the documents is those without medical training, whether they are patients, loved ones, or employers. Many chapters end with an 800 number to call for more information or advice about where else to check for additional resources. With the exception of this contact information, there is not as much redundancy as one might expect from the seventy-six chapters, which were originally written as separate documents.

AIDS Sourcebook is the fourth volume in Omnigraphics' Health Reference Series. Volume 3 is Diabetes Sourcebook, which is also reviewed in this issue. All volumes in the series appear to be made up of government documents, which has its good and bad points. In times of shrinking budgets, it may seem foolish to spend $80.00 on a book whose contents are available free of charge to any citizen. It looks even worse when many of the documents are currently held by one's own institution. A quick check of titles in the online public access catalog at the University of Minnesota, which is a full government depository, yielded twenty-seven of the seventy-six documents. I suspect a trip across the river to the government documents library would turn up several more. As of three months following the publication of the book, only one of the twenty-seven documents in our catalog had been superseded by a newer version, but that is another concern when thinking about purchasing the volume. Almost all of the documents are dated 1993 or earlier.

On the other hand, someone else has sorted through many more than seventy-six documents and selected them on the basis of their usefulness and relevancy to the topic. I have been saved that trip across the river and so have my clients. The mix of topics is a good one. Useful but obscure documents such as "A Guide to Locating Information about Condom Efficacy and Use" and "HIV/AIDS and Sports" will probably be seen by a broader audience because of their reprinting in this book.

There are a few points about this book that perhaps only a librarian would make. The index seems thorough, but the abbreviations used to describe the original documents are almost never defined. Would the typical user have any idea what "NIAID," "MMWR," or "AHCPR" stand for? Several chapters note that the information is adapted or taken from a named document, but the medical qualifications of the person doing the adapting, presumably one of the editors, are never addressed.

AIDS Sourcebook is not a comprehensive textbook on AIDS, such as The AIDS Knowledge Base [2]. The intended audience is the lay reader, so it may also be useful as an educational tool for health care providers who work with AIDS patients. It is recommended for public libraries as well as hospital or academic libraries that collect consumer materials.

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References


Designing Archival Programs to Advance Knowledge in the Health Fields is a landmark text for archives and manuscript collections in the health sciences. For many years, Overmier and Lerner's chapter in Hospital Library Management, "Archival Services in Hospital Libraries," was the sole publication addressing this topic in the health sciences [1]. Last year, Joan Krizack's book, Documentation Planning for the U.S. Health Care System, appeared, outlining for the neophyte and the experienced alike the parameters and players in the health care arena, information vital for understanding its organization and operation [2]. This presentation of functional analysis sets the stage for archival planning in the health sciences.

General books on archival management and those that deal particularly with academic collections lack the context and perspective needed by individuals responsible for academic health sciences records. Nancy McCall, archivist, and Lisa Mix, processing coordinator, of the Alan Mason Chesney Medical Archives, Johns Hopkins Medical Institutions, have put together a book that fills this gap and responds to a perceived "need for both inter-institutional and intra-institutional collaboration in the selection and preservation of critical contemporary documentation, as well as a shift in archival theory to accommodate the base size and the complexity of the contemporary documentation base" (p. xx). They also emphasize a growing trend in information management: the collection and retention of scientific data for future use.

New collection curators need counsel, and the current fiscal climate in academe calls for some drastic reevaluation of existing archival programs; this book will provide reliable and creative guidance for both. With several exceptions (primarily in part 1), many contributors are Johns Hopkins personnel associated with the Chesney archives, who bring expertise in their individual areas.
Growing out of the experience of the Chesney archives, the research of its staff, and a National Historical Publications and Records Commission-funded study of records held in academic health centers, Designing Archival Programs is organized in twelve chapters, divided in three parts. Each part is prefaced by a useful short overview of the subjects to be examined. Part 1, “The Broadening Base and Changing Media of Evidence in the Health Fields,” describes the increasing variety of original materials needed for scientific and historical research in the health sciences—materials that document teaching, research, and patient care; their policies and processes; and their physical and social contexts. Separate chapters deal with the context of record creation (Krizack), use of records for historical research (Anderson), patient records (Howell), and scientific records and research data (Williams), discussing the challenges and problems they present for identification and selection. This section ends with a chapter on “Computerization and a New Era for Archives,” in which Nina W. Matheson surveys the issues faced by those developing standards and criteria for the preservation of electronic records, including records management, bibliographic databases, and knowledge management systems.

In part 2, “Preparing Archival Programs for the Health Fields,” the chapter authors discuss the need to rethink the goals, organization, and management of health sciences archival programs at the turn of the twenty-first century. The first three chapters focus on issues such as the quantity of records; the fragility of storage media; the redundancy of data (available in a variety of formats); and the multiplicity of uses by a variety of researchers, which the curator will have to consider. Meeting the goals of the parent institution while providing the widest access to materials are basic concerns. To accomplish the evaluation and redirection of such programs, the authors propose using a team approach, involving faculty and staff on policy and advisory committees. The development of documentation plans and strategies that will result in highly focused, relevant collections is the goal. In addition to documentation of the parent institution, interinstitutional cooperation may be required for comprehensive coverage of specific topics. Development of appraisal and acquisition programs are based on these plans. Researchers use the materials thus acquired within a context of well-thought-out legal, ethical, and security policies and procedures. A final chapter in part 2 discusses these access concerns: the means for making the existence of materials broadly known and for providing physical access on site.

The final section, part 3, “Standardizing and Unifying the Management of Holdings,” comprises four chapters. Each considers a separate aspect of collections-management planning and policy development: computerization of basic archival functions (word processing, cataloging, user services, records management); management of contemporary records (investigation of and collaboration with unit managers of current records to facilitate appraisal and access decisions early in the creation process); historical records and personal papers (developing an administrative framework and outline of the steps involved in processing and record keeping); and regalia or material evidence (dealing with the acquisition, intellectual ordering, and physical housing of a wide variety of collection-related objects).

Although the text emphasizes theory directed toward planning for health sciences archive programs, it also addresses issues of practice. It offers encouragement for those newly assigned to deal with management of archives, as well as those whose programs need revision. The book covers the major types of archival materials and formats and does a particularly fine job of dealing with the newest electronic records. But unaccountably, it omits any substantial reference to photographs, which frequently make up a major portion of service requests in archives of any type. However, this text will provide answers to planning and management questions that arise in most health care archives. Although the focus is on academic organizations, the authors suggest avenues of approach for situations relevant to most health sciences institutions.

The volume is handsomely designed, with broad margins supplying white space that sets off the illustrations and figures to the readers’ advantage. The figures themselves offer succinct recapitulations of salient information from the text. Copious illustrative examples taken from the Chesney archives provide visual information in the text, depicting materials typical of many health sciences archives. Each chapter is accompanied by a bibliography at the end.

The Alan M. Chesney Medical Archives has just received the Distinguished Service Award of the Society of American Archivists for its “outstanding service to the public” and its “exemplary contribution to the archival profession.” The rationale for this recognition is amply demonstrated in the philosophy and practice that are displayed in this book. It should command a broad and diverse audience: practicing health sciences archivists and manuscript curators, those responsible for medical regalia, archival educators, health sciences records managers, and administrators. If twenty-first-century archives in the health sciences haven’t gotten their act together,
they probably haven't read this book.

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References


Like most core lists, Resources for Health Sciences: A Guide for Australia serves as a collection development tool for the librarian. Delafosse states that her main aim is to cite resources for the major relevant health sciences subjects. She combines Australian works with overseas ones, highlighting those with Australian authors or contributors. Of the 1,022 books listed, 31% are Australian, 426 (42%) are from the United States (or are British versions of a U.S. edition), and the rest are United Kingdom imprints, mostly British. Of the U.S. book titles, 227 (53%) are from the three Brandon/Hill lists: nursing [1], allied health [2], and the small medical library [3]. Like her U.S. counterparts, Delafosse does not include audiovisuals or software.

Delafosse does not weigh titles, recommending that the librarian try to see the titles before purchasing them. This approach would be difficult for even a fraction of so many titles, particularly the older ones. Judging from the Brandon/Hill rating of the U.S. titles included in Resources, the list is fairly selective. One hundred thirty-nine titles are from the Brandon/Hill small medical library list. More than half of them are asterisked by Brandon and Hill (eighty-nine, or 61%); forty-seven of those eighty-nine are minimal core titles. Fifty-two Brandon/Hill nursing list titles show up in the Resources guide, twenty-seven designated as initial purchase by the U.S. bibliographers. Thirty-six Brandon/Hill allied health list titles (twenty-two initial purchase) also appear on the Australian bibliography.

There are 157 subject headings in the Resources list, with 12 more under the separate “Reference Books” section. Seventy-two of the headings have a direct or extremely close equivalent on at least one of the three Brandon/Hill lists. For example, “Psychiatry” on the Australian list equals “Psychiatry” on the U.S. list, while “Communicable Diseases” equals “Infectious Diseases.” Eighteen headings have no direct equivalent to any Brandon/Hill heading, although the interpretation is clear. “Nephrology” on Resources is found under Brandon/Hill’s “Urology,” “Nursing Care” (Resources) correlates to “Medical-Surgical Nursing” (Brandon/Hill). The distinction between “Nursing Care” and “Nursing—General” on the Australian list is not obvious.

Sixty-seven Resources headings have no direct or approximate Brandon/Hill equivalent. Many are more specific and would be quite useful to the North American audience. “Diabetes” has its own heading in Resources, but is found under “Endocrinology and Metabolism” in Brandon/Hill. “Dementia,” “Computers,” and “Pain” are three headings that are more specific than Brandon/Hill and that U.S. librarians would appreciate. Two headings, “Aborigines” and “Immigrants,” are probably more appropriate for the Australian health sciences librarian.

Delafosse often lumps together under one category something that is broken out across the three Brandon/Hill lists based on intended audience; that is, “Electrocardiology,” “Physiology,” and “Anatomy.” Surgical specialties such as “Paediatrics—Surgery” and “Gastroenterology—Surgery” are not listed under “Surgery—General,” but are broken out from the “parent” specialties “Paediatrics” and “Gastroenterology” in this instance. Reference works are listed in a separate section at the end, after the books and the journals. At first glance, this arrangement makes Resources appear incomplete, with the apparent omission of such necessary works as medical dictionaries. These different approaches to the subject divisions can make using Delafosse’s list a challenge for U.S. librarians.

This Australian core list includes 411 journals. Table 1 shows the overlap with the three different Brandon/Hill lists. Fifty-five percent of the titles listed are from the United States, although not all of these titles appear on the Brandon/Hill lists. Delafosse emphasizes clinical health sciences journals titles. Yet, she does list some basic science, management, and counseling psychology titles.

| Table 1 |
|------------------|------------------|------------------|------------------|
| Percentage of Brandon/Hill journals found in Resources for Health Sciences |
| Brandon/Hill list | Brandon/Hill journals | Resources | % |
| Small medical library | 141 | 88 | 62 |
| Nursing | 79 | 39 | 49 |
| Allied health sciences | 76 | 22 | 29 |
