- Health improvement libraries are designed to meet the needs of those who make decisions about groups of patients or whole populations.

Conclusions

The NeLH must be seen in the context of the global information society. Nationally, the Department of Health's commitment to public information and involvement is reflected in the Centre for Health Information Quality.¹⁷ There is unprecedented investment in training and development in the public library service—now called the People's Network¹⁸—and there is considerable investment in education and the National Grid for Learning.¹⁹ Health is not a single sector issue, and the NeLH will integrate with these initiatives. Many stable building blocks are already in place in the medical arena, from the Cochrane Collaboration to the *BMJ*'s web presence.

Few countries have a better healthcare library service than Britain, but there is no room for complacency. The plan for the NeLH envisages that existing libraries will become part of the NeLH as soon as they are connected to the web and the NHSnet. Their most valuable resource, the librarians, will play a central part in the development and delivery of the NeLH's aims and objectives. The NeLH is fortunate in being able to learn from and work with other important institutions, notably the National Library of Medicine. The NeLH will have no large building—it will be a virtual library, and its users will also be involved in its construction in a way that would be impossible if it were built of bricks and mortar. The NeLH will be a virtual organisation, connecting both sources of knowledge and users, who are all too often too isolated; were it to have a motto, it would be difficult to better E M Forster's oft quoted "Only connect."

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Instant wisdom

This is the first paragraph of a lecture I gave to the Cardiff Medical Society on "Decision making in the glare of publicity." An abridged version was published in *The Scientific Proceedings of the Cardiff Medical Society* on 8 January 1974.

"When I was a student at University College Hospital, London, I was deeply impressed by a story which Thomas Lewis recounted of his early years in London before the first world war. As a young man he was invited to dinner one evening by Sir James Mackenzie, the then doyen of London cardiologists. The company, all medical men and their wives, was a distinguished one and Lewis far the most junior person present. It was Edwardian England and before the port circulated the ladies retired. At this stage one of the elderly physicians enquired of Mackenzie how his two daughters were. Mackenzie replied that one of them was poorly and he thanked the questioner because it reminded him that he had intended to seek the opinion of his guests on a peculiar patch of oedema which had appeared on the girl's forehead. A message was sent to the nursery and the young lady, about twelve years old, was brought down. The rash was examined. Eventually one of the patriarchs pronounced. It was clearly angioneurotic oedema, Quincke's circumscribed oedema. All were satisfied: a diagnosis had been made—the young lady was

taken upstairs. The next day she died. She had an abscess of the frontal lobe of the brain. Lewis told the story to show us students that giving a name to lesions may satisfy professional dignity but does not necessarily help the patient. He used to add, however, that medicine was a difficult subject and diagnosis was not made easier if the patient was the daughter of a distinguished physician, the consultation took place while the port circulated and was in the presence of a number of respected colleagues. It was Lewis's opinion that if any of the gentlemen present had seen that girl earlier in the day in an ordinary outpatient clinic they would have done better than merely describe the lesion in Latin."

Owen L Wade *former professor of therapeutics and clinical pharmacology, Birmingham*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.