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THE PRESENT PROVISION OF MEDICAL LIBRARIES IN HOSPITALS

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This paper might almost more properly have been entitled "The present NON-PROVISION of adequate medical libraries in hospitals."

In 1962, in an attempt to provide basic information on existing and projected libraries and on library staff to help us in the formation of the Library Association's *Standards for Libraries in Hospitals*, (1966) a brief questionnaire was sent to all the Regional Hospital Boards in England and Scotland, to the Welsh Hospital Board and to the Northern Ireland Hospital Authority.

Some replies were perfunctory indeed; four boards did not reply at all. In general, the replies received were not encouraging. I quote some of them:

1. "The Board has little information."
2. "It is not likely that the provision of medical libraries will receive priority over other hospital needs."
3. "In principle the Board is in favour. Shortage of accommodation and funds has prevented provision in hospitals not having libraries."
4. "Libraries not provided from exchequer funds; some provided from endowments."

Many Boards said that libraries would be provided in new District General Hospitals being developed.

In an Annotation on the proposed National Book League/Nuffield Provincial Hospitals Trust survey of medical libraries the *Lancet* (1964) said:

"Members of the medical profession — partic-

ularly students, housemen, registrars, and general practitioners — are repeatedly exhorted to make use of a library. What is less often mentioned is that, nine times out of ten, the library so commended to them is hopelessly inadequate, and attempts to use it for systematic study are enough to break the heart."

In passing, it may be said here that answers to our questionnaire showed that housemen were, in a few hospitals, precluded from using what library facilities did exist. Whilst agreeing that housemen, with their relatively short stays in particular hospitals, are what might be called "security risks," it is surely incredible, even a tragedy, that the newly qualified doctor should be excluded from hospital medical libraries.

It may be some consolation to know, although it does not excuse our failings, that the inadequate provision and support of hospital medical libraries is not confined to this country. In a President's Commission report (1965) published in the U.S.A. we read:

"The medical library... serves medicine as a guarantor of the organization of its scientific and professional knowledge, and of accessibility to what is already known." And: "It (the medical library) is essential to and ultimately relates to all other biomedical communications. The library and its functions are interwoven into the basic fabric of research, teaching and practice; it is indispensable to progress in these pursuits."

"Whilst most institutions associated with medical research, medical education and medical care, have

*Adapted from a paper given at the Hospital Centre, London in February 1966.

made spectacular advances in recent generations, the medical libraries have failed to keep the pace"; and again:

"Inefficiency in the medical library network creates an insidious ignorance which neither science nor the practice of medicine can condone... An inadequate library system acts as a brake upon the entirety of national health programs."

Happily, the U.S. government has now launched a "Medical Library Support Program."

In Great Britain there has never been adequate financial and other support for hospital medical libraries, nor indeed for other medical libraries; even some medical school libraries have grossly inadequate budgets, stock and staff.

The Sheffield Regional Hospital Board, for example, after a survey of library facilities in its area (1965) found that one of its Groups controlling general hospitals was spending only £38 per annum on the provision of medical literature.

There has even been resistance in some quarters to setting up medical libraries in hospitals, on the grounds that the needs of the staff can be adequately supplied by the established medical libraries. How often have we heard: "Oh there are always the B.M.A. and the R.S.M." Apart from the fact that the services of these libraries are for the benefit of members of the organizations only, if these libraries were to attempt to supply the library needs of the entire medical and ancillary professions, they would soon be swamped and their services would break down.

Such hospital medical libraries as do exist have "just grown," usually unplanned and in isolation from each other. No library can effectively function alone; no library can ever hope to supply all literature needs.

The staff position too is far from ideal, as most hospital medical libraries try to function with untrained part-time staff, or are even completely unstaffed. I quote again from the replies to our questionnaire.

1. "Employment of paid staff would prove to be the exception."
2. "No full-time or part-time trained librarians, but occasionally part-time clerical assistants."
3. "Information not readily available but would be right in thinking majority to be part-time and untrained."
4. "Provision of full-time staff unlikely, but being kept under review."

At the Library Association Annual Conference in 1962 John Thornton, Librarian of St. Bartholomew's Hospital Medical College said:

"A library has been defined as 'a librarian with some books.' It is *not* the room housing a miscellaneous collection of literature, however bold the lettering on the door. Only a trained librarian can

select, organise and administer the literature so that the contents of the books and periodicals can be utilised to the best advantage of readers. His salary may seem large compared with the book grant, but the physician costs more than his prescriptions."

In the 99 non-teaching hospitals listed in the main section of the revised edition of *Directory of Medical Libraries*, (1965) most have less than 20 subscriptions to periodicals, many fewer than 10; only four chartered librarians are employed and, so far as one can judge, only a further 24 full-time staff.

Whilst it is true that small collections of literature in small hospitals may not justify trained library staff, provided the person in charge has access to advice and help from a trained librarian, the employment of untrained secretarial staff to take charge of the larger libraries cannot be recommended; it must be considered as a stop-gap measure only. Let us hope that the answer to a question regarding staff will never again be "Oh — a girl comes in to tidy up — about an hour a week" or "The wives of the staff take it in turns to look after the library" — actual replies, I may say!!

Untrained staff, working in isolation from others in libraries, untrained in the exploitation of literature, cannot hope to provide an adequate library service. It cannot be stressed too strongly that once the medical staff begin to be given an efficient library service, demands on the service will grow at an increasing rate. Lincoln County Hospital is a case in point: it has now become necessary to appoint a second full-time member of the library staff there. If a library is to play an increasingly important role in the work of the hospital a trained staff is a necessity.

However, here is the rub, trained librarians, particularly medical librarians are in very short supply. Last year, in an attempt to face the realities of the situation, the North Western Polytechnic in London, in collaboration with the Library Association's Medical Section and Hospital Libraries Group organised a week's practical training session for secretary/librarians. Many applicants could not be accommodated and had to be refused entrance to the course. It is hoped to hold further courses in the future.

Brief practical notes on medical libraries for untrained persons, prepared by members of the Medical Section of the Library Association have now been published (1966). The Nuffield Provincial Hospital Trust has also published advice (1966).

Once again it is of interest to quote from the American report previously referred to.

"One of the more obvious manifestations of the seriousness of the medical library problem is revealed in the fact that (in the U.S.A.) in 1963 there were only 3,000 professional librarians serving the

Nation's 6,389 medical libraries. It is apparent that the number of medical librarians must be greatly increased to meet present minimal standards . . ."

"Ways must be found to attract much larger numbers of people into careers in medical librarianship and related fields . . ."

"With the emergence of the medical library as an important segment, if not the centre of the medical communications complex of the modern medical centre, the librarian must be able to assume leadership in the administration of a functioning organization . . ."

"Without the vigorous application of effort and resources in training personnel to man the Nation's complex of biomedical libraries in the future and a resultant increase in numbers and quality of such personnel, other programs designed to strengthen the system will come to naught."

The position of hospital medical libraries is not all black, however. Judging by the many requests for help and advice received by the Medical Section of the Library Association, there appears to be an increasing interest in the provision of medical literature in hospitals. Postgraduate medical centres having libraries open to all hospital staff and general practitioners are being set up, such as those at Brighton, Glasgow, Luton, Portsmouth and Windsor, though few seem to have faced the realities regarding full-time trained library staff.

The Central Medical Library of Edinburgh University is co-operating with the hospital authorities in the area in the setting up of hospital medical libraries.

There have been interesting examples of co-operation between local authority library services and hospital authorities: that between Lincoln County Hospital and Lincoln City Libraries; (Burgess, 1966, a and b) and that between Queen Elizabeth II Hospital, Welwyn Garden City and Hertfordshire County Libraries (Partington, 1966). In both these cases a general library room and a medical library room stand side by side, having a common service counter but each having its own separate entrance. General books and staff are provided by the Public Libraries, whilst medical stock and services are provided by the Hospital Authorities. Luton Borough Library is helping to provide the library at Luton's Postgraduate Medical Centre.

Some hospitals have had Medical Libraries for many years, e.g. Central Middlesex Hospital, London, The City General Hospital, Sheffield and the Leicester Royal Infirmary. The Mansfield and District General Hospital, through the generosity of the Intake Trust has added a floor to one of its

buildings to provide a very pleasant library. An excellent small medical library has recently been built at the Kent and Sussex Hospital, Tunbridge Wells. The Group 21 Library of the North Staffordshire Hospital Management Committee has moved into new premises.

The establishment of the National Lending Library for Science and Technology has made the borrowing of medical literature very much easier. The library regularly receives a large proportion of the world's biomedical journals. And the Library Association has published its important *Standards* (1966).

Perhaps the most important development of recent years was the Sheffield Regional Hospital Board's pioneering project in setting up in 1964, a Working Party on Medical Libraries, of which I had the privilege to be a member. After the initial survey of existing medical library facilities several meetings were held and visits undertaken, culminating in the Working Party's Final Report in June, 1965. This report was accepted by the Board in December, 1965. A small number of copies is available to interested parties on request to the Board's headquarters.

It is too detailed a report to go into fully here; it has been referred to in the medical press (*Lancet*, 1966; *Brit. med J.*, 1966) and in the national dailies (e.g. *Guardian*, December 14th, 1965). Mr E. M. Sharman, Secretary of the Working Party, has written on the report in this journal (1966).

The full implementation of the Working Party's recommendation will take time and will not be inexpensive, thus the establishment of the Regional Library Service must be a gradual process.

After consideration of the Sheffield Report and its relevance for a metropolitan board, the Working Party on Medical/Staff Libraries of the North East Metropolitan Regional Hospital Board has recommended acceptance of a modified "Sheffield" scheme. As there are two old-established medical college libraries in the Board's area, it was felt that one of these might be able to act as a Regional Library. It was realised that the Board would have to make provision for extra staff, stock and storage space for the stock.

The Wessex Regional Board is to appoint a regional librarian and the South East Metropolitan Board has appointed an Advisory Committee on Medical Libraries; perhaps, at last, things are on the move.

The actual mechanics of literature provision have not been gone into here. This aspect has been covered by E. H. Cornelius in two recent papers (1966 a and b).

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