

Only for “purely scientific” institutions: the Medical Library Association’s Exchange, 1898–1950s

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Objective: Centralized exchanges of scientific materials existed by the late nineteenth century, but they did not include medical publications. North American medical leaders therefore formed an association of institutions to run their own exchange: the Medical Library Association (MLA). After providing background to the exchange concept and the importance of institutional members for MLA, this article examines archival MLA correspondence to consider the role of its Exchange in the association’s professional development before the 1950s.

Results: MLA’s membership policy admitted only libraries open to the medical profession with a large number of volumes. But the correspondence of the MLA Executive Committee reveals that the

committee constantly adjusted the definition of library membership: personal, public, sectarian, commercial, allied science, and the then-termed “colored” medical school libraries all were denied membership.

Conclusion: Study of these decisions, using commercial and sectarian libraries as a focus, uncovers the primary justification for membership exclusions: a goal of operating a scientific exchange. Also, it shows that in this way, MLA shadowed policies and actions of the American Medical Association. Finally, the study suggests that the medical profession enforced its policies of exclusion through MLA, despite a proclaimed altruistic sharing of medical literature.

INTRODUCTION

By the late nineteenth century, formal exchanges of scientific materials operated among federal institutions, but they did not include medical publications. North American leaders in medicine therefore called for their own centralized exchange, to improve their libraries through weeding duplicates, completing runs of journals, and obtaining key books. Rather than establish physical quarters, such as a clearinghouse, they took a novel approach by creating a society to coordinate an exchange of publications: the Association of Medical Librarians, later called the Medical Library Association (MLA). As shown in *Guardians of Medical Knowledge*, a study of MLA’s first fifty years, MLA was originally founded as a consortium of medical libraries to run an exchange for its institutional members and to pressure publishers to donate medical literature to them. Of the two earliest classes of membership, Library Membership took priority over Individual Membership, and MLA did not become an association in which individual memberships predominated until after World War II. In short, there were really two MLAs: one before 1946 and a very different one after 1946 [1].

Guardians of Medical Knowledge analyzed the dominant medical culture of the early MLA to understand its impact, through MLA, on development of what would eventually become two separate activities: a profession of medical librarianship and the scholarly field of history of medicine. However, as mentioned there, the extensive MLA archives for this period present many other topics for study, including the society’s management of its own Exchange. Records reveal that the significance of the MLA Exchange to early library members, and their delegates, cannot be overstated. The membership application form em-

Highlights

- Pharmaceutical (commercial) libraries were excluded from Medical Library Association (MLA) membership because they were often small, specialized, inaccessible, and closed to medical control. Their exclusion also distinguished MLA from related societies such as the Special Libraries Association and the American Library Association.
- Medical libraries serving sectarian organizations were excluded from MLA membership because mainstream medical practitioners viewed divergent medical practices with suspicion.
- MLA decisions to exclude, and later to include, these two kinds of libraries shadowed the policies and actions of the American Medical Association.

Implications

- Reviewing the history of MLA and the Exchange shows how membership policies can reflect prevailing medical thought and biases.

phasized MLA’s goals for institutions, from the often repeated objective of the association (“fostering of medical libraries and the maintenance of an exchange of medical literature among its members”) to the extra benefits for library members: “current files of a large number of the leading medical journals, society transactions, etc., which are sent free to library members of the Association by the publishers as soon as issued.” It described the Exchange, whereby a “vast quantity of valuable medical journals... books, pamphlets, reports, etc.,” was donated and distribut-

ed “absolutely free” to members, constituting “many thousand dollars’ worth of medical literature” [2].

For decades, reports on MLA and its meetings declared that the “principal work of the Association” was the “carrying on of the Exchange,” which was considered the “binding influence holding the Association together” and more: “the heart and life of this organization. When that goes the Association is dead” [3–5]. As stalwart member James Ballard explained in 1928: “The primary membership of the Association is one of Libraries as organizations.... The Exchange is under the sole management of the Executive Committee which is composed of three delegates of member libraries” [3].

Yet despite a refrain of altruism throughout the twentieth century, the apparently inseparable nature of the association and its Exchange meant that it sometimes seemed to be an exclusive club as MLA strove to identify the kinds of libraries suitable to participate. MLA founders therefore designed a restrictive institutional membership policy: Only libraries open to the medical profession and holding a large number of volumes could join the society and use its Exchange [1]. Understanding this early incarnation of MLA makes it easier to see how institutional membership policies were invoked over the next half century in ad hoc ways to address constantly emerging concerns in medicine. Indeed, as the following discussion shows, to the 1950s, MLA identified library membership exclusions to uphold what one executive committee chair declared was a fundamentally scientific goal.

THE CONCEPT OF SCIENTIFIC EXCHANGE

The exchange of materials among scientific societies has a long history, for it is axiomatic that scientists share information and communicate their discoveries to advance scientific knowledge. But in nineteenth-century North America, exchange activity became organized and centralized through federal institutions. Although the Library of Congress began an exchange of publications in the 1830s, Nancy E. Gwinn argued that a later partnership between it and the Smithsonian Institution paved the way for a global system: In the 1870s, the Smithsonian’s exchange merged scientific material with government documents, creating a model of centralized operation that would be adopted in European countries. In 1889, a treaty then established “an official, government-supported, worldwide system of international publication exchange” that by the mid-twentieth century would be signed by more than twenty countries [6].

However, while these centralized exchanges disseminated scientific publications, they did not include medical publications. Only the Army Medical Museum seems to have played a role in exchanges of specimens with the Smithsonian, but it was not until the twentieth century that this museum (for pathology) took over the Bureau for International Exchange of Museum Specimens, which had been run by a

society, the International Association of Medical Museums (begun after MLA) [7, 8]. Also, medicine was oriented toward clinical practice; nevertheless, because medicine aspired to be based on scientific research, proprietors of its journals adopted the scientific habit of exchanging their latest issues of journals among themselves to be cited, indexed, and excerpted [9–11]. These exchanges were laborious and usually failed to make medical journals accessible beyond the editorial offices. Libraries would augment collections of current literature in this way, acquire duplicates from other donations (including bequests), and sometimes actively solicit duplicates from other medical libraries—all for free [1].

Clearly, these two methods of exchange in medicine were uneven compared with the central support afforded by federal institutions to science and scientists. In the 1890s, ophthalmologist and journal editor George M. Gould therefore decided to set up an exchange for medical literature. He used the *Journal of the American Medical Association (JAMA)* to publish lists of material wanted and material available, and achieving unexpected success, this effort redistributed 6,000 items [12]. Knowing that an organization would sustain it, Gould hoped that the surgeon general’s office might become a clearinghouse for medical literature, just as the Smithsonian Institution served the scientific community. For expediency, he instead formed an independent association of medical libraries to operate an exchange among themselves, later to be called MLA. In December 1899, MLA began its own Exchange [1].

DEFINING INSTITUTIONAL MEMBERS FOR THE MEDICAL LIBRARY ASSOCIATION EXCHANGE

Today MLA has more than 4,000 members, most of which are individuals, and defines itself as an “educational organization ... in the health sciences information field committed to educating health information professionals ... and working to ensure that the best health information is available to all.” However, this description has evolved only since a revolutionary meeting in 1946. MLA swiftly reoriented itself in the post–World War II era for the benefit of its individual librarian members, to accommodate the advent of massive federal spending in science, the decline in authority in the medical profession, and the societal emphasis on health. Only in 1946 was the MLA constitution amended to place the physician-leader in the subordinate role of honorary vice-president, with the president and all other offices filled by working librarians. Until then, MLA was steered as a medical specialty society, by academic medical leaders like Gould, to support physician-managed libraries and maintain an exchange of medical literature [1]. For these physicians, the concept of individual members meant mainly other physicians. It was not until 1929 that MLA created a Professional Membership category for “library workers” [4]: Its physician-leaders were not interested in

the professionalization of these workers or the availability of health information for all. In fact, as an association formed to benefit institutions rather than individuals, MLA limited membership to libraries with a minimum number of volumes to ensure that members could contribute to the Exchange, and it is perhaps only this quantitative requirement that remains similar to this day. The number of volumes changed over time; however, in the 1970s, insufficient number of volumes and current subscriptions were reasons for most rejections of Institutional Membership applications (mainly for hospital libraries) [13].

By its mid-century meeting, MLA had tracked routine activities of its Exchange in annual reports, including lists of recipient and donor libraries around North America. These reports, along with verbatim meeting minutes, were published in the society's journal (for example, [5, 14]). Current distribution figures would appear staggering beside those for the early period, with 150,000 duplicate journal issues offered annually to institutional members.

Yet numbers do not capture MLA's whole experience with an exchange. More revealing are the association's constant adjustments to its definition of library membership to maintain an exchange of scientific materials. Indeed, decisions about kinds of institutional membership were inextricably entwined with the association's Exchange and controlled access to it. Because decisions to exclude groups were not quantitatively derived, they were often inconsistently applied and sometimes controversial. In fact, such exclusions were not formalized in the society's constitution at all. Rather, MLA's Executive Committee discussed admission upon the arrival of each application to membership, and the committee's unanimous approval to elect a new member then had to be ratified at the association's annual meeting. Overt reasons to exclude were based on the nature of the applicant's collections; in other words, mainstream medical libraries would not benefit from exchange with them nor would their materials be useful to the mainstream medical profession. However, as will be shown, arguments also reflected the prevailing views of the medical profession of the time: that the profession had to maintain control of its knowledge and access to it and that it had to become a cohesive, homogeneous entity. Thus, as the association's earliest decision in 1901 declared, no librarian of a public library could be admitted "unless the department of the library was the property of a medical school or medical society and controlled by it" [15]. Similarly, after allowing dental libraries to join in 1924, over the next two decades, the rising number of these members was viewed as problematic "since they are inclined to want a sort of sectional organization in the Association and the Executive Committee is anxious to keep us all as united as possible" [16]. While president in 1938, Ballard noted that the "startling increase" in all the "allied libraries" after their admission in 1929 had made MLA "top-heavy" and adversely affected the Exchange [4].

There are many interesting aspects to these exclusions. Members of the executive committee wrote polite letters to preeminent medical men to welcome them as individual members, but to inform them that "private libraries cannot be considered for library membership" [17]. The complex debate about public libraries spilled into medical and library journals, and association records trace the concern over allied science libraries in MLA. The significant debate among executive members over the exclusion of African American medical schools especially demands its own extensive and thoughtful analysis to understand how it fused a purportedly scientific rationale with social "custom" [18]. With no clear policy to prevent excluded libraries from applying during a membership drive in 1935, for example, the executive committee chair flatly told the membership committee chair: "do not solicit libraries of colored medical schools and of commercial companies" [19]. For this present discussion, however, exclusions of two kinds of libraries—commercial and sectarian—will be used to illustrate how the apparent lack of scientific orientation of their parent institution was used as justification for exclusion.

EXCLUDING COMMERCIAL LIBRARIES

MLA automatically excluded libraries of commercial companies on the assumptions that their interests were profit motivated and that they could afford to purchase medical literature. There was also deep concern about accidentally opening the door to less-than-reputable pharmaceutical companies. MLA thus promoted the views of its medical leaders: "From its founding," observed sociologist Paul Starr, "the AMA was at odds with the patent medicine business" [20]. Between 1905 and 1910, the American Medical Association (AMA) distributed over 150,000 copies of an exposé on proprietary drugs, closed its journal to their advertisement, and engaged in other activities supporting the Pure Food and Drug Act that passed in 1906. So effective was the AMA's campaign that by 1919, Starr noted, more than 19,000 of 20,000 periodicals surveyed refused to run drug ads for doctors.

Against this background of animosity, it is not surprising that when Abbott Laboratories of Chicago applied for MLA membership in 1922, Ballard immediately reacted: "Is not this a commercial establishment? How large is its Library and what is its purpose?" [21]. Also, former MLA President Dr. Fielding Garrison wrote to MLA Secretary (later President) Dr. John Ruhräh, "It is not clear why this firm should wish to join unless to push some commercial ends. I think it would be very undesirable in any case to make a loophole for firms of this kind for reasons that will appear to you" [22].

The issue flared up in 1936, after the 1935 membership drive mentioned above, when Irene M. Strieby of the Lilly Research Laboratories in Indianapolis inquired about the status of research libraries. After receiving contradictory communications from

MLA (which she enclosed), she found no clause in its constitution that would exclude her library from membership. She helpfully described her large library, run by a library school graduate with a staff of three, that emphasized medical works for research staff and was open to students and members of the medical and allied professions. She also explained that MLA was more appropriate for membership than the comparatively moribund Biological Sciences Group of the Special Libraries Association [23]. In his reply, MLA President Dr. W. W. Francis side-stepped the situation by deferring to the MLA Executive Committee. He returned Strieby's MLA letters, but his summary notes of their contents outline the confusion over this membership application: that in 1931, MLA asked Lilly to join as library members with full Exchange privileges, but three years later, the executive committee chair, Marjorie Darrach, refused Lilly membership. Francis quoted from Darrach's letter to Strieby in November 1934:

It has been the policy of the Medical Library Association not to admit as library members, commercial libraries even though they be scientific. The reason for this is that one of the most important functions of the Association is to operate the exchange and it has not been considered fair to allow commercial companies to benefit from the Exchange while a small library with almost no funds would, therefore, not receive as much benefit. [24]

Here the term "scientific," though never defined, was employed as both a membership goal for MLA and a compliment to the excluded library.

Francis wrote separately to Darrach indicating that he saw no objection to Lilly [25]. She retorted that instructions had already been sent to "the poor, hard worked membership committee" not to solicit these libraries. Furthermore,

The Abbott Laboratories Library has applied for membership twice since I've known anything about the Association's inner workings, and it was refused on the same grounds. There is no doubt that both of these libraries, together with possibly a dozen others, are excellent libraries with capable librarians. What about libraries of some of the large companies which put out many of the quack cures? I don't see how a library association could admit one without the other since we would have no right to pass on their ethics. ... I am frightfully sorry about the Lilly business, but perhaps we can get it straightened out to the satisfaction of everyone. [26]

Moreover, she told Francis in a follow up letter, her opinion was supported by others, including Secretary Janet Doe and former President Dr. Archibald Malloch, who maintained that "our association should be kept purely scientific without the influence of commercial libraries." More than this, she implied, MLA had to remain distinct from other groups that might include these libraries, such as the Special Libraries Association or the American Library Association: "if we don't make more effort to keep the support and interest of the physicians themselves, we might better give up the ghost and affiliate with the

new biological section of special libraries [sic, SLA]" [27].

That support involved upholding the medical view that drug companies were all suspect. As Francis put it more diplomatically to Strieby, "With regard to the eligibility of libraries such as yours, I wish we could hit upon some way of separating the sheep from the goats, that is, the 'research' libraries of the great drug houses from the more definitely commercial ones" [28]. The recent creation of a new section of the Special Libraries Association highlighted even more clearly for MLA members the extent to which the MLA was a medical society, not a library society, in this regard. As Mildred V. Naylor explained to Francis,

The B.S. group, at any rate, takes in many libraries other than those interested in medicine, or in the M.L.A., particularly the industrial group of biological laboratory libraries, libraries of drug houses etc. which are not accepted in the M.L.A. and fit in with no other group in the S.L.A. [29]

The executive committee twice discussed the issue of Lilly's membership at its next meetings in June 1936, noting that the Exchange was for the benefit of "free libraries, not those with commercial interests"; however, on second thought, members determined that such libraries "do give a good deal to the medical profession." It was therefore decided that the committee would waive its previous policy and send a new application to Lilly Research Laboratories [30]. (Lilly would later contribute a gift for two scholarships for students attending the Columbia University library school [31].) Abbott Laboratories also became members, and both libraries were active in the Exchange within a year [32]. A dozen years later, the minutes of the Pharmaceutical Group of MLA showed that nine of fifteen representatives present at its meeting were from pharmaceutical companies or industry (e.g., Sun Oil) [33].

EXCLUDING SECTARIAN LIBRARIES

MLA implicitly excluded medical libraries of sectarian medical groups from the outset, but decisions to admit them varied with changing medical views of individual medical sects. When he ran his own exchange through *JAMA* in 1896, MLA founder Gould stipulated it was open only to members of the "regular profession" [34]. He carried over this requirement to MLA, excluding sectarian medical libraries, along with personal libraries, soon after the constitution was accepted by society members in October 1899. In a letter just three weeks later, Gould assigned the task of handling applications and developing rules for membership to executive committee member Charles Perry Fisher of the College of Physicians of Philadelphia:

we should be assured that the applying library has a definite location, is open at stated periods, that the books are in [the] charge of a librarian, and that members of the regular

profession may consult books at the stated time when the library is open....Wont [sic] you form such simple rules, correspond with applicants, accept applications. Keep a list of Members, another of the Membership Libraries, authorized to receive the services of the Exchange, and furnish me with such a list for reference? [35]

Consequently, in 1900, the association addressed the issue at its meeting: "The question was then raised of the admittance of Libraries of irregular medicine, and it was voted that no Library having a sectarian name or title, or owned by a sectarian school or society, be admitted to membership in this Association" [36].

Fisher evidently agreed with the MLA policy [37]. Yet interestingly, this decision was published in the then-official organ of the society, *Medical Libraries*, only a few months after a historical description of the library of the Hahnemann Medical College (the premier homoeopathic school in the United States, in Philadelphia) [38].

The idea of the "regular" medical profession was retained through the 1930s: A draft membership application form pointedly asked, "Is the regular medical profession admitted free, with or without a card of introduction?" [39]. Despite this blanket policy, however, again it was not formalized in the association's constitution. Both individual applications and individual sects were handled on a case-by-case basis; in general, MLA yet again observed the policies of the AMA. After decades of battling against sectarian practitioners such as the homoeopaths, by barring them from membership and censuring mainstream practitioners who consulted with them and failing to enforce its code, the AMA acquiesced in the early twentieth century. Its revised code of ethics in 1903 noted that it was inconsistent with scientific principles to subscribe to a sectarian or exclusive form of medical practice but did not address sectarian practitioners specifically. Consequently, homoeopaths and related healers were eventually absorbed into mainstream medicine [40].

Homoeopathic institutions were then admitted to MLA in 1918, represented by the Hahnemann Medical College and Hospital (which resigned in 1920 possibly for such vacillating admission policies as those concerning pharmaceutical libraries) [41]. A long-standing member by 1947, Hahnemann offered to help with the next MLA meeting [42]. The New York Homeopathic Medical College and Flower Hospital joined in 1924 and, its medical orientation no longer stigmatized, benefitted immediately from MLA's Exchange [43].

Most of the difficulty for MLA arose with the status of the later medical sects podiatry and osteopathy. The minutes of the 1931 annual general meeting mentioned an application from the "First Institute of Podiatry" that "seemed sincere" but was tabled until the aims of the organization were established [44]. When another podiatrist enquired in 1948 about membership [45], an executive committee member commented, "I would presume that podiatrists could

become members of the M.L.A., both institutional and professional. (Let's restrict the osteopaths, however.)" [46]. President Doe therefore replied that podiatrists and their libraries were eligible to join the society as professional, library, and supporting members [47].

In this decade, osteopathy drew more attention owing to actions taken by the AMA. Just as they had refused to recognize homoeopaths earlier, mainstream medical practitioners viewed osteopaths as "cultists," a term used by its journal editor when the possibility of accepting doctors of osteopathy (DOs) arose in 1944. National debate involving the AMA over the next decade centered on whether or not osteopathy represented "cultist healing" or whether it reflected the scientific approach of mainstream medicine [48].

Amidst this controversy, the MLA Executive Committee voted in 1945 not to accept the Chicago College of Osteopathy for membership based on the AMA's policy toward such schools [49]. A few months later, Membership Committee Chair Louise Williams therefore conveyed this ruling to the Kirksville College of Osteopathy and Surgery—the founding and still leading osteopathic college—but commented, "I am exceedingly sorry about this and hope that in the not far distant future it will be found possible to consider such applications on the basis on [sic] the rapid advancements made in this specialty and its contributions to health and well-being" [50].

The MLA president, Mary Louise Marshall, was unhappy about this personal aside and queried it in the margin, noting she had suggested to Williams that the osteopathic librarian be admitted to Professional Membership. Later, she explained to Williams that "We can accept the professional membership, but the Library itself cannot be accepted for membership. It was decided some years ago that M.L.A. would follow the lead of the A.[M]A. [letter rubbed out—probably an 'L'—in carbon copy] in this respect" [51]. MLA increasingly sought to address these difficult applications, then, by distinguishing between individuals and their employers. In the spirit of professionalism, librarians could join the association, but their libraries, with their specialized, nonconformist collections, could not join or participate in the Exchange of medical literature with mainstream medical libraries. (This was also a rule applied to "colored" medical libraries [18].)

In 1949, the issue of osteopathic membership triggered a flurry of letters among MLA Executive Committee members and a medical member of MLA, Dr. Jeannette Dean-Throckmorton of the Illinois State Medical Library. When Dean-Throckmorton received lists of library duplicates and wants from the College of Osteopathic Physicians and Surgeons of Los Angeles, she immediately jumped on an AMA soapbox to complain: "If we admit the cult of Osteopathy," she fumed, "then we shall have to admit the Chiropractors (just like osteopathy only better) and the Naturopaths, the Mental Healers and any other Cult." She ridiculed the sect's founder and found it offensive that the librarian of the Still College

of Osteopathy in Des Moines had criticized the inferior knowledge of medical doctors (MDs): “I felt like saying, (but held my tongue), that if osteopathy was so superior to any other type of medicine, why didn't the osteopaths write their own books for their students? Why did they use books and journals written by M.D.s?” She asked whether the Los Angeles college were a member of MLA, in which case she would “give [the list] courteous treatment but under silent protest” [52].

Naylor, the Exchange manager, and Dr. Sanford Larkey, president, struggled with this Exchange matter. Naylor believed that MLA should delete osteopathic literature from its Exchange lists and warn its members not to give osteopathic colleges anything that should go to them. Larkey agreed and questioned whether the osteopathic college belonged to MLA. “No,” Naylor replied, “that library is not one of our members, we have no osteopathic, or chiropractic members yet” [53]. Larkey wrote to Dean Throckmorton, agreeing “wholeheartedly” with her that MLA should not admit them to membership [54].

A decade later, after the AMA had extensively studied osteopathy, prepared reports, repudiated reports, and declared its practitioners still “cultists” [48], the MLA Executive Committee decided to take its policy to exclude “both osteopathic libraries and librarians from membership” to the whole association again to “determine if the membership interprets ‘allied sciences’ in its bylaws as including osteopathy” [55]. Before doing so, a new osteopathic member was added under the allied sciences category, prompting the chair of the membership committee to ask at the annual meeting in June 1959 whether “Osteopathy is an allied scientific field?” In communications with her beforehand, the MLA president acknowledged a view that “the AMA might be accepting osteopathic schools & we should be careful” [56]. She was correct; in a couple of months, as Norman Gevitz has discussed, the AMA recommended a policy change to allow its members “to associate professionally with physicians other than doctors of medicine, who are licensed to practice the healing art without restriction and who base their practice on the same scientific principles as those adhered to by members of the A.M.A.” [48]. Members of MLA overwhelmingly voted to interpret “allied scientific fields” in its bylaws to include osteopathic libraries [57].

EXCLUDING INSTITUTIONAL MEMBERS THROUGH SCIENTIFIC JUSTIFICATION

As this exploration has shown, discussions about institutional membership in MLA in the first half of the twentieth century reflect the medical profession's aim to be scientific, a goal that provided an unassailable justification to exclude certain libraries. Public libraries, though not examined here, were the first to fall outside membership rules, because they were too general to collaborate and potentially would dominate the Exchange by their greater number. Allied sciences libraries were too specialized, but

when eventually admitted, it was hoped that they would be absorbed and subjugated to the medical cause rather than create separate sections in MLA. Pharmaceutical (commercial) libraries were excluded because they were often small, specialized, inaccessible, and closed to medical management, inspection, and use, but even when “scientific” in their collections, they were excluded in the 1930s to keep MLA “purely” scientific without their financial influence. Their particular exclusion also served to separate MLA from related societies such as the Special Libraries Association and the American Library Association [1]. The medical libraries serving sectarian organizations were excluded because mainstream medical practitioners viewed divergent medical practices with suspicion. Deemed “irregular,” their publications would not advance medical knowledge or be useful to mainstream libraries in the Exchange. Perhaps owing to its institutional strength, however, the library of the Hahnemann school was admitted without fanfare and early enough to be a long-contributing member. In mid-century, MLA then wondered if osteopathy could be “an allied scientific field.”

As *Guardians of Medical Knowledge* has shown, through its physician-leaders, MLA was closely tied to the academically and research-oriented Association of American Physicians. Conceived as a specialty medical society itself, MLA therefore similarly strove to maintain a scientific goal for its Exchange materials [1]. Nevertheless, it was the policies of the politically motivated AMA that dictated these specific exclusions. Although the AMA never represented all American medical practitioners and could never enforce its policy of refusing to consult with other practitioners, it wielded an immensely powerful influence in the United States. MLA was linked to the AMA for decades as its leaders ensured that the annual meetings of the two associations coincided to accommodate doctors' schedules and attract more physicians to MLA (in fact, librarians were not necessarily sent to these meetings by their physician-employers) [1]. In 1903, the AMA code of ethics declared it inconsistent with scientific principles to subscribe to a sectarian form of medical practice. Around the same time, it actively campaigned against proprietary drugs, due to concerns over lack of information about their scientific basis and development. In 1959, the AMA reiterated its emphasis on a scientific profession but allowed members to associate with physicians who based their practice on the same scientific principles as those adhered to by AMA members. As the AMA strove to ensure that medicine was founded on scientific principles and its education was therefore grounded in biomedical courses (basic sciences, anatomy, and physiology, etc.), it cast practitioners such as osteopaths as “cultists.”

Because MLA represented many medical school and medical society libraries, its members therefore likely felt obliged to defer to AMA policy for its own survival—and that of its Exchange. Any literature of so-called “cultists” would be unwelcome for ex-

change with mainstream medical libraries. More importantly, in keeping with the AMA's bid to keep them out of the medical arena, it would be undesirable for "cultists" to strengthen themselves by receiving mainstream medical literature free from MLA's Exchange. In general, too, full-time librarians (then, as now) were agents who implemented the policies of their employers, the medical profession [1]. Unlike scientists exchanging materials at the Smithsonian, Army Medical Museum, and similar institutions, librarians were neither the primary users of the knowledge contained in their collections nor participants in its creation. Moreover, unlike other exchanges, the private MLA Exchange was not governed by federal agreements, legislation, or treaties. Rather, as a volunteer group, MLA was susceptible to fluctuations in policy implementation as its committees changed participants. Hence, when their librarians pressed the case or when MLA was not paying attention, excluded libraries usually gained admission (e.g., Lilly). Exclusions were never part of official policy, codified in the society's constitution. Instead, the MLA Executive Committee deliberated on all matters of membership application. Distinct from the president, vice-president, and secretary, all of whom had to defer to this committee, this process of deliberation may have begun early in MLA's history, when Gould (physician) tasked Fisher (librarian) to form rules for MLA membership, keep a list of "the Membership Libraries authorized to receive the services of the Exchange," and then furnish him (the founding president) with the list.

As discussions of membership qualifications continued in the 1950s, they echoed contemporaneous efforts to define medicine as scientific. Questions were raised in MLA, such as: Does medical practice include homeopathy, osteopathy, or others that function with an ideology separate from the scientific one? Does it embrace allied health (science), either physicians' helpers, or those practicing on only part of the body? Does it include practices that have no research component, or does it embrace applied research as represented by drug companies? Sectarian and pharmaceutical libraries contained elements of both medicine and science, and the term "scientific principles" was understood but ill defined. Excluding these libraries from MLA thus suggests that the scientific justification was more rhetorical than real: Behind the actions of exclusion lay the notion of separateness. That is, partly because the medical profession viewed its sphere as separate from society—with separate schools, institutions, associations, publishers, and allied occupations—it could not tolerate factions within itself [58]. In other words, medicine aimed to be separate from other groups, but homogeneously so, as a united group of similar individuals. One need only glance at the many pronouncements of William Osler, the renowned physician who was a founder and driving force of MLA and its second president [1], to see the importance attached to "unity" in the medical profession [59, 60]. In this way, this study suggests

that the medical profession enforced its policies of exclusion for divergent views, even in the proclaimed altruistic sharing of medical literature.

By the 1940s, medical control of MLA was loosening, and by the 1950s, it was gone. An expansion of medical practice and knowledge meant that among the institutions distributing material through the MLA Exchange in 1941–1942 were the following, no longer ostracized, libraries: Abbott Laboratories Library, E. R. Squibb and Sons, Hahnemann Medical College, and Lilly Research Laboratories [61]. Furthermore, although MLA had no sections and denied entry to divergent groups for decades, in this era, sections were established for librarians in allied health sciences fields (e.g., chiropractic, consumer and patient, hospital, nursing and allied health, pharmacy and drug information, veterinary), and special interest groups today represent African American librarians, complementary and alternative medicine, mental health, osteopathic libraries, and vision science. Despite rapid adjustments of the librarian members to a new world order, inside and outside their association, the Exchange was still hailed in November 1945 as "the most altruistic institution in an otherwise selfish and atomic world... a medium through which members may give and receive... the base on which the Medical Library Association was built" [62]. The subsequent rise in biomedical funding and research in the post-World War II era, combined with many other global events, helped to turn this North American association and its Exchange into an international endeavor.

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