

# Medical Library Extension Service\*

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WHENEVER I am speaking on a topic that may perhaps be of less interest to my audience than it is to me, I remember the story of the small boy who belonged to a children's book club. The agreement was that any book not wanted could be returned to the company on condition that the recipient explain his reasons. So his young man wrote: "Dear Sirs: I am returning your book because it is about penguins and it tells me more about penguins than I care to know." I hope that my topic this morning is not in the class of penguins.

The preliminary survey of the extension activities of medical libraries reported here had a personal as well as a professional basis. Any library conducting an extension service has had inquiries from former residents of the state or from alumni asking for continued service, or for information on similar services available in their own regions. Failing to find any general description of these extension services, I was driven to asking the members of this Association for the information. Questionnaires concerning the extra-mural services, both interlibrary loans and loans made directly to individuals, were distributed to nearly 300 members of the Association in the United States and Canada. Returns were secured from better than 60 per cent, in 39 states and 6 provinces. Nearly three-quarters of the medical schools and most of the major reference libraries responded, nearly 60 per cent of the county and association libraries, and nearly half the hospital libraries and the libraries of private clinics and commercial organizations. Knowing the high sedimentation rate of questionnaires on my own desk, I am particularly grateful for the generous assistance, and apologetic that the results are not more impressive.

Interlibrary loans and direct lending to the individual borrower are two approaches to the same purpose: getting the publication needed into the hands of the inquirer. The interlibrary loan is best suited to localities with either a public or a special library sufficiently staffed to take on the rather demanding work of identifying, locating, and safely handling material borrowed from another library. Extension service is designed for the speedier supply of material, often in its more economical unbound form, direct to the user, although it also aids the smaller library with material

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not available locally. The general state extension agency, the library commission or traveling library, is rarely well enough equipped with medical books to supply even the lay demand. Medical extension service has therefore grown up apart from these agencies, but for essentially the same purpose: to provide book service to residents without adequate library facilities.

I shall not trouble you with a detailed analysis of the answers to the questionnaire but shall give a running account of the problem and the various methods of meeting it. The major defect of an inquiry such as this, directed to existing medical libraries is that they represent the well populated areas, or at least the major cities of more rural states. The physicians in these centers have access to the necessary books and journals, either through direct consultation or through the generous interlibrary loan practice of the large libraries in the city. They deal with librarians accustomed to interlibrary borrowing and not intimidated by unfamiliar references.

The development of interlibrary loan service in this country has been notoriously haphazard and unplanned, placing too heavy a burden on the nearest large library that is known to be a generous lender and perhaps too little on the collections of moderate size. It is, however, infinitely better established among medical libraries than medical extension service, which is developing gradually as the result of the effort of various agencies to meet a need with whatever resources they have available. Without exception, medical librarians in the large metropolitan areas expressed themselves as well satisfied with, and grateful for, the assistance given them by such libraries as the Army Medical Library, the New York Academy of Medicine, the College of Physicians of Philadelphia, the Boston Medical Library, the John Crerar, the Lane Medical Library, and local medical school libraries. The librarians of county, hospital, and clinic libraries in smaller communities and more sparsely settled states and provinces, while acknowledging the help of interlibrary loan, more generally felt the need for an extension service.

The physician in the small town or rural area is glimpsed only occasionally in the bare returns from a questionnaire, but he is really the crucial character in this study. The availability of medical literature is undoubtedly one of the attractions of medical practice in a city. The rural physician is faced with stagnation unless he can keep up with his profession through reading as well as through refresher and graduate courses. He cannot afford to subscribe to all the journals he may wish to consult, nor does he have access to indexes to guide his requests for material

from the nearest medical library. I cannot state his case better than the hospital librarian in a large mid-western city has done it for me. Although nearby medical libraries enable her to give adequate service to her own clientele, she is touched by the "hopeless letters received from some of the former residents of the hospital:"

I do think that after these young doctors have been taught to use and depend upon a library, it is too bad to have them find no library facilities where they locate. Many of them have located in these out-of-the-way places because of the urging of all the medical associations, from the A.M.A. down; so that the people in these places may have the advantage of good medicine and surgery. They need something quicker than interlibrary loan from a university library. The hospitals to which they take their patients are too small ever to have a library of even 500 volumes.

Let us follow one of these ambitious young physicians into his small community. How is he to go about getting even an interlibrary loan of, say, a recent book on Hodgkin's disease? He may, perhaps, apply to the medical school or the hospital in which he trained, but it may not be able to assume the burden of service to all its graduates, particularly in other states. If the community is large enough to support an active public library, he may persuade the librarian to apply to the nearest medical school library, only to learn that the volume is on reserve or in too much demand to be sent out of town. If, as happens too often in our rural areas, the library is a hopeful product of local pride with a budget of a few hundred dollars a year, what help may he expect in the intelligent use of interlibrary loan techniques? Besides, interlibrary loan is cumbersome and rightly surrounded with safeguards for material available only through the generosity of the lender. Finally, since fully half the larger libraries reporting limit their lending of current issues of journals, and a fourth restrict the lending of recent books, interlibrary loan would not fill the doctor's need for up-to-date material.

Let us follow our persistent young physician farther. If he is a member of the American Medical Association or a subscriber to one of its journals, he may write to the A.M.A. Library for recent journals or a selection of reprints on a topic of interest and receive prompt service. However, the loan period from a library with a nationwide coverage and 12,000 loans a year is necessarily brief. The American College of Surgeons also offers a reference and loan service in this specialty, sending out some 1500 packets a year on subjects requested, in addition to translation, abstracting, and bibliographic service offered at cost.

If our young doctor settles in certain states, he may find that his needs are being met by any of a number of agencies. The one most specifically designed for the purpose is the state medical library, of which the first,

the New York State Medical Library, was founded in 1891 as part of the thorough library coverage of New York State. It and the Iowa State Medical Library are both somewhat above the size of the average medical school collection and have a circulation comparable to that of the medical school library. The reference load of the state library varies somewhat, depending on the number of local physicians who can do their own searching, but it may range above a thousand requests a year. With smaller collections, the library of the Florida State Board of Health offers an extensive loan, bibliographical, and reference service to physicians in the state, and the Mississippi State Board of Health Library serves laymen as well.

Another statewide service is that offered to its members by the state medical association library as in Maryland, Rhode Island, and Texas. The medical society of Pennsylvania maintains a large collection of reprints and tear-sheets for this purpose. Other state societies may provide a similar service on a more limited basis.

Several state medical schools have developed, in practice if not in name, the functions of an extension service. The University of Oregon Medical Library is the official medical library for Oregon physicians, receiving financial support through an annual registration fee paid to the state board of examiners, and fees paid to the city and county medical associations. The Medical Library Service of the University of Wisconsin is supported by the Medical School, with extensive contributions of books and journals from the State Medical Society and the use of almost any publication in the Medical School Library collection. It mails specific titles and answers reference questions for physicians, nurses, laymen, and libraries, and accepts requests on medical subjects transferred to it from the state traveling library. The University of California Medical School Library is continuing, on a more limited basis, the statewide service originally supported in part by a grant from the State Board of Medical Examiners.

The medical school libraries, both state and private institutions, in some other states where medical libraries are few, as in Georgia and Louisiana, often feel a responsibility to a wider public than the local staff and student body and give what state-wide and regional service they can. Emory University, for instance, is generous with its resources, and Jefferson County and University of Louisville Medical Library lends widely in its area. The University of Nebraska Medical School Library extends full library facilities to members of the state medical association, although the use is not at present extensive. Some medical school libraries, such as

Vanderbilt, are already sufficiently taxed by the demands of other medical, hospital, and V.A. hospital libraries in their metropolitan areas.

The larger county and academy libraries often serve a more than local public. The Cleveland Medical Library Association, for instance, gives the same service to its non-resident as to its local members. On the other hand, physicians in outlying areas, perhaps unaccustomed to the advantages of library facilities, are not always willing to contribute even a fraction of the fee assessed upon local members in order to obtain service. For instance, the offer of the Tulane and Orleans Parish Medical libraries to serve the membership of the state society at \$1.00 per member was refused, whereas a county association library in another southern state assesses a membership fee of \$60. The unwillingness to contribute for mail service is a curious and apparently rather general phenomenon, and a fee once granted may be subject to revocation.

The medical school libraries of Canada, particularly in the less populated areas, have taken the responsibility for lending material requested by physicians in their regions. The University of Alberta Medical Library and the University of Western Ontario Faculty of Medicine Library do an extensive loan service to individuals. The University of Manitoba attempts to answer or to transfer to the appropriate agency all questions received. Queens University and McGill likewise have a considerable extra-mural loan. Membership in the Academy of Medicine of Toronto or a deposit paid to the University of Toronto Medical Reading Room gives physicians in this area library privileges. Dalhousie serves as the medical library center for the Maritime Provinces.

What are the prospects for the future? No consistent opinion on the need for a state-wide service where it does not exist could be extracted from the answers to the questionnaires. Four medical school libraries in rural states, Alabama, South Carolina, South Dakota, and Utah, anticipate extending their services as demand develops. Scattered expressions of interest were received from libraries in Illinois, Michigan, Minnesota, Missouri, New Jersey, Ohio, Tennessee, and Vermont, as well as some from states where an organized service is already available. Several replies indicated an interest in, but an inability to take on, a larger responsibility with the available staff.

To summarize the evidence from the questionnaires: the large metropolitan areas, particularly in the East, are adequately served by inter-library loan. In perhaps a fourth of the states, by virtue of a state medical library, a medical school extension service, a state association lending library, or the generosity of a large metropolitan association library, the

rural physician has reasonably good access to medical literature. Another twenty states have one or more libraries willing to lend to residents outside their own cities, although hampered by lack of staff and funds. Four medical school libraries anticipate expanding their coverage as demand increases.

Extension service is a problem for all medical libraries in a state, regardless of their direct need. In the first place, it is unwise to infer that the existence of a good medical library in a city entirely satisfies a doctor's need. Because the material he wants is in use in his local library, or simply because less effort is required, the physician will often prefer to write for a publication and have it delivered to him. As much as a fourth of the annual out-of-town loans of the service with which I am most familiar may go to a nearby city, which has an excellent medical library but a large physician population.

In the second place, the extension service can provide the basic modern books and the standard American journals, releasing the larger medical school and reference libraries to concentrate on the unusual titles, the foreign books and journals, and the historical volumes. Few libraries have such an even balance of interlibrary borrowing and lending that they can escape guilt feelings on the one hand or, on the other, an occasional twinge of annoyance at the magnitude of the demands on them. One of the most heartfelt endorsements of the need for an extension service came from a library which lends a thousand times what it borrows. Physicians and smaller libraries feel freer to call for loans and reference service on an agency organized and properly staffed for their use, equipped to send material promptly in its lightest form and by the cheapest means.

An extension service is, by the nature of the distribution of the calls on it, a function of a state or of some organization with statewide membership. However, although availability of extension facilities is by no means in direct relation to the economic ability of the state, there are large areas of the country in which a regional arrangement would be necessary because of the paucity of medical books and medical libraries: the upper New England states and large areas of the northwest and southwest. Some of the larger states in these areas have no medical libraries, or at best only an occasional small clinic collection with no responsibility to the profession at large.

Dr. H. B. Mulholland, Chairman of the Committee on Rural Medicine of the American Medical Association, has expressed his interest in the extension of medical library service, probably through state medical associ-

ations and medical school libraries, and with the proposed networks of regional hospitals in mind.

In conclusion, I should like to pass on a few practical suggestions for the benefit of those who may be interested in the mechanics of service-by-mail.

1. Try to secure an affiliation with some association receiving publications in exchange for its own journal and review copies of books. Our Medical Library Service receives from the Wisconsin Medical Journal a few dozen volumes a year, most of the state journals, and some from abroad. With the exceptions of a few from Great Britain, the foreign titles are of little use for the extension work and are transferred to the Medical School Library.

2. Maintain files of unbound duplicates for mailing. Removal or obliteration of the advertisements permits mailing at a special library rate much less than the temporary second-class rate. The unbound copy is also valuable to supplement the permanent copy for local use when the latter is in circulation or at the bindery. Sending material by mail, at least within the state, has proved entirely satisfactory. The losses do not average one in 10,000 loans.

3. Extension service is not inexpensive. Intelligent reference assistance and speedy mailing are important. Unless sufficient personnel is available, the extension work may take to wagging the dog.

4. Gifts from staff members and other doctors are useful, but it is almost essential to have the major clinical journals available, and available promptly. Our duplication of 46 American and British journals costs more than \$500 a year. In general, the titles most in demand locally are also those needed for the extension work. On the other hand, we have found it an economy to maintain only the one unbound file of most of the state journals and certain ephemeral titles, accessible to both libraries.

5. Requests for material on identical topics are so infrequent that ready-made packets have not, in our experience, been practicable except for popular material. We have discontinued our reprint files in favor of direct use of unbound journals. Unless a deliberate effort is made to request the reprints needed, the collection will be unbalanced and inadequate, and the labor of recording and filing them is far from trivial. Some extension services, however, prefer to maintain subject files of reprints and tear-sheets and find them adequate.

6. The routine mailing of each issue of a journal to any physician request-

ing it sounds attractive, but it takes an undue proportion of the time of the staff (usually to serve a very small proportion of the borrowers), and requires duplication of some expensive journals.

7. The question of service to laymen is a troublesome one. Over two-thirds of the medical school libraries reporting make no loans to laymen except when referred by a physician, or through interlibrary loan to a public library. Some, of course, lack facilities to accommodate a larger clientele. Admittedly, it is easier to select material suitable for a medical man than to find appropriate material for a laymen on multiple sclerosis, or on what one of our correspondents (a thorough Wisconsinian) called "cheesofrania." However, in these days when many physicians are concerned over public mis-information on medicine and the need for accurate interpretation of the profession to the public, the medical extension service may feel that it has a responsibility to supplement the scanty material in public libraries. For this reason we send what we can to the mother with a spastic child or the student writing a paper on plastic surgery.

Extension work can be an eye-opener to the medical librarian, increasing her respect for the alertness of the doctors with whom she deals. The range of questions, the occasional urgency of the need, and the interest in new developments are a challenge to her skill and her knowledge of the literature. The occasional unintentionally cryptic question or garbled term tests her ingenuity as well. If she sometimes feels that she is diagnosing without a license, she is also touched by the confidence placed in her omniscience. I hope that an increasing number of my fellow medical librarians will be privileged to experience this satisfaction.