There is a growing awareness of the inadequacy of medical library services in hospitals and of the lack of co-ordination of medical information services in this country. The development of postgraduate education in hospitals makes it essential that more medical library facilities should be available. A recent Working Party on Medical Libraries (1965) has recommended a hierarchy with Regional and Area Libraries professionally staffed as the most economical structure. The Report of the National Book League investigation into Medical Libraries (1966) endorses this. Clearly, it is a complicated task to establish such libraries throughout the country, but the upsurge of interest has coincided with the Hospital Plan for England and Wales and new hospitals can include a library service designed to fit into the ultimate structure. The Library Association's Recommended Standards for Libraries in Hospitals (1965) provide basic details for the planning and establishment of such libraries.

The Queen Elizabeth II Hospital is one of the first new hospitals to be completed in England since the war. It is in the Mid-Herts Group of the North-West Metropolitan Region and has 325 beds with a further 100 beds in the psychiatric wing. It is a general hospital serving the districts of Welwyn Garden City and Hatfield. The library services in the hospitals in this group provide examples of the multifarious ways in which such library services have grown. One hospital has a recreational library for patients and staff with a professional librarian on the County Library staff, whilst the medical book collection is looked after by a member of the medical staff. Another hospital has a patients' service run by a voluntary organisation and no general library for the staff; in the same hospital there is a postgraduate medical centre with a reference library administered by the Secretary Librarian.

The library at the Queen Elizabeth II Hospital is an "integrated" service, which is to say that it consists of a general library for patients and staff and a medical library. The latter is designed to serve the medical, administrative, ancillary and qualified nursing staff of the hospital and the general practitioners in the area. The inclusion of books on dental surgery has aroused the interest of the dental surgeons in the area, also.

The lending facilities offered by the library have attracted medical staff from other hospitals in the group. This and the availability of unlimited loans of medical journals through the National Lending Library have resulted in an extension of the service to many of the staff of these hospitals.

Accommodation

The medical and general libraries consist of two communicating rooms each 400 sq. ft. in size and divided by a glass partition. There is also a small store room of 150 sq. ft. The medical library has shelving for 2,000 books and a display rack and storage shelves for journals.
Costs
The full-time qualified librarian is on the staff of the Hertfordshire County Library and her salary is repaid to the county library by the hospital. The hospital also provides the equipment for both libraries and pays £100 annually towards the book stock supplied by the county library for the general library. The medical book stock and journal holding were acquired initially with a capital grant from the Regional Board and are maintained by an annual allocation from the hospital. This has varied each year, the grant for the current year being £750. This sum is for the purchase of book stock, subscriptions to journals, six subscriptions to Lewis' Lending Library and purchase of loan forms for borrowing from the National Lending Library.

Stock
Books. The present medical book stock is approximately 1,800 volumes covering the various disciplines of medicine, hospital administration, public health, nutrition, pharmacy, occupational therapy, physical therapy, social medicine and medical photography. Recently, additions in the fields of dentistry and speech therapy have been acquired and the opening of the psychiatry wing has made it necessary to build up stocks of material in this field. Many of the county library's special collection of books on surgery are located in the medical library.

Journals. In the current year there are subscriptions to 46 journals and several others are donated. A reasonable balance of the various disciplines has been maintained. Journals with abstracting or indexing services, such as Abstracts of World Medicine and Surgery, Gynecology and Obstetrics, which includes International Abstracts of Surgery, are useful as bibliographical tools. The policy on binding is still fluid, at present, ten journals are bound and some of these are located in the appropriate department. Those journals which are not bound are to be kept for five years, after which the policy will be reconsidered. It is anticipated that the Journal of Bone & Joint Surgery and the psychiatric journals will be kept to form a reference collection in these subjects, and also the abstracting journals mentioned above. When the library opened some journals, which were required in back runs, were acquired through the book exchange of the medical section of the Library Association. Some which were unobtainable in printed form were purchased on microfilm. There is a micro-reader in the library and it is likely that some journals may continue to be kept in this form.

Serials. At present, fifteen of the Year Book series are included in the stock and the Pediatric, Surgical and Medical Clinics of North America are complete from 1964.

Reference Material. The problem of what is pre-eminently a reference work has proved difficult to resolve. As Mrs. Cunningham, an American medical librarian, has pointed out in The Handbook of Medical Library Practice (1956) book titles are misleading. In this instance, the term reference includes both a small collection of quick reference works, and books frequently required in the reference library with a selection of dictionaries and encyclopaedias. The following are included in the former section:
The British Medical Dictionary
Stedman's Medical Dictionary
The Encyclopaedia of General Practice
Operative Surgery (Edited by Rob and Smith).
Clinical Surgery (9 vols. to date).
The Hospitals Year Book.
The Medical Directory
Recently, British Surgical Practice and The British Encyclopaedia of Medical Practice have been donated by a local doctor.

Books which are frequently required in the library have been duplicated and one copy marked “For Reference Only.” In many instances several copies of a work have been purchased. Cecil & Loeb's Textbook of Medicine and Campbell's Operative Orthopaedics are examples. The most important surgical works are duplicated by the copies located in the library from the special surgical collection at the Hertfordshire County Library.

Bibliographical Tools. The smaller the library, the larger the requirements of bibliographies and indices to map the wider field of material available. In addition to the abstracting journals mentioned above, the following have been found indispensable:
Index Medicus
Cumulated Index Medicus (complete from 1960)
Quarterly Cumulative Index Medicus (1950-1954)
British National Bibliography
World Medical Periodicals
World List of Scientific Periodicals
List of Journal Holdings of Local Pharmaceutical Firms
List of Journal Holdings of the Royal College of Surgeons of England
Recent additions lists from City of Westminster Public Libraries Special Medical Collection.
List of the Special Collection of Books on Psychiatry from Sidcup Public Library
Lincoln Medical Library Monthly List of Books on Medicine
Lewis' Current List of Books on Medicine
Lewis' Library Catalogue
British Medical Book List
The National Lending Library List of Medical Serials.
Loans. The loans service is reciprocal. The South Eastern Regional Library Bureau requests for books which are in the medical library stock are directed to the library through the county library. These are loaned at the discretion of the librarian, but when there are duplicate copies, it is possible to allow them to be lent without depriving the staff of the hospital. Only six subscriptions to Lewis’ Lending Library have been found necessary; most requirements of material not in the library stock have been obtained from the special medical collection at Westminster City Library or from one of the extremely cooperative London Medical School Libraries. Books on psychiatry are occasionally borrowed from Sidcup Public Library. This source and the Westminster Collection on Medicine and the Hertfordshire County collection of books on surgery are Public Library subject specialisation schemes described by Cornelius (1966). The most heavily used loan source is the National Lending Library for Science and Technology. Between twenty and thirty journals a month have been borrowed and requests seldom take longer than three days. If the telex system at the local public library is used, a request usually arrives by the following morning. Local firms have been very helpful also in lending items from their journal stocks. This means, if transport is available, a required reference can be obtained within a few hours.

Services

Libraries in general hospitals need to be geared more to the speed of those in industrial firms than to the academic library. Information is usually required quickly.

Bibliographies of articles on various subjects have been prepared by use of the Index Medicus. If the journal cited is not in stock, it is then obtained either from the National Lending Library or located, by referring to the World List, and borrowed by means of a telephone call.

Lists of journals required for group discussions by the medical staff in the psychiatric department are required regularly each week. These must be located and sent to doctors concerned in time to be studied before the meeting.

Postal Service. Several general practitioners and local medical officers of health have required material to be sent by post. The articles have been copied on the Xerox copier which is in the pathology department.

Information queries on medical subjects are frequently received from local public libraries. These are usually from laymen and are very varied. Sometimes discretion is necessary in providing information. The following are examples of some recently received:

Home care for patient recovering from a stroke.
Information on steroid treatment of asthma.
Notes and illustrations on various models of sphygmomanometer.
Information on causes of cervical cancer.
Lists of recent accessions circulated to local practitioners.

Departmental Libraries

There is no doubt that in any institution concerned with scientific work and where educational facilities exist, books will be required. In the absence of a professionally organised library in a general hospital, collections will grow in various departments. Thornton (1963) has described these as an “uneconomic menace.” The librarian’s dislike of such unorganised collections does not arise, as Burgess (1966) considers from a desire for a “God-given monopoly of books,” but from a dislike of haphazard acquisition and waste.

When a library is established in a new hospital there need be no uncontrolled growth of departmental libraries. In old hospitals, where a library is provided as an additional department, some tact will be required to arrange for the librarian to check these existing stocks and at least include entries in the catalogue noting their location.

Naturally some departments such as the laboratory, pharmacy and radiology will require books for frequent reference. At Queen Elizabeth II Hospital, a record is kept of these in the medical library’s catalogue and orders are directed through the library, where they are processed before being sent to the department.

During the three years since it was opened, the library has developed into an essential department. It will, perhaps, be of interest to describe the process of establishing it in its present form. When the hospital was first planned, the County Librarian of Hertfordshire offered to advise the North-West Metropolitan Regional Hospital Board on the library service. In the architect’s plans, the accommodation allocated for the general library was a room of 150 sq. ft. (This is now the library work room). Separate accommodation was planned for the medical books. Subsequent discussions resulted in the integration of the two libraries and arrangement for the services to be administered by Hertfordshire County Library. A qualified librarian was appointed and a Medical Library Sub-Committee was formed from members of the consultant staff.

Medical Library Sub-Committee

“The duties of the Committee are...to act in conjunction with the hospital administrator and librarian in the formation of rules governing the
use of the library and to assist in the enforcement of same. The Committee should act also in an advisory capacity with respect to the purchase of textbooks, monographs, reference works, journals, etc.”

In this article, Prime (1955) also suggests that the Committee should assist in the development of the subject knowledge of the librarian. Some of the “in service” training mentioned would probably not be generally encouraged in British hospitals (such as attendance at post-mortem). But the viewing of medical films and attendance at staff meetings when feasible would be educative to a medical librarian.

At Queen Elizabeth II Hospital, the Subcommittee’s function has included the formation of rules and assistance in selection of stock. The county and regional librarians of Hertfordshire County Library are invited to attend meetings and recently a sister tutor has been co-opted to the Committee. The library serves the qualified nursing staff. A separate library for student nurses is in the Nursing Training School. It is separately administered and financed; but there has been constant co-operation between the librarian and sister tutor and her attendance at Medical Library Committee meetings will facilitate this.

Speaking of medical journals as a means of communication, Sir Theodore Fox (1965) has referred to the differences in requirements of a large body of practitioners from those of a small body of scientists. This also applies to the selection of stock for medical libraries in general hospitals. The existing medical libraries are mainly those of learned societies or teaching hospitals catering respectively for research work or students. In the general hospital medical library, the service is to clinical practitioners, either general or specialist, and to those engaged in postgraduate study.

**Purchase of Basic Stock**

In order to start the medical library with basic titles in the most essential disciplines, the Library Association List of Medical Books and Journals and Lewis’ Current List of Books on Medicine were circulated to the consultants and heads of departments. General practitioners were asked for suggestions and the Librarian consulted publishers’ lists and the British National Bibliography and listed the titles most likely to be needed. Orders were then placed with a medical bookseller. A suggestion book was placed in the Medical Library and further titles entered in this by various members of the staff were then purchased. This was a continuous process during the first year and the purchases were made from the capital sum granted by the Regional Board.

**Maintenance of Stock**

**Selection.** There are various means of keeping up-to-date with new publications. Personal contact with the medical bookseller has been one of the best ways of knowing what important books are forthcoming. Reviews are often very late and entries in the British National Bibliography are not always very prompt. Publishers circulars are helpful and lists of accessions from other libraries can be used retrospectively to fill gaps, if anything has been overlooked. The Suggestion Book in the library serves a similar purpose and indicates where a subject has not been adequately covered.

**Evaluation.** The Librarian selects possible material for purchase in two groups:—

1. new editions of any books already in stock.
2. new publications.

Books falling into the first category are ordered to be supplied as they are published and immediately put into stock. Only if there is any doubt of their being an improvement on the previous edition is there any need for evaluation.

The second group are also added directly to stock if they are of obvious value to the library and under £7 10s in cost. But, in some cases, evaluation is necessary; copies of these titles are ordered on approval and sent to the appropriate consultant or department head for an opinion. Books costing over £7 10s are referred to the Medical Library Sub-Committee for a final decision. With the cooperation of the bookseller in sending any titles on approval, this system has worked very well and most books have been available to readers when required.

**General Library and Service to Patients**

It will perhaps not be without interest to add a few words on the subject of the general library. This acts as a small branch library with the resources of the County Library behind it. Apart from recreational reading, it is intended to provide material for the technical staff, such as the engineers and also for the administrative staff, catering staff and others who require information or material for study. For patients, the aim is to provide reading that will assist in relaxation and thereby be of help, and to help them to use the time they are in hospital to some purpose.

One of the advantages of an integrated library is that in providing an efficient service to the staff and establishing the librarian as a responsible professional member of the staff, the value of the service to the patients will be accepted more readily by the doctors and nurses.

The use of voluntary aid in nursing has been the practice in America and is at present being discussed in the hospital press as a possibility in British
hospitals. The library service to hospital patients has a long tradition as a voluntary service, and the help of volunteers is likely to be needed in this field for many years. In fact, volunteers selected and trained by the Librarian are invaluable in the work on the wards. In the Queen Elizabeth II Hospital library, the helpers are trained in selecting books for the trolley, in their approach to the staff and to the patients, and in the clerical details of recording the loans. It is emphasised that selection and recommendation of books for the patients must be thoughtfully carried out; what not to offer is as important as what to offer, and special requests are taken at once if they are available in the library. Patients with special interests or problems are reported to the librarian, who then makes a personal visit to them. Rounds on the longer term wards are carried out by the librarian, and so is the work on the psychiatric wing. All the wards are visited twice a week.

The psychiatric wing was opened early in the year. It is hoped that the library service to these patients will be accepted as an integral part of the weekly programme. “Occupational Therapy is a programme of selected activity conducted as a treatment under medical direction . . .” This is a definition given by the American Occupational Therapists Association (1960). The occupational therapy department’s value has now been accepted in most hospitals, but in the early years their work was not treated as a serious contribution to the patient’s recovery. The professional librarian has come later into the hospital field and it is gradually being accepted that there are wider possibilities to this work than has hitherto been thought. Leys (1964) has suggested that hospital librarians are occupational therapists of a specialist kind. Of course, in the treatment of the physically disabled, the occupational therapist provides activities with a remedial intent, but often the purpose is to pass the time and to provide relaxation. The use of reading as a therapy has been much discussed, but the librarian still needs medical direction in this matter. Books carefully selected to the patient’s tastes and interests could be said to have a therapeutic value. There are many ways in which the librarian and occupational therapist can co-operate; particularly in the work with patients in the psychiatric wing. At the Queen Elizabeth II Hospital play readings are jointly planned and the librarian provides the play sets; the librarian is arranging to obtain records for music sessions and books are provided as a background for various activities in the occupational therapy department. The frequent appearance of the librarian in the lounge, in the occupational therapy department and at group sessions for plays or records, helps to establish communication with the patients, which is an advantage when helping them to choose books. Patients from this wing also visit the library to change their books between the visits of the library trolley.

In the work with the patients on all the wards co-operation with the staff of other departments is important. The hospital teacher uses the library for special material and informs the librarian of any particular type of reading she would advise for certain children. Similar liaison occurs with the speech therapist, the social workers and with the psychologist.

All aspects of the work in this integrated library have been described. It is not possible for one librarian alone to do full justice to all the services attempted; but the librarian in charge of such a library should have an interest in all aspects of the work. In reality, there are four services here: the medical library service, the general library service to the staff, the service to the general hospital wards and the service to the patients on the psychiatric wing. Each requires a different approach, but one librarian can supervise all the services provided she can delegate the less professional duties to junior staff and has suitable voluntary helpers to assist with the visits to the wards.

There has been a lack of knowledge among hospital administrators of the full importance of a hospital library service to all the staff and patients. There has also been a lack of knowledge of the facilities which are available. At a recent conference at the Hospital Centre where librarian, hospital administrators and medical staff met, it was obvious that there was a gap to be bridged between the public authorities and the hospital authorities. The cooperation between the Hertfordshire County Library and the North West Metropolitan Regional Board, which has resulted in the establishment of the Queen Elizabeth II Hospital Library is an example of what can be done. Presumably, what has been done in one area can be done in another. The Library Association’s qualifying examination includes papers on hospital librarianship and on medical bibliography. Many students are taking these papers and if they are given practical training in the existing hospital libraries, fully trained librarians will be available for the new hospitals. Integrated libraries are economic in staff; but whatever form they take, libraries serving the whole hospital community should be considered as essential in the new hospitals and in the re-building plans. The size and type of these libraries can be decided in relation to those already existing in the area of the hospital concerned. Facilities exist for making books and journals available to all hospital staff and for providing reading for all patients. These facilities should be used.
REFERENCES


