

## Bigger or Better Collections?\*

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ONE librarian writing on weeding gives this advice: "First, be absolutely convinced of the necessity of the measure; second, make your selection with the greatest care; and third, dispose of the material so cautiously and surreptitiously that there will be no *corpus delicti*."<sup>1</sup>

Another librarian, more bold, says this about weeding: "Discarding books can be very time-consuming and if one does it too cautiously he will find that he has spent a great deal of time and freed very little shelf space." ". . . Mistakes will be made. Some of the titles discarded will be asked for later . . . but the many hundreds of volumes that will never be missed should be compensation for the few that have to be replaced."<sup>2</sup> Here are two opposing attitudes toward this problem which most librarians must cope with when there is just no more room.

Scarcity of a product seems to make that product more valuable to people; thus long ago when books were uncommon they all were precious and not to be destroyed deliberately. This attitude of holding books in high esteem is indeed a laudable one. However, nowadays when it seems everyone from the American Meat Institute to *One Man's Family* is producing books and sending them out in return for a box-top, the attitude may be termed indiscriminating, to say the least. Yet there seem to be librarians and deans and library committees who hold the view that if it's printed it's valuable.

Some libraries have no weeding problem simply because their policy is to try to collect and keep a copy of nearly everything in their field. "Policy" is the key word here. Weeding is closely related to book selection and acquisition, and they are both determined by library policy. As you buy, thus shall you weed. A definite policy will do much to clarify the weeding problem. It is my feeling that some of the smaller libraries help make their own space problems, because some believe that the prestige of the library is enhanced if it can be said that it is collecting for research clientele and that its collection is constantly growing

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<sup>1</sup> Carr, Elizabeth. Symposium: Weeding the medical library. *Medical school libraries. BULLETIN*, 40: 162-163, April 1952.

<sup>2</sup> Woods, D. A. Weeding the library should be continuous. *Library Journal*, 76: 1193-1196, Aug. 1951.

bigger and bigger. I believe that because of these attitudes the smaller libraries tend to keep on their shelves the obscure dissertations and the seldom used journals which may be asked for once in the next fifteen years, other copies of which are permanently on the shelves at the Armed Forces Medical Library, Welch Library, Boston Medical Library, or the New York Academy of Medicine—libraries which have, I believe, legitimately established themselves as inclusive collections. "When size is no longer a criterion of a good library and qualitative standards have replaced quantitative, a great barrier to weeding will have been removed."<sup>3</sup>

In order to proceed intelligently with this problem of whether to keep or discard the obscure dissertation and the seldom used journal, it is essential that the library base its decision on a long-range policy. What is the scope and intent of the collection? Is the geographical location of the library advantageous for interlibrary loan? Does the clientele include a number of creative, scholarly research men, or are they frustrated only by Portuguese references? Is the library preserving a copy of every book and journal in the field, or is it concerned chiefly with current reference requirements?

As to the relative costs of weeding versus keeping a volume, a series of time studies carried out at Milwaukee State Teachers College Library in December 1950<sup>4</sup> shows that books can be withdrawn at a maximum cost of ten cents per book using clerical help to do the routine parts of the task. Fremont Rider writing in 1951<sup>5</sup> said it costs sixteen cents a volume annually to keep books on the shelves.

When it comes to the actual discarding of books, a great comfort is the authoritative list. One can safely keep those titles listed in the *Garrison-Morton Medical Bibliography*,<sup>6</sup> for example, and for these, decisions are already made. What of the titles not listed in the authoritative bibliographies? Here the clear-cut policy must be remembered and other criteria must be used. One source of help is the subject specialist; in a school of medicine the faculty can be of help.

Further, there is a relationship between the age of a book and the probability that it will be used. Lewis Stieg showed this relationship in an article published in 1942.<sup>7</sup> The statistical curve which he demonstrated is as definite as life insurance mortality tables. The dates of publication should give a pattern with recent titles predominating. Charles F. Gosnell<sup>8</sup> showed that the rate of obso-

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Rider, Fremont. Microcards vs. the cost of book storage. *American Documentation*, 2: 39-44, Jan. 1951.

<sup>6</sup> Garrison, F. H. *A Medical Bibliography*. Revised by L. T. Morton. London, Grafton, 1943.

<sup>7</sup> Stieg, Lewis. Circulation records and the study of college library use. *Library Quarterly*, 12: 94-108, Jan. 1942.

<sup>8</sup> Gosnell, C. F. Obsolete library books. *Scientific Monthly*, 64: 421-427, May 1947.

lescence for physiology and hygiene books is about 21.6 per cent, meaning that most books in these fields are obsolete within five years after publication.

"Out-of-date" is hard to interpret. Quincy Mumford,<sup>9</sup> Director of the Cleveland Public Library, defines it as "a book which no longer conforms to the present prevailing ideas of that information or presentation." He says "... It should be kept in mind that every time an out-of-date book is borrowed, the library may do the reader a disservice because he may draw conclusions or act according to information from the book. The result will be a loss of library prestige, for the reader will discover that he did not receive what he expected. The average reader is inclined to believe or trust information which he finds in the library. . . . To some readers the mere fact that a book is in the library lends authority to it." To illustrate, a freshman medical student came into the office and asked if there were some way he might register a complaint against a book. He had recently had a book from the library which did not agree with what he had been learning in physiology—a book by someone named Ellis. Upon questioning I learned he was referring to Havelock Ellis' *Studies in the Psychology of Sex*. When I pointed out the date of Ellis' book, 1905, he was somewhat mollified.

Closely allied to the out-of-date book is the problem of the old edition. Many students do not watch imprint dates and will continue to use old titles. From my observation I would say this is very likely to happen when an old edition has been rebound. The student will often choose the newer appearing edition. Would it perhaps be more of a favor to the student to use that rebinding money to procure a second copy of the most recent edition?

In our medical school Library we received a request from a faculty member, the author of a textbook, that the first edition of his book be removed from the shelves when the second edition was published because of information in the first which was later disproved. But how many medical librarians around the country are carefully keeping their copies of the first edition of this book for future reference?

One writer, giving her experiences with weeding, says, "One copy of each edition of a text was kept. Thus, complete files of Osler's *Practice of Medicine* and Holt's *Textbook of Pediatrics* are available and form records of the development of these fields."<sup>10</sup> I am going to tread on dangerous territory and question this practice. When a man comes in requesting information on the history and development of pediatrics, do you reference librarians refer him to all editions of Holt? Are these old texts really used or is this just a compulsive activity of librarians? I am not advocating the weeding of all old editions, but some of them seem to me to be expendable.

<sup>9</sup> Mumford, L. Q. Weeding practices vary. *Library Journal*, 71: 895-898, passim, June 15, 1946.

<sup>10</sup> Murphy, Marion A. Symposium: Weeding the medical library. *Medical school libraries. BULLETIN*, 40: 162-163, April 1952.

Other categories which lend themselves to consideration for discard beside the out-of-date and the old edition are the following:

**MULTIPLE COPIES.** As the librarian goes over the shelves, he should check the book cards for usage of multiple copies. If the title is no longer used on reserve shelves, perhaps copies 3, 4, and 5 can be discarded.

**REPRINTS,** both single and collected, which one has in the original publication may be safely discarded.

**LOOSE-LEAF COMPILATIONS** no longer kept up-to-date should be withdrawn.

**REMNANTS OF SETS** as seen in the short run of 1902-1905 obscure journal might be weighed and found wanting.

Finally, I should like to suggest that medical librarians read, consider, and start talking about Janet Doe's editorial, "Best Books in Medicine," which appeared in a recent issue of this BULLETIN.<sup>11</sup> In it she suggests the compilation of catalogs similar to the *Standard Catalog for Public Libraries* which has been the guide for small general libraries for many years in their selection of books. Such a catalog would surely be valuable, also, in the weeding process.

<sup>11</sup> Doe, Janet. Best books in medicine; a guest editorial. BULLETIN, 41: 78-79, Jan. 1953.