Personal Filing Systems Revisited

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Some common problems concerning personal filing systems for journal articles are discussed.

In a recent issue of Ear, Nose, & Throat Journal, Dr. D. H. Rice presented a simplified filing system for otorhinolaryngology that "takes only minutes per month to maintain and allows rapid, accurate retrieval of articles." While I am pleased at Dr. Rice's success with his system, there are a number of points concerning personal journal files that should be clarified for others wishing to adopt or devise one.

First, the function of journal articles in a personal library must be recognized as primarily archival. The mechanics of authorship, publication, retrieval, xerography, and filing all dictate that an item is already several months old the instant it reaches a personal file. (Case in point: This article was drafted in March.) Except for the most highly specialized cases, for each month a paper resides in a personal journal file, 100 more will

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be published on the same topic. The danger, then, is that the clinician may choose to review his own personal file of papers rather than examine the more current literature. Rather than attacking the massed volumes of such tools as Index Medicus or Excerpta Medica (or the equivalent computerized search services, such as Medline or Dialog), the owner of a personal journal file often relies entirely on his file’s outdated information, to the exclusion of all else.

Second, the tremendous volume of publication in all areas of medicine makes the selection of additions to a personal file a major undertaking. No personal filing system can comprise all the relevant material being published in a particular field. Some selection process is required. How large is the problem? Index Medicus covers only the core journal literature, indexing some 2,400 journals of the more than 19,000 subscribed to by the National Library of Medicine. Yet in those core journals alone, there are over 300 papers in a single month on just the subject of otorhinolaryngologic disease. If your interest is in ear diseases alone, a recent month’s Index Medicus lists 121 original papers. Obviously, an essential step towards establishing any filing system is a clear definition of (1) what will be scanned for potential selection and (2) the basis for eventual inclusion in a personal file.

The selection of output from the file is as important as that of input. Most authors ignore the question of removing papers from such a file, yet obviously no personal reprint file has infinite capacity, nor has a clinician the patience to wade through reams of outdated material. Again, the magnitude of the problem is easily recognized: if you had begun to collect all the core publications on otorhinolaryngologic diseases, in the past 28 months you would have amassed a file of 6,847 papers. As careful selection is important to creating the file, careful weeding of its contents is essential to maintaining it.

Fourth, the time required to create, maintain, and utilize a file of journal articles must be correctly assessed. Such things as xerography, filing and successive relabeling of folders, and typing of cards are usually ignored in computing the time a personal file requires. While these tasks are normally delegated to secretarial help, their cost is a very real, albeit hidden, one. Given the fact that more than 300 papers may be available each month for possible inclusion, the selection, indexing, processing, and maintenance required for the file will run to far more than an hour or two each month.

Fifth, the accuracy and efficiency of the indexing system are directly related to the individual’s skill and consistency in indexing. Everyone has his own organized (or disorganized) universe, and this alone justifies personal indexing systems despite the plethora of academic and commercial systems in existence. Most authors correctly begin by devising a system unique to their specialty, with minor diversions for personal interests, departmental records, or geographic needs. In doing so, they fail to recognize that indexing is a precise and exacting science, developed over literally thousands of years, and is not an instinctively acquired talent. Accordingly, the definition of each term in their system and any rules for applying it are often sadly lacking. The eventual result for all but the most fortunate or thorough is that the file functions, if at
all, not through an efficient indexing system but through the owner's memory of what he has put into it.

The foregoing five points were not made to deny the feasibility of personal filing systems for journal articles. On the contrary, several excellent systems are available and every medical school probably has someone who, through good fortune or basic research, has devised an ideal system or had it created for him. But for the person attempting to establish a system of his own, special attention should be given to the five points already outlined.

First, recognize the fact that your personal filing system will never be current. This is not to dismiss it as a morgue but, rather, to regard it as a valuable retrospective resource that can be used before one searches for recent journal articles. The personal file does not provide current solutions, but it does provide a background review that can help one determine what recent information must still be sought elsewhere.

Second, define your criteria for including items in the file. Some physicians save only reviews, others case reports. You may decide to save material on the basis of a personal interest or from a subscription to a current awareness service. You may regularly scan particular journals or particular Index Medicus headings. Regardless, employing written criteria will remind you not only of what must be scanned on a regular basis to keep the file complete but also of the larger body of literature not included in your file.

Third, define your criteria for removing papers from the file. The most common approach is to rely on a date: anything older than five years is discarded. Again, such qualifiers as reviews, clinical research, and the like can be limiting factors, alone or in combination with a particular time frame.

Fourth, attempt to establish the physical system that will be fastest to maintain. Employ a minimum of steps, with as little typing, filing, and copying as possible. My personal

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favorite consists of a large file drawer with huge manilla dividers, each bearing an index heading. Behind each divider are the relevant journal articles. When a paper fits more than one heading, the title page is photocopied and, with a notation of the other headings being used (for discard purposes), this page is reproduced behind other relevant headings. If the maintenance of your file is delegated to a clerical assistant, ensure also that it is made an essential, scheduled duty and not a "time-available" project.

Fifth, employ a standardized set of headings and apply basic indexing principles. The headings, which should be typed and kept for fast reference in both indexing and retrieving, can be a personal creation or a modification from an existing list. While it will not be necessary to utilize something as vast as the Medical Subject Headings (MeSH) that accompany the Index Medicus, MeSH may prove a valuable guide in establishing your own. (The list on page 437 of the 1978 MeSH — entitled "C9, Diseases, Otorhinolaryngologic" — is an excellent example of accuracy without complexity.*) The rules of indexing are extremely complicated and largely unnecessary for a file in which indexer and searcher are the same person. However, some basic rules must be followed, the prime one being that an article must always be indexed under the most specific concept available in your set of headings. If the term "acoustic trauma" exists in your list, a paper on this topic must always be indexed there and not under "hearing disorders" or "ear diseases." For a sizable file, greater accuracy and retrieval speed can be achieved if one uses the principle of subheadings. When sections of a file grow too large, each heading can be further subdivided into such standard terms as "surgery," "etiology," and "therapy," to name a few. For specificity to be identified in headings, the second section of MeSH is an ideal guide, and any biomedical librarian would be happy to explain its function. It takes only minutes to learn and will save you hours, not only in the indexing and retrieving for a personal file but also in using almost any index in the library.

The personal filing system for journal articles can be a valuable asset for any clinician. But to ensure that it is an accurate, useful device returning your investment of time and space, it must be clearly defined, carefully compiled, and rigorously maintained.

BIBLIOGRAPHY


* The standard MeSH volume can be found in most biomedical libraries, usually in close proximity to the Index Medicus.