ISSN 0146-3055

MAY-JUNE 1993
No. 272

The NLM Technical Bulletin

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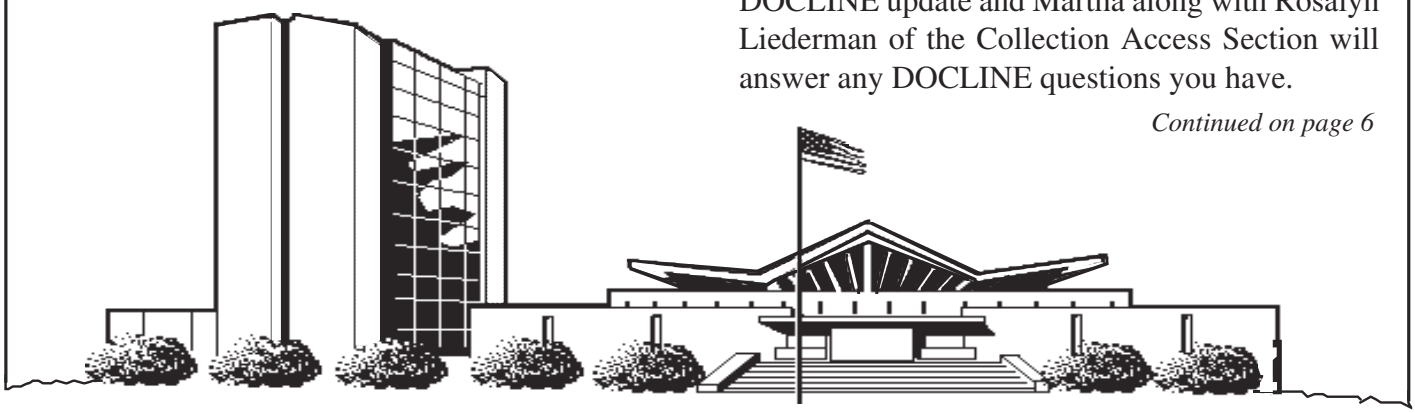
NLM Online Users' Meeting - MLA 1993: NLM Remarks

[Editor's Note: This article contains a summary of a presentation given at the NLM Online Users' Meeting May 17, 1993 at the annual meeting of the Medical Library Association (MLA) held in Chicago, Illinois. It is followed by the DOCLINE update and questions and answers from the same meeting.]

Sheldon Kotzin
Chief, Bibliographic Services Division

Good afternoon. On behalf of the staff who each workday index 1,600 articles, keyboard more than 3 million characters of data, serve 65,000 online users, speak with representatives of than 100 licensees, and help users conduct more than 24,000 searches, thank you once again for making the Online Users' Meeting a part of your MLA week. I'm Sheldon Kotzin, Chief of the Bibliographic Services Division. With me today are Carolyn Tilley, Head of the MEDLARS Management Section; Janet Zipser, Online Training Coordinator; Catherine Soehner, MMS's Grateful Med coordinator; and Peri Schuyler, Head, MeSH Section. After my remarks Martha Fishel, Deputy Chief, Public Services Division, will provide a DOCLINE update and Martha along with Rosalyn Liederman of the Collection Access Section will answer any DOCLINE questions you have.

Continued on page 6



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • National Institutes of Health
National Library of Medicine

MEDLARS® DATABASE	TOTAL RECORDS	DATES COVERED	DATE LAST UPDATED	LATEST UPDATE TAG
ELHILL® COMPUTER				
AIDSDRUGS	169		15 MAY 93	9305(EM)
AIDSLINE®**	81,924	JAN 80-AUG 93	12 JUN 93	9308(EM)
AIDSTRIALS	489		29 MAY 93	9305(EM)
AVLINE®	25,310	THROUGH 1993	10 JUN 93	
BIOETHICSLINE®	38,649	JAN 73-JUN 93	27 MAY 93	9306(EM)
BIOTECHSEEK	3,574	JAN 90-JUL 93	05 JUN 93	9307(EM)
CANCERLIT®	965,261	JAN 63-JUN 93	05 JUN 93	9306(EM)
CATLINE®	713,021	THROUGH 1993	10 JUN 93	
CHEMID	267,994		06 FEB 92	
CHEMLINE®	1,170,493		20 FEB 93	9302(EM)
DENTALPROJ™	786		02 MAY 92	
DIRLINE®	14,778		15 MAY 93	
DOCUSER®	13,742		14 MAY 93	
HEALTH	680,331	JAN 75-JUL 93	05 JUN 93	9307(EM)
HISTLINE®	110,521		05 JUN 93	9306(EM)
MEDLINE®*	1,200,522	JAN 90-AUG 93	12 JUN 93	9308(EM)
MED85	1,687,583	JAN 85-DEC 89	22 MAY 93	
MED80	1,388,642	JAN 80-DEC 84	22 MAY 93	
MED75	1,278,687	JAN 75-DEC 79	12 DEC 92	
MED66	1,986,368	JAN 66-DEC 74	17 APR 93	
MESH VOCABULARY FILE®	89,195	1993	12 JUN 93	
NAME AUTHORITY FILE®	388,650		05 JUN 93	
PDQ®		THRU JUN 93	01 JUN 93	
POPLINE®	199,953	1970-JUN 93	05 JUN 93	9306(EM)
SDILINE®	35,548	JUL 93	29 MAY 93	9307(EM)
SERLINE®	81,302	THROUGH MAY 1993	08 MAY 93	
TOXLINE®	1,181,024	1981-1993	12 JUN 93	9306(EM)
TOXLINE65	705,394	PRE 1965-1980	03 APR 93	
TOXLIT®	1,165,144	1981-1993	12 JUN 92	9306(EM)
TOXLIT65	586,405	1965-1980	01 SEP 87	

*N.B. FILE IS UPDATED WEEKLY; THIS IS PART 2 OF 5.
**N.B. FILE IS UPDATED WEEKLY; THIS IS PART 2 OF 4.

TOXNET® COMPUTER				
CCRIS	4,429		29 MAY 93	
DART™	16,727		03 JUN 93	
EMICBACK	75,886		08 SEP 92	
ETICBACK	49,593		08 JUL 90	
GENE-TOX	2,919		21 OCT 92	
HSDB®	4,369		07 JUN 93	
IRIS	645		02 JUN 93	
RTECS®	120,225		13 MAY 93	
TRI87	79,488		25 JAN 93	
TRI88	86,028		25 JAN 93	
TRI89	85,563		12 FEB 93	
TRI 90	84,363		12 FEB 93	
TRI91	82,294		20 MAY 93	
TRIFACTS	326		10 APR 92	

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The NLM Technical Bulletin is an administrative document sent to formal members of NLM's MEDLARS Online Network.

Technical Notes

ELHILL Timeout Length is Shortened to 10 Minutes

Since the implementation of the NLM online retrieval system in 1971, it has been the policy of NLM to disconnect a search session after a specified time interval of inactivity set at 15 minutes. This disconnect is called a timeout. Users are typically timed out because of the following situations:

1) a user has stopped searching but has not sent a STOP Y command,
2) the user's line (connection) to the NLM computer has been dropped or disconnected.

Since the introduction of the VTAM communication interface for ELHILL in August 1992 (see September-October 1992 *Technical Bulletin*, page 3), NLM has been able to monitor timeouts closely and has observed an increase in their number. As of the implementation of the VTAM interface, system constraints required that users be charged for this fifteen-minute period. With the new rates, introduced January 1, 1993, this amount was about $ 0.60 for a regular, billed domestic user; and about $ 1.35 for a non-U.S. user). The increase in timeouts along with the three reasons listed below have caused the NLM to revisit this fifteen-minute timeout length:

1) the use of communications packages that allow a user to disconnect (send a break signal) without using a STOP Y by entering a keystroke such as a Function Key,

2) our reduced online rates and our intention to pursue new, experimental Flat-Fee/ Reduced-Rate agreements both of which may contribute to users not being as meticulous in entering STOP Y,

3) our continuing effort to keep charges as low as possible.

To serve all users better, the NLM is announcing a new timeout policy as follows:

1) As of May 12, the new timeout period is ten (10) minutes rather than fifteen (15) minutes. If a user is timed out under this new ten minute length, the approximate charge will be $0.40; for a regular, billed domestic user and $0.90 for a non-U.S. user.

2) As of May 15, the new timeout period for Grateful Med terminals operating with the Input Form Screen (as opposed to Direct Search mode) is 7.5 minutes with an immediate disconnect when the line is dropped (at a cost of about $0.30 for a domestic user and $0.68 for a non-U.S. user). The immediate disconnect is because Grateful Med does not reconnect and pick up a search strategy as a command-language user might if a connection is broken; searches always start from the beginning. Grateful Med normally operates without pause between searches/commands, but users should be aware that they now have seven and one half (7.5) minutes to respond to a prompt by Grateful Med for more data to be downloaded. Grateful Med can be instructed to download the entire retrieval without stopping to prompt the user for more. PC users should start the program with SEARCH/N and Mac users should select "Uninterrupted transfer of references" under Preferences in SETUP.

NLM strongly recommends that users end their searches properly. Direct users should enter a STOP Y command as soon as they are finished searching, and never use a break signal. IBM Grateful Med users who want to discontinue downloading should end searches using the Escape key and Macintosh Grateful Med users should use Command-E. This will reduce costs and system overhead; all users will benefit.

Internet E-Mail Access to NLM

Below are a list of Internet addresses that may be used for specific questions and comments to NLM.

MEDLARS Management Section:
mms@nlm.nih.gov
Grateful Med:
gmhelp@gmedserv.nlm.nih.gov
Reference Section:
ref@nlm.nih.gov
ILL/DOCLINE:
ill@nlm.nih.gov
MeSH Heading Suggestions:
meshsugg@nlm.nih.gov
National Center for Biotechnology Information (NCBI):
info@ncbi.nlm.nih.gov
History of Medicine Division:
hmdref@nlm.nih.gov
International Programs Office:
hsieh@nlm.nih.gov
Planning and Evaluation Office:
siegel@nlm.nih.gov

AIDSLINE Additions

The April 26, 1993 update of AIDSLINE included a total of 205 abstracts from two scientific meetings. These included 136 abstracts from the 10th Annual Symposium on Nonhuman Primate Models for AIDS held in 1992 and 69 abstracts from the 1992 Annual Meeting of the American Society for Microbiology (ASM).

To isolate the 10th Annual Symposium records, at any USER: prompt in AIDSLINE enter:

(SI) PRIM10

To isolate the 1992 ASM meeting records, at any USER: prompt in AIDSLINE enter:

(SI) ASM92

Please remember that these citations are meeting abstracts not journal articles, and the full text of the abstracts is available online. There is no further information or additional text available through interlibrary loan.

TOXLINE Regeneration

The TOXLINE and TOXLINE65 files have been rebuilt, and were made available on April 3, 1993. The 1993 MeSH vocabulary is now present on records in the TOXBIB, BIOSIS, and DART subfiles. In addition, the TSCATS subfile has been replaced with a version that includes no new records, but additional abstracts are on records that were already present. Updated FY90 and FY91 records for the CRISP subfile are also now in TOXLINE as well as the newest year of the CRISP toxicology research project reports from the Public Health Service (PHS), FY92. TOXLINE and TOXLINE65 file counts are 1,120,901 and 705,394 records respectively. The 9304 (EM) update which occurred on April 20 was large and included records for the January, February, and March updates. Also included were 855 NTIS records with a 9301 (EM). The May 8 update, 9305 (EM), was also larger than usual, and included another quarterly update of NIOSHTIC and the 1992 DART subfile records.

TRI91 Available on TOXNET

The TRI91 (Toxic Chemical Release Inventory - 1991) file joined TRI87-TRI90 on the TOXNET system on May 31, 1993. A major new category will include source reduction and recycling data, as required by the Pollution Prevention Act of 1990. Among these data are quantities of chemicals undergoing energy recovery, recycling, and treatment, for the years 1990, 1991, 1992 (projected) and 1993 (projected). Source reduction activities and methods used to identify these activities will also be part of TRI91, as will accidental releases of chemicals. More details on TRI91 appeared in the March-April 1993 issue of the NLM *Technical*

Bulletin, and additional articles are planned. Single copies of the revised TRI Reference Guide are available at no charge by sending a self-addressed mailing label to:

TRI Representative
Toxicology Information Program
National Library of Medicine
8600 Rockville Pike
Bethesda, MD 20894

HSDB Reference Guide Revised

The HSDB (Hazardous Substances Data Bank) Reference Guide has been revised. Single copies of this guide, dated April 1993, are available at no charge by sending a self-addressed mailing label to:

HSDB Representative
Toxicology Information Program
National Library of Medicine
8600 Rockville Pike
Bethesda, MD 20894

POPLINE File Regenerated

On March 3, 1993, the regenerated database became available with 1993 MeSH. For more information about the current POPLINE file, see the POPLINE Update note on page 4 of the January-February 1993 *Technical Bulletin*. See also the following SERLINE technical note.

(POP) Abstracting and Indexing (AI) Tag Removed from SERLINE and Health Sciences Serials

The value POP will no longer appear in the Abstracting and Indexing (AI) field in SERLINE as of June 1993. Health Sciences Serials, the microfiche listing of the serials in SERLINE, therefore will also no longer have the value POP in the (AI) field. The AI tag, POP, in SERLINE originally stood for titles indexed in POPLINE, but POPLINE is a file of citations derived from various sources, including titles that are not in scope for SERLINE. As a result, use of the AI tag, POP, was not comprehensive or reliable.

Two-thirds of the titles previously tagged POP that are currently indexed for the POPLINE database are also currently indexed for MEDLINE or HEALTH. The records for those titles will retain the appropriate abstracting and indexing tag(s) of IDL, IM, INI, or HLI, and will continue to appear in the List of Serials Indexed for Online Users (LSIOU). Titles previously tagged for POPLINE only in SERLINE that were never indexed for MEDLINE or HEALTH will no longer appear in the LSIOU beginning with the 1994 edition.

NLM Data on CD-ROM

The revised list of NLM licensees for CD-ROM products appears in Appendix A.❑

Continued from page 1

The first order of business is to thank you for contributing to the success of MEDLARS. You are in the forefront, promoting the use of medical information whether directly from NLM or one of our licensees. Some of us at NLM were privileged last year to work on Information Stat!, the satellite broadcast that featured many hospital and medical school librarians. These information specialists and their colleagues make our products and services better with your advice, suggestions, and occasional criticisms. It's nice to have the opportunity at least once a year to thank you personally on behalf of my co-workers at NLM. By the way, many of you have asked about plans to have more satellite broadcasts. NLM is planning an online update via satellite this winter. This broadcast will focus on system and MeSH changes. You will hear more details about this in the next few months.

I am pleased to report that this year there has been a growth in use of nearly 9% as measured by connect hours , 8% by citations printed online, and 24% by characters of data transmitted online. While it is clear that the January price reduction has had some effect, the increase in use actually began before the price decrease took effect. Internet use is also growing; in April 5% of NLM users searched via Internet. Their use represented about 10% of the searching performed during the month.

One significant reason for continued use of the NLM databases is the accuracy and currency of the indexing, one of those basic services to libraries. In March, 46% of all journals were indexed within 30 days and 88% of all journals were indexed with citations available in MEDLINE within 60 days of receipt of the journal. In addition, NLM indexers are adding 400,000 citations a year, 25% more than just 5 years ago.

Last fall NLM notified users of two major price reductions. One eliminated all domestic use fees that licensees, whether online or CD-ROM, had to pay the U.S. Government. The second reduction was an anticipated 40% decrease in the charges of online searching directly on the NLM system. So far, the reduction has exceeded this estimate. Since January the cost of a search has been 49% lower than a year ago. The average charge per online search for all billed users is $1.22.

Now I'd like to mention some anticipated improvements for NLM's system and user support. We are ready to implement a behind-the-scenes improvement to Boolean processing that will reduce the number of work units used to get search results while also reducing the occurrence of processed postings and stored postings overflow messages. This means that the searches will be more efficient and your charges will be somewhat lower.

Last year we announced our intention to increase the number of lines between ELHILL CONTINUE PRINTING messages beyond the current maximum of 100 lines. Since then we have changed our approach to this issue and are concentrating on a print continuous feature that will automatically send all retrieval requested without the need for the searcher to answer multiple "continue printing" prompts.

An ELHILL-to-TOXNET Gateway will complete the circle begun with the TOXNET to ELHILL Gateway. A file command given while connected to either ELHILL or TOXNET will automatically route the user to that file regardless of its physical host's location. Users will see variations in system responses to FILE commands such as helpful menus that require a user response. If you originate a search in ELHILL you may choose to give a TFILE command to gateway to TOXNET. The advantage of TFILE is that your original search in ELHILL is kept and you can return to the point where you left off. There is a small cost for keeping the ELHILL session open but it would generally be worth the ease with which you can return to the original file.

We are currently testing an option that will allow users to receive their Automatic SDIs through FTPing via Internet. The request to FTP can be

accomplished without any MMS assistance. This would be an alternative to, not a replacement of, printouts. More details are available on these features at the Exhibit Booth.

Some of you may have noticed the use of stronger envelopes for large offline prints and Automatic SDIs. Some improvements like this one are a long time coming but they give me great pleasure in announcing because they are responsive to user concerns. Please continue to let us know your concerns.

For many years NLM has disconnected a command language user session without receipt of a STOP Y command when the user left the terminal inactive for 15 minutes. Three occurrences made us change this policy about one week ago: 1) the use of communication packages that allow users to disconnect without a STOP Y; 2) the likelihood of flat-rate agreements where there is little incentive for disconnecting; 3) NLM's desire to reduce your charges further. The new Timeout policy is 10 minutes. Also, Grateful Med users will have a Timeout of 7 1/2 minutes if their line is dropped during a search.

I am pleased to announce improvements made to our user support. Since our last Users' Meeting we extended Service Desk hours until midnight to serve users in the Western states better and to provide other users with a time to call when the desk was not as busy. We have experienced a steady growth of calls. However, the geographic distribution of calls has held some surprises. The largest percentage of calls comes from the Pacific Southwest as expected, the second and third largest percentage of calls come from the eastern time zone.

Just about two months ago NLM converted to a voice-mail system at the Service Desk. We knew that some questions such as ordering a code or a copy of Grateful Med could be answered by a recording, thereby freeing up the staff to answer other calls more rapidly. We receive nearly 7,000 calls each month. The new phone system has enabled about 1/6 of our calls to be satisfied by a pre-recorded message. It has greatly reduced abandoned calls and significantly lowered the average queuing time. The new phone system is the first of several improvements we expect to make to user support.

This is probably a good time to remind you of the other options for asking questions of the MMS staff. We have the Grateful Med Bulletin Board System and for Internet users there are two e-mail addresses. These mailboxes are checked twice a day for messages. We have a handout at the Exhibit Booth that contains the Internet e-mail addresses for MMS, Reference, and other parts of the Library. [Editor's Note: These e-mail addresses are listed on page 4 of this issue of the *Technical Bulletin*.] When you stop by the booth I'd like you to give us your views on another subject. We are considering replacing the printed detailed pages that accompany your monthly invoices from NTIS, probably starting with master accounts, with a simple summary sheet that provides monthly and cumulated charges. We want to know if anyone would be adversely impacted by the cessation of the detailed backup pages.

[Editor's Note: Comments concerning the cessation of the detailed backup pages included with invoices should be sent to: MEDLARS Management System, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894]

Another exciting change is that the Online Services Reference Manual, which we are currently updating, will be made available on a publications LISTSERV via Internet. Our hope is to have the chapters added to an Internet server incrementally. You can see the BIOETHICSLINE chapter if you stop by the Exhibit Booth.

Our new MEDLARS Promotion Manager, Karen Ginter, is focusing her efforts on new programs to expand access to the databases. We expect a few new flat-rate pricing experiments with medical schools in the next few months. The planning for a discount pricing program that will benefit smaller institutions is in its final phase and we hope

implementation is only a few months away. Another experimental program is the sale of Grateful Med in medical bookstores. We also are changing the appearance of the Grateful Med box to make it more attractive. If you are interested in these or other programs, see Karen at the Exhibit Booth. [Editor's Note: Karen Ginter may be reached at: National Library of Medicine, Building 38A, Room 4N419, 8600 Rockville Pike, Bethesda, Md 20894, (301) 402-4277, Internet: karen_ginter@occshost.nlm.nih.gov] At the booth are demonstrations of COACH, HSTAR, and HSRProj which is a test database on health services research projects. You can see the new OPAC, the new Internet publications server, the Automatic SDI via Internet feature, and the new ELHILL-to-TOXNET gateway.

Thanks again for all your support and suggestions throughout the year. Now I'll turn the program over to Martha for a few minutes and then we'll take questions. ❑

NLM Online Users' Meeting - MLA 1993: DOCLINE Update

Martha Fishel
Deputy Chief, Public Services Division

Rather than recite all the latest numbers from DOCLINE, which are enormous - last year over 2.3 million requests were input by the network I wanted to take a few moments to make a few suggestions and reminders about using the system. These could make your life, and ours, a little easier. I will then provide an update on the status of the DOCLINE Pilot Project with Canadian libraries.

1. First, I wanted to clarify NLM's position about the use of the Internet to access DOCLINE.

If your institution provides Internet, please try it. As you all know, NLM currently absorbs all the telecommunications costs for DOCLINE, which last year came to about $750,000. Use of the Internet can and should reduce this figure dramatically, and it is a goal for us to get DOCLINE costs down. If you have tried the Internet and had difficulty, please let us know.

2. The second item is a clarification of NLM's Fax Policy.

There still seems to be some confusion about this policy, so we have an updated explanation of the policy with instructions. Clinical Emergency Fax Service operates during the hours the library is open. During those hours, any fax requests labeled or identified as emergency will be filled within 2 hours. The terminology is important. Requests must carry one of the following terms: "Clinical Emergency, Patient Care," "Medical Emergency," or just "Emergency" or "Urgent." Simply faxing in a request does not imply emergency, nor does it result in a faxed reply.

NOTE: We ask that in the future, when you are faxing in a request for a clinical emergency, please enter the request into DOCLINE first. Type "F" for fax at the prompt for Delivery Method. Then type FAX and your fax number in the comments field along with the words "emergency". Fax a copy of the reprinted request to NLM. This helps staff at NLM identify the requests and prevents duplicate processing.

3. The DOCLINE Manual.

This next item comes in the category "in case you have been wondering." YES, there will be a new DOCLINE Manual this year which will cumulate all past changes and supersede the earlier edition. It is our plan to make the manual available both as a for sale item through NTIS (price to be determined) and through NLM's FTP service at no cost. We will announce the availability of both formats as soon as they are ready.

4. NTIS Bills.

With this quarterly billing, the NTIS bills have been modified so that each itemized bill now carries the patron name. This has been a wish-list item for some time and we sincerely hope it helps everyone sort out their bills. Also, those requests received at NLM will now carry a note on the bottom which states that "this is not a bill."

5. Canadian Pilot Project for DOCLINE and Loansome Doc.

And finally, my last item is the announcement of a pilot project NLM has been working on with the Region 6 RML staff, and CISTI, the Canada Institute for Scientific and Technical Information. This pilot project will open up DOCLINE use via Internet only to CISTI, which is the Canadian MEDLARS Center, and to libraries in four Pacific-northwest provinces: British Columbia, Alberta, Saskatchewan and Manitoba. Many of the libraries in these provinces already share resources with nearby U.S. hospital and resource libraries and have wanted to be a part of DOCLINE so that their requests could

route automatically. In addition, there are many Grateful Med users among Canadian health professionals who are eager to have the Loansome Doc document ordering feature available for their use. Before now, Loansome Doc was only available to U.S. health professionals because of the lack of a link to Canadian libraries who were not a part of SERHOLD or DOCLINE. As of this meeting, CISTI has collected the holdings of 15 health sciences libraries in Canada, including their own holdings, all of which have been added to SERHOLD. Routing tables have been established for four libraries in British Columbia, and the first request from the College of Physicians and Surgeons in Vancouver, BC, was entered last Thursday, May 13.

CISTI will now serve as the RML for all of Canada, and in that role, they will do what each of the U.S. RML libraries does in providing DOCLINE information and backup document delivery services. Mary Low is the DOCLINE Coordinator for Canada, which has been assigned Region 20.

Later this month, a version of Grateful Med with a new SETUP screen that will accommodate foreign addresses will be mailed to CISTI for reproduction and distribution to Grateful Med users in those four Canadian provinces. British Columbia is estimated to have 700 users, with probably fewer than 100 altogether in the other three. ❑

NLM Online Users' Meeting - MLA 1993: Questions and Answers

Question: Do you have any plans to extend DOCLINE to Ontario?

Answer: The pilot project includes the four northwest Pacific regions in Canada. NLM and CISTI will be evaluating the project. It's too early to predict if the pilot project will result in an expansion.

Comment: I think it's really fantastic that we'll be able to get Automatic SDI's by FTP. For those of us who are running SDI's and downloading them repeatedly for users who use software to manage references, this will be great. It's terrific.

NLM Response: In the tests at the University of Wisconsin Primate Center Library more than 30 SDI's were downloaded in fewer than 5 minutes and all of them were then routed internally to different electronic mailboxes within the university. It seemed to go fine. Thank you for the comment.

Question: Is there any thought of allowing either the RMLs or the resource libraries to add the unique identifier numbers to the OCLC records so that we can get our problem titles in or out of SERHOLD efficiently. So that we don't have to bother you?

Answer: Various approaches already exist to improve the linkages between OCLC and NLM serials data using the NLM title control number.

A mechanism is in place to allow the ongoing addition of the NLM's title control number (SERLINE unique identifier) to the 069 field in OCLC. Any library may add the title control number to the OCLC record, depending on the cataloging authority status of the library and the level of the record, i.e., CONSER-level record. If a library does not have the authority to update the OCLC record, a copy of the OCLC record, annotated with the title control number, may be sent to the Online Data Quality Control Section at OCLC for updating. Robert Dempsey of the Medical Library Center of New York has prepared a helpful document for libraries who maintain their holdings in OCLC, entitled "Guidelines for Identifying and Obtaining SERLINE UI for OCLC Records". This document can be obtained from your regional SERHOLD coordinator.

OCLC and NLM also have undertaken an effort to match each of the cataloged serials from NLM to the OCLC database and add title control numbers to OCLC. This effort will be especially important in creating the linkages for the older, retrospective titles. Over 40,000 records in OCLC already contain NLM title control numbers, this project could potentially link another 10,000-20,000 titles. NLM has provided OCLC with a tape of its serials data and is awaiting OCLC's plan for matching the records.

NLM will continue to add the title control number for all of the serials it catalogs. This includes all Index Medicus titles and other serials cataloged and entered into CATLINE, about 1200-1500 titles annually.

Comment: I'm from The College of Physicians and Surgeons of British Columbia Library up in Vancouver, Canada. I'd really like to say thanks very, very much to several people for getting DOCLINE connections going in Canada. The names I have: Eve-Marie Lacroix, Nancy Press, Dianne McCutcheon, Karen Kraley, and Roz Leiderman. As a Canadian, I greatly appreciate NLM. I hope Americans appreciate what they have.

NLM Response: I'm glad that you mentioned Karen Kraley, one of our support people from the systems and programming staff of the Library who

don't always get enough recognition for all the work that they do behind the scenes.

Question: Please clarify the indexing time lag?

Answer: In April, about 46% of all citations were indexed within 30 days and 88% within 60 days of receipt of the journal at NLM.

Question: Could you tell us about the flat rate program for medical schools?

Answer: NLM has an experimental flat rate program for academic institutions using Grateful Med via the Internet or direct dial. Anyone interested should contact Karen Ginter.

[Editor's Note: Karen Ginter may be reached at: National Library of Medicine, Building 38A, Room 4N419, 8600 Rockville Pike, Bethesda, Md 20894, (301) 402-4277, Internet: karen_ginter@occshost.nlm.nih.gov]

Question: Couldn't NLM improve the speed of indexing the major American English language medical journals by using the galley proofs or some other pre-publication method so that we get access as soon as they're announced in the press?

Answer: There are a few journals we now index from galley proof, but it's a very small number. At the moment we don't have plans to expand that number. We have been interested over the years in working with publishers to get machine-readable data directly from them. We haven't had much success with those projects. We are, though, experimenting right now with scanning and optical character recognition to speed the process up a little. That is the only major change right now that might affect the speed of indexing. We're always looking at internal management and processing activities to speed it up some. As I mentioned before, we're indexing considerably more citations per year right now and up to 3,800 journals in MEDLINE without much of an increase in staff.

Question: I would like NLM to take a good look at the "A" journal subset of MEDLINE, the Abridged Index Medicus journals. I feel that it should be an expanded list. I think you should also evaluate some of the journals that are on it because I find that I'm dropping some of the older traditional journals in favor of the journals that, for instance, feature endoscopic surgery. This is what my physicians are looking for now. They want the cutting edge journals and we don't have them in the "A" subset at this point.

Answer: Thank you. Can you give us an indication of how many of you are still using the "A" list in a MEDLINE search? [Many audience members raised their hands.]

Certainly we will take that under consideration. We would like to hear journal titles from you, not just titles that may be in MEDLINE now but not in the abridged list, but new titles that are of interest in your institutions.

Question: I'm a health services research librarian. One of the areas I need access to is book chapters. Many of the books by health services researchers have important chapters. I do a lot of the indexing myself; it would certainly be nice to have some help from NLM. The other thing that NLM absolutely must include in HSTAR is material on survey methodology. I'll be happy to provide you with the bibliographies I use.

Answer: One of the things that we're hoping to do in the HSTAR database is include chapters of books so that the same degree of indexing that is currently afforded journal literature will be done on chapters for selected health services research materials currently in CATLINE. We welcome your suggestions for additional materials to include in HSTAR. ❑

New Gateway Links ELHILL to TOXNET

Philip Wexler
Division of Specialized Information Services

MEDLARS (Medical Literature Analysis and Retrieval System) is the acronym NLM uses to identify its computerized online systems as a whole. Whereas MEDLARS was once synonymous with the ELHILL system, the addition of other systems over the years, such as PDQ and TOXNET, has given the term MEDLARS a much broader meaning and necessitated the development of easy ways for users to move back and forth across these systems without first disconnecting from one and then connecting to another. The first such linkage, the TOXNET gateway, became operational five years ago. It allows users logged on to any TOXNET file to switch to PDQ or any ELHILL file. NLM is now pleased to announce the availability of a gateway operating in the opposite direction. These two gateways will enable users to switch between ELHILL and TOXNET regardless of which system they start in and regardless of where the file they desire is located. An ELHILL to PDQ gateway will become operational in the near future.

Users familiar with switching files within a system through use of the FILE command, will have no trouble using the same straightforward command to switch files between systems without even knowing where the target file lives. Let's say you are in TOXNET's HSDB file. Issuing a file RTECS command will transfer you to TOXNET's RTECS file, while issuing a FILE TOXLINE command at any USER: prompt will gateway you to ELHILL's TOXLINE database. Conversely, you may now login to ELHILL's MEDLINE system and enter FILE CHEMLINE to transfer to ELHILL's CHEMLINE file or FILE IRIS to gateway to TOXNET's IRIS file. If you enter an abbreviated file name that could represent any one of several databases, the system will give you a list of matching names and prompt you to make an unambiguous selection. For example, after entering FILE TOX, you will get to choose from TOXLINE, TOXLINE65, TOXLIT, TOXLIT65, TOXIC CHEMICAL RELEASE INVENTORY 1990 - TRI90, etc. (See examples in Figure 1). Users can logoff from either system with the STOP command. If a gateway was used, an estimated cost message will indicate how much was charged by both ELHILL and TOXNET. The first line will show the total estimated cost and then there will be an additional two lines, one stating the ELHILL estimated cost and the other one showing the TOXNET estimated cost.

```
WELCOME TO THE NATIONAL LIBRARY OF MEDICINE'S ELHILL SYSTEM.
YOU ARE NOW CONNECTED TO THE MEDLINE (1990 - 93) FILE.

SS 1 /C?
USER:
file tox

Ambiguous database name...

 #  DataBase

 1  TOXLINE
 2  TOXLINE65
 3  TOXLIT
 4  TOXLIT65
 5  TOXIC CHEMICAL RELEASE INVENTORY 1990
 6  TOXIC CHEMICAL RELEASE INVENTORY 1989
 7  TOXIC CHEMICAL RELEASE INVENTORY 1988
 8  TOXIC CHEMICAL RELEASE INVENTORY 1987

Enter number for desired database
```

Figure 1 - New Prompts for Database Name

```
USER:
file aids

Ambiguous database name...

 #  DataBase

 1  AIDSLINE
 2  AIDSDRUGS
 3  AIDSTRIALS

Enter number for desired database

USER:
1

PROG:
YOU ARE NOW CONNECTED TO THE AIDSLINE (1980 FORWARD) FILE.
```

Figure 1 - New Prompts for Database Name cont.

ELHILL and TOXNET are only two of NLM's systems. Other systems residing on different NLM computers are available in the areas of biotechnology, human genetics, genetic sequencing, etc. Gateways may eventually link up all of these systems. NLM's ultimate goal is to allow a searcher to logon to any NLM database and gateway back and forth between files, through the use of a simple command, such as FILE. Naturally, users must remember that search syntax may vary from system to system. Although ELHILL and TOXNET commands are similar, they are not identical and users must remain alert to variability in search commands. Nonetheless, the gateways will greatly facilitate searching across the full array of NLM files. Future plans include building gateways from NLM to files of other organizations offering complementary information in the biomedical and environmental health sciences. A forthcoming article in the *Technical Bulletin* will provide more details about the gateway. In the meantime, now is the time to explore all those intriguing files in the "other" system you have been curious about. ❑

Streamlined Phone Services for MEDLARS Users

MEDLARS Service Desk

The MEDLARS Service Desk recently implemented a voicemail system. This was briefly mentioned in the March-April 1993 *Technical Bulletin*. We are pleased to report immediate improved service to callers. In April:

- about 6,000 calls came in
- over 1,000 or 22% of the callers pressed "1" at the Main Menu (for information about Grateful Med/online access)
- over 450 callers left name and address information and online access/Grateful Med materials were sent
- over 400 or 8% of the callers pressed "2" at the Main Menu (billing/NTIS)
- close to 4,000 or 70% of the callers pressed "3" at the Main Menu (connect to the Service Desk)

Our statistics show that more calls are now getting through to the Desk so more of your questions can be handled. Now, clerical staff transcribe the messages left requesting information on how to order Grateful Med and online access, thus freeing up the technical staff in MMS for answering questions and troubleshooting. This also means that, generally speaking, librarians who need to talk to Desk personnel do not have to compete with hundreds of other callers who simply want materials to be mailed or whose questions were answered by an informational recorded message.

Here, for your information, are the options presented on the Main Menu when the Desk number is dialed:

1-800-638-8480

- Thank you for calling the MEDLARS Service Desk at the National Library of Medicine.
- If you have a touchtone phone, please **Press 1**. If you do not have a touchtone phone, please stay on the line.
- If you're calling for information about the MEDLARS system including how to obtain access to MEDLINE, PDQ, and TOXNET, or would like information about how to order Grateful Med software, **Press 1**.
- If you have a MEDLARS account and have a question about a payment or the status of your account, **Press 2**.
- If you would like to speak to a MEDLARS Service Desk representative, **Press 3**.

—Librarians may press "3" as soon as they begin to hear the three choices, e.g., as soon as "If you are interested..." is heard. Then you will be connected to a Service Desk representative (if the phone is busy, the caller is placed in queue). Remember, the Desk is open M-F from 8:30 - 12 Midnight Eastern Time and 8:30 am - 5 pm on Saturdays.

There are levels and informational boxes below these three options, with the exception of transfer to the Desk. Callers who do not have a touchtone phone are automatically connected to the Service Desk. We will monitor this system and statistics on calls and continue to make improvements.

NTIS Service for MEDLARS Users

There is now **one** toll-free number at NTIS, **1-800-423-9255**, for MEDLARS users.

Formerly, MEDLARS users called this number only for billing questions. In the past, there was one number to call to order Grateful Med and various NLM publications, a different number to report a problem receiving a Grateful Med update, and yet another number to call when inquiring about an account balance.

The single number and new voice-mail system were implemented on May 19, 1993. The following options are presented when this 800 number is dialed:

1-800-423-9255

Thank you for calling the NTIS Service Desk.

- If you have questions about your National Library of Medicine MEDLARS charges, **Press 1**.

  — If you have a question concerning your invoice balance, Press 1.
  — If you have a question concerning your deposit account balance, Press 2.

- If you wish to place an order for an NLM software product such as Grateful Med, or a publication such as Annotated MeSH, **Press 2**.

- If you wish to speak with Customer Services or inquire about a Grateful Med update, **Press 3**.

The order of the questions is based on the current frequency of calls to NTIS. A touch-tone phone is necessary for using the voice-mail menu. If the caller has a rotary-dial phone, the system will automatically route the call to Customer Services. ❑

NLM Tests New HSTAR Database

Health Services Research Information at the National Library of Medicine (NLM)

Health services research (HSR) is the study of the scientific basis and management of health services and their effect on access, quality, and cost of health care. Health services research includes evaluation, planning, quality assessment and assurance, health technology assessment, clinical practice guidelines, and health services research methods.

NLM's HSR literature is now specially organized into a separate database, HSTAR (**H**ealth **S**ervices/ **T**echnology **A**ssessment **R**esearch), which is available online on a limited test basis to a selected group of users. Over 80 individuals representing the target audience have been selected to test HSTAR during March-August 1993. Testers include both intermediaries and end-users, and both users and non-users of Grateful Med (see Table 1). Results of the HSTAR testing should be available early in Fiscal Year 1994. Currently HSTAR is not available to other MEDLARS users.

Target Audience

HSTAR contains bibliographic citations to literature of interest to professional health services researchers; administrators; planners; policy makers; Federal, state, and third party payers; clinicians with an interest in health services research topics; and medical librarians and information specialists who serve these groups.

Category	Intermediary		Int. & End		End User		TOTALS	
	n	%	n	%	n	%	n	%
Non GM User	9	0.11	9	0.11	8	0.10	26.00	0.32
GM User	26	0.32	12	0.15	18	0.22	56.00	0.68
TOTALS	35.00	0.43	21.00	0.26	26.00	0.32	82.00	1.00

TABLE 1
Distribution of HSTAR Testers
(As of 4/93)

Content

HSTAR was created to expand NLM's online coverage of health services research literature by including in MEDLARS materials not presently covered. At present, HSTAR contains approximately 997,000 citations to journal articles, technical reports, and government reports, and several thousand of these citations to post-1989 health technology assessment literature are not found in any other MEDLARS databases. In order to make access more convenient, it also contains post-1984 material drawn from NLM's MEDLINE and HEALTH databases.

As this database grows in size, it may also include monographs, letters, meeting abstracts and papers, theses, newsletters, books, audiovisuals, and newspaper articles in any language.

Objectives of HSTAR Testing

NLM's objectives for HSTAR testing are to:

- Provide experimental access to this expanded coverage of health services research literature in MEDLARS.
- Based on findings from the evaluation of this experiment, improve both coverage of and access to health services research literature at NLM.

Specifically, the data gathered will be used to address the following questions:

- How well can health services research-related queries be answered using HSTAR? Using existing NLM databases?
- Are there gaps (e.g., subjects, sources, authors) in health services research coverage in MEDLARS?
- How well does Grateful Med, NLM's user-friendly search software package, support health services researchers' use of MEDLARS?
- Are there terms that should be considered for addition to the Medical Subject Headings (MeSH) vocabulary used for indexing health services research?

Comments may be directed to:

Marjorie A. Cahn
Head, Office of Health Services
Research Information
Building 38, Room B2W24, Mail Stop 20
Fax: 301-402-3193
Internet: cahn@lhc.nlm.nih.gov ❑

Text Word Searching with Former ELHILL STOPWORDs

ELHILL STOPWORDs are common words that the NLM ELHILL computer has been programmed to disallow for use in Text Word (TW) searching. Text Word searching, also referred to as free text searching, is described in greater detail in Section 4.8 of the Online Services References Manual (OSRM). If you try to search a STOPWORD such as 'both' by entering 'both (TW),' you will receive the response 'NP (BOTH (TW))', even though the word appears in the titles and abstracts of many records.

In the September-October 1992 *Technical Bulletin* on, page 16, there is a list of the 63 ELHILL STOPWORDs removed from the ELHILL STOPWORD list for the 1993 system because their meanings are highly relevant to current medical knowledge or they have become a part of clinical terminology. Words that were previously STOPWORDs, e.g., **poorly**, **state**(s), **effect**(s), **who**, or **will**, may now be used to Text Word (TW)search for concepts such as, poorly differentiated carcinoma, poorly controlled diabetes, vegetative state(s), WHO as an abbreviation for World Health Organization, or living wills.

Figure 1 demonstrates a Text Word search on the former STOPWORD 'poorly' before using the SENSEARCH (SENS) command to achieve a more precise retrieval. It differs from a STRINGSEARCH (TS) command in that the Text Words must be in the same sentence rather than anywhere in the abstract, for example. These capabilities are explained in sections 4.7.3 through 4.7.3.3 of the OSRM. A SENSEARCH (SENS) can retrieve citations with phrases like 'poorly differentiated carcinomas' or 'poorly differentiated squamous cell carcinomas' or 'carcinomas that are poorly differentiated' in the same sentence provided that you input the words in the variations of word order that might occur in titles or abstracts. In Figure 1 the syntax requires that 'poorly' be directly adjacent to 'differentiated' but the word 'carcinoma' can occur any number of words distant from that phrase.

Figure 2 demonstrates using the former STOPWORD 'who' to retrieve articles produced by the World Health Organization (WHO). WORLD HEALTH ORGANIZATION as a MeSH Heading retrieves articles where WHO is the subject of the article. To retrieve WHO as the producer of a document you may now also search on the word 'who' in the Address or Title fields (in addition to searching on World and Health and Organization in those fields). The word 'who' can then be combined with 'world' and 'health' to eliminate some of the false drops. This strategy allows retrieval on some of the articles produced by WHO, where the name World Health Organization is never actually mentioned in full.

Figure 3 demonstrates using the former STOPWORD 'will' to find articles on living wills prior to 1991. When searching with MeSH Headings, it is important to know when a term was introduced into the vocabulary; this information is in both the Annotated Alphabetic List and in the online MeSH file. LIVING WILLS (MH) was first introduced into the MeSH vocabulary in 1991. From 1987 to 1990, articles on the concept of living wills were indexed under the MeSH Heading RIGHT TO DIE. A search on this concept prior to 1991, can now be supplemented by Text Word searching for 'living' and 'will#' in addition to LIVING WILLS (MH). This strategy retrieves older articles indexed before LIVING WILLS (MH) was introduced and newer articles in which LIVING WILLS does not appear as a MeSH heading, even though those words appear in the title or the abstract. The latter can happen because NLM's indexing policy is to use **only** the broader MeSH Heading when both the broader MeSH Heading "up the tree" and the more specific MeSH Heading concepts are both covered in the article. So in the first and second sample citations listed in Figure 3, ADVANCED DIRECTIVES, rather than LIVING WILLS is considered to be the appropriate indexing choice.

SS 1 /C?
USER:
file cancer

PROG:
YOU ARE NOW CONNECTED TO THE CANCERLINE (CANCERLIT) FILE.

SS 1 /C?
USER:
(tw) all carcinoma# and poorly and differentiated

PROG:
TIME OVFLW: CONT? (Y/N)

USER:
y

PROG:
SS (1) PSTG (3493)

SS 2 /C?
USER:
1 and 93 (yr) or 1 and 92 (yr)

PROG:
SS (2) PSTG (297)

- The retrieval is being restricted to the current 2 years, to create a smaller set of citations for sensearching. This is done for the purpose of this illustration only. A searcher wanting a comprehensive retrieval, would not do this.

SS 3 /C?
USER:
sens (ti) :poorly#differentiated:carcinoma#: or :carcinoma#:poorly#differentiated: or

PROG:
CNT 3

USER:
:poorly#differentiated:carcinoma#: (ab) or :carcinoma#:poorly#differentiated: (ab)

PROG:
(233) SCHD (147) QUAL; CONT? (Y/N)

USER:
y

PROG:
SS (3) PSTG (193)

- Warning: This strategy may elminate some possibly relevant citations. Poorly differentiated adenocarcinoma would not be retrieved because only carcinoma or carcinomas is being searched.

Figure 1 - SenSearching on Former STOPWORD 'Poorly' and Differentiated and Carcinoma

SS 4 /C?
USER:
prt 4 ti • Sample of titles retrieved.

TI - High prevalence of mutations of the p53 gene in **poorly differentiated** human thyroid **carcinoma**s.

TI - [Brain metastasis from **poorly differentiated** neuroendocrine lung **carcinoma**. Complete response after intensive chemotherapy (letter)]

TI - DIFFERENTIAL PP60C-SRC ACTIVITY IN WELL- AND **POORLY-DIFFERENTIATED** HUMAN COLON **CARCINOMA**S AND CELL LINES (MEETING ABSTRACT)

TI - INTEGRINS AND THEIR ACCESSORY ADHESION MOLECULES IN MAMMARY **CARCINOMA**S: LOSS OF POLARIZATION IN **POORLY DIFFERENTIATED** TUMORS

Figure 1 - SenSearching on Former STOPWORD 'Poorly' and Differentiated and Carcinoma cont.

SS 1/C?
USER:
file medline

PROG:
YOU ARE NOW CONNECTED TO THE MEDLINE (1990-93) FILE.

SS 1 /C?
USER:
(tf) who

PROG:
SS (1) PSTG (2464)

SS 2 /C?
USER:
1 and world (tw) and health (tw)

PROG:
SS (2) PSTG (314)

SS 3 /C?
USER:
2 or who (ad)

PROG:
SS (3) PSTG (617)

SS 4 /C?
USER:
3 and not world health organization • Eliminates articles about WHO, rather than by WHO.

PROG:
SS (4) PSTG (299)

SS 5 /C?
USER:
prt ti, ad • Sample titles retrieved on WHO.

Figure 2 - Searching on Former STOPWORD 'who'

TI - Health and the environment: a global challenge. **WHO** Commission on Health and Environment.

TI - Significance of western blot in diagnosis of cysticercosis cellulosae.
AD - Beijing Tropical Medicine Research Institute, **WHO** Collaborating Center for Paragonimiasis, Clinorchiasis and Leishmaniasis.

TI - Diabetes in the eastern Mediterranean region.
AD - **WHO** Regional Office for the Eastern Mediterranean, Alexandria, Egypt.

TI - Critical review of Aedes aegypti control programs in the Caribbean and selected neighboring countries.
AD - PAHO/**WHO**, Office of Caribbean Programme Coordination, Bridgetown, Barbados.

TI - [The detection and analysis of leptospiral DNA in patients' serum of early leptospirosis by polymerase chain reaction and DNA hybridization with digoxigenin-AMPPD]
AD - **WHO**/FAO Collabrative and Research Centre of Leptospirosis, Royal Tropical Institute, The Netherlands.

TI - Streptococcal throat carriage in school children with special reference to seasonal incidence.
AD - **WHO** Collaborating Centre for Reference and Training in Streptococcal Diseases, Department of Microbiology, Lady Hardinge Medical College, New Delhi, India.

Figure 2 - Searching on Former STOPWORD 'who' cont.

```
SS 1 /C?
USER:
file medline

PROG:
YOU ARE NOW CONNECTED TO THE MEDLINE (1990 - 93) FILE.

SS 1 /C?
USER:
(tw) living and all will#

PROG:
SS (1) PSTG (834)

SS 2 /C?
USER:
1 and not living wills

PROG:
SS (2) PSTG (559)

SS 3 /C?
USER:
ts (ti) :living#will: or :living#will: (ab)

PROG:
(230) SCHD (19) QUAL; CONT? (Y/N)

USER:
y
```

- Eliminates articles indexed with LIVING WILLS. This heading was introduced into MeSH in 1991.

Figure 3 - Searching on Living Wills before 1991 with Former STOPWORD 'Will'

PROG:
(462) SCHD (34) QUAL; CONT? (Y/N)

USER:
y

PROG:
SS (3) PSTG (38)

SS 4 /C?
USER:
prt ti, mh, so

Sample Titles Retrieved Shown Below

TI - **Living wills** and health care proxies. Nurse practice implications.
MH - **Advance Directives**/*LEGISLATION & JURISPRUD
MH - Decision Making
MH - Human
MH - Legislation, Nursing
MH - Nursing Care/*STANDARDS
MH - United States
SO - Nurs Health Care 1992 Feb;13(2):92-6

- This citation is about both living wills and advance directives, so ADVANCE DIRECTIVES is the preferred MH; it is the broader heading 'up in the tree'.

TI - Advance directives. Educating employees about the **living will** and the durable power of attorney for health care.
MH - ***Advance Directives**
MH - Human
MH - Occupational Health Nursing/*METHODS
MH - Role
MH - Teaching/*METHODS
SO - AAOHN J 1991 Aug;39(8):399-401

- Both advance directives and living wills are in the title, so ADVANCE DIRECTIVES is the preferred MH, because it is the broader heading.

TI - My **living will** is done! How about yours? [editorial] [see comments]
MH - Attitude to Health
MH - *Right to Die/LEGISLATION & JURISPRUD
MH - United States
MH - Wit and Humor
SO - Postgrad Med 1990 Sep 15;88(4):13-6

TI - Beyond the **living will**.
MH - Aged/*PSYCHOLOGY
MH - *Attitude to Death
MH - Female
MH - Homes for the Aged
MH - Human
MH - Male
MH - Middle Age
MH - *Right to Die
SO - Gerontologist 1990 Aug;30(4):480-5

TI - Knowledge of **living will** laws essential.
MH - Ethics, Nursing
MH - Human
MH - Nurse-Patient Relations
MH - *Nursing Care
MH - Professional-Family Relations
MH - Right to Die/*LEGISLATION & JURISPRUD
MH - Terminal Care
MH - United States
SO - Am Nurse 1990 Jul-Aug;22(7):33

Figure 3 - Searching on Living Wills before 1991 with Former STOPWORD 'Will' cont.

CATLINE, AVLINE Update

Change to call numbers of CIP records

In order to indicate the status of Cataloging-in-Publication (CIP) citations more clearly, the characters "(P)" have been restored to call numbers in CATLINE and AVLINE CIP records.

In the example "Print Loan" format below, the characters "(P)" at the end of the call number of a CIP record indicate that the item is not yet in the NLM collection and should not be requested through interlibrary loan.

USER:
prt lo

PROG:

1
TI - Textbook of laparoscopy/G
AS - / Jaroslav F. Hulka, Harry Reich.
ED - 2nd ed.
IM - Philadelphia :/Saunders,/c1993.
CA - WP 141 H912t 1993 (P):02NLM
AVN - NOT YET AVAILABLE
EL - CIP
UI - 9215234

Users should note the additional clues regarding the status of the NLM CIP records: the value "CIP" in the **Encoding Level (EL)** field and the **Availability Note (AVN)** which contains the phrase, "Not yet available."

Preservation Action Note (PRS) Field Updated

The Preservation Action Note (PRS) field in over 20,000 CATLINE records was updated to reflect the status of preservation microfilming of the item at NLM. As described previously in the May-June 1991 issue of the *Technical Bulletin*, the **Preservation Action Note (PRS)** field indicates filming that has been completed or placement in the microfilming queue.

If the item has been queued for microfilming, the text "Queued for microfilming." is found in the first subelement and the date of placement in the queue is recorded in the second subelement in the form YYYYMMDD (YearMonthDay) as shown below.

PRS - Queued for microfilming./19920710

If the item has been filmed, the text "Microfilm." is found in the first subelement and the date of film completion is recorded in the second subelement in the form YYYYMMDD (YearMonthDay). When microfilming is completed, the identifying film number is placed in the Call Number (CA) field with the Library Symbol (LY) of "0FNLM".

PRS - Microfilm./19901212//Bethesda. Md. : National Library of Medicine, 1990. 1 microfilm reel:b.&w.negative; 35 mm.
CA - WAA M989m 1899:02NLM
CA - FILM 2076 no. 2:0FNLM

Other Files' Unique Identifier (U2) Updated

NLM's Title Control Number (TCN), assigned in the internal Master Serials System (MSS), was added or corrected in over 64,000 CATLINE serial records for the information found in CATLINE's Other Files' Unique Identifier (U2) field. The content of CATLINE's U2 field for serial records comes from the Master Serials System and is equivalent to the Unique Identifier (UI) field in SERLINE. The same is true for the content of the Other Files' Unique Identifier (U2) field in AVLINE.

The addition of title control numbers for serial records in CATLINE enhances the linkages between CATLINE and the internal Master Serials System at NLM and permits the distribution of the linking numbers to licensees of the CATLINE database in ELHILL and MARC format.

No maintenance of the **Other Files' Unique Identifier (U2)** was performed for monograph records.

SERLINE's New Value for Indexing Status

Esther Baldinger
Serial Records Section, NLM

The new value of 5 for the Indexing Status (XS) field in SERLINE, previewed in the March-April 1993 *Technical Bulletin*, is now operational. The new value of 5 has been added to indicate title continuations. Formerly, all currently indexed titles were assigned an indexing status of 1 and no differentiation was made between a title newly selected for indexing and a title continuing one already indexed.

For example, Canadian Journal of Experimental Psychology continues Canadian Journal of Psychology. When NLM was notified of the title change, the indexing status of Canadian Journal of Psychology was changed to a 4, meaning that the title has ceased and been continued by another title, as has always been the procedure. The new record for Canadian Journal of Experimental Psychology has an indexing status of 1 to show that it is currently indexed **and** an indexing status of 5 indicating that the title is a continuation of another title.

The Indexing Status value of 5 will be input for title continuations coded as of January 1993. (These are identified as records with an Indexing Authority Date (IA) greater than 930101.) There are no current plans to add the XS of 5 retrospectively.

Titles with an indexing status of 5 will invariably also be tagged with an indexing status value of 1, which will indicate titles that are currently indexed whether they are title continuations or not. This means that searchers limiting a query to all titles that are currently indexed for MEDLINE, BIOTECHSEEK, or HEALTH can continue to use the indexing status of 1. For example, to obtain all of the titles that are currently indexed for Index Medicus, the search strategy would be:

SS1: IM (AI) and 1 (XS)

To obtain a list of titles indexed for Index Medicus that are currently indexed and are continuations of titles previously indexed*, the search strategy would be:

SS1: IM (AI) and 5 (XS)

*Remember: The value of 5 has only been added to titles entered in SERLINE since 930101 (IA).

To obtain a list of all titles newly selected for indexing (that is NOT title continuations), range on the Indexing Authority Date (IA) in conjunction with a search of all titles with an XS of 1 and not 5. For example, to find all of the titles selected for indexing in MEDLINE during April or May 1993, the search strategy would be:

SS1: MED (AI)

SS2: 1 and 1 (XS) and not 5 (XS)

SS3: 2 and from 930401 to 930531 (IA)

The above strategy could be used to create periodic listings of the new serials being indexed, in advance (or independent) of the Titles Selected for Indexing listing published in the *Technical Bulletin*. If you decide to run this strategy on a regular basis, remember to change the dates being ranged in the IA field, to reflect the time period you are searching. ❑

PDQ Access Software Product Support Discontinued

To conserve resources and minimize duplication of effort, the National Cancer Institute's (NCI) International Cancer Information Center will no longer be upgrading and supporting the PDQ Access software as of April 1, 1993. PDQ Access was first sold through the National Technical Information Service in 1987 and provided the ability to access PDQ at the National Library of Medicine; it also allowed users to perform selected predefined searches in the CANCERLIT database. In 1989, the software was packaged along with the PDQ User Guide. The PDQ User Guide will continue to be sold and distributed by NTIS. The cost is $34.95 and the order number is PB90-214909.

The NCI made the decision to discontinue PDQ Access because there are many telecommunications software packages, including the NLM's Grateful Med software, that provide access to PDQ and the other National Library of Medicine databases. The latest version of PDQ Access (version 2.01) will continue to work under the NLM's current configuration, but should this configuration change, PDQ Access will not be upgraded to accommodate the changes.

Almost any personal computer telecommunications software can be used to access PDQ at the National Library of Medicine. Users with no telecommunications software other than PDQ Access can obtain information on purchasing the NLM's Grateful Med software by calling the National Technical Information Service (NTIS) at 1-800-423-9255. Grateful Med provides access to PDQ, as well as all the other NLM databases. It is available for both IBM compatible and Macintosh computers at a cost of $29.95 (no shipping and handling fee). Access to the NLM databases is also available through the Internet. The Internet address is: medlars.nlm.nih.gov. and the ip address is: 130.14.10.200. ❑