

libraries because of their historical accumulations under older rules (please note: not necessarily under the older ALA rules), we then discover that our national library is not going to follow even what we have finally come up with. Instead, it will follow a policy of keeping to the old rules for any entry already established, and applying the new only for entries new to its particular catalogs; a policy for which it has coined the term "superimposition."

Meanwhile, back at the ranch, that same national library which, together with the Association of Research Libraries, exerted the major influence to make the new really the old, has courageously embarked upon a truly noteworthy and trailblazing effort to provide cataloging on a national scale in machine readable form. The preface to the new code tells us explicitly, however, that, while the code makers did not ignore machine (i.e., computer) considerations, they did nothing about them. A similar statement is to be found in the new filing rules of the ALA, and is certainly implicit in the new edition of the Library of Congress subject headings.

Lubetzky's original effort toward clarity of principle has vanished, leaving behind significant traces of his mighty intellect in particular rules, but shattering the grand conception. Perhaps we should have accepted Lubetzky's original and then exiled him, as the Athenians did Solon, for ten years during which we could make no changes.

We have managed, then, after our thirty-five years of effort, to put together a new code which is better than what we had by a considerable factor. So much for achievement. But . . .

We have muffed our chance for a code based clearly on principle, we have missed the boat on international cooperation (significantly, just as the Library of Congress begins a magnificent program of international cooperation in shared cataloging), we have allowed the problems of a relatively few large existing libraries to take precedence over the emerging needs of many more libraries which will be the large existing libraries of the future, and we have ignored the new technology which we know represents what we must use in the future.

But we discharged our responsibility to those existing large collections (many of which did not follow the old rules anyway); we did not upset too many applecarts; we have kept faith, not with Cutter and the giants, but with the catalog embroiderers of the twenties and thirties.

And so, with a crash, to earth. We can live with the new code and even with the way in which the Library of Congress is applying it. We have to. But, inevitably, we will have to change—perhaps back toward Lubetzky and forward to the computer simultaneously. It might be a good idea to start the work now. It has taken since 1941 to get to this point. Perhaps if we begin again right away we may finish our next code by 1983.

And yet—one is tempted to soften the harshness of the above by asking if anything more was really politically possible at this time. In any case, it is just as certain that if we have not done quite what we should, it is not something we can blame on the Library of Congress, or the committees, or the Association of Research Libraries, or ALA, or any other organization—but only on all of us, the profession as a whole. We have to live with it. Unfortunately, so does our public—and our and their successors.—*Theodore C. Hines, Columbia University.*

Classification for Medical Literature. By Eileen R. Cunningham. Revised and Enlarged by Eleanor G. Steinke and Mary Louise Gladish. 5th ed. Nashville: Vanderbilt University Press, 1967. 267p. \$6 (67-17562).

Eileen R. Cunningham produced the first edition of her classification system shortly after 1929 when she became librarian of the Vanderbilt University medical school library, now the medical division of the Joint University Libraries in Nashville. The system was designed to conform to the sequence of the medical curriculum, and was divided into four main parts: biologic sciences, organic systems of the body, pathologic and clinical subjects, and paramedical works of interest in medical collections. The system's major features are its close relationships between complementary subjects,

its easy expansibility, its simple symbolic notation, and its adaptability to collections of any size.

The first edition was produced in visible file form in 1929. The second and third editions, both in paperback, were published in 1937 and 1946 respectively. The fourth edition appeared in 1955, with Eleanor Steinke listed on the title page as a collaborator for the first time; Mrs. Cunningham had acknowledged Miss Steinke's earlier assistance in the preface to the third edition. The major changes from the third to the fourth edition were in the sections for psychology and psychiatry, where related material was brought closer together, and in the section for radiation and atomic medicine which was considerably enlarged.

Mrs. Cunningham had completed the revision of six sections in preparation for the fifth edition before she died in 1965; Miss Steinke then took over. The fifth edition, the first in hard covers, has a text of two hundred pages and an index of sixty pages (two columns). While the same basic structure has been retained, the necessary inclusion of new material has led to some major changes (intensified by the twelve-year gap between the fourth and fifth editions) which will require substantial reclassification by those libraries desiring to keep up with the new edition.

Mrs. Cunningham's classification provided medical libraries with an easily used system designed specifically for their own needs, both medical and nonmedical. Although the Boston system and several more parochial

systems had been developed before 1929, the Cunningham system gradually earned a solid place for itself. It has now become the only system other than that of the National Library of Medicine specifically designed for medical libraries and in use among more than a few such libraries.

Letters were written to the forty-six libraries listed in the 1959 Directory of the Medical Library Association as users of the Cunningham system to see how they were reacting to the many changes in the medical literature. Replies from thirty-two (70 per cent) showed that seventeen were still using Cunningham, eight were currently changing to NLM and three had already done so; one was currently changing to LC, and one had already done so; one had never used Cunningham; and one library had been absorbed. Size and type of library meant little since large and small libraries of various types either changed systems or retained the Cunningham classification.

Because of the growing standardization of medical classification being brought about by the rapidly growing number of new medical libraries, the Cunningham and other privately originated medical systems will probably die out except in some of the large research collections (where the cost of reclassification would be prohibitive). Even if this happens medical librarians will remember the development and growth of the Cunningham System as a needed job that was well done.—*William K. Beatty, Northwestern University.*

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