

MEDICAL LIBRARIANSHIP: LOOKING TOWARD 1970*

By THOMAS E. KEYS, A.B., M.A.
Reference Librarian, The Mayo Clinic
Rochester, Minnesota

MR. H. G. WELLS is his *World Set Free*, published in 1914, predicted that the world will have been benefited by vast improvements in surgery and medicine by the year 1970. He felt that these improvements would be in great part the result of a tremendous system of research indexing, which, while preventing the medical men of the future from doing the same work twice, would constantly tend to keep them in touch with the newest discoveries and the most notable recent cases as well as all the ancient literature of their subject.

Therein has been told the responsibility and the prestige one prominent individual willed to future medical librarianship. It is safe to add to Mr. Wells' remarks that medicine and surgery have progressed far since 1914 and the tremendous strides that research has made in the last few years may leave little to be desired by 1970. Whether or not the librarian has contributed his share to this medical progress is a question. Certainly the indexing of the huge medical literature has aided materially the newer developments in medicine and the basic sciences. Whether or not all physicians, surgeons and research specialists have fully profited by having the now splendid indexes available to them is an uncertainty. One of the most important responsibilities of medical librarians is that of teaching the doctor and the medical student the use of the library and the medical indexes. For first of all the doctor should learn how to find the literature of his subject so that he may profit immediately by reading about the new discoveries and the recent advances. Years ago Dr. W. J. Mayo emphasized the fact that advance in medicine has been so rapid that by the time the results of investigations are published in book form they have given way to new developments. "The profession as a whole," he added, "is keeping abreast of the times by means of medical journals, and these periodicals must be recognized as the greatest force in medical education."

In order fully to understand things to come for medical librarianship, which I have represented chiefly as the responsibilities of the librarian to the reader, mention should be made of library functions. These proper attributes as I have interpreted them include (1) the preservation of

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books and periodicals and (2) the distribution of the knowledge or ideas contained in books and periodicals. By preservation is meant the collecting and the storing of volumes and the problems relating to their care. Books are perhaps the most characteristic artifacts of civilization. For that reason alone some books and some collections of books should be preserved and treated as museum pieces.

The second function which librarians are performing, and let it be said performing more effectively today than ever before, is the distribution of knowledge contained in books and periodicals. The librarian makes available the contents of the library to the reader. This he does by cataloguing and classifying the books in the library, by indexing and cross-indexing the periodical literature, by compiling important bibliographies on special medical subjects, by teaching the reader the use of the library and the medical indexes and by any other means he may have to acquaint the reader with the resources of the library.

These two functions embrace most phases of librarianship. A third function to come after the first two have been realized might be called a teaching function. This will consist in detailed teaching by the librarian on such subjects as "The art of reading," "Selective reading," "Phases in the history of printing," "The care of books through the ages" and "The fundamentals of medical bibliography." The exercise of this function presupposes quite a different set-up and approach to librarianship. It speaks of a Utopia for librarians with leisure time for actual reading of books. It is, of course, unheard of that a librarian should be so bold as to read. But after all a knowledge of the content of good books should some day be the goal of well qualified and experienced librarians.

At present, however, we should be directing our attention toward making available to the reader the resources of the library. This, after all, is a service function and a concrete method of proving our worth to our patrons. Because of the tremendous growth of medical library materials I have suggested elsewhere that the interpretation of the material contained in the indexes has become the work of specialists. We who have been devoting considerable time to this work should now be in a position to judge whether or not the machinery with which we work is adequate. And the fundamental assumptions underlying our work should be carefully scrutinized with the hope that after careful study we shall be able to do a better job of interpreting the function of making available the resources of the library to the reader. For the purpose of illustration it might be well to consider, briefly, the card catalogue.

We assume that cataloguing is an important library task. Yet is present day cataloguing done to the best advantage with regard to sources and to library users? Most of us believe the card catalogue to be a better library tool than a catalogue bound in book form. But this may be because we are accustomed to its use. And of course a card catalogue is

flexible and can be shifted about, which tends to keep the material in one alphabet and up to date. Recently an inviting article by Fremont Rider appeared in the *Library Quarterly* concerning the possibility of discarding the card catalogue. Most cataloguers of medical libraries use the Library of Congress catalogue cards and compile their list of subject headings from those suggested by *Subject Headings Used in the Dictionary Catalogues of the Library of Congress* (ed. 3. Washington: U. S. Government Printing Office, 1928). In case the subject headings are inadequate for our specialized libraries we use those suggested by our acquaintance with the *Quarterly Cumulative Index Medicus* or with some other reliable authority. The thing to remember is that in using the Library of Congress subject headings we are assuming that they are adequate for a medical library. As a matter of fact this is very much open to question. Not only were these headings made for a very large general library but many of the terms are obsolete or have changed in form. Moreover the cataloguer, on whom the Library of Congress cards depend, if not a medical librarian, would probably not choose the same headings a medical librarian would select.

A further criticism might be directed to the multiplicity of subject headings found on many of the cards. For example, for the book:

Eagle, Harry: *The laboratory diagnosis of syphilis; the theory, technic, and clinical interpretation of the Wassermann and flocculation tests with serum and spinal fluid* . . . St. Louis: Mosby, 1937,

the Library of Congress subject headings are: 1. Syphilis—Diagnosis, 2. Syphilis—Diagnosis—Wassermann reaction, 3. Serum diagnosis and I. Title. This book deals essentially with the laboratory diagnosis of syphilis and especially with serodiagnosis. The *Quarterly Cumulative Index Medicus* has one subject heading that seems to fit this book better. It is Syphilis—Serodiagnosis. I, for one, am not going to clutter up the card catalogue needlessly with subject headings of little use to a medical library.

For the book:

Titus, Paul: *The management of obstetric difficulties* . . . St. Louis: Mosby, 1937,

the subject headings made by the Library of Congress are: 1. Obstetrics, 2. Women—Diseases, and I. Title. Certainly the heading, Obstetrics, should be sufficient for this book.

For the book:

Stoll, Arthur: *The cardiac glycosides* . . . London: Pharmaceutical Press, 1937,

the subject headings made by the Library of Congress are: 1. Glycosides, 2. Glucosides—Therapeutic use, 3. Digitalis and I. Title. This book is

composed of only eighty pages and the general subject heading, Glucosides, should be enough to represent it in the subject index.

The foregoing examples suggest that a future responsibility of medical libraries will be a critical study of cataloguing in a medical library. In brief this might include an examination of the assumptions underlying cataloguing. Such an examination might show the library profession that what constitutes cataloguing as a technical process and what it should be may be quite different. Other technical fields of our work such as book selection, book ordering and reference work will need to be similarly studied if we want to make the most of medical librarianship.

Another thing to come for medical librarianship following the above critical studies might be the publication of a series of textbooks on all phases of professional interest. A few of us have made contributions of a bibliographic and historical nature but none of us has written a textbook about our daily tasks. Subjects about which the profession needs first-hand information include (1) the practice of cataloguing, (2) practical medical bibliography and (3) the technical processes of routing books through the library. The use of a medical library forms an interesting topic, which has been written about but about which no thorough study has as yet appeared. Reference work for medical libraries is another topic that could be expanded on. Other subjects must suggest themselves to you.

A question might be raised, "Why should medical librarianship have its own textbooks?" There are several general textbooks on library science. To the specialist, however, the present textbooks impart little if any information about medical librarianship. And the problems in medical librarianship make it a unique specialty and are to be treated differently from those of the general library field. The general textbooks in the field, moreover, are old-fashioned and inadequate. As pioneer texts written when librarianship was in an experimental state they have fulfilled their purposes. They too, need to be rewritten. The authors of the "books to come" will have the advantage of studying and profiting by the weaknesses of general textbooks.

Another thing to come for medical librarianship will be a graduate school for research and for the training of medical librarians. This might well be under the sponsorship of the Medical Library Association. It should be a special school or department of one of our leading universities. It is hard to predict how the school will be organized and run but there is a definite need for university-trained medical librarians. Specialists who have learned from experience and wise counsel the best methods of assimilating their work will be the teachers. The advantages of formal training over learning medical librarianship through the process of trial and error need not be elaborated on. To the student it

would mean an organization of the theory of medical librarianship to plan for his more efficient work. It would mean, besides, his early acquaintanceship with medical literature and medical terminology, so necessary to the proper fulfillment of his duties. To medical libraries trained workers would certainly be a boon. To the profession a graduate school might mean a chance for the assimilation of the knowledge of medical librarianship. It would also give the profession a great opportunity for concerted research efforts.

There are other things to come for medical librarianship. Many of the more practical ones Mr. James Ballard outlined in his presidential address at the Boston meeting (June, 1938). But if I have pointed out a few others let it be said these were due to the stimulation received from attending the same meeting.

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