MEDICAL MONOGRAPHS: A COMPARISON OF CORE
LISTS AND THEIR POTENTIAL USES IN TAIWAN

Ellen F. Liu*

I. Introduction

The idea of developing a core collection to improve hospital libraries and thus facilitate continuing education programs was first advocated by Stearns and Racliff over a decade ago. Their 1969 original list revised only once in 1970, has long been considered outdated. However, their idea of producing a list of "a minimal number of textbooks and journals that can function as the core for a medical library,"¹ has been adopted by many in formulating various new core lists. These core lists, in turn, have gained recognition and have been widely used in the U.S. by both hospital libraries and large academic medical libraries.

In Taiwan the hospital libraries now have essentially the same basic weaknesses that their American counterparts faced a decade ago— inadequate collections, inadequate personnel, inadequate space,² plus inadequate funding. Identifying or compiling suitable core lists is the first step toward improving hospital libraries in Taiwan. As a recent report already compared core lists of medical journals,³ this study will focus on medical monographs. Four core lists have been chosen for a comparison study concerning the core library size, its purpose and intended users, subjects covered and characteristics. We hope that such a study could show whether these core lists can be adopted or modified for the uses

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II. Definition and Concept of the Core

The concept of a core as the central and fundamental part of something has been widely used in library related fields. For medical libraries Stearns and Ratcliff delineates the concept as follows:

The core-library concept is that all major areas of health-care practice, including the basic sciences, be covered in a minimal number of books and journals, that are authoritative, current and appropriate to practice, that all materials be readily accessible, clearly labeled and logically arranged; and that the library facility be supervised by a person trained to provide essential services.⁴

This definition of a core library has been followed in spirit by many hospital libraries and academic medical libraries, even though sometimes they differ in their interpretations.

III. Four Core Lists

“Books and Periodicals for Medical Libraries in Hospitals”⁵ 5th edition 1978, is the work of the Library Association. (Hereafter abbreviated as the LA list.) The viewpoint of its British compilers sometimes provide interesting contrasts to the American lists. Brandon’s “Selected List of Books and Journals for the Small Medical Library,”⁶ 9th edition 1981, has been revised biennially and established itself as a standard authority list. It has become an important feature of the Bulletin of the Medical Library Association since its inception. “Books in Clinical Practice 1971–75,”⁷ was first published in 1969. It remained with the Journal of the Oklahoma Medical Association until the
fifth edition which was published in 1974 in the *Postgraduate Medicine*. Unfortunately, the revision did not continue after then, and the death of its senior author Kelly M. West in 1980 may further deter its revision. Allyn's "A Library for Internists III" (1979) has been published in the *Annals of Internal Medicine* every three years since 1973.

It is interesting to note that all these core lists have many, if not frequent, revisions, and the publishing media and the authors/editors remain constant. These facts may indicate a stable demand of the core lists.

**IV. Comparison——Authority of Core Lists**

The preparation process of the LA list is not clear. It was a project of the Publications Sub-Committee of the Medical Section of the Library Association. Incidentally, Leslie Morton, one of the editors, is well-known by his contributions in medical bibliography and medical literature. Brandon's list is compiled by two medical librarians. Although they have taken into consideration the opinions of subject specialists and other medical librarians while compiling the list, the review and evaluation responsibilities rest on the authors. The West list goes through similar review process, and the final decision is made by the senior author, a professor of medicine. Allyn's list results from ranking recommendations by some 2050 physicians through survey forms and bears the approval of the American College of Physicians.

These different reviewing processes show that selections made by medical librarians are respected as well as recommendations made by medical specialists through questionnaires, so long as these selections and recommendations are done carefully and responsibly. This inference could be validated by the popularity and respect won by the Brandon list in the U.S.
V. Comparison—-Purpose and Intended Users

The different editions of the LA list, intended "as core lists of basic stock,"9 are meant to provide guidance for small medical libraries. Brandon's list is intended mainly as a guide for establishing an adequate quality collection in hospital libraries and as "a core list for consortium of hospital libraries."10 West's list tries to help clinical practice by using books as clinical tools in solving specific problems of daily practice.11 Allyn's list has a more limited scope. As its title suggests, "A Library for Internists," it tries to identify the most useful publications for internists. Thus, the intended primary users of these four lists vary from internists, to clinicians and to all health practitioners in hospitals.

VI. Comparison—-Size of the Core Collection

Stearns-Ratliff emphasize "a minimal number" as an essential component of the core concept. But the idea of a minimal number is not a constant and stable thing even with the same person. In Stearns-Ratliff's 1969 list the minimal books are 49, but in the 1970 list the number nearly doubles to 87.

<table>
<thead>
<tr>
<th>Core List</th>
<th>Number of Titles</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>551</td>
<td>Figures not including duplicate listings</td>
</tr>
<tr>
<td>Brandon</td>
<td>539</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>516</td>
<td></td>
</tr>
<tr>
<td>Allyn</td>
<td>406</td>
<td></td>
</tr>
</tbody>
</table>

From these figures we notice that the core for internists is about
4/5 of the rounded lists and the size of a current core collection is much larger than that of Stearns-Ratcliff’s.

VII. Comparison——Subjects

Subjects are compared in three categories—namely basic sciences, health sciences, and related subjects. As clinical medicine is covered most fully by all four lists, it is further sub-divided and compared. In order to fairly and fully compare the core lists, the following steps are taken.

First, only when actual books are listed under a subject, it is reckoned as a subject. A subject with mere see references is not reckoned.

Second, for the sake of thorough comparison, “editorial liberty” is exercised to equate a title of earlier edition with that of the current edition. Tracing through changes of editors, titles and publishers between editions sometimes demands detective skills. For example, Duncan’s Diseases of Metabolism was the title for the seventh edition on the West’s list while the eighth edition of the same book changed its title to Metabolic Control and Disease on the Brandon list.

Third, Brandon’s terms of subjects are used in the following charts because more agreement of the terms seems to exist among the American lists and Brandon’s scope of coverage is the broadest among them.

Subject Comparison I——Basic Sciences

<table>
<thead>
<tr>
<th>Subjects</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biochemistry</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Immunology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Subject Comparison I — Basic Sciences
(Continued)

<table>
<thead>
<tr>
<th>Subjects</th>
<th>List</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiology</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physiology</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Brandon and LA are the only lists covering all major subjects of the basic sciences. West allows pathology an independent subject heading, but immunology is just a part of the subject heading under “Allergy and Immunology.” In Allyn’s list only “Immunology,” as a sub-specialty of internal medicine, gets titles for both general and in-depth studies. Other subjects of basic sciences as entries under related and other specialties receive scanty coverage.

Subject Comparison II——Health Sciences

<table>
<thead>
<tr>
<th>Subjects</th>
<th>List</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medicine</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dentistry</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacology &amp; Therapeutics</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Here the division is not always agreed by all four core lists. For example, "Toxicology" is specified by Brandon and Allyn as a subject in addition to "Pharmacology and Therapeutics," but Dreisbach's *Handbook of Poisoning* appear on all four lists.

In some subjects national preferences are noticeable in the inclusion of titles. Brandon warns that "a preferred medical text in the United Kingdom is not necessarily accepted as such in the United States." The reverse is also true. In the subject of "Pharmacology and Therapeutics" understandably the respective national pharmacopeia and formulary are mutually excluded from the lists(s) of the other nation. However, standard American texts such as *AMA Drug Evaluations*, Conn's *Current Therapy* and *PDR* picked by all three American lists, fail to make their appearance on the LA list. In the same vein some standard British texts like Laurence's *Clinical Pharmacology* and *Today's Treatment* are not on any of the American lists, and the 13th edition of Alstead's *Textbook of Medical Treatment* is listed only by the west list.

**Subject Comparison III——Related Subjects**

<table>
<thead>
<tr>
<th>Subjects</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictionaries &amp; Other Medical References</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of Medicine</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hospitals/Health Administration</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Laboratory Methods</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Legal Medicine</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The contents of related subjects receive the least agreement among the core lists and they are scattered over wide areas. The above chart shows subjects appearing on two or more lists.

Some subjects show cultural or national leaning. Brandon points out some management methods and problems especially for the Americans by placing books on management by objectives and collective bargaining under the subject "Hospitals." The Accreditation Manual for Hospitals published by the Joint Commission on Accreditation of Hospitals, a book of American standards, is marked by Brandon for preferred initial purchase. The same trend is even more obvious on the LA list under "Health Administration" which includes guides and handbooks issued by the British Institute of Health Service, Department of Health and Social Security, and Office of Health Economics. Legal Medicine/Forensic Medicine is another subject inseparable from principles and practices of a nation—be it America or British. Books on these subjects naturally influenced by the nationality and locality of the respective authors and they inevitably reflect the western cultural and societal values.

In clinical medicine variation of terms often happens. The order in a combination of terms is sometimes reversed, such as "Gynecology and Obstetrics" used by the American lists while "Obstetrics and Gynaecology" used by the British list. Another variation seems to indicate also national preference in "Otorhinolaryngology" used by all three American lists and "Ear, Nose and Throat" by the British list. A more diverse choice of terms exemplifies in the use of "Oncology" by Brandon and Allyn, "Cancer" by West and "Neoplasms" by LA. These variations of terms do not cause problems as they refer to the same subjects.

Problems in comparison may appear when the different terms used reflect a different choice or a different emphasis of essentially same subjects. "Preventive Medicine and Public Health" and its reverse combination used by the American lists clearly demonstrate a different emphasis from the British choice of the subject "Community Health, Epidemiology and Statistics." The
Subject Comparison IV——Clinical Medicine:
Subjects Sub-divided

<table>
<thead>
<tr>
<th>List Subjects</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Arthritis and Rheumatism</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cardiology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dermatology</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dietetics and Nutrition</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Genetics</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Gynecology and Obstetrics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hematology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Neurology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oncology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Subject Comparison——Clinical Medicine: Subjects
Sub-divided (Continued)

<table>
<thead>
<tr>
<th>List Subjects</th>
<th>LA</th>
<th>Brandon</th>
<th>West</th>
<th>Allyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otorhinolaryngology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Preventive Medicine &amp; Public Health</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiology and Nuclear Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Surgery</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tropical Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

different emphases may be the reason of only one book chosen by three lists. Another example is the subject “Respiratory System” used by Brandon and LA, while a narrower term “Pulmonary Diseases” is used by Allyn and West. Nevertheless, Bates’ *Respiratory Function in Disease* appears on all four lists and three other titles agree by three lists. In this case the narrower term does not seem to prevent agreement between the lists.
VIII. Summary of General Characteristics of the Lists

All four core book lists aim at important, authoritative and current books. Even though the West list did not have new editions since 1974, it was revised annually before then and a surprising number of the chosen titles appear on the other lists in later editions.

Brandon and LA are the two well-rounded lists covering major areas of basic sciences, health sciences and health related subjects. Their broader scope continues into the sub-divisions of clinical subjects. In contrast, West limits his scope of coverage to the clinical subjects and Allyn emphasizes internal medicine while touching selected areas in basic sciences and health related subjects.

The authors of these core lists are fully aware of the fact that institutional needs vary greatly. None of the core lists pretends to be the ideal list dictating a standard collection for every small medical library. They are intended as a selection aid or guide. Any small medical library using these lists should consider the objectives and subject specialties of the parent institution. Many large academic medical libraries may find these core lists also useful in organizing a non-circulating, ready-reference type core collection. Their selection depends greatly upon the research and educational programs of the parent institution.

IX. The Appended List

A total of 106 titles—81 appearing on three lists and 25 appearing on all four lists—are identified and listed in the appendix according to Brandon’s subject divisions. Among the 106 titles only 46 appear on the LA list. Tendency of agreement seems to be greater among the American lists than between the American and the British lists. As these books are chosen by at least three core lists, they could be used as a good basis to start a core col-
X. Potential Uses of Core Lists in Taiwan

Hospital libraries in Taiwan generally have to face the problems of inadequate collections, personnel, space and last but not the least, funding. Two surveys reported during 1980-81 show that the provision of books and journals is considered by both practising physicians and medical students as the most desired working condition. Using core lists could definitely help alleviate library problems. With the least money staff effort, and space a library could develop a functioning core collection to satisfy the special needs of its parent institution.

From this study we learn that in certain subjects the preferences along the national line are quite pronounced in the western core lists. A direct adoption of these books would bring some materials not applicable in Taiwan and would possibly introduce some bias of western culture to the Chinese physicians. The core lists could serve as a good foundation to develop lists especially designed for the uses in the medical libraries in Taiwan. Considerations about the Chinese government policies, laws, English language and writing style, and special local health problems should be added to the opinions of the local physicians, professors, medical students, medical librarians, and publishers in developing the core list(s).

References

2. Ibid.
4. Stearns NS, Ratcliff WW. “An Integrated Health-Sciences Core Library
10. Brandon op cit.: 185.
11. West op cit.: 60.
APPENDIX
(BOOKS APPEARING ON THREE OR FOUR CORE LISTS)

Allergy

Anesthesiology

Arthritis and Rheumatism

Biochemistry

Cardiology
Dermatology

Diagnosis

Dictionaries, Special

Dietetics and Nutrition

Endocrinology

Gastroenterology


Genetics


Geriatrics

Gynecology and Obstetrics


Hematology


Immunology


Infectious diseases
40. American Hospital Association. Committee on Infections Within


Internal Medicine


Laboratory methods


Microbiology


Neurology

Oncology


Ophthalmology

Orthopedics


Otorhinolaryngology


Pathology


Pediatrics


Pharmacology and Therapeutics


Physical Medicine and Rehabilitation

Physiology


Preventive Medicine and Public Health


Psychiatry


Radiology and Nuclear Medicine


Respiratory System


Surgery

95. Sabiston, David C., ed. Davis-Christopher textbook of surgery. 11th

Toxicology

Tropical Medicine

Urology

*Indicates titles on all four lists.