

Selected Lists of Journals for the Small Medical Library: A Comparative Analysis

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ABSTRACT

The results of a survey and weighted summary of all major suggested journal subscription lists for hospital libraries are described. A total of ninety-one titles taken from 255 titles examined is listed under thirty-three subject headings. Contrasts are made of the titles and subject headings employed by others, and the potential of Stearns' "core collection" concept for small medical libraries is dealt with in detail.

THE publication of a highly select list of books and journals for the small medical library by Stearns (1) together with the newly updated list by Brandon (2) prompted a study of journals selected by a number of authorities. The purpose of the study was to identify those journals, if any, which were consistently chosen as being most appropriate for particular subject areas in the health sciences.

Journals rather than monographs were chosen for a study since the nature of medicine tends to make periodical literature of more relevance to the practitioner than the textbook. The journal article not only has the most currency, but also has the advantage of being brief, concise and narrow in its potential application. Metaphorically, the article describes tactics, the textbook the overall strategy. Journals have a further advantage for comparative purposes in that they are relatively timeless. While some textbooks will, through multiple editions, tend towards perpetuity the possibility of a new work displacing a standard is more probable than is the rise of a new journal to replace an existing title.

A total of twelve lists was integrated into a final list of ninety-one titles. (The term "list" is used for convenience. Dr. Stearns especially deplores that word in describing his concept of a core collection. The author apolo-

gizes to him for semantical indolence.) The twelve original lists ranged over wide limits in time and coverage. Stearns and Brandon published theirs in 1969. The American College of Surgeons list (3) dates from 1955. The Moll (4) list covered journals only as did Yast's (5). Most covered texts and journals, but a number also included basic reference tools. Not all journals cited on some lists were incorporated in the initial compilation of titles. Omissions were primarily due to their solitary appearance on foreign (English language, but non-U.S.) lists, where natural national bias suggested a lack of relevance for domestic U.S. hospital libraries. Not all reference tools suggested by Duncan (6) were incorporated since this analysis is concerned with periodicals rather than basic reference works. Some reference material such as *Index Medicus* and *Hospital Literature Index* were cited often enough in basic or supplemental lists to warrant their inclusion, and in these instances Duncan's endorsement was added when given.

A total of 255 titles was noted. Since this study was intended to benefit small medical librarians in the United States, all domestic lists were used initially to derive titles. Brandon and Stearns, primarily because of their currency and wide audience appeal, were used as the base to which other titles were added as necessary. The Library Association (7) and the University of Saskatchewan (8) lists were used only to support previously cited titles. Titles which appeared only on their lists were generally not included in the composite 255 journal titles list.

For reasons of topicality, subject coverage, expressed compilation philosophies, and methods of authentication, it was felt that some weighting scheme should be used in preference to assigning equal values to each compiler's citation. As the Yast list had been broken into

five categories of popularity, it seemed reasonable to assign five points as the maximum and to acknowledge the compiler's own discrimination between basic and supplemental lists by assigning different points to each of these categories. Every list was given at least one point. Intentionally or not, Sister Mary Concordia (9) cited some journals twice: in her basic list for a nursing school and again in her supplemental list of medical journals for a larger collection. All of her basic journals were noted as "SMC/CLA" while her supplementals were cited as "SMC". The summarized weighting table is given below (all points are per title cited):

Five Points

Brandon (1969 Started selections)
Yast-I
Stearns

Four Points

Yast-II

Three Points

Brandon (unstarred)
Yast-III
Moll (Basic)
T-M (Basic) (10)
Duncan
Veterans Administration
SMC/CLA

Two Points

Yast-IV
Moll (Supplemental)
T-M (Supplemental)
SMC

One Point

Yast-V
University of Saskatchewan
Library Association
American Medical Association Library
American College of Surgeons

If a title were to be cited in every compiler's basic list (which would mean a double citation from Sister Mary Concordia), the highest possible point score it could receive would be thirty-six. No journal title received this many. Five journals (*Archives of Dermatology*; *American Journal of Medicine*; *Annals of Internal Medi-*

cine; *New England Journal of Medicine*; *Surgery, Gynecology and Obstetrics*) received thirty points—the highest received by any title.

There were a total of forty-five titles which received from twenty to thirty points and forty-six titles which were credited with ten to nineteen points. All of Brandon's fifty-two starred titles were on one or the other of these composite lists.

All of Yast's first three categories (those sixty-two titles which received thirty-five votes or more) were also included in these ninety-one titles. However, only ten of her thirteen titles in category four and only five of fifteen titles in her last category were included.

Whether this represents a shift in user patterns over the past two years, or whether it is simply statistical chance, cannot be determined from this limited study. Stearns used a similar technique to Yast's in his list and of his thirty-nine titles only the weekly *Morbidity and Mortality Reports*, which he alone cited, was absent from the composite listing.

If there are any conclusions which can be made from this narrow study it would be that there seems to be little to be gained from compiling additional lists of journals for small medical libraries. Brandon's 1967 list was only slightly altered in its 1969 edition, primarily in identifying fifty-two preferred, initial purchase journals and adding one title, *Otolaryngologic Clinics of North America*.

Given a range between Stearns thirty-one titles, Brandon's fifty-two, this combination of ninety-one, and some higher number, perhaps Brandon's 141 total titles, the small medical librarian should be able to muster support for local selections from any of these lists.

Perhaps more important is the concept of adequate coverage of the medical sciences. Brandon places his 141 titles into forty-one subject headings. Stearns uses twenty-seven of Brandon's subject headings for his thirty-nine titles. This combined ninety-one-title list uses thirty-three subject headings. In his original list Stearns offers forty-two subject headings, but some of these are subdivisions of a more inclusive heading (Thoracic Surgery, Vascular Surgery, Plastic Surgery, rather than Surgery alone). All of his thirty-nine periodical titles fit into twenty-seven of Brandon's headings.

The most obvious oversight in all lists is the lack of coverage in the allied health sciences

SELECTED LISTS OF JOURNALS

area. All are somewhat truncated in or absent from the composite list simply because so many of the compilers in their own lists offered either no choices (see Stearns especially) or selected different titles which kept any one title from scoring high enough for inclusion in the ninety-one titles finally selected.

For this reason, it would behoove anyone who was concerned about selecting a representative core list for a health sciences library which was to include the full range and scope of the health sciences, to lean heavily on auxiliary lists developed by particular specialists in the nursing and allied health sciences fields. Sister Mary Concordia, *Nursing Outlook*, and more recently Stearns and Ratcliff (12) have compiled specific bibliographies more relevant to some of the allied health sciences than have any of the broader bibliographers such as Brandon, Duncan, and Yast.

This is not to say that Brandon, Duncan, Yast and the others have compiled such parochial lists of suggested acquisitions that their efforts are not worthy of further consideration. On the contrary, Brandon and Duncan, especially, have compilations which are now in their second or third revision. And as a general rule, revisions only appear of particularly noteworthy works. Yast, Moll and Stearns elected to survey experts in deriving their nominees. In this regard they may all be considered equally valid or equally suspect, in spite of the fact that their survey methodology and samples differ markedly.

In terms of selection, the librarian might also consider examining the published titles of most frequently borrowed journals. In 1962 Kurth (13) noted four titles which appeared on five studies of most frequently borrowed journals: *Lancet*, *British Medical Journal*, *Journal of the American Medical Association*, and the *Journal of Clinical Investigation*. Checking Ash and Bruette's work in 1966 (14) and the report of NERMLS first year's activity in 1969 (15) reveals that these four are still among the top titles borrowed. Today most medical libraries would also want to add the *New England Journal of Medicine*, *Nature*, and the *Journal of Experimental Medicine* as having a higher than average request rate.

There is an omnipresent danger in compiling selection lists on the basis of expert advice alone. Often one is tempted to wonder if the Edsel

Syndrome is at work. One can imagine a cardiologist saying to himself, "I find the *American Heart Journal* more clinically appropriate, but my speciality demands that I recommend *Circulation*." And down goes the pen. Perhaps one day a list of journals will be compiled on the basis of usage, circulation statistics, and inter-library lending rather than along the lines most lists are presently derived. This would be especially appropriate if done by and at the hospital library level. The *Abridged Index Medicus* may have attempted this, but it is too parochial, i.e., all medical, for the integrated hospital library, and no rank order of importance is given.

But to return to the lists at hand, what is strikingly apparent in examining these lists is the radical difference between the Stearns list and the others in its conceptual approach to medical literature selection and classification. One obvious reason for some difference is the fact that Stearns is a physician, not a librarian as are the other compilers. His view of literature organization is based on general medical educational organization, while the medical librarian has his perspectives shaped by general cataloging and classification rules and schemes which are inherently alphabetic, fashioned on mutually exclusive classes.

Few, if any, librarians would permit themselves to classify Ophthalmology under "Surgery" as does Stearns, or to equate General, Plastic, Vascular and Thoracic Surgery to the same hierarchical level as Urology, Proctology, *et al.*, as he does. This is the essence of the value in or challenge of the Stearns list to medical libraries.

Even Stearns is relatively casual about which books or journals are ultimately selected. He offers a list which was compiled on the basis of a standard questionnaire-type survey of knowledgeable users. Others have done the same and the similarity of choices can be seen from the scores of the ninety-one-title combined list attached. Stearns is willing to accept alternatives and states that the core library should remain dynamic by annual changes to these lists.

But the heart of his concept is his decision to ignore any classical library organization or arrangement. He insists that the core library retain its integrity by being put in a separate location, apart from other books or journals in the library. He even asks that two "dummy books" be inserted in their appropriate place—

Infectious Diseases and Neurology—with a label “see reference” to some other texts in the collection.

Stearns can certainly be challenged, and has been, on his admittedly limited view of what constitutes a core collection for a community medical library. His eye was on the practitioner, the medical doctor practitioner, not on the nurse, the medical technologist, or other paramedical and allied health scientists. As was stated in the accompanying editorial by Bloomquist (16), these fields are now being surveyed in order to derive similar, appropriate supplements to his list. In the area of general reference (more the domain of the librarian) his initial list was supplemented.

Stearns offers an implicit challenge to the hospital library. If the other forthcoming lists for the allied health science fields are organized in a similar fashion, it is conceivable that the community hospital library which adopted these in toto will bear little in common, so far as organization of the material is concerned, to any medical library now extant. True, supplemental and peripheral material may be classified and organized along conventional lines, but the coexistence of three or four “core collections” labeled only as such, with no internal conventional classification, will pose an immediate challenge to the librarian: can order and control be maintained of these collections, designed to be heavily used, when they lack standard, systematized identification?

The Stearns classification is neither alphabetic by subject, title, nor author. Under three broad genera—Medicine, Basic Sciences, and Surgery—appear species which are only partial derivatives. Is Otolaryngology only susceptible to a surgical approach? Should Vascular and Thoracic Surgery be separated in the collection? In the Stearns context the obvious answer is a resounding “Yes”. But the medical librarian may be excused for some sceptical hesitation in accepting this kind of classification in lieu of one with which he has become familiar and which has stood the test of time.

Time will be the deciding factor. It will be interesting to see how many community hospital libraries endorse his concept, and even more importantly, how well the concept stands up to usage. If the core collection does bring increased patronage of the hospital library, and if, in the process, medical education is advanced

by its presence and general acceptance, then any who reject the concept do so out of misplaced professional pride. The librarian’s task is to meet the users’ information needs as quickly, as completely, and as often as is required. Classification schemes and the physical organization of material are simply facilitative devices to further these basic aims. If we have a better mousetrap, let us use it.

TITLE SCORES—20 AND ABOVE

(Composite Scores in Parentheses)

ANESTHESIOLOGY

Anesthesiology (26) Bimonthly \$10.00

ARTHRITIS AND RHEUMATISM

Arthritis and Rheumatism (21) Bimonthly \$12.00

CARDIOLOGY

American Heart Journal (24) Monthly \$16.00
Circulation (29) Monthly \$16.00

DERMATOLOGY

Archives of Dermatology (30) Monthly \$12.00

DIETETICS & NUTRITION

American Journal of Clinical Nutrition (23) Monthly \$15.00

ENDOCRINOLOGY

Diabetes (22) Monthly \$14.00
Journal of Clinical Endocrinology & Metabolism (25) Monthly \$25.00

GASTROENTEROLOGY

Gastroenterology (28) Monthly \$25.00

GYNECOLOGY AND OBSTETRICS

American Journal of Obstetrics and Gynecology (27) Semimonthly \$19.00

HEMATOLOGY

Blood (27) Monthly \$21.00

HOSPITALS

Hospitals (21) Semimonthly \$7.00

LABORATORY METHODS

Journal of Laboratory and Clinical Medicine (27) Monthly \$19.00

MEDICINE

American Journal of Medicine (30) Monthly \$16.00
Annals of Internal Medicine (30) Monthly \$15.00

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Archives of Internal Medicine (24) Monthly \$12.00
 Journal of the American Medical Association (26) Weekly \$18.00
 Lancet (22) Weekly \$15.00
 Medical Clinics of North America (28) Bi-monthly \$21.00
 New England Journal of Medicine (30) Weekly \$10.00

NEUROLOGY AND PSYCHIATRY

American Journal of Psychiatry (24) Monthly \$12.00
 Archives of Neurology (28) Monthly \$12.00

NURSING

American Journal of Nursing (21) Monthly \$5.00

OPHTHALMOLOGY

Archives of Ophthalmology (24) Monthly \$12.00

ORTHOPEDECS

Journal of Bone and Joint Surgery (29) 8 issues \$14.50

OTORHINOLARYNGOLOGY

Archives of Otolaryngology (26) Monthly \$12.00

PATHOLOGY

American Journal of Clinical Pathology (26) Monthly \$20.00
 Archives of Pathology (20) Monthly \$12.00

PEDIATRICS

American Journal of Diseases of Children (20) Monthly \$12.00
 Journal of Pediatrics (23) Monthly \$15.00
 Pediatric Clinics of North America (21) Quarterly \$15.00
 Pediatrics (25) Monthly \$14.00

PREVENTIVE MEDICINE & PUBLIC HEALTH

Public Health Reports (21) Monthly \$6.50

RADIOLOGY

Radiology (26) Monthly \$20.00

RESPIRATORY DISEASES

American Review of Respiratory Disease (24) Monthly \$20.00

SURGERY

American Journal of Surgery (22) Monthly \$15.00
 Annals of Surgery (29) Monthly \$18.00

Archives of Surgery (23) Monthly \$12.00
 Journal of Thoracic and Cardiovascular Surgery (24) Monthly \$25.00
 Plastic and Reconstructive Surgery (20) Monthly \$15.00
 Surgery (28) Monthly \$18.00
 Surgery, Gynecology & Obstetrics (30) Monthly \$15.00
 Surgical Clinics of North America (25) Bi-monthly \$21.00

TUMORS

Cancer (29) Monthly \$20.00

UROLOGY

Journal of Urology (29) Monthly \$20.00

TOTAL TITLES: 45

TOTAL SUBJECT HEADINGS: 24

Medicine: 7 titles

Surgery: 8 titles

Pediatrics: 4 titles

TITLES RECEIVING 10-19 POINTS

(Composite Scores in Parentheses)

ALLERGY

Journal of Allergy (15) Monthly \$15.00

CARDIOLOGY

American Journal of Cardiology (18) Monthly \$14.00
 British Heart Journal (14) Bimonthly \$14.00

DENTISTRY

Oral Surgery, Oral Medicine and Oral Pathology (13) Monthly \$15.00

DIETETICS AND NUTRITION

Journal of the American Dietetic Association (13) Monthly \$8.00

ENDOCRINOLOGY

Endocrinology (14) Monthly \$25.00
 Metabolism—Clinical & Experimental (10) Monthly \$17.00

GASTROENTEROLOGY

American Journal of Digestive Diseases (14) Monthly \$15.00
 Diseases of the Colon and Rectum (14) Bi-monthly \$12.00

GENERAL

Science (13) Weekly \$8.50

GERIATRICS

Geriatrics (15) Monthly \$10.00

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- Journal of the American Geriatrics Society
(11) Monthly \$10.00
- GYNECOLOGY AND OBSTETRICS**
Clinical Obstetrics and Gynecology (14)
Quarterly \$18.00
Obstetrics & Gynecology (17) Monthly
\$15.00
- HOSPITALS**
Hospital Management (10) Monthly \$5.00
Modern Hospital (13) Monthly \$5.00
- INDEXES**
Hospital Literature Index (13) Quarterly
\$10.00
Index Medicus (19) Monthly \$40.00
International Nursing Index (10) Quarterly
\$15.00
- INFECTIOUS DISEASES**
Journal of Infectious Diseases (10) 5 issues
\$14.00
- MEDICINE**
American Journal of the Medical Sciences
(16) Monthly \$10.00
Annual Review of Medicine (10) Annual
\$8.00
British Medical Journal (19) Weekly \$21.00
DM: Disease-a-Month (14) Monthly \$10.00
GP (19) Monthly \$10.00 (Now Family Physi-
cian)
Journal of Clinical Investigation (18) Monthly
\$15.00
Mayo Clinic Proceedings (11) Monthly Free
Medicine (15) Bimonthly \$10.00
Postgraduate Medicine (17) Monthly \$10.00
Year Book of Medicine (10) Annual \$9.50
- NEUROLOGY AND PSYCHIATRY**
Archives of General Psychiatry (19) Monthly
\$12.00
Neurology (12) Monthly \$15.00
- NURSING**
Nursing Outlook (11) Monthly \$5.00
- OPHTHALMOLOGY**
American Journal of Ophthalmology (12)
Monthly \$12.00
- PATHOLOGY**
American Journal of Pathology (17) Monthly
\$22.50
- PEDIATRICS**
Yearbook of Pediatrics (10) Annual \$9.50
- PHARMACOLOGY AND THERAPEUTICS**
Clinical Pharmacology and Therapeutics (16)
Bimonthly \$19.00
Medical Letter on Drugs and Therapeutics
(13) Biweekly \$12.50
- PHYSICAL MEDICINE &
REHABILITATION**
Archives of Physical Medicine and Rehabili-
tation (19) Monthly \$15.00
Physical Therapy (10) Monthly \$10.00
- PREVENTIVE MEDICINE AND
PUBLIC HEALTH**
American Journal of Public Health and The
Nation's Health (18) Monthly \$15.00
- RADIOLOGY**
American Journal of Roentgenology, Radium
Therapy and Nuclear Medicine (18)
Monthly \$20.00
- RESPIRATORY DISEASES**
Diseases of the Chest (19) Monthly \$18.00
- SURGERY**
British Journal of Surgery (11) Monthly
\$20.00
Yearbook of General Surgery (10) Annual
\$9.50
- TROPICAL MEDICINE**
American Journal of Tropical Medicine and
Hygiene (14) Bimonthly \$18.00
- TOTAL TITLES: 46
TOTAL SUBJECT HEADINGS: 25
NEW SUBJECT HEADINGS: 9
(From 20+ list)
- SUBJECT HEADINGS AND NUMBER
OF JOURNALS CITED**
(Combined 91-Title List)
- ALLERGY—1
ANESTHESIOLOGY—1
ARTHRITIS AND RHEUMATISM—1
CARDIOLOGY—4
DENTISTRY—1
DERMATOLOGY—1
DIETETICS AND NUTRITION—2
ENDOCRINOLOGY—4
GASTROENTEROLOGY—3
GENERAL—1
GERIATRICS—1
GYNECOLOGY AND OBSTETRICS—3

SELECTED LISTS OF JOURNALS

HEMATOLOGY—1
 HOSPITALS—3
 INDEXES—3
 INFECTIOUS DISEASES—1
 LABORATORY METHODS—1
 MEDICINE—17
 NEUROLOGY AND PSYCHIATRY—4
 NURSING—2
 OPHTHALMOLOGY—2
 ORTHOPEDICS—1
 OTORHINOLARYNGOLOGY—1
 PATHOLOGY—3
 PEDIATRICS—5
 PHARMACOLOGY AND THERAPEUTICS
 —2
 PHYSICAL MEDICINE AND REHABILITATION—2
 PREVENTIVE MEDICINE AND PUBLIC HEALTH—2
 RADIOLOGY—2
 RESPIRATORY DISEASES—2
 SURGERY—10
 TROPICAL MEDICINE—1
 TUMORS—1
 UROLOGY—1

TOTAL SUBJECT HEADINGS: 34

BRANDON SUBJECT HEADINGS NOT USED

ANATOMY
 BIOCHEMISTRY
 BIOLOGY
 HISTORY OF MEDICINE
 IMMUNOLOGY
 INDUSTRIAL MEDICINE
 LIBRARY ADMINISTRATION
 MEDICAL ELECTRONICS
 MICROBIOLOGY
 PHYSIOLOGY
 PROCTOLOGY
 PSYCHOLOGY
 SOCIAL SERVICE

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