
THE PLANNING AND
ORGANIZATION OF MEDICAL
BOOK AND JOURNAL
SERVICES IN REGIONAL
HOSPITALS
A GUIDE FOR LIBRARIANS

The National Book League

A Nuffield Provincial Hospitals Trust publication

The Planning and Organization of Medical Book and Journal Services in Regional Hospitals

A National Book League Guide for Librarians

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1 The Organization and Financing of Hospital Medical Libraries: Their Implications to Honorary Librarians

The financial provision for medical libraries in hospitals is the most crucial factor affecting their present state and future development. The amount of money allocated by Hospital Management Committees from Regional Hospital Board funds (or from endowment funds supplemented in some cases by private subscriptions) affects not only the staffing of hospital libraries (and consequently the whole efficiency and usefulness of the library service), but equally vitally influences the formulation of policy on the type of library service to be provided and the extent to which the various needs of the medical staff may be met. As the honorary librarian's position is seriously affected by whatever policy is adopted on the organization and financing of hospital medical libraries, the practical advice offered is introduced by a brief outline of alternative policies and of their implications to the honorary librarians concerned.

Professional and clerical assistance for honorary librarians

The major purpose of this handbook is to provide some guidance and suggestions for honorary librarians themselves, but anyone concerned with the provision of medical library services in hospitals will realize that the honorary librarian's responsibilities and achievements will depend very largely on the extent to which the library committee recognizes the need to pay for professional and clerical assistance.

At the present time the majority of hospital medical libraries are in the charge of honorary librarians responsible to library committees, in many cases with little or no clerical assistance. It is clearly not realistic at this stage to suggest that all medical libraries should employ full-time qualified librarians, both because of the present acute shortage of trained librarians and library assistants, and because the amount of

money currently spent on most hospital libraries is so slight as to make the considerable expense of employing professional help unfeasible.

It is arguable that the co-ordination of all hospital medical libraries into a regional network under the general supervision of a regional medical librarian would be the most effective method of providing an adequate library service for doctors.¹ The appointment of a regional librarian with adequate assistance would enable all the resources of medical literature in the region to be coordinated, both regional and national sources could be exploited to the full and extensive bibliographical services to hospital libraries in the region would become practicable. To discuss such a major issue of hospital organization and finance is clearly beyond the scope of this manual. But in considering the problems of honorary librarians it is not irrelevant to make the point that even if only a few hospitals in a region are able to combine their resources it then begins to be economically viable to employ professional library assistance. The advantages of having a qualified librarian properly trained in library techniques and procedures are so numerous as to be a major consideration in any discussion about the structure and organization of hospital libraries. A fully qualified librarian at the centre of a group of hospital medical libraries can take the burden of organization and administration from honorary librarians, give practical assistance in selecting, buying and cataloguing books and journals, co-ordinate and disseminate information about the various material available in the group's several libraries and give advice on borrowing supplementary material from outside sources.

The value of professional assistance to hospitals spending considerable sums on their medical libraries is obvious: it is less obvious but nevertheless equally valuable to hospitals whose library allowances are small. For paradoxically, the smaller the allowance the more desirable it is that a qualified librarian who knows how to exploit and supplement such resources as exist, is available for consultation. Where professional help is at hand, an honorary librarian, aided by clerical assistance, can effectively supervise the day to day running of an individual library within a hospital library group. Clerical assistance is essential if an efficient service is to be provided, whether or not a medical library is part of a group system. Sir George Pickering has made the recommendation that the clinical tutor's secretary

¹ The appointment of a regional medical librarian has also been recommended in a recent R.H.B. study. *Sheffield Regional Hospital Board Working Party on Medical Libraries: Final Report*, (Sheffield, 1965).

should help the honorary librarian,¹ and the fact that some hospitals have followed this advice indicates a growing – if belated – appreciation of the honorary librarian's responsibilities and problems.

Medical library policy in regional hospitals

For financial reasons few libraries, except the largest, operate today as single units whatever their subject field. Hospital medical library committees are faced with the especially difficult task of trying to satisfy a variety of demands (many of them highly specialized and costly) on a comparatively small budget. Almost every policy decision about the kinds and numbers of books and journals that can be supplied will depend on whether the library is to function as an independent unit or is to be linked and co-ordinated with those of other hospitals.

In many cases the advantages to doctors will be considerable if a group of hospital library committees can combine and contribute part of their library allowances to the formation, maintenance and administration of a central collection in one hospital, to which the individual collections needed by other hospitals in the group are co-ordinated. The particular principle on which such a grouping is based will depend upon a complex of local and idiosyncratic factors and will best be decided through discussion between the library committees of the hospitals concerned. Such group library structures may be practical where, for instance, a natural grouping occurs on a geographical basis (i.e. where several hospitals exist within a three- or four-mile radius); where hospitals have the same H.M.C. and sufficiently similar needs to make a united library policy valuable to them all; or where the hospitals are linked together within a scheme for postgraduate medical education.

In any of such circumstances a hospital medical library would be operated either as the main library of the group, or as a smaller dependent library within the group. In both cases the fact that the funds of the libraries could be used to implement a co-ordinated policy in buying books and journals would greatly increase the range of material available to hospital staff.

Where such group arrangements do not yet exist or where, because of particular circumstances, it is not desirable or practical for a hospital to join a group library system, individual library committees and

¹ Sir George Pickering, M.A., M.D., F.R.C.P., F.R.S., 'Postgraduate Medical Education: the present opportunity and the immediate need', *British Medical Journal*, 1962, i, 421-425.

honorary librarians will continue to be responsible for providing the best service possible within the limits of their own resources:

The advice which follows is designed for honorary librarians working in the most difficult—but not, unfortunately, hypothetical—circumstances, without professional guidance, with the minimum of clerical help and within a limited budget, but who nevertheless wish to provide the most efficient library service possible for their colleagues. It will be realized that many of the points made will need to be modified according to particular circumstances. If the library of which an honorary librarian is in charge is a dependent library in a group system, the problem of the provision of books and journals will be eased by the possibility of drawing on the resources of other libraries in the group, and many of the services described will be undertaken by the professional librarian.

2 Responsibilities of the Library Committee and Honorary Librarian

The responsibility of deciding the policy and organization of a hospital medical library is frequently vested in a library committee. The more the hospital staff are involved in the formulation of its policy, the more likely it is that the library will provide what the hospital really needs in the way of book and journal services.

It is therefore advisable, and often indeed the practice, that on this library committee, in addition to representatives of the Hospital Management Committee, there should be representatives of the medical staff of the hospital, such as consultants, all heads of departments and junior medical staff; representatives of all others whose interests are involved, such as clinical tutors appointed to supervise postgraduate education and general practitioners; and the librarian who, whether in a professional or honorary capacity, will be responsible for putting the decisions of the committee into practice.

At present, for reasons already explained, it seldom proves practical to employ a qualified librarian for each hospital medical library. Inevitably therefore the responsibilities for running it will often fall largely on a member of the hospital staff, who, sometimes without previous or wide experience, will find himself in a position where he has to make independent decisions or to give advice to the library committee on matters of considerable importance to his colleagues.

Deciding the extent and scope of the library service

No librarian or person in charge of a library can escape the comments, advice and criticism of its users: but both positive and negative expressions are easier to evaluate and possibly to answer if a policy on the purpose and scope of the library has been clearly formulated. To provide an effective service for doctors it is necessary first to assess the various needs of the group of doctors to be served: then to decide on the relative importance of these needs: and finally to relate these requirements to the library budget. Such an analysis is essential in deciding what books, journals and services can be

provided with the money available and also as a basis for any discussion on the adequacy or inadequacy of the library allowance.

The medical library of a hospital may have to cater for readers with a considerable variety of needs: many hospitals not only encompass the full range of medical specialties but their staff often includes doctors at all stages of professional development. At the present moment well-organized collections of books and journals are wanted in hospitals to augment the lectures and ward rounds which form the bases of postgraduate education, and to meet the needs of doctors working for higher degrees. In addition to this material needed to supplement medical education, doctors require ready access to standard books of reference and to a sufficient quantity of current literature to enable them to keep abreast of new ideas and techniques. This need exists irrespective of whether a doctor (or his hospital) participates in prescribed courses. In many cases, and probably increasingly so, the book and journal requirements of general practitioners will also need consideration both in order to cater for their general professional reading and for reading needs arising from any postgraduate studies they may undertake at regional hospitals.

A basic reference library

The first responsibility of the librarian is to provide the standard works needed by a large proportion of users. As all doctors require access to these essential books and journals whenever the need arises and at any time they find convenient, the library must provide as a minimum service an adequate collection of basic reference books and journals. There are two vital corollaries to this if the collection is to be of value to the hospital staff. First, the books and journals should be kept strictly for reference use within the library, and second, adequate funds should be set aside for the sole and prime purpose of keeping this reference section up to date.

Whether or not it will be necessary to provide duplicate copies of any standard works will depend on the size of the hospital and its staff: but it is possible that in certain hospitals, duplicate copies of some standard works might be more usefully kept in the department where they are frequently being used, and where they could more conveniently be referred to by the members of that department. The same principle applies to journals which are both of interest to the staff as a whole and of particular importance to one department. Economies made in buying only one copy of each essential book, or in having only one subscription to a vital journal, have to be weighed against

the disadvantage to the staff of not being able to refer to the material they need at the very moment when they most need it (though ideally sufficient funds should be available to meet both departmental needs and those of the hospital as a whole). The task of the librarian, requiring both understanding of the situation and sometimes a considerable degree of diplomacy, is to weigh up these relative claims. But if the aim is to build a sound library service not only for the present but also for the future, in the absence of adequate funds it is advisable to act on the principle that a basic reference collection should always be accessible to the staff as a whole, and that only when this has been achieved can duplicate material be provided for individual departments.

The provision of books and journals for specialists

When the cost of supplying and maintaining basic standard works for the hospital as a whole is provided for, the next responsibility of a librarian is to cater for the needs of specialists in each subject field covered by the hospital. The extent to which the needs of specialists can be met will depend inevitably both on financial resources and how many or how few specialties are encompassed by the hospital.

The apportioning of money between specialties (and/or departments) is generally better worked out on a practical and flexible basis than by a strict rule of thumb. After allocations have been made for basic stock, further allocations between specialties will vary and take into account numbers of both consultant and junior staff (particularly junior staff in training posts). Strict allocation is further complicated because at different periods more important books appear in one field than in another, and books vary too much in price to make a rigid and proportionate allocation as fair as it might at first appear.

Nevertheless, when a librarian with little or no experience is seeking guidance from his colleagues on the books they most urgently require, he will be well advised at the same time to indicate what maximum sum is initially available to each department for buying them. If a collection of specialist material already exists in the hospital, the librarian might do well to see that the total of the maximum amounts initially allocated to the departments is less than the total sum actually available for specialist texts. This will enable the librarian to allocate rather more to books on a subject on which too little appears to have been spent in the past, or on which important material has only recently begun to appear.

Where so little money is available that it is clearly impossible to cover subjects adequately, the librarian is recommended as a tempo-

rary expedient to concentrate on acquiring the relevant journals in the field rather than to spend the little money available on monographs which may quickly become out of date. In this event, and indeed in all events, it is essential that indexing, abstracting and review journals are available in the library, so that even if the total range of standard and current literature in particular fields cannot be provided by the hospital library, doctors may at least keep themselves informed of what is being published.

Whatever the financial circumstances it is doubtful whether one hospital library should attempt to supply all the needs of all its specialists at the expense of other library services. An important aspect of a librarian's work is to provide information about other sources from which books may be obtained, and if possible to simplify the process of borrowing and returning the material. Here, as indeed in the whole matter of the provision of specialist texts, the advantages of the group library system and the services of a full-time qualified librarian are considerable.

Whether specialist texts should be kept in a department or in the main library is a moot point, depending on the lay-out of the hospital, the views of people working in the departments and the nature of the text. A case can be made for keeping the highly specialized text unlikely to be used except by members of a department, within the department itself. But specialist material which is likely to be of interest to the hospital staff generally, may need to be duplicated, so that it is available both in the department most concerned and in the main library. In either case, material provided for and kept in departments should be catalogued in the main library so that the total resources of the hospital are known and so that users of the hospital library will know where books and journals may be found.

Other factors affecting book buying policy

Effects of postgraduate courses on library policy. If the hospital runs postgraduate courses, certain books will be in demand for a relatively short period only. The clinical tutor as organizer of educational programmes should be able to advise the honorary librarian on what books will be necessary for the courses. But the question of responsibility for paying for these additional books must be a matter of discussion between the Regional Postgraduate Medical Committee, the Regional Hospital Board and the Hospital Management Committees. If no books are to be bought to supplement courses, the library committee may have to restrict general borrowing from the medical library for a given period, so that all relevant stock is available

for reference during courses. The disadvantage of restricting general borrowing is to reduce the service available to the usual readers. If some courses are repeated regularly in the hospital and certain books will always be needed for these courses, additional funds *must* be included in the allowance to the library.

Doctors from the Commonwealth. Some hospitals have a number of doctors from the Commonwealth on their staff who may want to familiarize themselves with patterns of disease and social conditions in this country, subjects which are more likely to be covered in pre-graduate texts. As few regional hospitals will be in a position to supply this material themselves, honorary librarians may need to provide information about libraries from which books may be borrowed by individual doctors. Some sources of information about lending libraries, and examples of the services provided by them, are given in the final section of this manual.

Services to general practitioners, dentists, veterinary surgeons and others. In addition to responsibilities to the hospital medical staff honorary librarians may need to take into consideration the needs of other potential users of the medical library.

If, for example, general practitioners are entitled to use the library and are to be encouraged to do so, the range of books and journals covered will have to be enlarged accordingly to meet their special needs. Although general practitioners use many of the same books and journals as hospital staff, they need additional books of particular relevance to their own work if the library is to be useful to them. In view of the desirability of closer association between hospital doctor and general practitioner, many hospitals are already considering and planning ways and means of giving the general practitioner access to the relevant medical literature available. A strong case can be made for the inclusion of such books, on the grounds that they will not only be of use to general practitioners but also to many of the junior hospital staff who will eventually be entering general practice themselves.

To be of *practical* use to general practitioners and other medical and paramedical personnel outside the hospital, it is virtually essential that books may be borrowed from the library, and decisions of policy about the provision and services to these additional groups of readers will be influenced by the various implications of establishing a lending library, which are discussed below.

The implications of establishing a lending library

A library from which books can be borrowed will be offering a better service than one which keeps a collection of books solely for

reference within the hospital, provided, and only provided, that this dual purpose is adequately reflected in its budget.

A librarian, however anxious to provide a lending service, will need to take the following factors into consideration in deciding whether or not it is financially practical to do so :

1. Duplicate copies of books regarded as basic reference material may have to be bought to prevent the reference section being depleted.
2. Duplicate copies of books in great demand by borrowers may have to be provided if the lending library is to be of any real advantage to the majority of users and not a cause of disappointment and frustration.
3. Arrangements for free access to the library at all times will have to be made.
4. Additional money must be allocated for the replacement of lost or missing books and to allow for the extra wear and tear to the copies borrowed.
5. An effective method of recording the books borrowed will have to be decided on and supervised, and regular times set aside for checking stock and recalling books needed by other readers.
6. As current journals should always be available for reference in the hospital, duplicate subscriptions will have to be taken if it is thought absolutely necessary for them to be available for borrowing as well. On the whole, however, as unbound journals deteriorate rapidly and are easily mislaid by borrowers, doctors urgently needing journals should be persuaded to take out private subscriptions and only the bound back numbers made available for borrowing.

To set against these problems are the undoubted and numerous advantages that a lending library gives to *all* its users. Indeed it becomes essential for a library to provide a lending service to those of its readers who work outside the hospital, if the library proposes to meet the specific needs of those readers as fully as possible.

Keeping the library up to date

Once the services to be provided by the hospital medical library have been decided on and organized, the most important aspect of the honorary librarian's work is to arrange for the library to be kept up to date.

The following suggestions are based on the assumption that the library committee recognizes that the constant renewal and ex-

pansion of stock is implicit in the very idea of a medical library service, and that the financial implications (described in detail in Chapter 3) are both accepted and adequately provided for in the library allowance.

The honorary librarian's responsibility is to arrange a system whereby each section of the library stock is reviewed annually. The library committee representatives should be asked individually to advise on :

- | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Maintenance
of Library
Stock</i> | <ol style="list-style-type: none">1. books which have become obsolete and should be discarded ;2. books which should be replaced by new editions ;3. books which should be replaced by more important or up to date ones on the same subject ; |
| <i>Expansion
of Library
Stock</i> | <ol style="list-style-type: none">4. books which should be added on subjects already represented ;5. books which should be acquired on subjects (or branches of subjects) not yet represented. |

Similar advice should be sought on the journals taken by the library to decide if existing subscriptions should be renewed, whether any additional journals should be provided, whether back numbers of journals should be bound, and for how long a period bound or unbound back numbers should be retained.

Books and periodicals which are obsolete for practical purposes, may in some cases be of historical interest to users of the library. They should, however, be removed from the general stock of books where they may be a snare to the unwary reader. Where it is not the policy of the library committee to build an historical collection, it is generally better for such books to be ruthlessly discarded. Unwanted books may be offered to one of the book and journal exchange organizations described later in the manual, though for obvious reasons it is seldom worth the trouble and expense of arranging the sale of obsolete books. Indeed, there is often no alternative to taking the apparently wasteful but essential step of throwing books and journals away. Honorary librarians and library committees to whom this seems extreme and extravagant advice should consider the effect that a mass of unread and unwanted literature has on a library ; the hindrance it can be to those looking for what is valuable, the space it takes to shelve and store, the bad impression it gives of the whole collection and the unnecessary additional burden it gives to the person cataloguing and checking the library stock.

Selecting new books. The quality of a library and its value to its users depends ultimately on the wisdom and skill with which books are selected. To assimilate all the information necessary as a preliminary to book selection is a major, time-consuming and often difficult task even for professional librarians, trained as they are in the use of bibliographical tools and with access both to them, and to a wide range of information services.

In none of the aspects of an honorary librarian's work is the advice and help of a professional librarian attached to a group of hospitals more of an advantage than in these preliminary processes of book selection. Whether or not such assistance is available, advice should first be sought from the representatives of the departments most concerned. But it is nevertheless the responsibility of the librarian to draw attention to books which may have been overlooked or forgotten, to revised editions which have appeared and to new books which have recently been published.

Various aids to selection exist and honorary librarians who cannot draw on professional help will need to set aside some part of the library allowance for purchasing essential bibliographical information. This will include journals which index, abstract and review medical literature and lists of books selected by reputable bodies, examples of which are given below.¹ The main disadvantage of lists such as these is that they quickly become out of date.

In order to receive the catalogues and stock lists of publishers and of large specialist booksellers regularly, it is necessary for the honorary librarian's name to be on all relevant mailing lists. A list of publishers who belong to the Medical Group of the Publishers Association can be obtained from 19 Bedford Square, London, W.C.1., and of specialist booksellers from the Booksellers Association, 152 Buckingham Palace Road, London, S.W.1.

Local sources of information such as the acquisition lists and stock of other medical libraries and bookshops, and the reference and scientific stock (including medical) to be found in other libraries, will vary in value to the librarian according to the locality of the hospital. Further details of where to obtain information about books and journals are given in the final section of this manual.

¹ Library Association, Medical Section. *Books and Periodicals for Medical Libraries in Hospitals.* (Library Association, 2nd edition, 1962.) 3s. 6d. to members of the Library Association, 5s. to non-members.

College of General Practitioners. *A List of Books Useful for General Practitioners.* (College of General Practitioners, 1966.) Available free from the College.

3 The Cost of a Medical Library: Planning the Budget

To avoid major errors in the planning of expenditure on hospital medical libraries, honorary librarians will need to bear in mind the following points:

1. The average price of a medical book is at present £4.
2. The average life of a medical book judged by both intellectual and by physical standards is at present estimated to be 5 years. Thus on average each book must be replaced every 5 years.
3. The average cost of a subscription to a journal is £6.
4. To bind all the journals taken costs about one-third of the total cost of annual subscriptions. On the whole most medical libraries do not bind all journals. The cost of such binding of journals as is essential can be estimated at a quarter of the total of annual subscriptions.
5. If, as seems likely, the tendency to price increase continues, then an annual rise of 4 per cent in the cost of books, journals and binding can be expected.
6. A newly established library will need to spend more on books than on journals, but once the library is functioning effectively, then the rate of spending between journals (including binding) and books will be approximately in the ratio of 60 : 40 (this ratio will not permit expansion of book and journal stock into new subject specialties, *or* expansion of existing fields).
7. Planning for expenditure should cover five years rather than one year, and in the first five-year plan the budget should permit an expansion rate of at least 10 per cent of original stock per annum.

Maintenance of stock

It is clear that the cost of establishing and maintaining any good medical library will be very high. If a hospital wants a good (even small) up to date library, it must understand that at an average cost of £4 for each medical book, and £6 for each journal subscription (plus £1 10s. if the year's issues of a journal are bound), it may not be

able to afford a large stock. However, it is important to emphasize again that a collection, whatever its size, is useful if it is up to date but little use if the bulk of stock is obsolete.

Therefore the allowance each year must be enough to *maintain* (or keep up to date) whatever stock is held by the library now. As each book has an average life of five years, the allowance must cover this in such a way that each book can be replaced every five years. Theoretically, if *one* book initially cost £4, the library allowance must be large enough to provide the sum of £4 again, five years after the book was bought, so that the original book can be replaced. Over a five-year period the maintenance on *one* book will cost 16s. per annum.

If the library owns 100 books, the allowance must cover the maintenance of these books by 16s. per book per year

$$(16s. \times 100 = \text{£}80)$$

which is the same as saying that 20 books must be replaced each year, with the result that *one-fifth* of the stock is replaced each year

$$(20 \times \text{£}4 = \text{£}80).$$

Maintenance allowance must be adjusted to take into account any increase in book, journal and binding costs. For example, because the average increase per annum in book and journal prices over the last three years has been 4 per cent, funds for libraries should have risen *cumulatively* by an average 4 per cent per annum.

Expansion of stock

To plan expansion of stock systematically, decisions must be taken as to how funds are to be apportioned between journals and books. The proportion of 60 : 40 has been accepted here as a guide since it is recommended by most British medical librarians. If the item ratio between journals and books held in the library is always 1 : 5, the ratio of expenditure between journals and books for a complete five-year period will stay at 60 : 40. With this system, each year book and journal stock is increased by 10 per cent and 20 per cent of the original book stock is replaced.

Example:

A library owning 100 books and taking 20 journals

Purchases in the first year:

20 books (replacements—i.e. maintenance)

10 books (expansion)

20 journal subscriptions (maintenance)

2 journal subscriptions (expansion)

binding of journals estimated at $\frac{1}{2}$ cost of total subscriptions

Total stock at end of first year:

110 books
22 journal subscriptions
bound volumes of proportion of journals

Purchases in the second year:

20 books (maintenance)
10 books (expansion)
22 journal subscriptions (maintenance)
2 journal subscriptions (expansion)
binding of journals estimated at $\frac{1}{4}$ cost of total subscriptions

Total stock at end of second year:

120 books
24 journals
bound volumes of proportion of journals

In the fifth year the stock will amount to:

150 books
30 journals
bound volumes of proportion of journals

In the sixth year the five-year pattern must begin again.

Preparation of budgets

These points take no account of administration costs, wages and salaries, library subscriptions equipment, book promotion and the cost of access to information services, but as simple rules for the preparation of budgets the following is suggested:

1. That the item ratio between journals and books is 1:5 (a library which takes 20 journals is likely to have 100 books) and if this ratio is preserved the budgetary balance will also be preserved.
2. That (after the initial purchase of books) it can be assumed that approximately £230 per 100 book and journal-unit progressing each year at 4 per cent compound interest will maintain the stock at the initial level.

$$\begin{array}{r r r r} 20 \text{ books} & \times \text{£}4 & = & \text{£}80 \\ + 20 \text{ journals} & \times \text{£}6 & = & \text{£}120 \\ + \text{binding costs} & \times (\text{£}120 \div 4) & = & \text{£}30 \\ & & & \underline{\text{£}230} \end{array}$$

3. That in order to allow a steady 10 per cent expansion of stock per annum (i.e. 10 titles and 2 journals) the first year's budget should be approximately £300

10 titles	= £40
+ 2 journals (including binding costs)	= £15
+ 4% calculated on total of £55	= <u>£2</u>
	<u>£57</u>
	£57
	+ £230
	<u>£287</u>

and the advance on the budget reckoned at approximately £35.

4. That to work the budget calculations gifts of journals must be added in at their purchase price.

A consensus of expert opinion suggests that even the smallest library centre which hopes to serve both hospital medical staff and general practitioners must subscribe to at least 25 journals. The annual budget for this miniscule library would be after the following pattern (providing 125 books were already in stock and 25 journal subscriptions taken) :

1st year	£370
2nd year	£405
3rd year	£440
4th year	£475
5th year	£510

However, it is clear that an initial book stock of 125 is grossly inadequate. Therefore *ab initio* no library can function effectively if it works an expenditure ratio between journals and books of 60:40. Various alternatives are possible and the simplest of them is a much higher capital expenditure on books. This, however, may not be accepted by the authorities and in addition may lead to imbalance, administrative difficulty and waste. Consequently we recommend that the first four years of a new library should be regarded as a foundation period and that the budget should be devised after the following pattern (again considered for the very smallest library—one that takes at the start only 25 journals) :

Example :

Theoretical planning of a new library to arrive at 40 journal : 200 book ratio after four years

(Initial purchase of 140 titles = £700)

	<i>Journal Subscriptions</i>	<i>Books Added</i>	<i>Books Discarded</i>	<i>Book Stock</i>	<i>Approximate Budget</i>
1st year .	25 (£194)	43 (£179)	28	155	£375
2nd year .	30 (£241)	45 (£194)	30	170	£435
3rd year .	35 (£290)	49 (£218)	34	185	£510
4th year .	40 (£341)	52 (£230)	37	200	£580

(Approximately £75 should be allowed each year for the advance on the budget.)

Experience may demonstrate that, with an entirely new library, the discarding policy outlined in this table will be too drastic. Theoretically, wise initial selection could ensure that no book from the initial purchase is due for replacement until after the foundation period is completed. Nonetheless, even if more books are held in stock, the tenor of the budget will not be altered and certainly it will be necessary to discard all or almost all of the original purchases in the fifth or sixth year.

Inevitably a theoretical framework for budgeting such as the one postulated cannot take account of the individual circumstances of every library scheme, nor has any attempt been made to do so. But the necessity for long-term budgetary planning in a rational library system cannot be too strongly emphasized to *all* library committees. In conclusion, a first essential is for library committees to establish with the bodies responsible for funds that allowances both maintain existing stock through the systematic replacement of obsolete books, and allow for rising costs over the years. And if allowances are to be increased to allow for expansion it must be understood that new stock will also have to be maintained, and the allowances adjusted proportionally.

4 Library Organization

Book list

The honorary librarian may find the following books useful sources of information on library organization :

Morton, Leslie T., A.L.A. *How to Use a Medical Library: a guide for practitioners, research workers and students* (Heinemann, 4th edition, 1964, 12s. 6d.).

Thornton, John L. *Medical Librarianship: principles and practice* (Crosby Lockwood, 1963, 15s.).

Two further books which are not intended for the doctor librarian, but which may be useful to him are :

Stott, C. A. *School Libraries: a short manual* (Cambridge University Press for the School Library Association and National Book League, 3rd edition, 1966, 10s. 6d.). The chapter on administration and routine, which is intended for the non-professional librarian, covers the basic skills very clearly.

Piercy, Esther J. *Commonsense Cataloguing: a manual for the re-organization of books and other materials in school and small public libraries* (New York : H. W. Wilson. Glasgow : W. & R. Holmes, 1965, 37s. 6d.). This is a more elaborate book which is nevertheless directed to the non-professional as well as the professional librarian. It covers a good deal more than simple cataloguing and its purpose is the reduction of library processes to the minimum consistent with usefulness.

Cataloguing

Few honorary librarians will have the time to use any but the most simple methods of running a library, and the following suggestions are made with both the problems of the librarian and the purposes of the hospital medical library in mind. Such initial work as is involved in organizing a library on a sound basis will be quickly off-set by the subsequent efficiency of the service provided and the greater ease with which the library may be run once a system has been established.

The purpose of cataloguing is to keep a comprehensive record of the library stock and to help the users of the library to find material by the author they want or on the subject they want quickly and easily.

It is important that all books belonging to the hospital, wherever they are kept, are catalogued together, so that a complete record of the contents of the library will be available. Such a record is essential if only for keeping check on the library stock and in making decisions on book buying policy. It may also be part of a reciprocal arrangement with other librarians that a complete catalogue of the material in the library is available for duplication and circulation.

The simplest way of keeping a record of stock is to keep a card-index which will also serve as an author catalogue. A subject catalogue for which cards are made to show what is available on a particular subject is the next requirement. It is advisable to file the two catalogues alphabetically in separate cabinets. These catalogue cabinets are essential equipment and are available from library suppliers (either for placing on tables or free standing). The normal size takes a 5 in × 3 in card, and this is suitable for all likely uses.

Author catalogue. An author catalogue will show immediately whether a work by a particular author is in the library. A card in this catalogue, filed under the author's name and giving all necessary information about the book, will be the main card for that book and should include a note referring to any other card made for the subject catalogue. This will ensure that if, for instance, the book is withdrawn from the library, any necessary alterations are made to all relevant cards. This 'author-entry' card should include the following information: the code indicating where the book is placed in the library, or (if it is kept elsewhere in the hospital) where it may be found; the full name of the author or the editor; the full title of the book; the edition; publisher, date and place of publication; the number of copies belonging to the library; and reference to other cards on which the book is mentioned.

Subject Catalogue. Another catalogue showing what is available on particular subjects is perhaps even more important to the general user, though not for the person running the library. The subject of the book, according to whatever classification scheme is used, is placed at the head of the card *above* the name of the author and the title of the book. It adds greatly to the usefulness of the catalogue if important and relevant articles from journals are included, and entries will only be required in the subject catalogue. In addition to filing the subject of the article under the appropriate subject heading(s) the entry should include references to the name of the journal, the title of the article, the author, issue, date and pages. It is thus possible to find under a particular subject heading references to books and articles which deal with the subject.

The 'subject entry' card should include the following information : the subject which the book or journal (or a section of it) covers ; the code indicating where the book is kept ; the name of the author or editor ; and the title of the book.

Classification by Subject. In a library in which the books are classified by a recognized system, they will stand in their classified order on the shelves, and this order will probably be used in the subject catalogue. In a small library, where neither the skill nor the time is available for detailed classification, it is better to have an arbitrary shelf order with alphabetical arrangement of authors within only the major subject groups, and to use the catalogue itself for acquiring more detailed subject information. What is really important is that the classification of subjects once decided on should be kept, and that a short classification code should be given to each book.

Journal Records. These require two entries : one a catalogue entry which shows its title, place of publication, publisher, the volume number and the date of the first issue held, and either the fact that it is currently taken or is the last issue held. A subject entry may be made for single-subject journals ; general ones do not require it. A loose-leaf book or file of large cards will also be needed to record details of subscriptions including the date of expiry, and the arrival of each issue.

Other library records

The amount of clerical assistance available will decide how much can be done in the way of keeping records, but the librarian will find that time is saved in the long run if a record is kept in one book of the dates on which books are ordered, received and paid for, the cost of the book and the name of the supplier. (It is also an advantage to those using the library if new books are displayed for a short time before being placed on the appropriate shelves, and if a list of recent acquisitions is displayed somewhere in the library.)

A record should also be kept of books and journals lent to other libraries, borrowed on behalf of the library, or sent for binding.

A system of borrowing will have to be devised which takes into account the fact that free access to the library at all times is essential and that therefore complete supervision of borrowing will be impracticable. Furthermore human nature being what it is, no system where the recording of books borrowed depends solely upon the borrower can be wholly effective. But honorary librarians may find that a large book for recording material taken out of the library,

prominently displayed and preferably left open, will be a more effective reminder than one which is difficult to find in a hurry.

If time can be found it is well spent in showing new staff how the library is arranged, in explaining the system of borrowing to them, and in asking for their co-operation in recording and returning books borrowed.

5 Supplementing Library Stock from Outside Sources

Honorary librarians will, almost without exception, depend to some extent on borrowing and persuading doctors to borrow from other sources, both to relieve the pressure on their own library stock and to obtain material which the hospital library cannot afford to buy or would not be justified in buying. A variety of sources, both local and national, exist for honorary librarians who wish to provide a better service for their colleagues than they can from their own resources. Where no formal arrangements exist with other libraries in the neighbourhood, informal contacts can lead to useful reciprocal borrowing and lending of books needed from time to time, particularly where good and specialist collections have been built up over a period of time by individual libraries. *The Directory of Medical Libraries in the British Isles* (The Library Association, revised edition, 1965. 27s. to members of the L.A., 36s. to non-members) will be invaluable to honorary librarians exploring local resources.

Contacts with medical schools and universities

Where a hospital is near a university which has a medical school, arrangements can sometimes be made for doctors needing specialist material to use the library there. Although the libraries of the metropolitan medical schools do not usually lend directly to non-teaching hospitals, provincial medical schools will often lend to hospitals in their own area.

If permission to borrow from the university main library can be obtained, this might prove especially fruitful to doctors working in (or interested in) the fields of social and psychological medicine and to doctors interested in scientific literature, which, though related to medicine, cannot be regarded as essential material for the hospital medical library. The cost of providing literature which is allied to medicine, even though it may be of considerable interest and importance to doctors, may well prove prohibitive to many hospital medical libraries. Where a university is sympathetic to the problem of trying to meet doctors' book and journal needs and agrees to lend

some of its own material, however limited the quantity, unnecessary duplication in the area is avoided.

Contacts with technical colleges can prove similarly fruitful.

The public library service

The public library inter-loan scheme is organized in this way : a request at a branch library for a book which is not stocked there is passed on to the central library of that borough or county. The central library discovers from its catalogue whether or not the book is held at one of its other branch libraries ; if it is not, the request is passed on to the area headquarters for the whole region. There are nine such headquarters in England and Wales, known as Regional Bureaux, and each holds the catalogues of all public libraries in its region.

If a Bureau cannot provide material requested from its own sources, it can apply for it through the central agency for the public library inter-loan scheme, the National Central Library, which has access to all the Bureaux throughout the country. Since specialist libraries can join these Bureaux (provided they fulfil certain membership conditions which vary from one Bureau to another), the N.C.L. also has access to sources of specialist material. It is worthwhile for honorary librarians to find out if their libraries, as specialist libraries, are eligible for membership and details can be obtained from any public library. The Bureaux charge their specialist member libraries a small subscription.

Honorary librarians will realize that although membership of the Bureaux can simplify the process of tracing and obtaining books, they should bear in mind that the inter-loan scheme has no single central depository for books, and the process can therefore be sometimes too lengthy for material wanted promptly.

While at the local and personal level there is every reason for honorary librarians, as well as individual members of the hospital staff to develop the closest contacts with their public libraries, it would be unrealistic for the library committee to plan on the assumption that extensive demands for either stock or services could be met. As the financial and administrative structure of the public library service differs from that of regional hospitals (since it receives its fund from local authorities and comes under the direction of the Department of Education and Science) it is unlikely that more extensive collaboration than that which already exists can be relied upon in the future for the provision of medical library services for doctors.

Other sources

In addition to borrowing books and journals locally, the honorary librarian will be able to call upon the resources of many of the major

scientific libraries in the country which are either devoted entirely to medicine or include medical literature in their stock. A full list of these libraries and of their services are given in the Library Association's Directory mentioned earlier. The examples given here of services provided by one national scientific lending library, by two of the major medical societies, and by a commercial lending library, are provided simply to emphasize the variety of services that are available to honorary librarians wanting to supplement their own resources and to help their colleagues borrow books independently from outside sources.

1. The National Lending Library for Science and Technology Boston Spa, Yorks.

The N.L.L. lends books and journals to libraries on its list of approved borrowers. Other organizations are requested to apply for loans through agents, of whom a list can be obtained from the N.L.L. Where a local agent is not easily accessible to a library the N.L.L. is willing to deal directly with it.

Libraries entitled to borrow books directly, buy loan-request forms which cost £3 for 50 loan-requests. Borrowers pay only the return postage. The normal period of loan is three weeks but a book is not recalled before six weeks unless required by another borrower.

The N.L.L. has included medical books in its stocks only during the last ten years and few of these are available in languages other than English and Russian.

About 23,000 current journals are taken at present and the journal coverage is continually expanding.

As there is no catalogue, nor a bibliographical service, it is essential that borrowers know and give the exact details of the books or journals wanted when applying to the library.

2. The Royal Society of Medicine, 1 Wimpole Street, London, W.1.

The Royal Society of Medicine does not generally lend to other libraries, but its library is available to individual members of the Society whose subscription covers the use of the library services. Fellows of the Society pay 10 gns. per annum if they live in London, 7 gns. if they live in the provinces, and 5 gns. if they live abroad. A newly qualified doctor may be elected an Associate Member of the R.S.M. and pay half these rates for the first five years after qualifying. Fellows may borrow up to eight books at a time and Associate Members one, the borrower paying the postage both ways. Bound volumes may normally be kept for one month and unbound parts of a journal for two weeks, though these may be recalled within two

weeks and one week respectively if needed. No current issue of a journal is allowed out on loan from the library until a month after its arrival.

The library holds at least 400,000 books, takes 2,300 current journals and holds many duplicate copies of both. The library offers services in bibliographical researches, translation and photocopying.

3. *The British Medical Association, Tavistock Square, London, W.C.1.*

For a subscription of 15 gns. per annum institutions (such as hospital medical libraries) may now take advantage of the library services hitherto only available to individual members. Individual membership is open to all medical practitioners in the United Kingdom, the subscription rate being graded from 2 gns. per annum during a doctor's first three years after qualification, to the standard rate of 12 gns. per annum ten years after qualification.

Members may borrow up to four volumes at one time and may normally keep them for 28 days, though a book in great demand may be loaned for only 14 days. The B.M.A. bears the cost of sending books to members: the borrower pays the return postage. Current issues of journals are not lent, but back numbers or photocopies are available.

The library holds about 80,000 books, and 4,000 sets of journals, 2,000 of which are taken currently. (Some journals are duplicated.) It also has a large subscription to H. K. Lewis Ltd.

4. *H. K. Lewis's Medical, Scientific and Technical Lending Library, 136 Gower Street, London, W.C.1.*

H. K. Lewis have in stock about 130,000 books and duplicates titles according to demand; journals are not stocked. A catalogue of the total stock held costs 30s. and the last edition was published in 1963, but quarterly supplements are sent at no cost to any one who asks for his name to be put on the mailing list. The subscription rates are as follows (commencing at any date):

For twelve months

One volume at a time:	£2	15s.
Two volumes at a time:	£4	15s.
Three volumes at a time:	£6	15s.
Four volumes at a time:	£8	12s. 6d.
Five volumes at a time:	£10	12s. 6d.
Six volumes at a time:	£12	
	£1	10s. for each additional volume.

For six months

		<i>Deposit</i>
One volume at a time:	£1 16s.	£2 10s.
Two volumes at a time:	£3	£3
Three volumes at a time:	£4 4s.	£4
Four volumes at a time:	£5 8s.	£5
£1 5s. for each additional volume and £1 deposit.		

For three months

		<i>Deposit</i>
One volume at a time:	£1 4s.	£2 10s.
Two volumes at a time:	£2 5s.	£3
Three volumes at a time:	£3 3s.	£4
Four volumes at a time:	£4	£5
£1 for each additional volume and £1 deposit.		

Subscriptions for less than twelve months are only accepted on payment of a deposit in addition to the subscription, the deposit being repaid to the subscriber when all the books are finally returned. Postage both ways is paid by the borrower.

Full details on borrowing from the library may be obtained from H. K. Lewis Ltd.

Photocopying services

Many large libraries now own photocopying machines. A librarian will therefore find that some of them prefer to send photocopies of parts of a journal rather than lend the journal itself. Of the above four libraries, three offer photocopying services at the following rates :

1. *The British Medical Association.*

Members 6d. a page; after 6 pages, or up to the value of 3s., it then continues to cost 3s. for up to 20 pages.

Non-members 9d. a page.

Royal Society of Medicine

Fellows 1s. an exposure (i.e. 2 small pages may be made from one exposure).

Non-members slightly more than 1s. an exposure, from R.S.M. Photographic and Film Unit, 67 New Bond Street, London, W.1.

(The R.S.M. often *lends* photocopies.)

2. *The National Lending Library for Science and Technology.*

Photocopies can only be supplied if application is made on Science Museum photocopy requisition forms which are *not* obtainable

from the N.L.L., but can be bought from the Science Museum Library, South Kensington, London, S.W.7. Forms can be bought in pads of 50 for £10; one form for up to 10 pages of copying costs 5s. Microfilm is supplied if the requisition is marked "Microfilm".

The service is available to both individuals and libraries but applies only to publications held by the N.L.L. or the Science Museum Library.

3. The College of General Practitioners, 14 Princes Gate, Knightsbridge, London, S.W.7.

Books may not be borrowed from the library. Members of this College can obtain from the library, for the purposes of private study or research, photocopies of medical articles up to 100 pages a year. The service includes the finding of the medical journal from which a photocopy of an article is wanted. No charge is made to the members, since on their behalf a third party makes a contribution covering the cost of production and a contribution to the general expenses of the library. (The College also has a medical recording and sound library service, which makes and lends records and tapes of lectures to doctors.)

Enquiries on qualification for membership of the College and on subscription rates should be made to the Membership Secretary.

Book and journal exchange schemes

It is often worthwhile for a library to be a member of one or more groups which arrange the exchange of material no longer needed by a library. Among these are:

1. The Library Association, Medical Section.

To belong to the Library Association redistribution scheme for medical books and journals, a library needs to become an affiliated member of the Medical Section of the Library Association. The subscription for a library whose total annual expenditure is less than £1,000 per annum is £2 12s. 6d. If annual expenditure is over £1,000 the subscription is 5 gns. per annum.

Application for membership can be made to the Library Association, 7 Ridgmount Street, London, W.C.1.

Libraries in the scheme are circularized with lists of requests and offers and individual exchanges are negotiated by the librarians concerned. Further details of the scheme can be obtained by members of the Medical Section from E. H. Cornelius, Esq., M.A., A.L.A., (Hon. Sec. of the Medical Section of the Library Association). The Library, Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C.2.

2. The British National Book Centre.

The B.N.B.C. redistributes books and journals on any subject, not only medical literature. To join the journal scheme costs £4 per annum; the book scheme costs £4 10s. Further details can be obtained from A. Allardyce Esq., F.L.A., Superintendent, B.N.B.C., National Central Library, Store Street, London, W.C.1. This scheme would be particularly useful for any library needing related scientific literature.