydney, followed by a Bachelor of Arts at Sydney University, followed by studying Librarianship at the University of NSW, graduating in 1973.

So as a new graduate, how and where did you start in health libraries?

I started as a solo Librarian at Bankstown Hospital (close to home) in early 1974. It was part time, but after 3 months I accepted an arrangement where I also organised a library for Sutherland Hospital. At the end of the year, I was promoted to full-time at Bankstown.

You worked in the days of printed Index Medicus, with a card catalogue and typed borrowers' cards. There is one story about a surgical inquiry that you say could not be done with modern computers. Can you give the details about that?

In a time in the 1970s when medical libraries had the gargantuan monthly volumes of the printed Index Medicus and nothing else (no Medline, no Internet, no fax), I was approached by Dr. Michael Aroney, later Chairman of the Australian Association of Surgeons, with an interesting query. He was a thoracic surgeon of considerable experience. The problem with chest surgery is access: when the chest is open the ribs have a tendency to close and retractors at the time were inadequate for the job. Michael had visited a ship chandler at Circular Quay and bought a length of ship's chain and some hooks which he rigged over a lithotomy pole. This enabled the ribs to be held open for the duration of the surgery. Michael believed that "some European bloke" had described something similar "in the sixties". My job was to find this original reference. A few problems here:

1. Medline didn't exist.
2. MESH headings did not include "Retractor".
3. I had no year, no author and not the faintest idea where this reference might be.
4. Ship's chain was a VERY unlikely surgical accessory.

I decided to search for review articles on thoracic surgical technique in the hope that one may actually give a reference to the retraction problem. I worked my way through the available few years Index Medicus, but reviews of thoracic technique were few and articles were scarce. However, our affiliated University was happy to supply some articles (this was even pre-interlibrary loan charges).

One of the articles cited a 1960s review article so I obtained that too. In that was a reference to an out-of-print French language surgical treatise which discussed retraction, and miraculously our University contacts had a copy. Nailed the book chapter with a remarkably similar retraction technique!

I honestly believe that with another 50 odd years of separation, and an explosion of medical literature and book chapters not being indexed in our databases that I could not find this today. At the time, I was pleased to accept Michael's printed acknowledgement.

Resource sharing in health libraries has been facilitated by the Gratis network. You were one of the founders of the group. How did this come about?
In 1979 University libraries and other major libraries tired of supplying inter-library loans for free, and brought in a $1 fee. This was generally regarded as reasonable, but really it was inadequate for the cost of supplying items. In 1982, the fee was trebled.

Small health libraries with limited budgets found this $3 impost far harder to cope with. Most had knock-for-knock arrangements with other health libraries, but nothing was formalised. On 6 December 1982, 11 health librarians met at the University of NSW and resolved to make a formal free network for supply of inter-library loans. There were 14 founder members of the GRATIS network, and 28 by the end of the first month. I was the first Chairman. Though GRATIS was a name which embodied the central concept of the network, I must admit to a fondness for the most euphonious of the suggested alternatives, FRILL.

Developments followed quickly: many more members, the first union list (on photocopied 5x3 cards!), the first sponsor (Uni. Coop Bookshop 1983) and the first inter-state network (Gratissa 1984).

Searching the National Library of Medicine database with an acoustic coupler, squealing modem and unreliable phone connections was quite a challenge. What do you remember about the early days of database searching?
All very strange, very noisy and very new, but such a huge advancement on the cumbersome Index Medicus. The National Library, with Sandra Henderson and her dedicated team, provided tremendous support, but really we were all on a huge learning curve together. One GRATIS contribution was that Annette Benson and myself worked out how to limit a search to our own holdings by using the hidden parameter of 2-letter journal codes.

One of your activities has been contributing to three versions of the Health Libraries Standards. In your opinion, what is the role of these standards? Why did this participation matter to you?

Health Librarians often report to administrators who are unfamiliar with library professional practice and who look to the librarians for guidance on what the library needs to be an efficient and valuable service. The Standards provide an authoritative resource on such matters. Frequent editions are important as technology and standards of practice move on at an increasingly rapid pace. The 2022 edition of the *Guidelines for Health Libraries* are quite different to previous additions, reflecting the vast changes in technology social media, and the way we perform our jobs.

Health libraries differ in size, function, staffing and objectives. The change of the title to *Guidelines* reflects the fact that one size does not fit all. In my case, I have worked rurally for the last 18 years of my career, and in one person libraries for a large part of my career. In small libraries, it is the job of the Librarian to represent the library service, and the standards/guidelines need to be a document which can be used confidently and authoritatively in all situations. That is why I have worked on 3 editions of the document with my peers. I have learnt a lot from my like-minded peers and would recommend participation on such a committee to others.

You supervised the merger of the Lidcombe Hospital Library with the Bankstown Hospital on the new Bankstown Hospital site.

This was an exceptionally busy mutli-faceted operation. Lidcombe Hospital at its height was the largest geriatric medicine hospital in the southern hemisphere. The decision was made in 1993 to close the hospital (and library) and merge into a new hospital on the much smaller Bankstown site. For the library it was a rather fun and chaotic time. While it might look straightforward, the library part of this was rather crazy:

- Lidcombe Hospital reached its Centenary in 1993. The Librarian picked up the task of writing an official history.
- There was a patient library of several thousand volumes at Lidcombe that had to be found a good home.
- The powers-that-be decided to automate the library during the merger in concert with 5 other libraries, all of which were using different manual systems.
- The Bankstown Library had been moved to an ill-lit basement, appropriately under the psychiatric unit.
- One library used Dewey, the other NLM. One needed to be reclassified totally.
- Some services moved to Liverpool Hospital. Another location for material to be sent.
- The Bankstown Hospital was being rebuilt from scratch WHILE the old hospital was to operate through the process on the same site.
- When the program was well under way, The Lidcombe Library hosted the Synergy in Sydney Conference Program Committee.

- Lidcombe Hospital was haunted. My historical endeavours obtained eyewitness descriptions of at least 4 ghosts!

This was the only time in my career when I had 3 people reporting to me, plus a volunteer or two. They did a great job, despite a few builder-induced glitches (the security door installer who took all the keys back to his Adelaide home is one of my favourites). The final result was good and the library quickly became very busy.

One of the libraries you managed was at the University Department of Rural Health in Broken Hill. How did this vary from a standard medical library? Who used that library? What were the kinds of inquiries that you received there? Did you have any other roles in that organisation?

Broken Hill provided a diverse and inspiring 8 years. It is a unique but isolated environment with the nearest major town (Mildura) being 300km away. The library had all the usual clinical medicine content, but had some unusual features. 3 Royal Flying Doctor Service conjoint lecturers provided some unique student experiences and some interesting flight medicine queries. There was also a heavy focus on Aboriginal Health and Barkindji culture. Social determinants of health are also a major theme in isolated remote communities. A combined medical program from University of Adelaide, University of Sydney, and the University of Wollongong was a unique feature. The DVD collection had several movies on outback themes for student and staff use.

Other librarian roles frequently popped up. CIAP and research training in Menindee and Wilcannia found remote, appreciative audiences. Bus driver, entertainment director, television location scout, and helping with vice-regal receptions just seemed par for the course. I even wound up on a panel with acting PM Tony Abbott.

You retired from a hospital library with a senior medico who told you that the library was not needed, and everything is on the Internet these days. How do you respond to this idea?

I think we have all heard this at one time or another. The Internet is like a large chaotic library with no effective catalogue. The veracity of the source, and the currency of the web resource are all important. The librarian's job has changed from merely finding information to finding reliable information from a huge variety of sources. Clinicians do not always have the time or skills to trawl through the huge resources of the 'net and the librarian's interpretative skills are more valuable than ever. ***Besides it ain't all on the Internet anyway!!***

Your involvement with the library profession continues as you are a mentor within the ALIA Mentoring Program. How do you think this formal structured program is beneficial, rather than just the informal networking that everyone does as part of their job?

The ALIA Mentoring Program provides on-on-one dedicated time between mentor and mentee. It provides a forum where a mentee can seek guidance on any topic. This is backed up by regular seminars and online resources. I have been fortunate to have had many informal mentors in my career, but ad hoc discussions in a busy working day cannot provide a similar level of dedicated regular one-on-one mentoring.

The colleagues who have mentored me in one way or another are too numerous to list but I thank them all. The ALIA Mentoring Program perhaps enables me to return their kindnesses to others in a small way. Recommended, both for mentors and mentees.