

Some problems in the administration of a medical library / by James F. Ballard.

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BY
JAMES F. BALLARD,
ASSISTANT LIBRARIAN, BOSTON MEDICAL LIBRARY



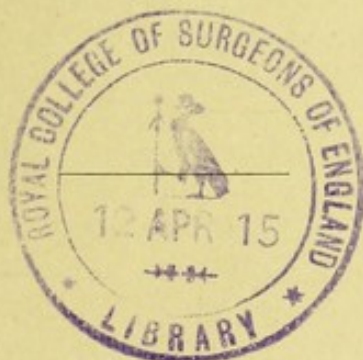
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AT ATLANTIC CITY

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SOME PROBLEMS IN THE ADMINISTRATION OF A MEDICAL LIBRARY.*

By JAMES F. BALLARD, Assistant Librarian, Boston Medical Library.

1. (a) *The value of a medical school library to the student.*

This is a topic which was added to my list at the request of Mr. Frankenberger, and as he has already given us a most admirable discussion of this question, I shall confine my remarks to a few words dealing with the practical side from the standpoint of the large library.

The status of a medical school library will depend to a certain extent on the location of the school. If in a community already provided with a good medical library, the endeavor should be to have a first class reference collection, consisting of the latest and best text-books, the periodicals and special reference works on the biological sciences, and the material necessary for the special research laboratories.

The selection of material would have to be worked out separately for each school, as most institutions have activities peculiar to themselves. The text-books should be kept up to date and when new editions are added the old should be discarded. The clinical and collateral material should not be considered.

If the school is not accessible to a good medical library, its collection should be made as comprehensive as possible. Students should be taught to realize the value of a medical library. They should be encouraged to read the periodical literature, and some bibliographic teaching should be included in the curriculum.

Accuracy and uniformity, and the proper methods in reference work, should be indelibly impressed on their minds and the importance of a knowledge of languages should be early brought to their attention. If the doctor is trained in his student days to make proper and intelligent use of the medical library, much valuable time will later on be saved to both the individual and the library.

1. (b) *Should the facilities of a medical library be extended to the general public?*

Dr. Farlow, in an address delivered at Brooklyn in 1908 before the Kings County Medical Society and published in the Aesculapian

*Read before the Medical Library Association, June 22, 1914.

1908, vol. 1, page 43, made the following statement which is very much to the point:—

“It would seem that although medical literature is being gradually turned out of the General Library, it is progressing in so many directions that it is assuming a much more extensive relation to the community at large than ever before and is less restricted to practitioners of medicine. This fact imposes on the Medical Library the duty of opening its rooms, under certain restrictions, to the general, non-medical public; it means a much greater use of its books, a much larger interest in its success and consequently a more important position in the educational world.”

In order to make clear our attitude on this important question it will first be necessary to note briefly the conditions under which the Boston library is conducted. The Boston Medical Library is a free reference library open to all those who have a real need of its services. Among our readers we have lawyers, educators, sanitarians, clergymen, chemists, biologists, writers, newspaper men, college and high school pupils, in addition to the members of the medical and dental professions and students from the medical and allied schools. By allied schools are meant the osteopathic, optometric, dental, veterinary, and gymnastic.

The Library is not connected with any society, institution or other body and does not receive aid from the city or state. It is a distinct corporation organized for the purpose of maintaining a medical library and supplies a community of a million and a quarter people in Metropolitan Boston.

Boston has a fine library system, being well supplied with first class general and special libraries. The Boston Public Library has transferred its strictly medical books to our Library, but has retained the books on hygiene, eugenics, and subjects of a like nature and has ceased buying medical works.

The question now arises as to whether we shall encourage the use of the library by the non-professional public, and, if so, shall we censor the material? There is no question in my mind as to the advisability of supplying the needs of the before mentioned professional non-medical public by the medical library, as I feel that we should do all that we can to furnish this class of readers with the information needed in their work. This material need not be censored. I am heartily in sympathy with the movement to supply the laity with good literature on such vital public health topics as clean milk, contagious diseases, infant mortality, tuberculosis, cancer, alcohol, and eugenics. Such material should be provided by the free public library; first, because a great majority of the reading public

frequent the general library and it should be an easy matter to bring to their attention such special literature by combining it with the general works supplied by the Library; and second, because of the relatively small capacity of the reading rooms of the average medical library. Small collections of good books on the above topics of public interest, selected if necessary with the aid and advice of the medical library, should be part of the regular equipment of the progressive free public library. We do not approve of the promiscuous use of the mass of literature on the sex question. It was found that the privilege of consulting this material was abused, and we have been compelled to restrict its use. If such works are to be provided for the general public, they should be very carefully selected by some person conversant with the subject.

2. Bibliographic Work.

In this connection the question arises as to how much is to be expected from the library in the way of reference work. We maintain a closed stack but the books in the main reading room are on open shelves to which free access is allowed. In this room are shelved only sets, or portions of sets of periodicals that are constantly in demand, reference books, text-books for the students, and the important new accessions. This department is in charge of an assistant who is experienced in medical reference work.

Economy of time in furnishing material is important. It should be so arranged that the minimum of time is required for its use. The most used should be the nearest to the reading room. The collection in the reading room should contain only those books and periodicals in constant demand. In a large, comprehensive library it is an impossibility for any one person to carry in mind the resources of the library. A trained worker will remember the important material, but the system of cataloging must be adequate to supplement this information.

At present we merely, assist the readers in their work although we help our members more than we do the general public.

The advisability of extending this work has now to be considered. Shall we employ a reference expert, and if so, under what conditions? Our material is received in such large quantities that it is impossible from an economic standpoint to do such work as Dr. Black has accomplished in his library. For a description of this scheme see, *Illinois Medical Journal*, 1910, vol. 18, page 85. We have to depend on the various bibliographic aids and their use under competent supervision.

In our case if a bibliographer is employed it will only mean the extension of the work. The duties of such a person would be to assist all readers in their researches and to prepare critical bibliographic bulletins on special subjects. Lists of references could be compiled for individuals, such work being paid for and the money turned into the treasury. Discrimination could be shown to members in various ways. They could receive more assistance than non-members, could be charged a lower rate for individual reference lists, and if there is too great a demand for this class of work, the members should have precedence over non-members. Each person should pay for such individual work, as the employment of a reference expert should be for the common good, and in this respect all individual work should give way to the preparation of the special bulletins.

It seems to me that in connection with this bulletin work a scheme of co-operation could be worked out among the larger libraries, such as those in Boston, Chicago, New York and Philadelphia. Such an arrangement could be managed by one of the libraries, each library doing an equal amount of work and all the libraries in the combination receiving copies of the lists. Lists could be available for libraries outside the combination at a price to realize a reasonable profit.

Bulletin work has been carried on successfully in the Treadwell Library for a number of years. The Bulletins I suggest would be much more comprehensive, as they would be based on large periodical collections.

It is a good plan to issue monthly lists of important recent accessions to the library. Such lists are now published by the Boston, New York and Philadelphia libraries.

It is well to mention the importance of accuracy, especially in the proof-reading of references in a foreign language, system and uniformity, more particularly as regards abbreviations, in bibliographic work.

3. Circulation.

We lend three periodical volumes and three books or pamphlets to members, periodicals for seven days and books for ten days, with the privilege of renewal if not wanted by other members. The only restrictions are on rare and valuable works, books published within one year, current periodicals and the bibliographic aids. New books are retained in the library for three months from the date of purchase, but if bought on the recommendation of a member are reserved for that particular member and may be taken home for a period of the

days. This does not apply to works which are of such a nature that they would be purchased in the ordinary course of affairs.

We loan books to any public or college library in Massachusetts and to any medical library in New England on application from the librarian. Occasionally we receive requests from libraries in localities which we consider outside of our particular field, St. Louis, Chicago, San Francisco, Cincinnati, Newark; these we refer to the nearest large medical library.

Personally my sentiments are somewhat akin to those of John Langdon Sibley, sometime Librarian of Harvard College, whose happiest moment was two o'clock, when the doors of Gore Hall closed for the day, and circulation with its risks ceased until eight the next morning. One day, he remarked with exultation to an assistant: "At this minute, all of the books except two are on the shelves; those are at Agassiz's, and I'm going to get them." Seriously, my policy is towards the restriction of circulation, as I feel that the most good to the greater number can be accomplished by a purely reference collection. We are now considering the advisability of removing from circulation various sets, such as Keen, Bryant and Buck, Osler, Allbutt, Pfaundler and Schlossmann, Testut, and Kolle and Wassermann. These works are in constant demand and if a volume is out for ten days it may inconvenience a number of readers while benefiting one.

4. *What means should be taken towards building up a medical library?*

The physician needs a medical library but he needs more of a library than he can shelve or personally afford to keep up to date. In Boston the private library is on the decline. Many physicians now refuse to purchase books on the ground that they can be obtained at the Library. We urge all physicians to turn in their collections of books and to depend on the library for their literature. We are constantly impressing on the medical profession in our vicinity that we are willing and desirous of receiving anything and everything of a medical and allied nature, and that all material, no matter how worthless it may seem, should be saved for the library. It is a fixed rule to accept any gift, no matter how large or small it may be. An acknowledgement is promptly sent for each donation, even if only a reprint. We have two forms, one a postal for the lesser items, the other an engraved communication for the more valuable gifts.

We endeavor to have whole collections turned over to us during the lifetime of the owners rather than after their decease. Within

the last two years there have been received three really fine collections, one on otology, one on ophthalmology and one on nervous and mental diseases, the former owners of which are still alive, and interested in the Library. We urge on our members the necessity of providing for the disposal of their libraries in their wills. We send out letters to various special classes from time to time asking for donations of material; such letters are sent to homœopaths, dentists, sanitarians, clerks of town and city boards and specialists.

It pays to advertise. We get our name before the public as often as we can do so legitimately, in order to keep up interest in the library. When news worthy of mention turns up someone should see that it gets into the proper publicity channels. There should be issued an annual report of the doings of the library which should be sent to the members and other interested persons. It is essential that the members of the library should be interested in its growth and that their interest be sustained.

The Librarian makes a quarterly report to the governing body on the work of the library. This is a good plan, as it tends to keep up the efficiency of the staff and results in uniformity of accessions. It also provides a means for comparison with other stated periods.

The exchanges of the local medical journals and the various drug and chemical houses and the magazines of the journal clubs can often be had for the asking. The matter of exchange with other libraries and with dealers is very important, but it must be remembered that a good exchange system calls for an equivalent in return and means a great deal of time and labor, but the result should justify the expense.

Unfailing courtesy should be the watchword of the library. No matter how much of a crank or nuisance a person may be, he should be handled with gloves. Particular attention should be given to the telephone. In all libraries there is a decided tendency to brusqueness in dealing with the public, and constant watch should be kept for this condition and it should be curbed at its outset.

5. The selection and purchasing of material.

The power of selection and purchasing should be vested in the librarian. He is the person most conversant with the needs of the reader and is in a position to take a very broad view of the whole field of medical literature. The selection of books by a Committee is impracticable. There is either a difference of opinion in the Committee or the selection is narrow and not well proportioned. The average physician is the last person to whom the task of selecting books should be entrusted. We are constantly asked for advice by

physicians who have charge of the purchasing for institutional and small public libraries.

The good material should be obtained as soon as issued and preferably before being asked for by the reader. It is a great satisfaction to be able to say, "Yes, we already have that work." The ordering should be so arranged that the material comes in steadily and evenly rather than in large lots received at irregular intervals.

It is a good plan to advertise in "Clegg's International Directory of Booksellers" under the heading of "Book Collectors." In this way catalogs are received from a great many sources. When orders are given from these catalogs they should be sent direct to the bookseller, not to an agent. This may be somewhat of an inconvenience, but something is due the dealer for his trouble, and such orders keep the catalogs coming and in many instances the dealer makes special reports of interesting items.

Collation is necessary. Errors are often found in both old and new books and periodicals. We collate all serial and periodical publications, all purchased material, and the new, rare and valuable works.

Requests are constantly made for material that from a practical point of view seems useless. Particular editions of old text-books, third rate journals, advertising material, etc., are in demand. Such material is wanted for the verification of data and for the compilation of clinical statistics. The fact that it is required makes it of positive value and, if in a large central library, makes it necessary to retain almost everything of a medical and allied nature, no matter how worthless it may seem. We are now forming a list of such material supplied to our readers and when this is available it should prove interesting and useful.

Collections of old books are sometimes offered for sale to the medical library by persons who have an exaggerated idea of their value; mostly due to ignorance of the conditions applicable to this class of literature. As we well know, old age in itself does not necessarily constitute high value. Most persons will listen to reason and accept our appraisal of their material. Once in a while we come across an individual who thinks that the librarian is belittling his very valuable collection in order to acquire the same for a mere song. In these cases we refer such persons to the second hand book dealers.

The contributions to medical knowledge are first noted in the serial and periodical publications and these, with the various finding aids and the special monographs, are what the busy worker needs and must have. A text-book is out of date soon after its publication.

The periodical collection is the back-bone of the library and every effort should be put forth to make it as complete as possible. The important general weeklies and monthlies, the transactions of the international, national, local and special societies and as many of the special journals as funds will allow should be placed on the subscription list. All of the subscription business should be placed in the hands of one agent. This is most satisfactory in many ways as it simplifies the book keeping, cuts down the correspondence, and, best of all, provides one responsible head for the business.

Much of the American periodical literature can be obtained through the various channels open to most libraries. The publications of all the state medical societies should be regularly received and the sets made as complete as possible. The card check list system should be used for keeping track of the receipt and payment of the serials and periodicals. The periodical field is constantly changing, and provision should be made for the acquisition of the best of the newer publications. A good general agent will keep one in touch with this material.

The matter of the completion of files is most important. Constant effort should be made in this direction and a special sum of money set aside each year for this work. Particular attention should be directed to the completion of the files of the proceedings of the various international, national, local and special societies. Every single number of a journal, old or new, not already in the Library should be saved. Some day it may be the one number necessary to complete a set.

There is great difficulty in obtaining numbers or volumes of many of the American and English periodicals. It is much easier to obtain foreign wants than it is to get the missing parts of many of the American publications. Advertising in the Publishers' Weekly and the Publishers' Circular will sometimes prove successful. Numbers of out of the way journals are consigned to the junk dealer without a thought that they may be wanted at the library. Personal solicitation and publicity will go a great ways toward solving this problem.

From time to time want lists should be compiled and sent out to various foreign agents for reports. All catalogs should be examined as one cannot tell where some much needed volumes may be found. They have turned up in the most unlikely places. With a certain class of material, such as odd volumes and numbers and publications in the uncommon foreign languages, it is well to give a definite order and in most cases to set a maximum price which the agent must not exceed.

We now come to the purchase of books. The first question is what class of material shall we buy for the library? First of all the monographs, and then the special works, systems and last of all the text-books. The various classes are enumerated in the order of their value. It is not necessary as a rule to buy every edition of a textbook. It is usually much better to buy a new work of this class rather than to buy a new edition of an old work which may be only a reprint. If an actual revision has taken place with considerable addition of material it will then be desirable to obtain that particular edition. All works of a bibliographic nature that touch medicine on any of its many sides should be acquired. No discrimination should be made as to language. Monographs and special works in English, French, German and Italian should be bought without prejudice.

We subscribe to the Publishers' Weekly, N. Y.; Publisher's Circular, Lond.; *Mémorial de librairie française*, Paris; and the *Wochentliches Verzeichniss*, Lpz. They constitute a weekly record of most publications issued in America, England, France and Germany. The monthly bulletin issued by Dekten and Rocholl of Naples provides this information for Italy. In addition to these aids, the leading American and English weeklies, the catalogs of the various dealers, the advance circulars, the material mentioned in the periodical literature such as good reviews, books received and advance notes on proposed publications are utilized. This information is made available and the result is that we get together more good titles than we can possibly order. We make our selection and the titles left over are filed for future use.

In ordering we are guided to a certain extent by a device which we call an "equalizer." This shows to the minute just how many books have been purchased in any special field of medicine for the particular period under consideration. Our classification is subdivided into thirty-six sections. We take a sheet of paper with thirty-six lines and on each line enter one of the subdivisions of our classification. Then when a book is purchased it is entered on this sheet in its proper place.

While the library should endeavor to furnish to its readers the newest and latest ideas in medicine, it should not forget that the present depends upon the past and not upon the future, and that earnest effort should be made to secure what relates to medical men of times gone by. The large medical library should contain and obtain all the material necessary for the study of the history of medicine. Particular attention should be directed to local medical history and biography. Collections of medical portraits, autograph

letters and manuscripts, book plates, etc., should be formed and maintained. The Boston Library is fortunate in having a remarkable collection of medical medals now numbering some 3,700 specimens. Provision has been made for its permanent maintenance.

There is a great mass of material relating to medicine which never comes into the market and which could fill a very important place. Every physician has in his possession fugitive material such as pamphlets, clippings, photographs, autographs, etc., which are either soon thrown away or become destroyed through improper care. Special effort should be made toward the acquisition of this material.

The newer publications dealing with the history of medicine should be acquired as issued and the older material as funds allow. A certain sum each year should be expended for this purpose. In the selection of the old literature we make use of the following named aids:

Pauly, A. Bibliographie des sciences médicales. Paris, 1874.

Pagel, J. L. Historische medicinische Bibliographie für die
Jahre, 1875-1896. Berl. 1898.

John Crerar Library. List of books on the history of science.
Chicago, 1911.

Garrison, F. H. An introduction to the history of medicine.
Phila. 1913.

Garrison, F. H. Texts illustrating the history of medicine in the
Library of the Surgeon-General's Office,
U. S. A. Wash. 1912.

Dr. Garrison has recently called my attention to: Withington, E. T. Medical history from the earliest times, Lond. 1894, which is a source book of the highest value and should be added to the above list.

6. *How far shall the medical library go into the collateral sciences?*

The border line between the biological sciences and medicine is changing very rapidly and it is an important question of deciding how far the medical library shall go into these subjects. In a large library it is desirable to have at hand any material the demand for which is fairly constant. Each library will have to work out this problem to its own satisfaction according to the library facilities existing in its particular field.

In Boston where we have fine libraries on chemistry, psychology and science, the problem is somewhat simplified. The following few examples will give some idea as to our policy in this matter. We purchase material on physiological but not on pure or industrial chemistry; on psychology but not on pure philosophy; on eugenics

and comparative anatomy and physiology but not as a rule on general biology or zoology. It is desirable to have the transactions of the four large chemical societies of London, Paris, Berlin and New York and such journals as the *Zeitschrift für analytische Chemie*, *Zeitschrift für angewandte Chemie* and *Kolloidchemie*. Much material relating to physiological chemistry is first published in these important serials. We found on investigation that the field of criminal anthropology was not properly cared for in any of our Boston libraries and as it is so intimately connected with legal and state medicine we found it advisable to purchase works on this subject.

7. *Public documents, transactions of non-medical learned societies, hospital reports.*

The medical library should collect all national and state public documents of a medical and allied nature, both foreign and domestic. It should obtain all local material, the term local being used here in a rather broad sense, and the publications of all the larger municipalities.

The transactions of such learned societies as the Royal Society of London, the British Association for the Advancement of Science, the Academie de science de Paris, the Association française pour l'avancement de science, the Königlich-Preussische Akademie der Wissenschaften in Berlin, the Kaiserliche Akademie der Wissenschaften in Wien, should be in the library.

Special effort should be made to obtain complete files of the statistical reports of local general hospitals. The reports of all special hospitals and of general hospitals in the larger cities should be acquired. All reports of a clinical character, both foreign and domestic, should be on our shelves in complete files.

8. *Cost of cataloging.*

It is desirable that the actual cost of cataloging medical books and pamphlets should be determined. Reliable cost figures would influence to a certain extent the treatment of certain classes of material. The cost should be based on actual test work, not on vague generalizations or haphazard guesswork. The medical libraries comprising this Association should compile such figures and I would be greatly pleased to have such statistics sent to me at Boston. Such reports will be considered strictly confidential, and if sufficient material is received I will take great pleasure in making a critical report at some later date.

The method used in compiling these figures should be uniform. The actual items considered should be:—

1. Examination of the work by the catalog.
2. Main and added entries.
3. Accessioning, classifying and shelf listing.
4. Subject, analytical and reference entries.
5. Cost of cards.

In the few libraries where proper accessioning is required, this process should be included as it is a proper charge against such work. It will enhance the value of the statistics if separate costs can be given for each process.

The test itself should be based on not less than 200 separate and distinct works and should include the new and the old, the difficult and the easy, and should be in all languages. In my own test, I made use of 250 works divided into five equal sections, each section consisting of a different class of material. I first selected what I consider to be the worst lot of books from a cataloger's point of view that ever came into the library. They were from the Van den Corput collection and were mostly seventeenth century material in old German, French, Dutch and Italian. Each work had to be investigated before it could be cataloged. I then took 50 Paris theses, 50 modern foreign, 50 old English and 50 modern English books. Total number of works cataloged was 250, for which 589 cards were made at a total cost of \$26.4565. The cost per work was .1058 and per card was .0449.

Works cataloged.	Works examined by catalog.	No. of cards typed.	Cost per work.	Total cost.
50	62	120	.1912+	\$9.5625
50	50	121	.0961+	4.8070
50	74	119	.0989+	4.9464
50	54	114	.0792+	3.9602
50	202	115	.0636+	3.1804
<hr/> 250	<hr/> 442	<hr/> 589	<hr/> .1058+	<hr/> \$26.4565

It is interesting to note that the cost for the very old, difficult material was twice that of the modern foreign and almost three times as much as the English.

9. Theses, dissertations, pamphlets and reprints; their relative importance and treatment.

The collection of inaugural dissertations and theses is a most important division in the large medical library. This class of material may not have a high literary value, but the demand for it is constant and it is demand, not quality, that should influence the supply in a large library. To have what is asked for should be one of the great

aims of a progressive library. This material should be properly cataloged and by a suitable arrangement made available for use.

In order to show how highly we value this class of material, it is only necessary to note that during the past three years the Boston library has acquired by purchase 54,000 separate theses and dissertations and that we are now negotiating for the annual supply of all medical dissertations of the European universities

Pamphlets and reprints from journals not contained in the library are fully cataloged and filed according to subject. The great mass of reprints are, however, from publications already in the library. It is this class that presents to our library one of the most perplexing of problems. I believe that these reprints should be retained and that they should be cataloged. Any material worthy of retention should be worthy of cataloging. For the past two years we have been unable to do anything with this particular class of reprints for two reasons: first, our accessions of more important material have been very extensive and second, because of the cost of cataloging. It costs just as much to catalog a reprint as it does a book.

Mr. Fisher's plan of arranging all his unbound pamphlets and reprints according to subject, and binding one subject to a volume, making full author cards for each pamphlet but only one subject card for each volume is a good plan with some very good features. It cuts down the number of cards in the official catalog and is economical on account of the limited cataloging.

We have always filed our reprints and pamphlets according to subject, have fully cataloged them, and eventually bound them into subject volumes. We shall adopt the Philadelphia idea of a single card for each subject volume but otherwise we shall follow our established method of cataloging and filing. We shall limit this arrangement to reprints from publications already in the library. In binding these volumes it would also be desirable to bind together all the available reprints of a certain period on one subject, and the dates could then be noted on the subject cards. Pamphlets as such and reprints from inaccessible publications will be treated the same as books.

10. Arrangement of periodicals in the stack, periodical and reading rooms.

In the periodical room we use a strictly alphabetical arrangement under the first word, not an article or preposition. An exception has to be made of the folios as they have to be shelved by themselves on account of their size.

The arrangement in the stack is a combination of the class and alphabetic systems. We keep together all our society and institutional publications, also those relating to dentistry. The directories, hospital reports, public documents and theses are arranged by classes. All other serial and periodical publications are arranged alphabetically under the first word not an article or preposition.

In the reading room the arrangement is according to classes as this is the best plan for reference purposes.

11. The value of a reserve collection.

A reserve collection is an important adjunct to the regular files. It should be carefully selected and be composed of periodical publications of high merit and valuable reference works. In case of accident to the regular files it is an important source of supply. We now have over 7,000 volumes in our reserve, 75 per cent. of which are high grade periodicals. The other 25 per cent. is duplicate material received on deposit which it seems necessary to retain in the library. There are only some twenty odd books in the collection. Only such books as Dalton's "Topographical atlas of the brain," and McEwen's "Pyogenic diseases of the brain," are put in the reserve. This collection is not included in the regular library count, but is accounted for separately.

12. Uniformity in library statistics.

This is another topic which was added to my list and as my friend Dr. Garrison has very kindly consented to discuss this question, I shall confine myself to an exposition of the Boston procedure. To my mind a volume is a volume whether it is bound or unbound. Binding is generally a matter of finance. The important question is the dividing line between volumes and pamphlets. It is better to have unbound material than no material, and the fact that a book is unbound should not bar it from consideration in the summary of the resources of the library.

We call everything of 100 pages or over a volume whether bound or unbound, all unbound under 100 pages are pamphlets. If under 100 pages and bound in good stiff binding, not a home made affair, it is called a volume. We do not place covers on pamphlets and call them volumes. If a pamphlet is valuable enough for a cover, we give it a good binding. In this matter of statistics I should like to suggest the appointment of a Committee to consider the subject in full and to report at the next meeting of the Association.