Second Session: Some Methods of Education

Chairman: A. G. W. Whitfield, M.D., F.R.C.P.

THE LIBRARY

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In any educational establishment, whatever its nature, the real vital centre of its work is its library, and the true value of the establishment will depend on the scope and efficiency of its library service. When a new type of educational institution, such as the Postgraduate Medical Centre, is established, it is particularly important that its library facilities should be so designed that the service given to their users is both efficient and extensive. It is extremely important that the deficiencies of the present medical libraries in non-teaching hospitals should not be perpetuated in the libraries of Postgraduate Medical Centres.

There are many defects in medical libraries in hospitals today. Shortage of money, lack of knowledge of the principles of librarianship and lack of full-time staff have all played their part, but the chief cause of their defects is that they have been formed in isolation and have attempted to work without contacts with one another or with libraries outside the hospital service. The history of libraries has shown that several small libraries do not provide as good a service as one larger library, that a better service is provided when libraries are grouped into a system and that only systems above a certain size can provide a really adequate service. In the context of the hospital system of the United Kingdom, a system based on the Region would be of the right size to develop an efficient and comprehensive library service. Each Regional Hospital Board should examine its library services and should consider establishing a library system which would include a large regional library, some medium sized area libraries and smaller libraries in individual hospitals, wherever these might be necessary. A Regional Librarian should be appointed to assist the Board in examining its library facilities and in planning any re-organisation. In such a system the library of a Postgraduate Medical Centre would be eminently suitable to be developed as an area library.

In this role it would act as the main source of bio-medical literature in the area which it serves. It would support the smaller libraries in the hospitals in its area and would receive support, in turn, from the larger regional library. It would collect and maintain as comprehensive a stock of current books and journals as possible, and provide the bibliographical and information services without which no collection, however good, can be properly exploited for the benefit of the users of the library. It would eventually contain a catalogue of the holdings of all the other libraries in the regional system, thereby facilitating the borrowing of works not in its collection. It would maintain as close contacts as possible with any university, public or special library in its area. In this connexion, it should be noted that some university libraries are willing to give considerable assistance to libraries in hospitals in their vicinity, while where there is a patients' library, which can be run in conjunction with the medical library, some local authority libraries are willing to help, particularly in staffing the library. (A good example here is the Lincoln Medical Library). The library should be available to all those in its area who are concerned with the care of the health of the public; it should not confine its service to the medical staffs of all grades of the hospitals in its area, but should serve the general practitioners and other doctors, qualified nurses and members of the professions supplementary to medicine in the area. It should be staffed by a full-time professional librarian, since the type of service, which it should provide, cannot adequately be supplied by part-time staff without a training in librarianship, however great their enthusiasm and devotion may be.

A regional library system, when established, should be able to provide from its own resources the major part of the literature requested by its users. As the establishment of such a system would take some years, and as it could not hope to be entirely self-sufficient, some reference to
the present resources available to supplement the stocks of libraries in hospitals and Postgraduate Medical Centres may be of interest. Direct requests for loans to librarians of medical schools and other medical libraries both inside and outside a region will usually be met with a prompt response, though it should be remembered that the rules of the libraries of the Royal Society of Medicine and of the British Medical Association allow their Fellows and Members to borrow for their personal use only and not for the benefit of non-members, and that some other medical libraries restrict loans also. The services of the commercial lending libraries such as Lewis’s or Ferrier’s need no comment here, except that they do not supply journals. The public library system is a source of medical literature, which is perhaps too little known. Public libraries concentrate largely on books and individual libraries vary greatly in the scope of their stock of medical books, but the various arrangements for library co-operation can be very useful in supplying medical literature. These arrangements are based on the grouping of public libraries into twelve regions. All local authority libraries are members of the library region in which they are located and in most cases other libraries may join the regional system. Any library in a regional system will lend its stock to another member library. Most library regions have established subject specialisation schemes, whereby each member agrees to purchase all English books on a particular subject which are listed in the British National Bibliography. Unfortunately only certain library regions attempt to cover medicine. In addition to regional-specialisation schemes an Inter-Regional system was set up in 1959. This aims at complete coverage at a national level: each regional system is responsible for purchasing all works in a class of the Dewey Decimal Classification. Medicine is covered by the North-Western Region. The National Central Library maintains a union catalogue of the book holdings of a very large number of libraries throughout the country, and can be approached through a public library. If no copy of a book can be found in the United Kingdom, the National Central Library will try and locate a copy abroad and borrow it, if asked to do so. The National Lending Library for Science and Technology currently subscribes to some twenty-two thousand scientific journals. Its coverage of bio-medical journals is virtually complete from 1963 onwards. It is usually prepared to grant borrowing facilities to individual hospitals or groups of hospitals.

To assist in building up the stocks of libraries, the Medical Section of the Library Association operates a duplicate material exchange scheme. Membership of the exchange is automatically extended to affiliated members of the Library Association who opt for membership of the Medical Section. List of “wants and offers” of books and journals are circulated to members. Requests for duplicates are made direct to the offering library, which allocates this material. Recipients are required to refund the cost of postage. Large stocks of duplicates are held by the exchange headquarters and lists of these are circulated from time to time. Participation in this scheme will help libraries to build up back sets of journals and to replace missing parts. The Medical Section produces a “List of Books and Journals for Medical Libraries in Hospitals” which can be obtained from the Publications Department of the Library Association price 5/- . A new and much enlarged edition is being prepared. The Library Association has also published a document on “Standards for Libraries in Hospitals” which is obtainable at the same price from the same department.

If all the sources outlined are used by the library of a Postgraduate Medical Centre, and if it is included in a regional hospital board library system, then it will be able to play its proper part in the work of the Centre.

**DISCUSSION**

**Dr. Ferriman (North Middlesex)** said that young interns working in peripheral hospitals needed to refer to text books immediately, to look up a particular subject and to get a quick introduction to recent papers. For more than that, they may be able to go to the R.S.M., or another central library. 

**Mr. Cornelius** replied that established libraries were being swamped, with not enough copies of books to go round. Some supplementation was necessary and this was the reason for the extra organisation. 

**Dr. Horder** thought that General Practitioners needed books at home for quick reference, with others with a wide spread of subjects, available by post. The photocopying service of the College of General Practitioners has shown that its clients require a very wide range of books and journals. Only the libraries of a few major centres could provide this service.

**Mr. Cornelius** said that the library at Lincoln is in constant use by general practitioners. It was probably quicker in the long run to spend an hour or two in a local library rather than to rely on a postal service.

**Dr. Plunkett** (Chertsey) said that the College of
General Practitioners had supplied them with a list of books that might be needed. The whole hospital library must be instantly available even in the middle of the night. At Chertsey no books were lent out. Any book needed could be obtained in three days, using the suggestions in Mr. Bowie's memorandum. There was bound to be some loss of books and journals: they used to lose £200-worth of books a year and now coloured the covers with a touch-up-spray; they marked the shelf with a pencil line at the end of each row of books, these were checked each morning. At night, the keys were kept and signed for in the same way as the dispensary keys. Since a new librarian had been appointed no book had been lost. The pages of journals were perforated and put into plastic clamps—this prevented loss of particular numbers. Could Mr. Cornelius suggest a classification for small libraries? The available catalogues are all too long—booksellers' lists are preferable as a simple classification.

Mr. Cornelius said that there was no suitable system of classification for small libraries. Some used the Barnard system which was quite good but it needed someone who understood it. The catalogue of the National Library of Medicine in Washington is the most comprehensive and if a copy could be obtained it showed where any volume should be classified. He agreed the library should be open 24 hours a day. Dr. Paulley (Ipswich) agreed that the provision of regional libraries was probably the only answer to the problem. The cost of journals could be greatly reduced if consultants gave their copies: in Ipswich two-thirds of the journals came in this way and most of the library fund went on binding. Anyone starting a centre library at any time should start buying the Index Medicus at once, without waiting, as it must form the nucleus. A quick photostat copying service operated by the librarian was a great help. Their librarian also acted as the postgraduate secretary. It was of paramount importance to have the library open day and night—their own was never locked up and they lost very few books. Text books were more likely to be lost than journals, and a more general appreciation of the library helped to reduce losses.

Dr. Clark (Cambridge) said that we were constantly being told to get journals rather than text books but this was not the best choice in psychiatry, since many textbooks in the related sciences were needed. He asked what might be accepted as a reasonable rate of loss. An authoritative statement would be helpful in dealing with finance officers.

Mr. Cornelius said that there was no reasonable answer. His library lost 200 books a year and volumes were mutilated and articles cut out: there seemed to be no answer. It seemed necessary to make some special arrangements for psychiatry. Dr. Paulley was quite right to start with the Index Medicus—it was essential for any library with any claim to completeness. The World List of Scientific Periodicals should also be bought. These two alone provided a wide service as references can be found from the Index Medicus and a location for the journal in question can be found from the World List.

Dr. Stokes (Aylesbury) asked what the legal position about photostat copying was, as requests were constantly being received. At Stoke Mandeville Hospital the Nuffield Library is trying the experiment of lending certain volumes for short specified periods and through the full-time librarian. Of course we need books as well as journals! The main problem seems the means of encouraging both staff and local doctors to use the library to a greater extent that at present. Already some practitioners, by 'phoning the librarian, have references prepared before their visit. With the regular users we are content, but wish to encourage particularly the married junior staff who must consider a lonely wife, besides their examinations, or take their share of baby-sitting. For these the limited lending of books seems reasonable.

Mr. Cornelius: An entire book may not be copied without permission, but a copy of what is considered a reasonable amount of the material (usually interpreted as about one page). With journals, one copy of one article in one part of a volume for one person at a time may be made without the necessity of obtaining permission. The person receiving the copy must sign a declaration saying that the copy is for his own personal use in his research or practice. The copy may not be sold or passed round to other people for their use.

Dr. Newman (Royal College of Physicians) said that the answer to the finance officer is get the supplies officer to state the cost of replacement of crockery. £200 will buy a reasonable library. Copying must be immediate—you need the information at once; copying does not involve excessive cost. At the Postgraduate Medical School they were using the Xerox in a big way for instant copying and it was thought that this was saving money.

Mr. Cornelius: The cost was difficult to work out, but photocopying by xerography was generally cheaper than sending bound volumes by post. In addition, many bound volumes are just too big to be send by post. Postage is always charged on books sent on inter-library loan; when a charge is made for photocopying, the charge for postage is sometimes omitted.

Mr. E. E. T. Taylor (Northampton): The Northampton General Hospital has a good example of a small peripheral library, helped by the Nuffield Provincial Hospitals Trust. It takes 60 periodicals and has 6 reading desks. It is purely for reference—no books go out. He thought that expensive copying procedures should not be used, and found librarians very difficult to get. They had a local public librarian in once or twice a week to check the lists of books, and the secretary tidies up—the total cost was about £100 p.a. for salaries, and at least £500 for books, journals, binding, etc. The medical staff were not a reliable source for journals, which came late or not at all. All G.P.'s., were notified that the library is open for their use but in spite of good relationships and attendances at meetings none was ever seen there.
Proceedings of the conference on the postgraduate medical centre. The library.
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