

Boston Medical Library and Center for the History of Medicine  
Oral History Interview between Grant Rodkey and Joan Ilacqua,  
taken December 12, 2014

PART 1:

JOAN ILACQUA: [00:00] Hello! This is Joan Ilacqua. Today is December 12<sup>th</sup>, 2014. And I'm here in the Countway Library of Medicine with Dr. Grant Rodkey. We are performing an oral history interview for the Boston Medical Library. Dr. Rodkey, do I have your permission to record this interview?

GRANT RODKEY: You do indeed.

ILACQUA: Excellent! Thank you for being here today.

RODKEY: Thank you.

ILACQUA: So my first question for you is very open-ended. And if you could just begin by telling me about yourself, where you grew up and how you came to Boston.

RODKEY: Well, I was born on the Plains, in eastern Colorado, at a time when the population of the state was four per square mile and most of them lived in Denver. I lived out on the open prairie, 90 miles southeast of Denver, 20 miles from the nearest town, and 5 miles from the nearest neighbor. We lived on a large cattle ranch, with about 5,000 cattle, cowboys, horses. When I was 3, my father

gave me a saddle horse, also age 3. And for 15 years, he had far more horse sense than I had. From there, I had to wait until I was 7 to go to school, because there was a requirement that the district had to have at least three students within the boundary of that district, which might have been 50 square miles. But at the time I reached 6, there was only one other student, Alan Houston. So I had to wait for my next brother to become 6. So Lee started out in the first grade. Alan Houston was in the sixth. I started in the third and took third and fourth the first year. So we were on our way. From there... We lived in Colorado during the Depression and the Dust Bowl, and eventually realized we had to move. And we went to the Pacific Northwest, northern Idaho. We moved in 1934, when I -- when I graduated from high school. I had one year at the University of Idaho, in the school of education. Thereafter, I had to stay out of school for a year, because my father had a serious injury. And I supported the family for a year. I did many things, including working as an orderly in the Fort George Wright Hospital, in Spokane, Washington. And at that time, we had many CCC [Civilian Conservation Corps] workers working in the forests out there. Many got injured. And some of the physicians taking care of those CCC enrollees came from New England,

and one from Harvard Medical School. He said to me, "Grant, you may want to become a doctor. If you do, don't forget the Eastern medical schools. They cost more but they have better scholarships." As it happened, I then transferred to Wentworth College, in Spokane, at that time a very small school. But I had -- really had tutorial experience in my premedical training, with a man who was a PhD from the University of Michigan, in biology, and eventually took the medical aptitude test and was admitted to Harvard Medical School. Fifty years later, one of my classmates told me that the dean had told him, "So we get a letter from a kid in the West, who went to a school we never heard of, and he comes up with the highest score in the -- in the country in the medical aptitude test." So that's, I think, how I got to Boston. At any rate, I graduated in the Class of 1943-A, being, at the time, conscripted into the Army, because of World War II. We had to shorten the curriculum. And I spent 27 months at the Mass. General before I went into the active service. I was sent to China for three years, and had a very interesting experience, and came back, finished my residency, [05:00] and went to practice with one of the chief movers in the Boston Medical Library, whose name was Dr. Arthur W. Allen, then a retired chief surgeon at the Mass. General Hospital.

But he was retired only from the teaching post. He was doing active clinical practice. In 1953, Dr. Allen was elected president of the Boston Medical Library. At the time, the Boston Medical Library was at 8 The Fenway. It was a very -- tight quarters in terms of space, especially for storage of books, and, in fact, had stored in the basement a pyramid of books of a room about 30 feet square, with the books rising to the ceiling of the room, in the middle. And the library was very short of money. This... Dr. Allen became very active in this. And he arranged with a fundraising company in New York City to undertake a drive for more cash for the library. As a result of that, he called me into the office one afternoon and he said, "Grant, you're going to give \$600 to the Boston Medical Library." I said, "I am?" In those days, the rate of value of the dollar was about probably 20 times what it is today. So it was a significant amount. "So, yes, you are." That caught my interest. And the Boston Medical Library has engaged my interest since.

ILACQUA: Excellent! So you had mentioned -- and skipping out of chronological order for a moment -- but you had mentioned that Dr. Allen was your mentor. You mentioned that there's a room named after him at the Countway Library now. And is there anything else you'd like to say about

the type of relationship you had with Dr. Allen?

RODKEY: Well, yes. I mean, I learned a tremendous amount from Dr. Allen, not only in terms of surgical care, which was the best in the world at the time, but also in terms of attitude and relationships with other people. But that's be-- really beyond the scope of this. But with respect to the library, Dr. Allen undertook, as I said, a fundraising activity. Which, I believe, the total amount was rather small, according to today's standards, maybe about \$300,000 or something like that. But it resulted in the opportunity to build a storage space for the books that were in the basement and to rejuvenate the activities of the Boston Medical Library. All of those activities have always been on a very high scholarship level. And it's not probably to go into today. But anyway, Dr. Allen was supporting of that leadership role in medical scholarship, as well as in clinical excellence. And he saw a relationship between the two which was inseparable. So at that time, he stepped out on his own and went to New York City to interview a pharmacologist who had set up a company. This was a man named Dr. Dennistoun Bell, who had created a -- and pharmacological antipeptic drug, which he called Bell-ans. It's commercially available. And he made a lot of money. And Dr. Allen [10:00] persuaded him to put the Boston

Medical Library in his estate -- which he did. Eventually, the BML got, I think, about \$6 million from that estate. And it is, to this day, the greatest contribution to the -- to the BML, in its history. So we're very indebted Mr. -- or Dr. Dennistoun Bell for that contribution. It enabled many things, some reconstruction of the Boston Medical Library at 12 The Fenway [sic]. But then it paved the way for the -- for the union with the Harvard Medical School library, which became the Countway.

ILACQUA: Now, could we shift to talking about that union with the Harvard Medical School?

RODKEY: Yes.

ILACQUA: As I understand it, the first talks were in about 1960, that this topic came up of creating a joint library. And then the...

RODKEY: I think that's really not correct.

ILACQUA: Really?

RODKEY: Yeah. There'd been -- there'd been a relationship between the Boston Medical Library and Harvard Medical School going back many years, really basically to the foundations of the Boston Medical Library, not in any formalized way. There's another very important intervening point that I'd like to bring up, that the Boston Medical Library was also -- from 1948, also supported by the

Massachusetts Medical Society, after Walter Phippen, a surgeon from Salem, also a Harvard Medical School graduate in 1906, got the Medical Soc-- when he was president of the Mass. Medical Society, got the Society to agree to a \$5 annual contribution from each member of the Massachusetts Medical Society to the Boston Medical Library. Later on, I was able to get that lifted to \$10 per year. So there was always that kind of a relationship, of -- there was a Harvard, Boston Medical Library interchange going on at many levels, but not really with a formal drive to merge them administratively. But that was a natural outcome of all the previous relationships.

ILACQUA: Hm. And so later, when we did at least merge the two organizations in the one building, at the Countway...

RODKEY: Well, there's a little -- a little segue, that ought to be mentioned.

ILACQUA: OK.

RODKEY: The dean, at the -- at the time these discussions went on, was George --

ILACQUA: Packer Berry.

RODKEY: -- Packer Berry -- George Packer Berry. And Dr. Allen's successor as president of the Boston Medical Library was a cardiologist from Mass. General Hospital named Howard Sprague. And I want to add something that I

think is not recorded, possibly. Dr. Paul Russell, at the Mass. General Hospital, who was chief of surgery, was also very influential with Dr. -- with Dean Berry in helping to facilitate this. So Dr. Paul Russell had a role in it, as well. So after negotiations over a significant time, the merger was agreed upon. And a memorandum of agreement was signed between the Boston Medical Library trustees and the trustees of Harvard University to create the Countway Library. Now the dowry from the two sides was not equal. Of course, the Medical School was much the larger institution, with much more money. The Boston Medical Library was much the larger institution in terms of its intellectual [15:00] load or capacity, in terms of library resources. The Countway Library was made up of -- 75% of its holdings from the Boston Medical Library, only 25 from the Medical School. In fact, when I went to medical school, the entire Harvard Medical library was housed on the second floor of Building A [Gordon Hall], just across the street here. When I visited the Peking Union Medical College, in Beijing, in 1947, I found that library to be much, much, much larger than the Harvard Medical School library when I was a student -- which is very interesting. It's important to emphasize that the major literature holdings, including rare books, came from the Boston



Medical Library side to this agreement, which has been extremely useful and productive for all of the medical -- all of the medical interests of the world, I would say.

ILACQUA: Excellent. I'm going to pause for a moment. Excuse me. [16:32]

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PART 2:

ILACQUA: [00:00] OK, we're recording again. So we left off talking about the partnership between the Boston Medical Library and the Harvard Medical School. And we're in about 1964, when that was dedicated, when the library was opened. And so what happened next? (laughs)

RODKEY: Well, the merger of two institutions like that is a difficult thing, in the first place. Physically to move all the -- all the books from the Boston Medical Library, at 8 The Fenway, over here was a tremendous task. Then, of course, the staffs of the libraries had to be merged, housed. They had to get acquainted with each other, develop working relationships -- which worked out well. At the time, there was a librarian for the Boston Medical Library who was the associate librarian or assistant librarian for the entire Countway. And that was continued

for quite a number of years. It has been discontinued, I think perhaps unwisely -- or sadly. Because I think the Boston Medical Library issues need to be emphasized in the total operation of the Countway, and particularly the respect to the relations to the broader general public, the health of the general public. The Boston Medical Library brought with it the interests of the public, in a way that Harvard had not had to confront before. And those issues are still there, unresolved. They were touched through the relationships of the Boston Medical Library with the Boston Public Library and with other medical schools, at the time Boston University and Tufts and eventually UMass Medical School but, beyond that, through the Medical Society itself, with the practicing physicians throughout the Commonwealth of Massachusetts. Now, that is an area which is not on the top of the consciousness of the medical schools. They're preparing doctors. But their service does not really end there. They have an obligation to see the performance through to the care of the general public. And I think that is a burden which the trustees and officers of medical schools have not fully embraced. And I hope to live long enough -- at 93, the chances may be slim-- 97, the chances may be slim but (laughs) I hope to live long enough to be sure that the medical schools

consciously and effectively address the issue of the relationship of their work to the care of the general public.

ILACQUA: I have something to bring up after the interview, to let you know about, in regards to that. So don't let me forget. But... So the two libraries came together. The BML had a m-- broader focus on the public and that, sort of, service to its public that it, I think, needed to teach Harvard.

RODKEY: It's a common public. It's our -- all of our public. It's a common public. Yes, that's true.

ILACQUA: And so if I could ask you a follow-up about the relationship with the Boston Public Library.

RODKEY: Right.

ILACQUA: I hadn't realized that the Boston Medical Library and the Boston Public Library had a connection.

RODKEY: We do.

ILACQUA: And so the...

RODKEY: And some of the volumes were exchanged between the two institutions.

ILACQUA: OK. And there's also a national connection to the National Medical Library.

RODKEY: Correct.

ILACQUA: And so if you could [05:00] speak for a moment about

that broader connection.

RODKEY: Well, the broader connection with the National Library of Medicine really began, I think, after the appointment of Dr. Donald Lindberg as the National Librarian.

Dr. Lindberg was a pathologist, chief of the department at Missouri University. But he was basically a very early computer expert. And he brought -- when he was appointed as National Librarian, he brought with him a team of geniuses in the same field, younger people. And he really computerized librarianship, for the world, in the National Library of Medicine -- which was eventually called PubMed. But, of course, along with that development was the relationship of support with the various area libraries throughout the United States, of which the Countway was the representative for New England. And we've benefited by a constant interchange of information, of schooling, education, of exchange of materials which were helpful. And it eventually, I think, has upgraded the entire Harvard University library system. Because Harvard University's system has become more unified, in that interval, and also more active, I might say, in terms of information service. And it's a tremendous -- it's a tremendous accomplishment. It's -- I would say it's something that's incomplete. It's ongoing. I had the good fortune for being appointed as a

member of the Board of Regents of the National Library, during the period 1984 and 1988. And so I was privileged, really, to know those people and to see the workings on a national level. I th-- I think that the world has benefited immensely from that explosion of educational resources.

ILACQUA: I agree. Now, you had -- so we're nineteen -- in the mid-1980s right now, with the National Medical Library. But your first post, so to say, for the Boston Medical Library, was secretary, in 1970. Do you recall how that came around?

RODKEY: Well, actually, I had -- from the time that Dr. Allen grabbed me by the scruff of the neck, I had maintained a very active role in the Medical Society, mainly in terms of fundraising, in various different capacities. And I n-- I never had an official capacity until my term as treasurer - - secretary, I guess. Was it secretary or treasurer?

ILACQUA: The --

RODKEY: Treasurer, I guess.

ILACQUA: -- first one I have is secretary, in 1970. But then I have treasurer in 1983.

RODKEY: Well, it's --

ILACQUA: There's been...

RODKEY: -- a fog. Because I was always involved with the

Boston Medical Library, since Dr. Allen's introduction.

(laughter) It -- I'm still involved, really. Because I'm in touch with all your business. Dr. Jayasankar very kindly lets me know what's going on. And I'm fairly free with my advice. (laughs)

ILACQUA: Which is always a wonderful treat to have. So I have actually a question about the earlier days, your earlier involvement. You had mentioned that you were a fundraiser. What was so important about the Boston Medical Library that you were ready to do that?

RODKEY: Well, I real-- I realized the importance of the vision, [10:00] which Dr. Allen actually had -- was caught and transmitted to me. Yes. I mean, obviously it was very important. I had not been in practice a year until I realized that, if I did nothing but sit down and study new developments 24 hours a day, I would still be falling behind. You can't do that and earn a living. But nevertheless... As you remember, I started out in the school of education. I served in the U.S. Army. To my great surprise, I found that the United States Army is a tremendous educational institution. On the face of it, you wouldn't consider that. But they have to take individuals from every level of society, mold them into units that function together, that function reliably and safely every

time. So they developed a very significant education methodology, which I've never heard described by educational institutions, that is, to break it down into modules -- the information -- and then drill and drill and drill and drill, until people can't forget. Well, so educational methodology and content have been part of my life, from the day when I started in the third grade. I've been involved in the education of younger people from the day I became a second-year intern -- or second-year resident until today. (laughs) I just today met a young man who's back to Boston after doing a fellowship at another institution, still looking for help. We all need help. But I've had (laughs) the role thrust on me for a long time, I'd say. But the Medical Society and the medical schools and the libraries have that imperative constantly, always accelerating.

ILACQUA: Excellent! So you've had unofficial involvement, official involvement in the Boston Medical Library. And so we have 1983, treasurer. Could you talk about how that post came about?

RODKEY: Oh, I don't remember. (laughter) They dragged me by the scruff of the neck, probably. Because I was very busy. That was a time of my life... I told you I realized... Well, I didn't mention that I also had the concept that, if

physicians didn't try to educate the public about the importance of the services that they are receiving and to - - and in other aspects that they -- so they understood the costs and the technical aspects, that the time would very soon arrive where public attitudes would prohibit s-- physicians from providing care up to the standards that they knew. And for that reason, I began working what's called medical politics. I went into the Boston --to Suffolk District Medical Society headquarters, which was then in the same building with the library, and I said, "I'm very tired of belonging to an organization that's always making up time, never proactive. They said, "Sit down and be our guest." Well, I was. And I did very many things with the organization of the Massachusetts Medical Society, including, for a while, I was chairman of the board of Blue Shield, in this state. And then I began working in the AMA, American Medical Association. I had various roles there. One of the things that [15:00] amazed me and amazes me to this day, the House of Delegates of the American Medical Association is the ablest parliamentary body in the United States. If the United States Congress had one third of the ability, the knowledge, and the integrity that the doctors who are selected from all over the nation, who come there to represent their patients and



their colleagues in all the states -- if our legislators and, I might say, our presidents had the integrity and the knowledge that that organization has, this would be a different world -- not a different country, a different world. That organization is very effective. (clears his throat) I served as chairman of one of the major councils, the Council on Medical Service, which relates to the cost, the quality, and availability of medical care to the American public. Then after I had finished in the House of Delegates, the trustees of the AMA appointed me as the founding director of the Relative Value Update Committee, which is still functioning. It advises Medicare about elements which go into the cost of medical care. Still functioning. It's -- we have representatives of the federal government -- health agencies -- sitting on the panel with us. So we were free of antitrust restrictions. And therefore, we were able to make a relative-value scale, which real-- which values the services of every medical service, from the least to the greatest, on terms of the ability required, the effort required, the equipment required, the overhead costs, and so on. Now that work was based on pioneering research that had been done at Harvard School of Public Health. So it was not an isolated effort. It is still functioning. We were able, because we were

sitting with the federal government and were free of antitrust risk, to develop a relative-value scale. Years later, the past president of the osteopathy schools came to me. He said, "Grant, you remember the first resolution committee you appointed me to chair." I said, "No. What was it?" He said, "It was the committee to value sperm washing. I put it in my CV." (laughter) So we had from the minuscule to the greatest. This -- medicine is -- cannot be separated -- the service of medicine cannot be separated from the service of the public. We're a primary mover in that division.

ILACQUA: Excellent. So. Were you practicing, at the same time as...?

RODKEY: Oh, yes! Uh! Uh.

ILACQUA: When did you have time to sleep?

RODKEY: Right! (laughter) You got it! Well, I had a wonderful secretary and I had four very helpful associates. As a s-- as a sideline, my secretary started with me in 1955. We had the most wonderful office. And we had an extremely busy office and a bu-- very busy practice. You're right about time. Time was never. So it was -- it was a stretch. I was probably -- I made probably 20 trips to Chicago a year --

ILACQUA: Wow.

RODKEY: -- in those days. Chicago was my favorite hometown,  
second to Boston.

ILACQUA: Well, you spent [20:00] enough time there to know.

RODKEY: I did!

ILACQUA: (laughs)

RODKEY: I liked it. I like the place. (laughs)

ILACQUA: Excellent! So thinking about where we are in time,  
you became the president of the Boston Medical Library in  
1988. And you were also on the Joint Library Committee  
with the Harvard Medical School around the same time. And  
so, on the one hand, I'm curious about the synergy between  
the Harvard Medical School and the Boston Medical Library  
during your presidency. And that's something I'd like to  
know about. But could you just tell me a bit about that  
time, how you became president, what other activities you  
were doing at the same time? Because it sounds like you  
were a very busy person.

RODKEY: All the other activities -- (laughs) all the other  
activities! Yes. Well, as time went along, the  
relationship between the Medical School and the -- and the  
Boston Medical Library had some edges. The goals were not  
exactly congruous between the two partners, in a certain  
sense. And Harvard, of course, being much larger, much  
wealthier -- and perhaps because of the name -- (laughs)

more prestigious, was somewhat impatient and also disappointed, in a certain sense, that the Boston Medical Library didn't bring a larger dowry. Now, they really discounted, I think, our library holdings and our total... The rare books division is totally the Boston Medical Library's contribution. That's a very interesting story in itself. But at any rate, there were normal tensions, I would have to say. And the Bos-- the joint medical library was -- a part of the agreement between the two organizations which actually created the library -- and that was to give weight to the contributions of each institution. And I think that, in its pressures and perhaps impatience, the Medical School has been a little disappointed that the Boston Medical Library hasn't made a larger financial contribution. And -- but I've been disappointed, myself. And I've tried very hard to work on that. But... And we did have a campaign for the development of -- rejuvenation of resources for the Countway Library, which was very effective. We've been upgrading our building and upgrading our staffing, upgrading our functions. The Boston Medical Library was -- participated in that. But the major resources from that drive actually came from the Medical School. Now, the Boston Medical Library has assayed to put on fund drives at

various times since the merger. On each occasion that I know about, there's been a lot of discussion on the side of the Medical School rather discouraging that. Because the Medical School did not want a conflicting campaign for the Boston Medical Library at the time when they had a development program. And I do not remember a time when there wasn't a Harvard development program in process. So it's a little awkward, that situation. (laughs) But we have been able to generate great wealth, on the side of the Boston Medical Library. What we have on the side of the Boston Medical Library is a great wealth of opportunity. Now when I say wealth of opportunity, I'm talking about the continuing education [25:00] of doctors in the field, by the medical institutions that fitted them to go there. I don't think that vision has caught every academic niche, at this point. Furthermore, it is extremely important that continuing medical education be kept within reasonable cost bounds. And that is -- has not been caught by our major institutions. It's very important for the public welfare for people who are actively in the field practicing medicine -- be up to date. And it's, I believe, a moral responsibility of the medical schools, as well as medical societies, to try to continually provide a reservoir of material -- educational materials which are available

effectively and relatively within reasonable cost. I do not think that's always observed.

ILACQUA: And I had a question for you, about where do you hope to see the Boston Medical Library heading. And I think part of that last answer you gave me may be part of that --

RODKEY: Yes!

ILACQUA: -- the answer to that question.

RODKEY: The Boston Medical Library is the voice of the practicing physician, taking care of Massachusetts's and other states' population. We do have a branch office of the Boston Medical Library in the headquarters at the Mass. Medical Society. Have you ever visited that?

ILACQUA: I haven't. And that's in --

RODKEY: You should go.

ILACQUA: -- Worcester, right?

RODKEY: It's in Waltham.

ILACQUA: Oh, Waltham.

RODKEY: It's a good -- the Mass. Medical Society has a very nice headquarters building there. And Boston Medical Library very generously equipped a subsidiary library there. And we had a librarian, part-time, on loan from the Countway. That is no longer -- I'm not sure if it's manned on a part-time basis or not. But it isn't full-time. But that... In fact, in the corridor, outside that library at

the Mass. Medical Society headquarters, is the address board of the Boston Medical Library at 12 The Fenway [sic] -- or maybe 8 The Fenway, but at any rate. It's on a board there. I saw it the other day. I'm glad to see it there. We're part of that common heritage. We grew up at the same table.

ILACQUA: Mm. So you had mentioned that there is a story with rare books. Would you like to tell me --

RODKEY: Oh, yes.

ILACQUA: -- the rare books story?

RODKEY: Yes. Yes, I will. I mentioned that. The rare books librarian was Dr. Henry Viets, V-I-E-T-S. (clears his throat) Now Dr. Viets was an interesting character. He was a neurologist at the Massachusetts General Hospital. But he had been trained at Hopkins. And when William Halsted was trying to kick his cocaine habit, Viets had become (clears his throat) a confidant, a younger, sort of, associate. And Viets traveled twice around the world with him while he was trying to get off the drugs. So obviously, he had quite a few stories. (laughs) And he was -- he also was a great scholar himself. And he was really -- I think had a great role in recognizing the value of our rare books collection and in adding to that. So he's -- he has his portrait painted -- out here in the hall

somewhere, I think. And he's -- is worthy of great credit.

ILACQUA: And just a note. We are sitting in the Center for the History of Medicine, [30:00] surrounded by some of the Ballard collection of rare books, here.

RODKEY: Yes!

ILACQUA: And that's what...

RODKEY: That's right. Well, I knew Mr. Ballard, before he died. He wasn't too active, at that time. But I di-- I've met the man. He did a great -- a great deal for... Well, what can you say? I mean, we've had some very great scholars associated with the Boston Medical Library, probably beginning particularly with Oliver Wendell Holmes.

ILACQUA: That's where it began. And he donated the first large collection of books to the Boston Medical Library.

RODKEY: Yes, I believe that's true. He also was a poet. And I remember one of his poems quite well.

"...if I should live to be  
the last leaf upon the tree -  
let them," [laugh],  
"as I do now,  
at the old forsaken bough,  
where I cling."

ILACQUA: That's wonderful. Poet and a doctor. So...

RODKEY: He was an obstetrician. He was an obstetrician -- who



washed his hands.

ILACQUA: The best kind. (laughs) As we head forward -- so you were president of the Boston Medical Library from 1988 to 1997. Could you tell me about your...?

RODKEY: No, I don't think I was that long.

ILACQUA: Oh! That's what I have from your CV.

RODKEY: OK.

ILACQUA: Was it less?

RODKEY: All right. OK. No, I don't know.

ILACQUA: Well...

RODKEY: Probably was.

(laughter)

ILACQUA: Around there.

RODKEY: You can see that I've --

ILACQUA: The dates are...

RODKEY: -- done so many things, I can't remember them too well.

ILACQUA: (laughs)

RODKEY: But...

ILACQUA: Well, you had so much going on.

RODKEY: (laughs)

ILACQUA: No one could blame you for being a little fuzzy on which date was which.

RODKEY: Excuse me.

ILACQUA: Oh, no problem. So we'll say in the -- in the late '90s you turned over your presidency -- to who, I'm not sure. Actually, I didn't write that down. But was there a reason why, at that time, that you left or...?

RODKEY: Somebody got -- outvoted me.

ILACQUA: Oh!

(laughter)

RODKEY: Oh, no. Prob-- I was, I'm sure, very happy to relinquish the time. Although the -- it didn't mean that I worked less for the library, to be honest with you. I mean, the library has been a prime interest of mine since 1953. And as I say, I -- still, I know -- very - Dr. Jayasankar very thoughtfully sends me some of the agenda and some of the actions. So I keep pretty close track to what's going on.

ILACQUA: And so I think I have my final wrap-up question. Well, I have two questions. But the last formal question is what do you think the Boston Medical Library's legacy is? And you had talked -- you've already talked so much about education --

RODKEY: Well, that's it.

ILACQUA: -- that I could guess.

RODKEY: That's it. I mean... But to make it available to the practicing physician, on time. And, of course, the

revolution in information management which has followed the development of Donald Lindberg's revolution, I mean, it is absolutely magnificent! I sit in m-- at my desk at the VA Boston hospital and I can, within a minute or two, access PubMed and the world is at my fingertips. And I use it! It's wonderful. The problem of it is -- the problem of it is physicians in practice are so busy, so overwhelmed. And I will tell you that current circumstances in medical care, medical practice are far the most difficult of any period since I entered medicine in 1939. It's very chaotic, and very chaotic administratively and very chaotic economically. So physicians have little time to acquire new information. But they have to do that in order to serve their people well. And we in library resources, healthcare training resources, which include medical school, have to be diligent and proactive in trying to develop methods that make information acquisition easy, rapid, effective, efficient, and reasonable in cost.

ILACQUA: Excellent. So the final question is is there anything that we haven't talked about already that you think should be part of this history, part of this interview?

RODKEY: Well, yes. I think it's important to remember our ancestry. The same crowd of geniuses that created the Boston Medical Library created the Mass. General Hospital

and the *Boston Medical and Surgical Journal*, which is now the *New England Journal* -- the *New England Journal* [*The New England Journal of Medicine*], which has its offices on the top floor of this building. Thanks to the foresight of our forebears.

ILACQUA: Excellent. And so, with that, I'm going to end our recording and our interview today. Thank you, so much for speaking --

RODKEY: Thank you. Very nice, Ms...

ILACQUA: -- with me, Dr. Rodkey.

RODKEY: Thank you. It's a great pleasure.

ILACQUA: Excellent.

RODKEY: Thank you!

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