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THE PROVISION OF BIO-MEDICAL LITERATURE : THE PRESENT POSITION AND FUTURE POSSIBILITIES

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WITH the reduction in private purchase of bio-medical journals and books, consequent upon the steady growth of the amount of this literature and the continued increase in the price of books and journals, the practitioner must rely more and more on libraries for his needs to be met.

Libraries supplying bio-medical literature fall into five broad groups: the larger medical libraries, the commercial subscription libraries, the National Lending Library for Science and Technology, the public library system, and medical libraries in non-teaching hospitals.

Viewing the United Kingdom as a whole, it can be clearly seen that the service which can be given by the larger medical libraries varies considerably from one part of the country to another. There are more medical libraries in London than in any other large city in the world, but, apart from Central Scotland and Merseyside, few other districts contain more than one large medical library, while extensive areas have none. Many of the larger libraries are for reference only or allow only a restricted section of the medical public to borrow directly from them, although most are prepared to lend to other medical and scientific libraries. The largest medical library in the country, that of the Royal Society of Medicine, cannot by its rules lend to anyone not a Fellow of the Society and the library of the British Medical Association is similarly restricted in its loan

service. In this connexion it should be noted that borrowing from these two libraries is also restricted to members of the organisations concerned for their personal use only: for a member to borrow a work from either library for the benefit of a non-member is a breach of the regulations on which books are lent. The Royal Society of Medicine will supply photocopies and microfilms of items in its collection.

The service given by the commercial subscription libraries such as Lewis's or Ferrier's is too well known to need comment here, except to note that the service is restricted to English language books and does not extend to journals.

The National Lending Library of Science and Technology is the largest scientific library in the country. It currently subscribes to some twenty-two thousand journals and eventually will take twenty-six thousand journals, which is the present estimate of the total number of scientific journals in existence. Its coverage of bio-medical journals is virtually complete from 1963 onwards, though it is less rich in material published before that year. Its main interest has been to provide as complete coverage of the journal literature as possible, and while it has bought books also it has not hitherto attempted to achieve a similar completeness in this field.

The public library system is a useful, and perhaps too little known, source of medical literature. Public libraries concentrate largely

on collecting books; although many provide some periodicals, their usefulness in this sphere is much less great. Individual public libraries vary greatly in the scope of their stock of medical books, but the public library system as a whole can often supply books as the result of arrangements for library co-operation, such as the organisation of the system in various ways for inter-library lending and the subject specialisation schemes.

For inter-library loans, there are several purely local schemes, especially for technical literature. There is in addition a national system. For this the country is divided into twelve regions. All local authority libraries are members of the region in which they are situated, and other libraries may become members in all the regions except the London Region and the South-Eastern Region. In this way the entire book stock of a region can be available for individual member libraries to borrow. If a book cannot be located within a region, an approach can be made to the National Central Library. This library maintains a union catalogue of the book holdings of a very large number of libraries, public, university and special, throughout the country. If a book cannot be located in the United Kingdom, the National Central Library will, if asked to do so, try to locate it abroad.

The non-fiction holdings of member libraries are, in general, recorded at the headquarters of each region. An attempt to achieve regional self-sufficiency is made by some regions, who have established subject specialisation schemes, whereby each member library agrees to purchase all English books on a particular subject, which are listed in the British National Bibliography. Typical examples can be found in the London Region, where the Marylebone Road Library of Westminster City Libraries collects all works on medicine, and in the South-Eastern Region, where, for instance, Hertfordshire County Library collects general surgery and anaesthetics and Kent County Library collects general medicine and pathology. However, it should be noted that several regions do not collect medical literature at all. In addition to regional specialisation schemes, an Inter-Regional System was set up in 1959. This aims at complete coverage at a national level, and each regional system was made responsible for the purchase of all works in a class of the Dewey Decimal Classification. Medicine is covered by the North-Western Region.

Medical libraries in non-teaching hospitals have hitherto been unable to play a satisfactory

part in the provision of medical literature. In general, they have been poor in resources, and organisation, they have lacked proper staff, and have tended to work in isolation from other libraries. They have generally been unable to provide anything like a satisfactory service to their readers. It is to be hoped that the establishment of Postgraduate Medical Centres and the present increased interest in libraries in non-teaching hospitals will lead to these libraries playing their proper part in the supply of medical literature. They should be the source, especially in the provinces, to which the staffs of the hospitals and local practitioners turn first for their needs.

These are the sources of bio-medical literature currently available, and for the moment they are, perhaps, just sufficient to deal with the demand. They may soon become quite insufficient.

With the establishment of Postgraduate Medical Centres and the current emphasis on postgraduate medical education, it must be expected that a much greater demand for medical literature will occur. Bio-medical literature as a whole is in increasing demand. Today scientific and medical subjects overlap at so many points, that bio-medical works are being consulted by an ever widening range of workers. The larger medical libraries are finding it increasingly difficult to cater for the requests made to them. Waiting lists are growing longer both at medical libraries and at the commercial subscription libraries. Journals, in particular, are so constantly in demand that normal resources, especially for the last few years' volumes of well known journals, are increasingly strained. There can be little doubt that, but for the establishment of the National Lending Library for Science and Technology, the demand for journals would have outrun the supply sometime ago. Even this library, with all its resources, is concerned at the rapid increase in the demand for its services: whereas it had expected a 20% increase in 1965 over its 1964 figures, the actual increase has been 35%.

It is in order to try to supplement the existing sources of bio-medical literature, and to attempt to ease the strain on the existing system, that the Medical Section of the Library Association has suggested, in the Standards for Libraries in Hospitals recently published by the Library Association, that attempts should be made so to improve medical libraries in non-teaching hospitals and so to organise them.

that they may be enabled to play their proper part in the provision of medical literature.

The chief reason for the inadequacy of medical libraries in non-teaching hospitals is that they have been working in isolation. Their small size, poor resources and the use of part-time untrained staff have helped to limit their usefulness, but had their staff known where to go for advice and help, their service could have been immeasurably improved. No library, whatever its size, can be entirely self-sufficient, but if small libraries can be organised to work together as part of a larger whole, then there is a reasonable probability that the larger whole can become self-sufficient for normal needs. In the context of the hospital system of the United Kingdom the unit which could become reasonably self-sufficient is the Region. It is therefore suggested that each Regional Hospital Board should examine its library services, and the following points be considered in planning any re-organisation:—

1. The appointment of a Regional Librarian.
2. The formation of a large Regional Library.
3. The establishment of medium sized libraries in each Postgraduate Medical Centre and in one hospital, perhaps the largest, in each group (e.g. the new District General Hospitals).
4. The establishment of smaller libraries, where necessary in other general hospitals and in specialised hospitals.
5. Staffing of the libraries.
6. Access to the library.

1. The Regional Librarian would be responsible for the provision of library services throughout the Region. He would advise the Regional Hospital Board and Hospital Management Committees on library policy and would assist in the planning of new libraries. His first tasks would be to survey existing library stocks and facilities in the Region and to assist Hospital Management Committees in their plans for the future. He would also advise the Honorary Librarians who administer existing medical libraries in the Region, and supervise the work of the Secretary-Librarians, who at present look after the day-to-day running of these libraries, until such time as a permanent, full-time professional librarian is appointed. He would encourage liaison between medical libraries and the libraries of local authorities, universities and other organisations in the Region. It is essential that he should be an experienced chartered librarian and that he

should be considered as one of the Board's senior officers.

2. The Regional library should be equivalent in area and provision of books and journals to the medical library of a university. It would support the other libraries in the Region. It should contain all the major bibliographies in the medical field and should also hold sets of the major abstracting journals. One of its functions would be to supply all medical libraries in the Region with details, and evaluations where necessary, of all books and periodicals selected for the Regional Library; this would aid the other libraries in their book selection by giving details of the works considered appropriate for inclusion in the Regional Library, and would also provide all libraries eventually with a complete catalogue of the Regional Library. The Regional Librarian should be so staffed that the Regional Librarian, who would act as its director, would have adequate time to devote his responsibilities to the Region as a whole.

3. The libraries in Postgraduate Medical Centres, and the main library in each Group would be the primary sources of bio-medical literature, to which all in the area served by the library would turn first for their needs. It should be noted that circumstances may well make one main library for each Group unnecessary and that several Groups may be adequately served by one library.

These libraries should contain a well-balanced selection of the books and journals known to be most frequently demanded. They should contain some abstracting journals and must, of course, take the "Index Medicus", both its monthly issues and its cumulated annual volume. A van service to other hospitals in the area they cover might well be part of their functions. A chartered librarian should be appointed to each of these libraries.

4. Since the libraries mentioned above should provide a library service for other hospitals in their area, the extent to which library facilities would be required in other hospitals would depend upon the size and character of the hospitals and their situation. Every hospital will naturally have a small collection of "bench books", but otherwise the monthly issues of the "Index Medicus", together with a copy of the catalogues of the main library in its area, and of the Regional Library, should suffice for the provision of an adequate library service to its staff. The position of psychiatric hospitals is a special one. It would appear unnecessary for their libraries to be developed independently

of each other. As part of the library system of their area and of the Region, their specialised collections would make a valuable contribution to both, as would the collections of other specialised hospitals.

5. The staffing of medical libraries in hospitals has hitherto been one of their weakest points. Where satisfactory libraries exist, it is due almost entirely to the enthusiasm and devotion which Honorary Librarians, supported by Secretary-Librarians, have given to their libraries, but their library work has of necessity been secondary to their other duties and naturally they have had neither the knowledge nor training to make the best of the limited resources at their command. Enthusiasm cannot really take the place of knowledge, nor part-time work, however devoted, that of full-time. To collect and maintain the literature of its subject is only part of the function of a library. More important is that the literature provided should be properly exploited for the benefit of the users of the library, and that the information service provided by the library should be as complete as possible. A service of this nature can properly be provided only by a professional librarian, preferably employed whole-time. It is appreciated, however, that provision on this scale may not be possible, and where there is a library for patients as well, considerable advantages can accrue by making the librarian responsible for both libraries, thus providing the services of a professional librarian, where this would not otherwise be possible. In such a case, the possibility of an arrangement with the local

authority library service, by which a librarian is provided on a repayment basis to manage the hospital library, should not be overlooked. One advantage of this system is that there is automatic cover for periods of sickness and holidays.

6. The library should provide a service not only to the medical staff of all grades of the hospitals of the area which it serves, but also to general practitioners and other doctors in the area. It should also provide a service to qualified nurses and to members of the professions supplementary to medicine, whose requirements for professional literature are not otherwise met. It is important that all those who have access to the library should know how to use it and some guidance is desirable. Since the stock, except in the case of the Regional Library, should always be available, although libraries obviously can be staffed only for certain periods, some system of access to the library, when unstaffed, must be devised.

The history of libraries has shown that small isolated libraries can never give as good a service as one larger library and that a better service is provided when libraries are linked together in a system broad enough to be able to be self-reliant for normal needs.

A system of medical libraries organised on the lines suggested would give the users of individual libraries an immeasurably better service than at present, and should ensure that easy and timely access to the literature is available to all workers in the field of the biological and medical sciences.