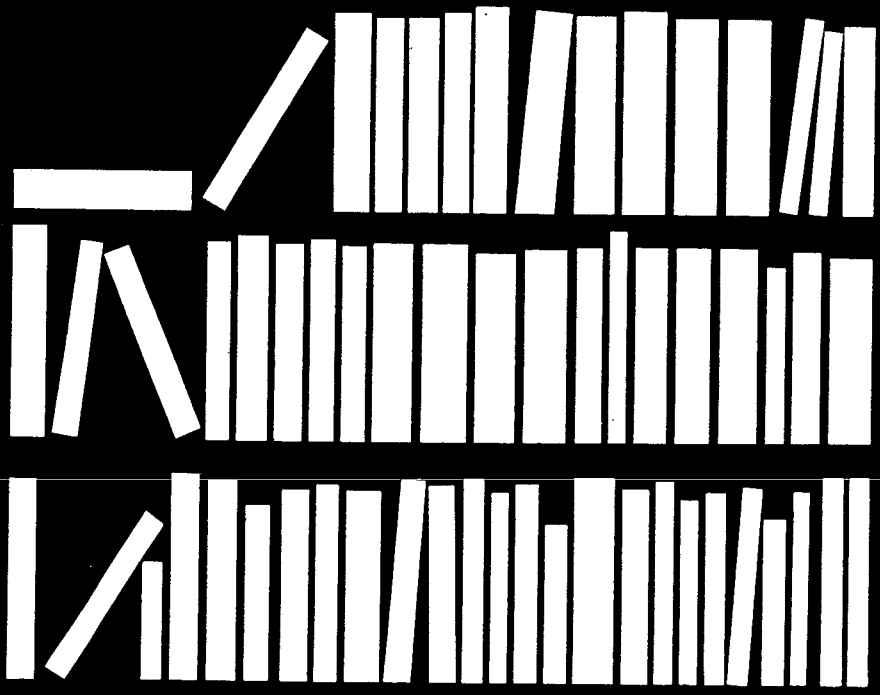
BOOK AND JOURNAL SERVICES FOR DOCTORS AND NURSES
A REPORT ON A NATIONAL BOOK LEAGUE INVESTIGATION



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Preface

The National Book League, supported by a grant from the Nuffield Provincial Hospitals Trust, has since 1963 been examining, and seeking ways to improve, the part played by the printed word in the communication of knowledge and ideas within the National Health Service.

At the beginning of the project the League established for its own guidance the following tentative terms of reference:

> The study of book and journal services for general practitioners, nursing schools, qualified nurses, consultants and the ancillaries to the medical profession; recommendations as to their improvement – including the preparation of standards for financial and physical provision; recommendations for rationalization where rationalization is feasible of book supply as it applies to the medical world; recommendations as to the establishment of national and advisory services; and the publication of reports which will help to bring about such developments as are thought necessary.

The project still has some time to run. But because the situation under study continues to change, it was thought worthwhile to produce an interim report, which, though it might lack the full authority of completed research, would serve to prompt the thinking of those who are even now engaged in making administrative decisions for immediate action or in creating opinion which will decide future policy.

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1 The Communications Block

Man's almost continuous concern for education and for establishing store houses of information and organizations for enlightenment has been one of the happier strains in his history. But in recent years, most sophisticated societies have been compelled to recognize that the advance of knowledge is not a natural force which spreads inevitably to all who can benefit from the advantages which it carries or can contribute to its extension.

Sophistication creates its own barriers to progress. Knowledge grows at a pace which outstrips the machinery of information. An increased tendency to specialization and the refinement of specialities make ever more difficult the task of communication. The sheer volume of the paraphernalia recording knowledge adds substantially to the problem of husbanding and selecting so that if a society does not make strenuous efforts to reorganize these processes it may suffer the ridiculous paradox that growth at the centres of knowledge produces only frustration on the active perimeter. With so much being discovered, so much being said and so much being written, few will have the time, the energy or the ability to translate original thought into new action; progress will break down under the strain of its own weight and speed.

For a variety of reasons Britain came late to the consciousness of this danger. As an example, it was not until the early 1950s that British industry began earnest discussions of the communications block between scientific discovery and technical innovation.

Problems of communication are not new to the medical professions – and throughout history the leaders of British medicine had made devoted and sporadically successful efforts to ensure that knowledge became universally accessible. But in the last 20 years, the growth-rate and change-rate in available medical information have been, probably, greater than at any other period in time and perhaps greater than in any other profession or trade. In addition, British medicine has had to face other and seismic developments which have, to some extent at least, prevented the profession from giving concentrated attention to fundamental reorganization of its communication processes. For example, *Good General Practice*, by Stephen Taylor

(Oxford University Press for Nuffield Provincial Hospitals Trust, 1954) a broad-based and thorough study of its subject, did not so much as mention reading needs or communications.

The situation was made even more critical by the fact that these other developments themselves increased the importance and the complexity of the reorganization that they thrust into the background.

First, in chronological order, came the National Health Service Act which, among other effects, served to decentralize original activity and to add many new and energetic springs of innovation to the old-established and still productive sources in the universities and the great teaching hospitals. Conversely, the decentralization of consultant services increased the need for rapid communication of ideas and the numbers of those who had to be informed.

Secondly, there has been some revaluation of the processes of undergraduate medical education and indeed of medicine itself. A doctor's pre-registration training has always been a lengthy process, but such has been the extension of medical knowledge that today's students cannot hope to master as much proportionately of the whole range of known data and skills as was expected of past student generations. And this at a time when qualitative as well as quantitative changes are occurring in the study of medicine, when it is becoming less empirical and more certain of its scientific foundations.

Thirdly, there has been, since the Second World War, an effort to redefine the place of the general practititioner within the medical spectrum. And although, to the outside observer, it may seem that need and even intention has given rise to much suggestion but comparatively little action, it is at least clear that if medicine is to improve and enlarge its services to the community, then those medical men who come most regularly and most closely into contact with the public must be granted such conditions of training and practice as will encourage them to exercise skills to the full, and such access to further education and the sources of improved knowledge as will keep those skills alert and up to date.

2 The National Book League Project

The National Book League began to look at the problems of communications within the medical world in the summer of 1963. In the previous seven or eight years, as part of the League's policy of 'encouraging the wider and wiser use of books', it had made close studies of the book needs of primary and secondary schools and had played some part in attempts to encourage a greater and more efficient use of the printed word in the training of teachers and in the removal of industry's 'communications block'.

In all of this work, as in the work that it has since been privileged to undertake within the general framework of the Health Service, the League has been conscious of the fact that books and journals are not the only means of communication. Nevertheless we were and remain convinced that the printed word is still among the most effective – and probably the most effective – of all carriers of knowledge and ideas. It is durable and yet mobile. It is, as a rule, available to him who seeks information or stimulation at any time which meets his convenience and can be used at any speed which suits his ability. In this, unlike most methods of communication, the pages of book and journal can be turned back if the first attempt at understanding fails and if one thesis exposed in print does not convince, it can be substantiated or destroyed by reference to others. Communication by means of print is comparatively inexpensive and rapid enough to keep up with change. With some professional reluctance we admit to three disabilities in the printed word: it cannot be cross-questioned; not all those who write for print are competent to do so; collections of books and journals take up a deal of space and demand a modicum of organization. The first two disabilities are outside our province, the third is proving one of the crucial points of our studies.

We entered the medical world by a side door. But it was a door that gave us an immediate view of some of the problems within the main structure. For example, we became aware of the fact that in the field of nurse education the role of the library was not universally understood and even in those many excellent institutions where a good range of books was considered an essential by the teachers, their conviction was seldom supported by finance committees and others

responsible for providing space, funds and opportunities. A first glance at some facts of library expenditure and organization in a few schools of nursing revealed wide discrepancies in expenditure between school and school. It was clear too that even the best schools were under-supplied: the greatest expenditure discovered in this first investigation fell far short of the standards suggested by the Royal College of Nursing and seemed to us derisory when compared with standards which we ourselves had helped to establish for other kinds of educational institutions – standards which had won the acceptance of educators, administrators and even finance committees. We found, too, what seemed to us a habit of misunderstanding the purpose of library grants – and to the point of effectual misappropriation. In several schools funds provided for libraries were used almost exclusively for the purchase of multiple sets of textbooks. Further, and perhaps most important, we discovered that except in the very biggest and very best schools there was very little competence in the administration and promotion of the library and little if any knowledge of the processes of book selection and book information.

The structure of the project

From these beginnings we moved on to ask if similar conditions exist in post-graduate medical education. Insofar as nurses are concerned we have been much concerned with pre-qualification provision. Insofar as the medical profession is concerned we are studying exclusively the use of books and journals by doctors working in or related to regional hospitals or in general practice; we have made no intensive effort to look at the needs of undergraduate medical education.

Therefore for the purpose of this interim report we must regard our investigation as virtually two separate studies: the one on medicine and the other on nursing – without attempting more than a casual association of the two sets of professional needs and certainly without any attempt to make recommendations about rationalizing the service. The separation of the studies is made all the more essential because at the time of writing the nursing study is further advanced. Nevertheless, one question on relationships between the two arms of the service must eventually be answered. Is it really necessary to separate the book-services for student nurses and qualified nurses from the book-services for medical students and doctors? Would not the abolition of segregation make for economy and enhanced professionalism in library organization?

3 Book and Journal Services for Doctors

The programme

The National Book League has completed a descriptive study of the book and journal services at present available to the medical profession and has undertaken some localized studies. A detailed survey is being launched in the Birmingham area. We have also approached the problem of assessing standards and are seeking to evaluate needs by discovering both what doctors think they want and what experts in the field consider they should want.

The research is designed to discover answers to the following questions (among others):

1. What should be the structure, organization and location of medical libraries if they are to meet the book and journal needs of doctors who are junior hospital staff, senior hospital staff, general practitioners?
2. What is the function, if any, of the hospital medical library for general practitioners and in what types of hospitals should there be medical libraries for general practitioners?
3. If book and journal needs vary between junior hospital medical staff, senior hospital medical staff and general practitioners, to what extent do they vary and why?
4. If doctors with good reading habits possess other characteristics which distinguish them clearly from doctors who have poor reading habits, what are these characteristics?
5. Which, if any, of these characteristics are important for predicting future as opposed to current needs, and what provision of books and journals will be necessary to meet these future needs?

As we discover answers to these questions, so it is our intention to provide such advisory service as may be practicable and immediately useful.

Influences upon reading habits and library organization

Not least among the difficulties attendant upon such research as our own is the fear of professional trespass. Our ambitions have been

limited to the wish to improve by way of the printed word the communication of ideas, education and technological information within the medical professions. But it has not been possible to blinker the eyes of the investigators against traditions, attitudes, practical organizations and methods of work among doctors and nurses which might seem outside our terms of reference. Because the texture of social performance affects reading habits and may determine the efficiency – or inefficiency – of the machinery for satisfying those habits (or itself suffer an eventual change), we have accepted the responsibility of making deductions even when we must seem to be venturing beyond our own professional competence. Such deductions do not imply criticism: at times we have suspected that there may be reasons which persuade doctors or nurses to act in a particular way and which are more compelling than the need to accept the processes of education and communication; all that we can say is that the way in which they do act seems to us to touch the organization of supply of reading material and the reading habits of both doctors and nurses. And say it we must even at the risk of seeming impertinence.

Certain examples of what may be termed 'extraneous influence' were brought home to us early in the period of our study and remain with us, some still as question marks, which we must remove before we can be satisfied that our work comes close to being comprehensive. By then, indeed, many may have been removed altogether from our consideration. Three such influences are: the notion that doctors (and especially general practitioners) are too busy to read, the tradition of medical secrecy, and the prestige and social imbalance which exists between the medical and nursing professions and, to a lesser extent, between consultants and general practitioners.

Doctors are not alone in the conviction that they are overworked, nor are they unique in the view that reading must fall an early victim to pressure upon time. For those who work among books it is commonplace to be greeted with the comment, 'I no longer have time to read' – a sad paradox, incidentally, in an age of increased leisure. It is said by housewives and teachers, by lawyers, engineers and businessmen, no less than by doctors. It applies particularly to cultural reading but does not exclude professional needs. Medical men may have more reason than most for urging the excuse of 'no time', but certainly more than most they accept the image, pressed upon them by popular expression, of a profession rushed beyond endurance – and give that image the dignity of custom of thought and conversation within the profession. Yet even the busiest doctor will admit that few professions have so great a need to keep up to

date. And already notable in our research (as in such other research as has been done in this area) is the certainty that despite much sighing and some complaining, many doctors (like many housewives, lawyers, teachers, engineers and businessmen) make the time to read and that these many are, when judged by clinical performance and professional contentment, generally among the best.

It cannot be denied that there is apathy in the medical profession – no less than in any other profession and probably no more than in the past. When the Manchester Medical Library was being formed in 1834, two surgeons, J. P. Caplow and John Walker, made a number of personal calls on local doctors to gain support for the Library. Caplow and Walker were successful in their efforts but not without qualification:

> 'Dr Alexander will join if Dr Holme does';
> 'Dr Holme will have nothing to do with it';
> 'Mr Fordington will see how the thing goes on';
> 'Mr Horder was too busy to attend to any reading';
> 'Dr McGregor declines, as he is not in the habit of reading, except newspapers'.[1]

Today apathy would seem to be more common among older doctors and we have some support for the view that younger men read more than their seniors. Defenders of the school of experience argue that the discovery of an age-differential in the reading habits of medical men is a statement of the obvious: that in truth older practitioners do not need to read so much. But it can be argued against this view that the deeper a man steeps himself in experience and the longer the time-gap between himself as he is and his medical education, the more does he need the contemporary stimulant and the reviving influence of the printed word. We, for our part, see a correlation between this age-differential and the changed methods of teaching in the medical schools themselves, which are today generally more intellectualized, more conducive to improving the instincts of curiosity, more book and library based. (Some support for this claim can be gathered from the sister profession. In nurse education the conflict between learning by experience and learning by intellectual process is more open and further from resolution than it is in the medical schools. Of this more later.) But, if the origins of an age-differential are not entirely certain and if belief in over-work and no leisure is a professional charac-

[1] Quoted by E. M. Brockbank, "Manchester Medical Society", in *British Medical Societies*, ed. D'Arcy Power (London, 1939).

teristic of medicine, what can be adduced from both notions is that those who wish to bring about immediate encouragement of energetic reading habits among doctors cannot assume entire willingness, let alone entire ability among those they seek to help. The doctor who wants to read must have ready access to books if he is not to lose incentive and lose it with the entire support of a convenient excuse; the doctor who shows no such inclination must be persuaded with a sugar-coated pill of reduced effort.

It has become customary to assume that that effort can be measured by a formula in which geographical accessibility is the principal factor, that improvement of medical reading habits (like improvements in the wider sense in postgraduate medical education) presupposes decentralization and certainly localization of the available facilities. Nothing that we have been able to discover quite undermines the validity of this assumption and yet the picture of Britain's medical profession starving in the wilderness far from the intellectual manna of the printed word is grim to the point of Gothic exaggeration. In truth, very few British doctors live more than 50 miles from a specialist medical collection provided by a university, a teaching hospital or an old established medical society. The many medical men who practise within the Greater London area have no less than 50 medical libraries at their disposal. Most doctors, wherever they live, can use the postal borrowing services of the medical societies to which they belong or such subscription libraries as that run most efficiently by H. K. Lewis Ltd. And, as citizens, all doctors can take advantage of public library services, some possessing sizeable medical collections, and all linked by an inter-library lending system. Most medical men can if they wish – but with considerable effort – find their way to medical libraries within general libraries such as the Bodleian or the British Museum.

Yet with this seeming plethora of available resources it is the alert leaders of the profession and not merely its apologists who claim that medicine is not adequately served by the existing library facilities.

What then justifies this claim? For justified we believe it to be. If doctors are not adequately served with books it is certainly not for the want of medical libraries in Britain. Numerous, extensive and excellent collections of medical literature are scattered all over the country. But scattered is the operative word. Medical libraries have grown up in response to a local need or to fulfil specific requirements: they have developed individually and with little regard to other institutions providing similar services.

The presence, for example, of such a large number of medical libraries in one city, even a city of London's size, must raise questions about the co-ordination of material collected in them. In other cities hospitals and universities already discover an amount of duplication in their libraries which is both unnecessary and uneconomic. Whereas London is probably the city best supplied in the world with medical libraries other centres in Britain have a real dearth of medical books. However regrettable this wide variation may be it is but a natural result of historical development. The fact is that in the places where medical practice and research have had a long tradition, such as London or Edinburgh, medical libraries exist in profusion. In the places where advanced medical work is just beginning or has but recently begun medical libraries are at a correspondingly early stage of development.

It would seem, therefore, that we need at one and the same time a policy of centralization and decentralization, of rationalization and extension, of growth and changed logistics. We certainly need a national office of information on medical libraries in Great Britain and it is more than possible that we need a national medical library patterned after the National Library of Medicine in Washington. But we also need some development of comparatively small and very localized book and journal points (one hardly dares call them libraries) where, for example, general practitioners and medical auxiliaries can have ready access to the information that comes only through the printed word.

Location of libraries

We are coming close to a point where we can answer with some degree of certainty the all-important question: where should these points be located?

It is the natural instinct of a professional book man to suspect that the obvious answer to this question lies in the use of the public library system: a system which is widespread, serviced by trained librarians, equipped with bibliographical services and already accustomed to the patterns of inter-library lending. But this is a conclusion that wins little support from medical reformers who, for the most part, favour the location of regional book-services in the regional hospitals.

The reasons for this preference will be analysed later in our studies. For the moment we can report two strains of argument (or prejudice?) which seem to produce the conclusion that the regional hospitals should be favoured as against the public libraries. The first we have

referred to already as 'one of the extraneous influences' on medical reading habits: the custom of medical secrecy.

By tradition and conviction, doctors regard medical knowledge as a weapon dangerous in all hands but those which are trained to use it. To outside observers much of this jealous carefulness would seem to stem from the ancient mysteries – 'I will hand on precepts, lectures, and all other learning to my sons, to those of my master and those pupils duly apprenticed and sworn', so runs the Hippocratic Oath, *'and to none other'* – but medical secretiveness, seemingly a matter entirely between patient and doctor, would be outside the scope of our enquiry were it not for the psychological barrier against the free flow of information which it seems to create even within the profession. The fear of lay 'eavesdropping' may add an unnecessary complication to the problem of spreading medical knowledge to those who, by the standards of the profession itself, are authorized to receive it. No other professional group practises such vigorous security. The clergy, guardians of man's soul as the doctors of his body, are ever eager to encourage the laity in the pursuit of the most abstruse theological knowledge. Engineers, educators, even lawyers see no harm but only good in the amateur pursuit of professional understanding. Doctors are almost unique in their suspicion of the laity.

It would seem that this suspicion does to some extent temper the profession's attitudes towards placing the library services in a lay building.

The second argument for preferring the regional hospital as the library centre wins more immediate support even from a layman. This is the argument that though libraries are an important and indeed an essential part of postgraduate medical education they are but a part. Put another way, perhaps with an even greater cogency and certainly with entire appeal to any bookman, the leaders of the profession urge that what they are hoping to achieve is a general improvement in postgraduate medical education and that no educational activity is complete without supporting library facilities. They argue that just as the nation has found essential a school library system frequently, even in service terms, separate from the public libraries, so must it develop medical libraries at the places where postgraduate medical education goes forward.

If, as seems to us likely, this argument carries the day and the current trend in favour of book and journal services established within a regional hospital pattern proves both constant and demonstrably correct then any consideration of the effects of medical secrecy may be shown to be an irrelevance. But extension of the influence of the

hospital does make ever more important unabashed consideration of the social and prestige divisions which tend to divide the medical profession – and especially the chasm between hospital-based doctors and general practitioners.

Certainly in the last few years there has been a considerable upsurge of activity in the regional hospitals and especially in major district general hospitals. Most of these activities have arisen from the need to improve further-training facilities for those who hold junior appointments within the hospital service and almost always development of postgraduate work has carried with it a growth in library services. There has also been some increase in the number and quality of smaller working collections of books and journals, housed in the more specialized hospitals.

The standards of libraries (where they exist) vary enormously between hospital and hospital and we will need to discover not only the degree of variation but also its cause. Yet when the more deleterious effects of local variation are removed and even if the standard which can be described as at least moderate is established throughout the country some care will still have to be exercised lest these libraries develop on a ground-plan devised almost exclusively for hospital staffs and without proper consideration of the needs of that other substantial group of potential users, the general practitioners.

Already in many areas where library facilities are developing general practitioners are being invited to use them. The Ministry of Health Memorandum HM(64)69, dated September 1964, asks Regional Boards for details of their plans for postgraduate education facilities in regional hospitals and draws attention to the special importance of associating doctors who work in hospitals more closely with those who function in general practice. As yet not enough is known about how many general practitioners are attending or will attend these hospitals. Under present circumstances more general practitioners have a close association with the smaller cottage hospitals, many of which are to be closed down as part of the Hospital Plan, and at these hospitals there is little in the way of good collections of books and journals. If, when general practitioners must transfer their allegiance to the library in the district general hospital, their response is disappointing, the reason may well lie not so much in their indifference as in the peculiarities of their work organization and, even more strenuously, in their unhappy experience of hospital libraries which are not selected with their interests in mind.

This comment brings us face to face with the problems that come from changing theories in medical education. For the existing group

of general practitioners we may require a quite different form of library service from that which will be necessary in the not too distant future when, as seems likely and hopeful, the contemporary distinction between the intellectual exercise provided for intending consultants and that provided for intending general practitioners may have been levelled and almost eradicated.

Over the whole range of the sciences the 'information explosion' has been fantastic – and it will be recognized that the boundaries of scientific knowledge relevant to medicine are today set far wider than was the case even a quarter of a century ago. (It is said that the number of scientific papers increases by a million a year.)

Since the Second World War, the average rate of growth of available medical knowledge has been 9 per cent per year. Since assimilation of knowledge at the undergraduate level cannot expand at an equivalent rate a total coverage of the relevant material or the necessary training in techniques is at this level impossible: nor is it desirable, since such an attempt is likely to result in an undermining of the student's ability to think for himself. Current trends in medical education suggest that in the future more time will be devoted to developing in the students a scientific method of thought and less time to acceptance and memorization of information. This should serve to encourage the idea of continuing education as an essential feature of any doctor's life.

Perhaps even more important: there is also the possibility that in the future all doctors will possess in common that intellectual background which will make them keen to continue research irrespective of what branch of medicine they choose for their careers. If this is to be the case, then the revitalized hospital library may have, as much for the general practitioner as for the hospital staff, one important function from which today he is virtually excluded: it may have to serve as his research library.

Whether immediately or in the near future, the recommendation that general practitioners should use hospital medical libraries carries also important financial implications. Few people have much idea of just how much a good medical library can cost and palpably it is going to be more expensive to provide books and journals for doctors who possess widely divergent interests than it is to provide them for one group of doctors possessing, for the most part, specialized interests. If Regional Boards are sincere in their wish to provide improved facilities for general practitioners then they must make the necessary financial provision and their library committees must represent in their book stock the interests of general practitioners.

And not only stock: general practitioners have, more than other doctors, a need to borrow material. To them, stock which is 'for reference purposes only' will not be of much value. As the general practitioner takes his place more and more within the hospital framework then the hospital library will need more and more to undertake policies of extensive duplication of titles.

More money, and more rational organization of the location of book outlets and, of course, a concerted effort directed against apathy – all this would go far towards improving the situation, but it would leave still untouched one major barrier to effective use: the scantiness of book information and book selection aids in the medical field.

Book selection

All the League's work in this, as in other areas of book selection, tends to show that potential purchasers or borrowers of books assume for themselves a far greater knowledge of the available literature than they do in fact possess. They do not know that they do not know until they are given the opportunity of knowing. In this sense professional book buyers, such as librarians, are far more humble than amateur enthusiasts for, aware as they are of the virtual impossibility of maintaining complete personal coverage of the new book literature, they lean heavily upon book information tools such as the British National Bibliography. For the moment, of the book collections which are available to doctors, almost all, with the exception of those in the long established educational research centres, are selected and serviced by men and women who, skilled and knowledgeable though they may be in matters which are within their competence, are in terms of organizing book selection, inevitably amateur.

We have made a preliminary investigation among those – other than professional medical librarians – who are responsible for purchasing books for medical collections in order to discover their view of the methods of acquiring knowledge of what becomes available. Each was asked to state his principal crutch for book selection. Close to 50 per cent put reviews first, 20 per cent favoured publishers' catalogues and 12 per cent were for word of mouth recommendations and the 'suggestions book'. The rest put first a variety of possibilities.

Ours was a small sample and therefore these figures are not statistically inviolate (although they do match – and with surprising exactness – patterns revealed in a much more detailed survey which we made in 1961 among habitual library users in the public libraries of London).

Nevertheless the figures give an indication of the *mores* of book selection.

Are these *mores* good enough? It seems to us unlikely.

Because the number of publishers producing medical books is comparatively small (there are 30 members of the Medical Group of the Publishers Association), the publisher's catalogue is almost certainly of more value to medical librarians than it is to public or school libraries. Nevertheless we cannot presume that a library committee which relies heavily on such catalogues for its selection process is performing its function with entire efficiency. A publisher's catalogue is inevitably and properly a selling instrument; it is not concerned so much with bibliography or with annotation as it is concerned with persuasion.

We have looked in some detail at the efficiency of the review medium as a means of passing out information about medical books. The results of a survey of the reviewing of the 1964 output will be included in our eventual report but even a summary will show the erratic nature of the medium:

1. Two-thirds of all eligible titles were submitted for review.
2. Eighty-five per cent of all medical books *submitted* were reviewed in at least one journal.
3. Nine per cent of all medical books *published* were reviewed in more than three journals.
4. Of such reviews as were published only 13 per cent appeared within three months of the publication of the book. Seventy-one per cent appeared within 6 months but 10 per cent suffered a delay of more than 9 months.

It can be argued – and with force – that the choice of books for reviewing is in itself a highly valuable selection process and that the informed skill of the editors of journals in deciding what should or should not be reviewed does constitute an addition to information – that, put at its extreme, what is not reviewed need not be considered by those who are selecting for purchase. This thesis might be tenable if the proportion of reviewed books to non-reviewed was more considerable but as that proportion stands it must be assumed that those who depend upon reviews lose much that is valuable.

In medical as in almost all libraries, the users are themselves a source of information and their suggestions a potent addition to the selection process. Their variety of interests, their reading of the reviews and their wide sensitivity to word of mouth recommendation do serve to extend the range of information and selection potential. Indeed,

libraries based upon hospitals may be more fortunate than the average in the amount of additional information which they glean in this way, for the hospital society is a gathering of highly specialized experts, every one of them with an intrinsic desire to follow the literature in his own field, every one of them with a range of contacts outside the hospital but in his own speciality, every one of them adding a reading of the journals in his own specialization to the scope from which book information can be drawn and, if the evidence we have gathered so far can be considered as an indication of our eventual conclusions, every one of them determined that whatever else the library may lack, it must not be under-supplied with the literature of his particular specialization.

The advantages of this built-in information service cannot be ignored but nor can it be hoped that the availability of user-information adds consistently to the amount of information that stands behind selection; that, as it were, one can state a formula in which the library's total accessibility to information is compounded of the information acquired by the librarian himself and the total amount of information available through all active members. Indeed, evidence from other areas of librarianship would seem to show that suggestions from users overlap both each other and the book-buying already envisaged by the librarian or his committee, so that there is but a comparatively slight extension of selection-spread brought about by the knowledgeability of the readers themselves.

And, if such advantages as do exist from a built-in information service cannot be ignored, neither can the disadvantages. Especially while book budgets remain ridiculously inadequate, the librarian or the library committee must indulge in an exercise in domestic economy which is almost superhuman and there is a danger that suggestions by users will encourage the libraries to purchase books which are of little value to any but he who makes the suggestion and at the expense of acquiring books which are generally useful. We would also argue that a library which intends to provide a service to a wide range of doctors should not be expected to hold in stock more than a small group of reference material on subject specializations and that more detailed and specific books should be brought in as demanded either by the library itself through inter-library borrowing from the specialist societies, from the great national institutions or from subscription libraries, or alternatively should be left to the purchasing or borrowing of the individual specialist.

Again it would seem to be necessary to enter a *caveat* on behalf of the general practitioner, even if it involves the re-statement of a *cliché*

which we ourselves have laboured already once in this paper. Because the hospital doctor is not as yet accustomed to accepting in its entirety the notion of the general practitioner as a fully participating member of the hospital community, most hospital-based libraries that we have seen show a bias towards the interests of hospital staffs. But it is likely that, even when the acceptance of the revised status of the general practitioner is complete, still he will be at some disadvantage in influencing library selection policies. His more erratic work patterns and his comparative deprivation with regard to widespread professional contacts will make it likely that he will have less chance than his consultant colleagues for obtaining information about new books either through reviews or by word of mouth recommendation. Still a deliberate effort will have to be engineered if the stock of the library is to embrace with entire justice the interests of general practitioners.

All that we have said about the effect of indifferent information on selection policies bears with even greater consequence upon the habits of the readers themselves. Information, however acquired, is a powerful inciter to the reading habit and lack of information a most substantial cause of apathy. Whereas any doctor can, if he has the energy and the time, pursue his wish for knowledge about the relevant material through the libraries of the professional associations or specialist associations or, for that matter, through the public library service, and can thus eventually learn all there is to learn, few are blessed with enough energy and none with enough time. Some, and among them many who are already devoted to the use of a library, may take note of new books that are listed in H. K. Lewis's quarterly catalogue or in that same firm's annual cumulative list of recently published books that have been acquired by the subscription library. Some may see *Wright's Medical Annual* which includes a select list of books of the year, but books in this list may be as much as 18 months old by the time the Annual is published. The College of General Practitioners makes available to its members lists of books which are within their special interest. From time to time other organizations, such as the Library Association, publish special subject lists related to medicine, but it cannot be thought that many of these lists get into the hands of doctors, although at least one public library service, that of Lincoln, produces in collaboration with the County Hospital a monthly list of the most important books on medical and allied subjects and circulates this to hospital staffs and general practitioners in the district. For the rest, doctors acquire such knowledge as they have of books by way of recommendations or reviews.

As a parenthesis, if in somewhat sardonic tone, it is of interest to note that the medical practitioner or the medical student who reads English but lives beyond the boundaries of the United Kingdom, is likely to be better informed about the books on his subject than his colleague practising at home. The British Council publishes an excellent *Monthly Medical List* but it is designed with the interests of overseas readers in mind and annotated for them.

As a further parenthesis: stimulated by this study the National Book League is planning a regular and comprehensive service of book lists on medical topics.

Budgets

Before we enter upon any discussion of budgets we must expand upon one arbitrary decision which is of fundamental financial consequence: our decision to set the ratio between the standard expenditure upon journals and books as 60–40.

Over the years much heat and some sensible debate has been aroused by the need to establish an evaluation of the comparative worth to a medical library of books and journals. Although any attempt to make such an evaluation qualitatively is plainly ridiculous, the need for budgetary planning makes inevitable some kind of quantitative assessment.

Clearly, journals transmit far more rapidly than books information about new ideas, new knowledge and new techniques. Indeed many advances may be in such limited fields or so refined that they never achieve the full compliment of notice in book form and this in its turn adds to the problem of journal supply by making it essential so to change the nature of journals that they are virtually changed into books: by binding and holding back numbers. On the other hand, books are more often the product of an assessment process which sifts the important advance from the unimportant.

No one will deny that a good library needs both books and journals. The argument is over proportions.

Here, unfortunately, the medical profession has no external exemplar. A cross section of special libraries other than medical libraries does show that on average they make budgetary provisions which (including binding costs) vary between 50–50 and 65–35. American medical librarians have suggested a weighting in favour of journals of as much as 75–25. Their British colleagues make an inspired guess, based upon experience, of 60–40, but the one Metropolitan Public Library which specializes in medicine gives a far lighter weighting to journals (30–70, presumably because it is assumed that their

neighbouring libraries more intimately concerned with doctors' needs will stock the journals). Even though most of the libraries we have so far investigated stock books in quantities which by our judgement indicate a division of budget far greater on the book side than would be represented by this ratio (probably because these libraries hold their book stocks for much too long) we have accepted the proportion 60–40 as a guide.

We plan to investigate in greater detail the actual book and journal requirements of doctors and until that investigation is complete we are not eager to be didactic about standards of expenditure for medical libraries which intend to serve a wide range of doctor's interests. Nevertheless, for those who are currently engaged in planning we can offer certain preliminary advice which we hope will help to avoid major errors in budgeting even if we fear that it will demonstrate that most libraries outside the old-established centres are pathetically under-financed.

The detail of this advice is contained in *The Planning and Organization of Medical Book and Journal Services in Regional Hospitals: A Guide for Librarians*. National Book League (Nuffield Provincial Hospitals Trust, 1966), but put briefly (and therefore oversimplified) the following points are crucial:

1. The average price of a medical book is at present £4.
2. The average life of a medical book judged both by intellectual and by physical standards is five years.
3. The average cost of a subscription to a journal is £6.
4. 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 we can forecast an annual rise of 4 per cent in the cost of books, journals and binding.
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 60–40.
7. However, this ratio will not permit expansion of book and journal stock into new subject-specialities *or* expansion of existing fields and it is suggested that in the first five-year plan the budget should permit an expansion rate of at least 10 per cent of original stock *per annum*.

These points take no account of administration costs, wages and salaries, equipment, book promotion and the cost of access to information services, but as simple rules *for the preparation of budgets* for a very small library we would suggest the following:

(*a*) 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.

(*b*) That (after the initial purchase of books) it can be assumed that approximately £230 (100 books × 16*s.* = £80; 20 journals × £6 + binding costs of £30 = £150) per 100 book and journal-unit progressing each year at 4 per cent compound interest will maintain the stock at the initial level.

(*c*) That in order to allow a steady 10 per cent expansion of stock (i.e. 10 titles and 2 journals) the first year's budget should be approximately £300 (10 titles = £40; 2 journals = £15 (£6 each + £3 binding costs) + 4 per cent calculated on the total of £55 is £2, making a total of £57. £230 + £57 = £287) and the advance on the budget reckoned at approximately £35.

(*d*) 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.

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

However, it is clear that an initial stock of 125 is grossly inadequate. (Certainly the ordinary citizen who owns 125 books would not dignify his collection with the name of 'library'.)

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. However, we believe that this is frequently unpolitical 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).

Table 1
Theoretical planning of a new library to arrive at 40 journal–200 book ratio after 4 years (initial purchase 140 titles = £700)

	Journal subscriptions	*Books added*	*Books discarded*	*Book stock*	*Approximate budget*
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

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.

Here we must interpolate a generalized comment upon the financial arrangements that are common to most governmental and local authorities. We, and others, have complained frequently about the bad effects upon book-policies in schools and teacher training colleges of the type of regulation which insists that funds allocated in one year must be spent before the beginning of the next or else lost forever. We must now make the same complaint with regard to medical institutions and we will say it all again – but with even greater force – when we come to describe the situation in nurse-training establishments. Faced with the disaster of an unspent surplus (or with the surprise of an unexpected windfall) the enthusiastic are panicked into unwise and unconsidered purchasing – we have heard more than once of librarians who clear the local bookseller's shelves of all remotely apposite material – and the apathetic leave funds unspent so that they become unspendable. Sanity would favour five-year budgeting; some modest advances could be made if those who control finance would but permit funds to be held over from one year to the next; but it would seem that authority is adamant.

The Librarian

We come finally to the question of a custodian and we can but comment once more on the prevalence of amateurism in the organization of medical libraries.

Even were the law to permit such impudent behaviour, few librarians would have the nerve to put up their plates as part-time obstetricians and few booksellers the gall to double as psychiatrists. While admitting that the parallels are not exact, still we find it extraordinary that medical centres, like schools and teacher training colleges (but unlike most sensible industrial organizations) are prepared to place the care and organization of their library and information services in the hands of a person who is generally not only unqualified but also almost certainly overworked in some other working capacity. It is perhaps a tribute to the rôle of books in an educated society that we believe that any literate person can understand their manipulation – it is certainly a mistake.

The pattern which we have observed in all but a few instances is that the library is in truth run by an energetic and enthusiastic consultant who has the title of Honorary Librarian but that the detailed administration is left to a secretary or an untrained part-time helper. Even Sir George Pickering's recommendations at the Conference on Postgraduate Medical Education held under the auspices of the Nuffield Provincial Hospitals Trust in 1961 went no further than to recommend as a part-time librarian the clinical tutor's secretary. Only in those few exceptional cases where the hospital management committee has joined forces with the public library authority (Kingston-upon-Hull, Swansea with Glantawe Hospital Management Committee, Lincoln County Hospital with Lincoln City Library and Queen Elizabeth II Hospital, Welwyn, in conjunction with the Hertfordshire County Library), and in the six hospitals which have qualified librarians is there full library professionalism in the medical library. (Twenty-two hospitals have full-time 'unqualified' librarians.)[1]

He would be a very bold person indeed and an incurable optimist who would suggest that every regional hospital library should have a trained librarian. It may be sensible to suggest that an institution

[1] *Directory of Medical Libraries in the British Isles* (Library Association. Revised Edition, 1965).
This Directory contains details supplied by librarians who completed a Library Association questionnaire. We refer only to the non-teaching hospital medical libraries listed.

which has a book and journal budget of no more than £750–£1,500 could nevertheless profit from the services of a trained librarian – for paradoxically the smaller the library the more essential a librarian may be because his personal experience and professional skill will enable him to provide a service which will minimize the disadvantages of not possessing all the necessary literature. But sensible as it may be, it cannot be political, especially as trained librarians, like all trained personnel, are in short supply and trained medical librarians almost non-existent.

We argue that tiny though a library may be, some paid assistance will be necessary, full-time if possible. Further, this assistance should be given some rudimentary training in library principles. Again, small though the collection of medical books may be, the possibility of the help and advice of an experienced librarian should not be overlooked. It may be feasible to find one trained librarian who can administer a group of medical libraries but a hospital with developing postgraduate facilities should consider with the utmost seriousness the possibility of employing full-time professional library assistance. It is notable that the American Library Association recommends to non-teaching hospitals: a basic collection of books and current journals, the *Index Medicus* and *a qualified person in charge*. With entire knowledge of the financial implications, we must echo this recommendation – even if we suggest that there may still be considerable elasticity in the definition of the word 'qualified'.

4 Books and Journals in Nurse Training

There is at the present time and has been for many years considerable agitation about the state of nursing education in Britain. The Platt Committee was not the first to attack with some vigour the 'apprenticeship system' which has been for so long the basis of nurse training. If its proposals for reform are diluted, rejected or allowed to slip into oblivion it is not likely to be the last.

But whatever changes are in store, the structure of nursing education – like the structure of any other educational system – cannot be significantly developed or improved unless there be adequate and practical provision for up-to-date books and journals. To this end rational financial standards must be established.

In the autumn of 1964, the National Book League launched a survey of the library facilities available to student and pupil nurses. It is our intention to attempt as complete a picture as is feasible of the existing methods whereby nursing institutions administer, staff, select and finance their libraries in order that it may be possible to suggest means for improvement.

Although the results of the investigation have not been studied in detail we have already before us enough evidence to add one more cause for perturbation about the standards of nurse training. It will be some months before we can measure the shortcomings, but even now we can state with certainty that nursing schools are consistently and drastically under-supplied with one of their most important tools: the books and journals that should support this as any other educational effort. The experienced opinion of tutors, comparison with other and not dissimilar forms of education, and investigation of what existing financial allocations can buy contrasted with the supply that is required even by the least demanding – all point to the same conclusion: near-starvation.

The League has approached the task of investigating nursing libraries: first, by circulating a detailed questionnaire to the principal tutor in every hospital in the United Kingdom that provides nurse training (this questionnaire is being followed by interviews) and, secondly, by attempting, with the aid of our professional advisers, a

qualitative assessment of a basic nursing library. We are trying to discover what is and then to compare it with what should be.

The survey

The organization of libraries in group training schools varies considerably from one area to another. Sometimes hospitals are combined for certain purposes of nurse training but in other respects operate independently. Sometimes each hospital has its own and virtually autonomous library or else the principal tutor of the group exercises central control over library facilities and allocates the available funds as she thinks fit.

It will be recognized that spreading the survey to every type of centre gives us a picture that is at once more complete and more complicated

Table 2

Distribution of questionnaires to principal tutors at hospitals approved for nurse training, September 1964

Region	*No. of hospitals approached*	*Response*	
Birmingham	98	47	48%
East Anglia	37	24	65%
Leeds	83	44	53%
Liverpool	41	16	39%
Manchester	124	83	67%
Newcastle	60	23	38%
Oxford	51	29	57%
Sheffield	91	44	48%
South Western	99	50	51%
Wessex	36	18	50%
London (all regions)	320	176	55%
Northern Ireland	26	7	27%
Scotland (all regions)	133	64	48%
Wales	56	25	45%
Total	[1]1255	650	

Overall response by all regions 52 per cent

[1] 329 hospitals were approved for training for the Roll only. Details about library facilities for pupil nurses in 100 hospitals were provided in 86 completed questionnaires.

926 hospitals were approved for either the Register only or the Register and the Roll. Details about library facilities for student nurses only, or student and pupil nurses in 550 hospitals were provided in 354 completed questionnaires.

than would have been the case had we chosen the easier course of investigating only single-hospital nursing schools.

The questionnaire demanded answers to some 200 questions grouped generally under the following heads: description and methods of training school, type of library, finance, stock, book selection, cooperation with other libraries, administration of library, services provided and staff.

One thousand, two hundred and fifty-five copies of the questionnaire were distributed. From hospitals that offer training for the Roll, 30 per cent returned completed forms and from those providing training either for the Register only or for both the Register and the Roll, 60 per cent were returned completed. (See Table 2). In view of the elaborate demands that we made upon principal tutors this can be regarded as more than satisfactory and does seem to indicate a degree of concern about the present condition and the future of nursing libraries.

The completed questionnaires have been processed and we have run a random sample of approximately ten per cent of returns relating primarily to student nurse libraries in order to discover trends.

Existing financial arrangements

1. There is a sensational variation between school and school in the funds that are available for the purchase of books and journals. This variation was not unexpected and we would not suggest that uniformity of allowance necessarily indicates an equivalent uniformity in efficient use, but the spread which we have discovered is from £6 to £420 a year for each 100 students. (The £420 is admittedly a statistical freak produced by attempting to apply the 100-student formula to a school of only 10 students.)

2. There is no constant relationship between the funds available and the size of schools (Table 3) but it is clear that in the nursing world one important principle of the organization of book supply is almost always ignored: the principle that it is not possible to serve small units adequately by giving them an allowance exactly proportionate to that provided for larger institutions. There is a minimum stock (and therefore a minimum allowance required) which cannot be reduced however small the school may be.

3. The General Nursing Councils are responsible for all expenditure on nurse training and receive a global sum for this purpose from the Government. This sum is distributed to Area Nurse Training Committees to whom principal tutors, or teachers, submit their estimates

Table 3
Distribution of library expenditure from ANTC sources only by number of student nurses in training, September 1964

Expenditure (£ *per* 100 *students*)	*Under* 50	51–100	101–150	151–200	*Over* 200	*Total frequency*
Under 15	–	4	1	2	–	7
15– 30	1	7	2	4	2	16
31– 45	2	5	2	2	2	13
46– 60	1	6	2	–	2	11
61– 75	2	4	2	2	2	12
76– 90	–	4	–	–	–	4
91–105	1	3	1	–	–	5
106–120	–	–	2	–	–	2
121–135	–	1	–	1	–	2
136–150	–	1	–	1	–	2
151–165	–	1	–	–	–	1
166–180	–	–	–	–	–	–
181–195	–	2	–	–	–	2
Total . .	7	38	12	12	8	N = 77

for library expenditure. On the basis of these estimates the committees then decide an allocation. On the other hand, responsibility for providing library funds for trained nursing staff lies with the Hospital Management Committees and Regional Hospital Boards, but the results of our questionnaire would seem to indicate that most trained staff use the student libraries and that funds from other sources do not have a significant effect on library expenditure. It is true that some libraries would be seriously impaired if such funds were withdrawn, but the national effect would be small.

The breakdown of allowances is represented in Table 4.

4. Nursing libraries do not and presumably do not need to subscribe to anything approaching the number of journals that are commonly held by medical libraries but they have another call on their funds which medical libraries do not know. In the jurisdiction of most Area Nurse Training Committees, although the book and stationery allowances are separated in the estimates, they are combined for purposes of allocation. Many tutors complain of the difficulty of estimating stationery needs but because the use of stationery is inevitable, underestimating is certain to force a drain upon funds which should be spent on books.

(Here we can infer a simple cause for the frequency of underestimating: the price of stationery rises consistently more steeply than does the price of books.)

5. As with many of their colleagues in other branches of the Health Service and in other institutions that are subjected to State or Local Authority fiscal policies, nursing education suffers from the need to spend all allotted funds in the year in which they are made available. Even more than other branches of the Service the situation of nursing libraries is complicated by the erratic nature of allocations made by the Area Nurse Training Committees. Tutors' estimates are seldom met in the first quarter; instead, if in the last quarter of the financial year the Committee finds funds budgeted for other purposes still unspent it is apt to divert them to the purchase of books.

Table 4
Analysis of nursing library funds

£ *per* 100 *students*	*Funds from all sources*		*Funds from ANTC only*	
	No. of libraries	*% of libraries*	*No. of libraries*	*% of libraries*
less than £50	39	50	45	58
£50–£100	23	30	21	27
£101–£150	8	10	8	10
£151–£200	4	5	3	4
over £200	3	4	–	–
Total . .	77	99	77	99

While some money late in the year is undeniably an improvement upon no money at any time, the uncertainty that is induced and the depairing effort to spend a sudden windfall lest it vanish with April Fool's Day does disrupt selection processes. Further, because the library comes to be regarded as the recipient of charity that is accidentally derived from other budgeted sources of expenditure, it is smeared with the official attitude of being regarded as less essential than other activities.

The extreme and most ridiculous situation (which is by no means uncommon) is brought about by the current shortage of nurse teachers. Thus, funds are often diverted to libraries from money set aside for the salaries of teachers who have not been appointed. And

thus, logically, any improvement in the number of tutors will reduce the funds that those teachers have to spend on the libraries.

6. Many tutors complain that they must submit, a year in advance and in detail, a list of proposed acquisitions. Apart from the fact that this demonstrates an unwarrantable invasion of the intellectual independence of the teacher such as would scarce be tolerated in any other educational activity, it has the more practical disadvantage that no book can be bought at the moment of publication and that all titles are a year or more old before they reach the library shelves.

7. Indeed, the influence which administrative officers exercise over the policies of nurse libraries is far greater and far more intrusive than that which we have observed in other spheres of education. A significant number of tutors complained that they had been challenged when they expressed a wish to discard out-of-date stock. Others reported that they had been instructed to help finance the purchase of new stock by the sale of discards, a suggestion which anyone experienced in the second-hand book market will know to be virtually worthless and certainly unworthy and one which we have never encountered in any other system of state-supported institutional buying.

8. The many administrative obstacles to efficient and effective library expenditure produced a generally plaintive and sometimes desperate air in replies to the questionnaire. 'Estimates,' wrote one principal tutor, 'go every year to Matron, then to the Hospital Secretary, then to the Group Finance Officer and then to the Area Nurse Training Committee. My recommendations seldom get further than the Group Finance Officer as the ANTC has usually made its allocation by then.' This tutor had an allowance of £14 10*s.* per 100 students and 165 students in training. Another wrote: 'Our authorities feel that to spend money on periodicals is a waste because, according to them, no one reads periodicals. To overcome this, Matron and I purchase a variety of periodicals between us.'

Library administration and facilities

The survey has revealed that it is not only shortage of money which makes the library the Cinderella of nursing education. Tutors complain of lack of sympathy among administrators for the very notion of a library. Most of them point to the inadequacy of library space; some state that they are forced to house collections of books in their own offices. Very few training schools give the principal tutor any clerical assistance for running the library; the presence of a trained librarian is a rarity.

Yet principal tutors are modest about their own capabilities. They recognize that it is not merely lack of time which makes it difficult for them to run and promote a nursing library in the manner that it deserves. A majority among those asked confessed their own professional inadequacy; almost all would welcome advice from outside.

The function of the library

Many of the examples that we have quoted seem to paint a dismal picture. But good nursing libraries exist and are encouraged not only by adequate finance, such as in the case reported by a Scottish tutor who was uncertain about her expenditure on books because the Board of Management left her free to spend what she liked when she liked (on investigation she appears to have spent £200 a year on books and journals for 130 students) but also by the principal tutors' wise appreciation of the importance of a library.

Many tutors are confident that the library should be the heart of nurse education; some go so far as to hope that it can be used to further the students' general as well as their professional education and urge that library stock should include much more than mere nursing texts. Among answers to the questionnaire there are many references to the new syllabuses which stress a need for education about the social and psychological as well as the physical aspects of the care of patients. Those who make these references are all anxious to include in their libraries books on psychology, sociology, local government and the organization of welfare services. Some hope to go further and ask for books on philosophy, history, biography and the arts so that they may work for the general education of their students.

Paradoxically, there is a widespread feeling that nursing students are disinclined to read and that too many of them are incapable of using even such library facilities as are now available. We would not wish to inflict upon tutors yet another task to add to the many which fill their days and yet it cannot suffice to sigh over the poor performance of students nor is it enough to claim that secondary schools have not done their job properly. The period in the nurse training school is probably the last opportunity for making good defects in earlier education and a nurse, no less than any other professional person, must be capable of using a library.

The sharp division between theoretical and practical instruction which pervades the present structure of nurse education is far from conducive to good provision or to proper use of libraries. This is

not a problem peculiar to nursing but it is in nurse education especially marked and it is apparent that the creation of a sensible and consistent library policy for nursing schools is in many ways dependent upon the resolving of differences which exist between those who favour nurse training by way of apprenticeship and those who support a more academic approach.

Even among those tutors who answered our questionnaire were some who regarded the 'library' as no more than a book-store housing multiple sets of textbooks. The library in one school of 200 students consists entirely of between 16 and 20 copies of 16 titles. The principal tutor wrote that if she were given additional library funds she would use them to buy more sets – but in up-to-date editions!

This practice will be distasteful to those who hope that nursing libraries will soon approach the intellectual and professional usefulness of other kinds of educational libraries. On the other hand, many of our correspondents argue that the practice cannot be abandoned until the authorities are persuaded to regard the provision of all textbooks for student nurses as a proper call upon exchequer funds.

Book selection and book information

The processes of book selection are in almost all schools the responsibility of principal tutors and tutors. For their information they rely heavily upon publishers' catalogues and, because comparatively few publishers produce between them a majority of the books that are intended specifically for use by nurses (14 publishers issue approximately 85 per cent of all such books) this aid to the selection of nursing libraries is far more satisfactory than is the case when catalogues are used to select more general libraries.

Nevertheless, many tutors recognize the incompleteness of the information that is available to them. The very compactness of sources may create a danger, for, by concentrating the attention of selectors, it can cause them to miss useful titles from less obvious publishers, especially in fields that are outside – but only just outside – the central range of nursing libraries.

Many tutors ask for new book-selection tools; these the National Book League hopes to be able to provide.

Combined medical-nursing libraries

Seventy-two out of the 77 hospitals in our sample have some kind of medical library in addition to the nursing library. It is inevitable that an onlooker will see in this common proximity of the two closely related libraries a cue to rationalization and a hope for

greater economy combined with greater efficiency. But tradition, prejudice and, perhaps, real need subvert the obvious. Fifteen tutors report that medical libraries can be used by nursing staff, and of these, two write that access is permitted but only with special approval; the rest maintain a dignified secrecy and do not indicate whether or not the hospital medical library is open to nurses.

As will be seen from Table 5, although the majority of tutors favour the liberty of trained staff to use the medical library, they are far less certain that it should be made available to students.

Table 5
Opinions on the value for nurses of a combined medical-nursing library

Type of nurse	*Combination provides better service*		
	Yes	*No*	*N K or did not answer*
Registered	86%	4%	10%
Enrolled	14%	55%	31%
Student	53%	45%	2%
Pupil.	10%	61%	29%

Basic library expenditure

As a corollary to the survey and in order that we might measure the minimum initial cost and the minimum annual allowance for a nursing library the advisers to the League's Nursing Project have attempted to choose the stock which they would suggest for purchase to a nursing school which intended to establish a library.

Any exercise of this kind is not unlike selecting an all-time World Cricket Team – and engenders just as much heat. But, whilst the panel's eventual choice, *A Basic Library for Nursing Schools* (National Book League, 1964, 1*s*.) is far from sacrosanct and is certainly not prescriptive, it does serve as an indicator to the scale of financial provision that is essential if even the most modest requirements are to be satisfied. (Hotly championed alternatives are apt to cost much the same as the titles selected.)

Nevertheless, before attempting to assess minimum initial expenditure, we have excised from the list with some degree of ruthlessness.

First, we have excluded all books that do not relate directly to the *professional* training of nurses. One heartening conclusion drawn

from our survey springs from the frequency with which tutors represent their wish to include in the nursing library books which will develop in nurses an interest in the world around them. However, there could be much debate over the responsibility of the Ministry of Health, the General Nursing Council, the Area Nurse Training Committee or the Regional Hospital Board for the enhanced cultural alertness of students. Although we urge that someone must be responsible, we suggest either that funds for such purposes be regarded as an *extra provision* from central funds or else that arrangements be facilitated so that the public library service can co-operate to these ends.

Secondly, we have removed from our considerations all books that are of interest only to trained staff, including the tutors themselves. Again, such books must be in the library and funds for their purchase must be provided but the present source for such provision is the Regional Hospital Board and not the Area Nurse Training Committee and, whatever administrative changes may be brought about, this responsibility must always be regarded as additional to the duty to make adequate arrangements for nurses in training. (Further additions will be necessary to satisfy the interests, for example, of midwives, health visitors or radiographers.)

Thirdly, we recognize that students training for one or other Part of the Register may have but limited interest in other Parts and that unless a school offers all Parts it cannot be expected to stock in depth books on all specializations.

Finally, and with some regret, we must admit that the number of journals taken by the small nursing library in its early stages of development is not likely to exceed five or six.

Operating against this policy of exclusion is the certainty that any library which hopes to function as a lending library must hold some essential titles in duplicate and even in triplicate. (We repeat, as we must again and again, that this does not imply the stocking of multiple sets of textbooks which we omit consistently from our present calculations.)

We come thus to the conclusion that the smallest library that is practicable for a nursing school of up to 100 students will contain from the start at least 300 titles. This number cannot be reduced even if the school has very few students.

It follows that, the present average price of nursing books being approximately 25 shillings, the very lowest grant that will establish a modest but adequate professional library will be £375.

To maintain this library (without any expansion), to remove

out-of-date or worn-out editions and to provide replacements taken together with five journal subscriptions (average price £3 10*s.*) and their binding costs will be almost exactly £100 per annum rising each year by four per cent.

But, as we have said, if the library must serve a greater number of students it must both widen its scope and also increase the number of copies of certain titles. Experience in other fields of educational library supply demonstrates that the best method of dealing with this need is by means of a *per capita* allowance and, palpably, if the present somewhat confused situation about the provision of texts were to be resolved in favour of the principle that all books, whether for library or lecture-room, are to be purchased out of central funds, as is the case in primary and secondary schools but not in universities or teacher training colleges, the *per capita* allowance would need to be substantially increased. (The initial purchase of ten titles for 100 students would cost currently £1,250 and their annual maintenance £250 rising by four per cent per annum.)

Before we come to stating even tentatively our recommendations for suitable financial provision we must draw attention to the fact that, as with medical libraries, these suggestions take no account of the cost of staffing, administration, access to information or promotion of the library.

Suggestions for minimal financial provision

(*a*) That an exclusively professional library for nursing students will contain initially no less than 300 titles and 5 journals.

(*b*) That for the installation of such a library an institution must allow no less than £375.[1]

(*c*) That the professional requirements of nursing students can best be satisfied by making provision for book and journal purchase calculated on the basis of £1 *per capita* per annum,

[1] This figure may seem to contrast unfavourably at some parts of the scale with recommendations set out in the *Ministry of Health Hospital Equipment Note on Training Schools for Nurses* (No. 14, April 1963) which suggest as initial provision for book supply:

For the first 40 nurses £220.
For the next 60 nurses £3 per head.
For the next 100 nurses £4 per head.
For each additional nurse (beyond 200) £3 per head.

The contrast disappears when it is appreciated that the Ministry's recommendations include an allowance for the purchase of textbooks.

providing always that no school however small should spend on its library less than £100 per annum.

(*d*) That if it is accepted that nursing students should be provided with all textbooks then after the initial purchase has been financed the *per capita* allowance must be increased by £2 10*s*. per annum. Alternatively, if it is accepted that nursing students should contribute something towards the cost of textbooks the *per capita* allowance for textbooks should be £2 10*s*. less the student's contribution.

(*e*) That additional sums be provided on a similar scale to the library allowance for the purchase of all books that are required for the use of trained staff and ancillaries.

(*f*) That separate provision be made for the purchase of books that will serve the general as distinct from the professional education of nurses.

A comparision

Those who are in the habit of going short – of making-do – are inclined to come eventually to the conclusion that their lot is inevitable. In another area of educational book-supply, the primary and secondary schools, it was not until proper standards of financial provision were evolved that teachers began to question on a large scale the inadequacies which they had accepted for so long. Although there can be no direct comparison between the needs of schools and of nurse training schools, those who are frightened even by the

Table 6

Recommended allowances for book supply in secondary schools

(*a*) Initial grant for secondary school libraries:			
for the first 500 pupils aged 11–16:	£2,500		
for the next 500 pupils aged 11–16:	£4	*per capita*	
for all pupils aged 11–16 after the first 1,000:	£2 10*s*.	*per capita*	
for all pupils aged 16 and over:			
an additional	£5	*per capita*	
(*b*) Maintenance grant for secondary school libraries:			
for pupils aged 11–16:	£1	*per capita per annum*	
for pupils aged 16 and over:	£1 10*s*.	*per capita per annum*	
(*c*) Textbook allowance for secondary schools:			
for pupils aged 11–16: reasonable:	£2	*per capita per annum*	
good:	£2 5*s*.	*per capita per annum*	
for pupils aged 16 and over:			
reasonable:	£3	*per capita per annum*	
good:	£3 7*s*. 6*d*.	*per capita per annum*	

advances implicit in our suggestions for nursing libraries and who may regard them as unpolitical should take some comfort from considering the set of standards for school library and school textbook purchase produced jointly by the National Book League and the Association of Education Committees (Table 6) and accepted in principle even by administrators.

Conclusion

Certainly no one who cares for the proper training of nurses can find any comfort in the circumstances that, when measured against the modest standards which we propose, only 14 per cent of all nursing libraries can be at present conceivably adequately financed. Nor does it improve the situation when it is realized that as many principal tutors – and under existing arrangements quite properly – buy from their library allowance textbooks in multiple sets, books for trained staff and general books, even this miserable percentage flatters the reality of the current situation.

From the evidence already before us it seems probable that medical libraries would measure no better.