

Should the size or growth of a medical library be restricted? / by Charles Perry Fisher.

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Fisher, Charles Perry, 1857-1940.
Royal College of Surgeons of England

Publication/Creation

Brooklyn, New York : Eagle Press, 1907.

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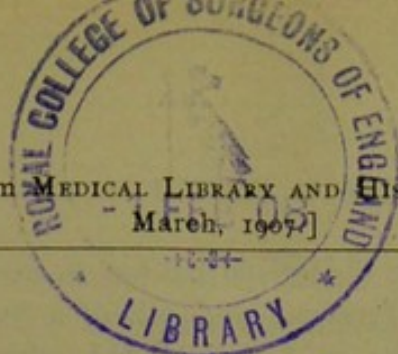
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SHOULD THE SIZE OR GROWTH OF A MEDICAL LIBRARY BE RESTRICTED?

BY CHARLES PERRY FISHER,

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THE title of this paper is a question that has, in some form or other, been presented for consideration, officially or unofficially, to the committees of all large medical libraries and, sooner or later, will be brought to the attention of the smaller libraries as they increase in size and demand more room for their books. For this reason I have brought the subject before the Association, believing that if freely discussed, and the discussions printed in full in our Proceedings, the result will be of service for future reference.

There are several points from which to view this question:

1st. That every medical library should endeavor to make its collection as complete as possible in everything pertaining to medicine and the closely allied sciences; from the incunabula and classics to the most recent publications; every edition of a book, when it is truly an edition and not merely a change of date on the title page, should be retained, and every effort made to have complete files of all journals, transactions, reports and other periodical literature. All the pamphlets and reprints should also be retained and classified by subjects and bound in volumes, when a sufficient number on a single subject to form a volume, have been obtained.

2d. Would it be well to make it our object and aim, and give our assistance in building up a large medical library, as complete as possible, in such cities, and at such points, as would make the books available to the greatest number of physicians. Say, for example, in New Orleans, St. Louis, Washington, Cincinnati or Indianapolis, New York or Philadelphia, Boston, Montreal, Chicago, Denver and San Francisco?

3d. Is it sufficient for this country that we have, in the Library of the Surgeon General's Office at Washington, the largest and most complete collection of medical literature in the world? Should other libraries devote their energies and the funds at

their disposal with the object of making as complete as possible what some call a "reference" and others a "working" library? Old editions of books to be discarded when later ones are obtained; or, when the space is needed for other books; the editions thus discarded to be sent to the Library of the Surgeon-General's Office if wanted?

The three classes or divisions I have mentioned will give, I believe, ample scope for the discussion of the subject. Personally my sympathies are with the first. It seems but natural that every executive librarian should endeavor to bring his library into the first class. Such a collection appeals to the literary men of the profession who are not satisfied to quote references second hand or to rely for information upon the abstracts they are able to find in the various year books. When the need of additional shelf room has been brought to the attention of the Fellows of the College of Physicians of Philadelphia, at various times, the statement has been made (not by members of the library committee), that from ten to twenty per cent. of the books could be packed in boxes and stored away without interfering with the usefulness of the library. In reply to this I have stated that we have requests for old editions; a certain edition will contain a statement which does not appear in any other issue of the book, and the reader is desirous of verifying that statement. Again there is not a month, perhaps not a week, passes that calls are not made for old books ranging as far back as the fifteenth century. Also there are visitors from other cities who come to Philadelphia for the purpose of consulting books in the Library of the College of Physicians that could not be found elsewhere; for these reasons I would hesitate to take the responsibility of making the selection of the books to be discarded. It is undoubtedly a fact that a large percentage of books in all libraries are never used, but with more than twenty years' experience I certainly would not care to be the executioner and condemn so many books to obscurity.

I will close these remarks with quotations from addresses given by two of the most eminent literary men of the medical profession.

Dr. Abraham Jacobi, our President, on the occasion of the opening of the new building of the New York Academy of Medicine said* "A large library, besides being the proof of exist-

**Trans. of the New York Acad. of Med.*, 1891, 2 Ser., vii, p. 407.

ing culture and accumulated intellectual labor, fulfils its destiny by giving information. Here the medical man with scanty means will find his text books and monographs to aid him in unravelling the obscurities of a difficult case on hand. He with an ample library of his own, will come here to consult rare books, old journals, expensive works. Here all the journals of the world may be consulted from day to day; here those who are engaged in literary pursuits find their historical records. But what a library is most successful in is the inculcation in a great many of the habits of study and research."

Dr. S. Weir Mitchell has said that "a library was never large enough so long as a man on going to it could not find what he wanted." In his address at the opening reception in the New York Academy of Medicine's new building * he says, "I was asked the other day by two very intelligent laymen, to whom I was showing our medical library, why the profession needed such a vast collection of books, and whether such were not simply the graveyard of theories and the record of what was now useless. I replied that, while theories died, facts remained, and had their vital uses to-day, and might be quoted; therefore a great library was a great museum of facts which remained to us permanently. A medical library showed the history of the profession, which had its joys, its sorrows, and its romances, and upon its shelves might be found the record of what the profession had done in the past and the indications of what would be done in the future."

Discussion.

DR. GEORGE DOCK, of Ann Arbor, thought it would be difficult to lay down a general rule for the care of inferior periodicals. For small libraries, such as hospital libraries, it would, of course, be a waste of money to buy periodicals that are not likely to be used more or less. But even the trashy medical journals have a certain amount of value in the study of medical culture, and full sets of them should be kept in some libraries. He did not think it was a good plan to try to limit the growth of libraries. It would not be enough to develop large collections in a few cities, because with the increase of population the demand for extensive collections of medical books would become greater. In every growing city there should be a medical library conducted

**New York Med. Jour.*, 1890, lii, p. 608.

as actively as possible, and with the view of increasing it with the utmost rapidity. With such libraries, hospitals, and especially medical organizations, could follow the lines most profitable for them and so bring about a concentration of effort in all the libraries.

DR. EDWIN H. BRIGHAM, of Boston, thought it advisable to discard books on the collateral sciences where they were to be found in other libraries in the same locality. He believed there should be as many large libraries as possible, and that old and curious books should be saved.

MR. A. T. HUNTINGTON, of Brooklyn, believed that no set rule could be laid down covering the points brought out in the paper under discussion. In localities where there were enough physicians and sufficient interest to build up and maintain a large medical library, such a collection should be made as large and complete as possible. There were many small communities, however, where the number of physicians and others who might be interested in the support of such an institution was so limited that it would be a financial impossibility to maintain a medical library of any great size. In such cases he believed it the best policy to maintain a good, up-to-date working library, sending such old material as might be weeded out from time to time to the nearest large medical library that was liberal enough to loan its books on demand. In the larger centers he believed every effort should be made to build up as large a collection as possible, irrespective of what the resources of the Library of the Surgeon-General's Office at Washington might be. Advantageous though it is to have such a collection as that at Washington to borrow from, it would be better still if the physicians in each large city had the same books on the shelves of their own local medical library.

MRS. GRACE W. MYERS, of Boston, stated that from its very nature the hospital library must be somewhat restricted, especially so where there was also a large independent medical library in the same community.