

### Correspondence

#### Searching EMBASE: do the results justify the cost?

I would like to respond to the article on EMBASE that appeared in *Health Libraries Review* (1987, 4, 225-231): 'Searching EMBASE: do the results justify the cost?' The authors, Anne M. K. Collins and Steven Gass, outline several shortcomings of our database; however, I should like the opportunity to inform your readers of the enormous editorial and production changes that EMBASE has gone through in the last year.

In fact, it is directly because of the same limitations which Collins and Gass point out that we decided upon such drastic changes to EMBASE. Following a major user survey in 1986, which we conducted at several international conferences, and in combination with years of market feedback, the design of an enhanced EMBASE PLUS database was begun. I should like to itemize these changes and improvements as they relate to the points in the article.

#### *Costs and low usage of the Excerpta Medica printed abstract journals*

The Excerpta Medica abstract journals represent a concise, evaluated service where the best of the world's biomedical and pharmaceutical literature is critically reviewed and selected each month. This year our medical specialists will evaluate over 400 000 articles and select 300 000 records for the database. We add extra values to these records with five different indexing schemes, and publish the full author's abstract for the majority of articles. A subscription to one of the Excerpta Medica abstract journals is therefore a quality filter of over 3 500 journals, and can represent an enormous subscription saving for any library not able to afford a large collection of primary publications.

We have begun a new campaign in public and academic libraries to promote the use and

understanding of the printed abstract journals. Promotion materials will include a large 'How to Search' poster and a detailed catalogue on the coverage and indexing guidelines, listing the top primary journals covered.

The print abstract journals were re-designed in 1988. A simplified table of contents allows faster browsing of relevant topics. Extensive cross-referencing within each issue allows more comprehensive access for patrons who wish to broaden their search. Most importantly, the issues will contain more recently published information and will be highly competitive with any other current-awareness service.

#### *Additional online costs to search EMBASE using EVOC*

The use of the online EVOC file in DATA-STAR is indeed more expensive than consulting our printed user aids for pre-search formulation. All the indexing information found in EVOC can be searched manually in the *Guide to the Indexing and Classification System* (1988: 3rd edn), for EMCLAS and EMTAGS terminology, and in the print 'MINI-MALIMET' (1986: 1st edn) for the 22 000 most frequently used descriptors, or in the microfiche MALIMET for the complete list of drug and medical descriptors. MINI-MALIMET was not available during the survey made by Collins and Gass; its publication 2 years ago was a major step to aid our EMBASE searchers. 'We make every effort to encourage searchers to use these indexing manuals for more cost-effective use of the database.'

#### *Amount of overlap compared with MEDLINE*

Many people are surprised, as were Collins and Gass, at the low overlap between EMBASE and MEDLINE. Various studies have shown the overlap between the two databases to be only 15-40%, depending on the biomedical topic. There is less overlap in the basic sciences and a high proportion of unique records in EMBASE when the topic searched

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includes drug information. In fact, the two databases complement each other very well, and a search in only one of them may result in lost relevant information.

### *MEDLINE is easier to use*

The primary strength of this argument lies in the hierarchical MeSH structure. Recognizing the benefits and shortfalls of MeSH, we have implemented a new hierarchical classification scheme for EMBASE, called EMTREE. EMTREE follows the basic faceted design of MeSH but goes further in depth, particularly for drugs. The EMTREE hierarchy incorporates MALIMET and EMTAGS so that there is now one comprehensive system of indexing. Searchers will be able to explode on an EMTREE term for broad searching, or conversely, use the lower levels for greater specificity. In addition, 27 MALIMET descriptors have been chosen as 'linking terms', similar to MEDLINE's subheadings, for greater search precision.

There will be a print EMTREE available in mid-1988 composed of two parts: an alphabetical list and a tree structure. Again, searchers will be encouraged to use this manual rather than browse EVOC online.

### *MEDLINE is more up to date*

One of the most important EMBASE PLUS enhancements is a 30-day currency of all records. We will deliver records to the host systems within 30 days after journal receipt in Amsterdam.

The past policy of sequential indexing is no longer necessary; records appear online only once, completely indexed.

The print *Excerpta Medica* journals will also benefit by having more current abstracts available.

### *EMBASE advantages over MEDLINE*

As Collins and Gass state, we cover a greater number of journal titles than MEDLINE, offer a higher percentage of records with abstracts, and make use of more specific indexing terminology (which is a particular bonus for drug retrieval). In 1988 we will be adding 20% more articles to the database, for a total of 300 000 records. We have added CAS registry numbers to EMBASE, and these numbers will be more numerous and provide more comprehensive drug and chemical access than MEDLINE. We are also introducing links between drug trade names and manufacturer names taken from the original articles.

The EMBASE PLUS enhancements I have given above present an entirely new service for librarians and medical professionals. We are pleased to offer these enhancements for online and print users in 1988, and will continue to listen and respond to the market for future enhancements.

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