BRITISH MEDICAL LIBRARIES

BY

W. R. Le FANU, M.A.

Librarian, Royal College of Surgeons of England

London is better provided with medical libraries than any other city in the world. There are great libraries in Edinburgh and Dublin; Manchester has an excellent medical library, and most of the other university towns are well provided for also. How far do these large collections meet the profession's demand for literature? Lord Justice Asquith (1944) wrote in *The Times* a few years ago that "County Court judges work under grave handicaps as regards law libraries." Is the provincial physician or surgeon in a like predicament? Are the existing libraries sufficiently complete and accessible, and is the service which they offer fully known to the profession at large?

The newest work in every branch of science and medicine appears first in the pages of periodicals, but subscription to more than a few of the 2,000 medical periodicals now published each year is too expensive for the private pocket, and to keep back-numbers even of those few is too space-consuming in the private house or flat. The collection and provision of periodicals has thus become the chief preoccupation of active libraries, and on libraries the reader relies who wishes to follow all the latest work and to look back over the sequence of previous work in his field of inquiry.

Two great London libraries, those of the Royal Society of Medicine and the British Medical Association, provide for their Fellows and Members throughout the country a very complete reference service, lending books or sending photographic copies when a particular book cannot reasonably be allowed out of the library, besides supplying bibliographies, translations, etc. In fairness to their subscribing membership neither of these libraries can extend its service to non-subscribers, though the Royal Society of Medicine generously allows visitors the use of its books at the library. Each of these libraries aims to amass a full collection of medical periodicals of the entire world. The Royal Society of Medicine, which already owns an unrivalled store of older medical periodicals, stated before the recent war its intention "to collect all representative medical journals from every country." Recently the British Medical Association has begun to collect all available medical periodicals from all over the world. Gathered in the first place for the work of the Association's abstracting service, they will be permanently available in the library. As these attempts at comprehensiveness reach towards their completion London will become increasingly the outstanding repository of medical literature, for it must be remembered that the national library at the British Museum also has a very wide collection of medical periodicals in many languages. The task before the authorities of other medical libraries will therefore tend to become that of taking special fields for intensive cultivation and serving a clientele specialized by its locality or interest or status, which will rely for wider study on access to the general libraries.

Outside London the great university libraries, notably those of Oxford and Cambridge, Manchester, Bristol, Edinburgh, Glasgow, and Dublin, are richly stocked. With these must be counted the fine libraries of the Royal Colleges of Physicians of Edinburgh and of Ireland and the Liverpool Medical Institution. All these libraries cater principally for the clinical specialist. They are supplemented for the general practitioner by a large number of smaller libraries, chiefly those of local medical societies, which have their prototype in the Medical Society of London. The libraries in this class are for the most part maintained for the use of each society's own members, though in some cases the library's facilities are extended to all practitioners in the district. The lesser libraries cannot offer their readers more than a simple lending service of current books, for which in many cases they rely, as do many individual doctors and students, on the subscription lending library which has been maintained for a century by Messrs. H. K. Lewis, the medical booksellers and publishers. The reference collections of these local libraries are of very varying value, and in many cases inadequately administered. Use-

ful as their service is, an insurmountable weakness lies in their not being able to offer their readers ready access to a wide range of current periodicals or of older work.

Facilities for Research Workers

This weakness is particularly felt by the research worker. For him the specialist libraries are peculiarly valuable, though of course he must rely also on the general libraries already named. At the universities, notably at Oxford, Cambridge, and Dublin, each research department maintains a small library of its own supplementing the main university collections, but in almost every case these are purely for private access by the research staff of the particular department. Similar private staff libraries are maintained at research institutions such as the Lister Institute and the Imperial Cancer Research Fund, and at the research departments of hospitals and of commercial pharmaceutical manufacturers and the like.

The most efficient research library and one of wide professional usefulness is that of the Medical Research Council at the National Institute for Medical Research at Hampstead, which provides library service for all the centres of research of varying size and scope promoted by the Council up and down the country. This Government-supported library is most liberal in extending its facilities to other medical libraries by inter-library lending, thus making its resources available far beyond its immediate duty and benefiting in return by the reciprocal facilities earned. The large library at the Ministry of Health is a private staff library similar to those named above. The Medical Research Council of Ireland does not itself maintain a library, but has promoted the work and liaison of existing Irish medical libraries.

Two large special libraries in London are particularly valuable to the research worker—those of the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons of England. Though both are essentially the private libraries of their institutions, whose members, staff, and students have first claim upon their resources and service, each has always been administered in a liberal spirit. The library of the Royal College of Surgeons is among the larger medical libraries in the country, rich in long series of periodicals. These are confined, with a somewhat wide interpretation, to the literature of surgery, its specialties, and the sciences ancillary to surgery. In particular the library is strong in the literature of anatomy and physiology. It is thus peculiarly well fitted to cater for postgraduate students of surgical specialties and for advanced workers in the basic sciences. Its collection of nineteenth-century books is probably, within its own fields, second only to those included in the general collection of the Royal Society of Medicine; in modern books it is more strictly specialized. The library of the London School of Hygiene and Tropical Medicine has from its inception 25 years ago been closely specialized in its two chosen fields, in which it has built up first-class collections. It has always been liberal in lending books, both directly to other libraries and through the general system of inter-library loans organized by the National Central Library. The Liverpool School of Tropical Medicine also has an excellent specialized library.

The restriction of certain libraries to intensive collection of a chosen subject opens the way for the possible development of a system of mutually complementary, while fully independent, libraries. The potentialities of such a policy are arousing much interest among American library authorities at present, more especially with regard to the acquisition of foreign books. At home there is more concern among medical libraries to agree upon delimitation of fields before planning schemes of acquisition. If it could be agreed that everything available in a particular subject would be the special care of a certain library or libraries, the organization of information service for the whole cadre of research workers would be simplified. The time has gone by when the research worker was ploughing a lonely furrow and relying on the library resources of the institutions to which he happened to have right of access. The correlation of libraries lags behind, but without in any way giving up their individuality they are moving towards a generalization of service. A corollary of any such agreement to specialize would be the transference to each specialist library of books in its chosen subject held by libraries now confining their

activity to other interests. A step in this direction has lately been taken by the transference from the Royal College of Surgeons of much of its holdings in public health, both series of official reports and individual books, to the London School of Hygiene. The success of this policy depends on the willingness of libraries to lend their books to other libraries and also to admit readers from outside their own membership, for it is often quicker, at least in London, to get the reader to the book than the book to the reader. These facilities, which are of course only possible for non-subscribing libraries, are now very general practice.

There are in active existence a number of important specialized libraries of this nature, notably those of the societies and institutions on the borders of medicine, such as the Pharmaceutical Society, the Royal College of Veterinary Surgeons, and the Royal Sanitary Institute. These are already the natural resource of the worker in each particular field. But equally there are a number of unfilled gaps. There is no single library, for instance, to which an inquirer for medico-legal literature can be confidently recommended. No doubt the general medical libraries, the university libraries, and the great law libraries could between them supply all reasonable requests in this subject, but the individual inquirer would have to search those sources for himself.

Collaboration between Libraries

This is the point at which there is most need for concerted action by libraries. There is at present no means of knowing, except by direct asking at each individual address, what are the resources of the profession's libraries except in periodicals. The principal medical libraries are included in the two available union-catalogues, which record the holdings of periodicals in the country's libraries; both of them are now considerably out of date, however. The *World List of Scientific Periodicals*, 1934, includes the major institutional libraries, while the *Union Catalogue of Periodicals in University Libraries*, 1937, includes the libraries of medical schools affiliated to universities; but these two lists together are not exhaustive. A *List of Medical Libraries and Information Bureaux in the British Isles* (*J. Docum.*, 1946, 2, 119) published by Aslib (the Association of Special Libraries) shows that there are some 150 medical libraries of varying size and type in existence here. Several projects for collaboration among them are taking shape at present. Quite recently mutual action by the librarians of five large medical libraries in London, helped by a generous grant from the Medical Research Council, has produced a card-catalogue of their holdings of current periodicals. Copies of this catalogue have been deposited at each of the libraries which co-operated in its completion—namely, the British Medical Association, London School of Hygiene, Medical Research Council, Royal College of Surgeons, and University College, London (Thane Library of medical sciences), and at other centres. It is intended to keep this catalogue regularly up to date.

The Central Medical Library Bureau, established by the Rockefeller Foundation at the Royal Society of Medicine at the end of the recent war, is still preoccupied with its first charge of helping war-scarred medical libraries on the Continent. It is at the same time compiling a union list of current periodicals in the major medical libraries of the British Isles, and its facilities for the supply of microfilm copies of medical literature that cannot be borrowed, traceable by this new union-catalogue, will simplify the present haphazard methods of inter-library lending, which have, however, worked well to the mutual advantage of many libraries and their readers through many years. The Central Bureau has generously placed modern microfilm reading-machines in the principal medical libraries of the country. Thanks to the existence of American and French union-catalogues and of excellent free microfilm services in Washington (Army Medical Library) and Paris (Faculté de Médecine and Pasteur Institute) it is already easy for any medical library to obtain from those centres copies of articles not possessed anywhere in Britain.

Even more promising but still awaiting funds for their prosecution are two schemes planned in some detail through the Library Association, the professional body of librarians. The

University and Research Section of the Library Association has worked out a scheme for surveying and making known, and thereby more readily accessible, the resources of the research libraries of the country in every subject including medicine. The second scheme is confined to medical collections. Last autumn medical librarians formed themselves into an organized group within the Library Association, which will, it is hoped, soon become a substantive section of the Association. Such an association of medical librarians was proposed by Sir William Osler at the Annual Meeting of the British Medical Association so long ago as 1909. A similar body—the Medical Library Association—had then been active in America for a decade and is to celebrate its fiftieth anniversary in May of this year. The Medical Library Association, which is international in scope and to which several British libraries belong, has done much to promote the activity and prosperity of medical libraries by its conferences and publications. Its service for the exchange of duplicate material is efficient and highly practical in placing books where they are needed. The newly formed British group of medical libraries has in preparation, but also awaiting funds for its completion, a union-catalogue of all periodicals in medical libraries throughout the British Isles. The group has already established a pool for interchange of duplicates, which is being administered by the Wellcome Historical Medical Library.

The chief demand of clinicians and students is for current literature, but the research worker ignores the work of his predecessors at the risk of overlooking undeveloped hints, of losing perspective in his attack on new problems, or even of wasting effort over work already recorded. François Magendie (1827) remarked long ago that, in turning up the authorities after making some fresh physiological observation, he had often found his complete discovery in Haller's *Physiology*, published more than a generation earlier. "I was much put out," he wrote, "and often cursed that wretched book in which I found everything, but I was consoled to realize that, since others had made discoveries before me, by persisting at work I could still find some unobserved facts."

Historical medical literature is not a mere symbol of prestige or even of proud tradition for the libraries who own it: it is the only record of previous progress. As Mr. Churchill (1944) reminded the Royal College of Physicians, "The longer you can look back the further you can look forward." The wealth of historical literature in this country is immense. The British Museum, William Hunter's library at Glasgow, the Royal College of Physicians of London, and the Wellcome Historical Medical Library are only the outstanding collections in a series probably without match in any other country. The resources of these collections, scattered over many medical libraries, both in rare early books and in the literature of the last two centuries—the period of Hunter, Jenner, Lister, and our immediate predecessors—are comparatively unexplored. Certainly they have not been cared for and developed as have the corresponding collections in America. Their value as essential tools in the humanist approach to medicine is now better realized and more attention is being paid to their upkeep and development. The possibility of co-operative cataloguing of this material is now being mooted.

Co-operative attack on the various projects outlined above ought to promote a spirit of friendly rivalry among libraries to achieve their common aim, previously pursued in too isolated units, which is to provide their readers with access to a full range of medical literature in the simplest and quickest way. One class of readers which is not adequately catered for is that of medical students. Each medical school has its library, but their book stock and administration is of varying quality, while there is in London an overall shortage of reading-room space for undergraduates. The medical schools in London are all affiliated to the University, but there is no correlation of their library services. Library provision for the teaching and research staffs of hospitals is similarly uneven. Many of the older hospitals have fine historical libraries lacking adequate care or staff; some of the newer hospitals are providing (Avery Jones, 1948) up-to-date library service for their whole-time specialists. In two or three provincial centres, notably at Manchester, hospital, medical-school, and medical-society

libraries have been combined, with marked increase of efficiency and service to the readers drawn from each group. Over the country as a whole, however, the need is not for unification but for development of individual units to the standard set by the best, through correlation of activities.

REFERENCES

- Asquith, Sir C. (1944). *The Times*, Jan. 6.
 Avery Jones, F. (1948). *Lancet*, 1, 435.
 Churchill, W. S. (1944). *British Medical Journal*, 1, 368.
 Magendie, F. (1827). *J. physiol. exper.*, 7, 84.

INQUIRY INTO BOOK SHORTAGE

Though the date when printing with movable types is not known exactly, it is thought to have been just about 500 years ago—1448. The extraordinary increase in man's knowledge of his environment that has characterized the last five centuries has depended largely on the swift interchange of ideas, especially by means of printed matter; and the demand for serious books, particularly works of a scientific or technical nature, is probably greater to-day than it ever has been. Unfortunately, it cannot be satisfied in this country.

We have heard complaints from medical students and practitioners for some time that they cannot obtain enough books. In order to discover if there is indeed a shortage of medical books—"medical" implying all aspects of the science and art of medicine—we wrote to most of the leading publishers and booksellers who specialize in these books and to the librarians in charge of a number of medical libraries. We asked them certain questions; there follows a report on their replies.

Books Most in Demand

In order to find out which particular books are most required by practitioners and students our first question to librarians and booksellers asked them to name the 10 medical books most in demand. It would be invidious to publish their selection of these books, but we have amalgamated the 24 lists that we received and added up the choices for each book. Ten books were named in 6 or more replies, one book being distinguished by as many as 17 votes. These 10 books were all standard textbooks and comprised 2 textbooks of medicine, 2 of surgery, 2 of pathology, 2 of applied physiology, and 2 of anatomy.

Is the Demand Met?

Our next question to librarians and booksellers was sent also to publishers; we asked whether they could meet the demand for British medical books. Of the 20 librarians who replied none answered unequivocally that they could do so, though one said that he could supply what was wanted except for books out of print and those—a few cases—out of stock, and one that the Copyright Act of 1911 ensured his receiving one copy of all books published. Thirteen librarians said that in general they could meet the demand, with various qualifications. Some order books before they are published, because they find that books run out of print soon after publication. They are therefore unable to assess the quality of a book before ordering it. Further, if a book should prove to be popular, it is usually impossible to obtain more copies, and the demand for it cannot be satisfied. Some libraries receive preferential treatment from local booksellers, enabling them to obtain at least one copy of a new book or new edition, but they may find that one copy is insufficient to meet the demand. Most remark on the long time that elapses between ordering a book and receiving it, 6 to 12 months being mentioned and even longer in a few cases, a circumstance particularly inconvenient to a small library that does not have several of the previous editions to lend. Only one librarian said that the funds at his disposal are the limiting factor rather than the book shortage. Four librarians replied that they are unable to meet the demand because a sufficient number of books are not available. The question did not apply to one librarian, but he makes the interesting point that, owing to the shortage of British books, students are using a number of American textbooks that are unsuitable for their particular course of study.

All the 6 booksellers who answered this question said that they are unable to meet the demand or find it extremely diffi-

cult to do so, the chief reason being that their waiting-lists for a particular book, especially the more popular, normally contain more names than copies of books they receive. Reprints or new editions of standard works often take as long as two years after issue of the previous edition to appear in the bookshops, with the result that some students may have to go through the whole of a course of study without being able to obtain a requisite textbook. One of the publishers mentions in this connexion that there have been times recently when no standard work on either anatomy or physiology was available. Of the 9 publishers who answered this question 7 said that they cannot meet the demand, or cannot do so in most cases, and 2 said that they can "after delays" or "only with very great difficulty." One comments that books required by only a few workers have to give place to standard textbooks, so that books on specialized subjects are unlikely to be reprinted when they ought to be. Another points out that the increasing specialization of medicine necessitates more books being published than before the war. He adds that the demand both at home and abroad is greater than formerly, and that the difficulty in obtaining books from America enhances the demand for similar British works.

We asked booksellers and librarians what classes of books were most difficult to provide—such as standard works on medicine and surgery, students' textbooks, research monographs, etc. As might be expected from the lists they sent us of those books most in demand, the majority replied that their main problem is to supply sufficient students' textbooks and standard works on medicine and surgery. Two librarians find that monographs are the hardest to obtain. One bookseller comments that the supply fluctuates between different groups of books, and mentions in particular that agricultural students are this year probably worse off than medical students. One librarian states merely that it is the more popular books that are difficult to get.

Causes and Extent of Shortage

The paper available for printing books is at present controlled by a quota. The basic amount is 60% of the pre-war quantity, and for educational (including medical) books and/or export a further 20% is allowed. There is also a book publishers' reserve, which provides paper additional to the quota for reprinting books that in the public interest should be kept in print. In addition there is an export pool to meet *bona fide* export orders.

In order to gain some idea of the causes and extent of the shortage we asked publishers, first, what the main causes are, and, secondly, the time compared with 1938 that elapses between acceptance of a manuscript and publication of the book. Of the 9 publishers who answered the first of these questions, 4 stressed the lack of paper as the main important limitation. One of these added that difficulties over binding the books also caused delay, and another mentioned shortage of labour, especially in the binding industry. One publisher said that the main cause is the shortage of labour and machinery and 2 that it is delay in binding. Two find that all these factors impede them. One of the publishers who finds that binding is the main difficulty drew attention to the grave shortage of female labour; since the war, for various reasons, women have tended to remain at home who would before have gone out to work. The cotton required is also in short supply. It would be impossible to bind large books in paper covers chiefly because the machinery for doing it is not available and would have to come from the U.S.A. The materials and skilled labour required for the illustrations that must adorn many medical books are also scarce.

Eight of the 9 publishers find that it takes two or three times as long to produce a book now as it did in 1938—for example, nine months instead of three, two years instead of nine months. The one exception says that there is not much in it provided that he can plan ahead.

Fate of Manuscripts

Arising from the problem of having to allot the restricted paper ration to produce new books, new editions, and reprints is whether publishers must reject manuscripts that they would publish if they had sufficient paper. We put this question to them, and of the 9 who replied to it one said that he does not