

# The Medical Society in a Changing World; A Symposium

## The Library's Service to a State Medical Society\*

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THE Memorial Library of the Texas Medical Association is faced with serving over 8,000 members practicing in the 254 counties throughout the State. We also serve some physicians from nearby states and others throughout the country.

If we are to give adequate service to the members, we must have material available in duplicate form or have a fast method of reproduction. We have estimated the cost of reproduction and the collection of reprints, and our findings favor the collection of reprints. At the present time we have adequate space to house our collection. As in any special library the collection must be built upon the needs of the group it will serve and the manner in which they will be served. Since the library is small and relatively young, we are building our collection around the present need, which is for clinical material.

We are gradually completing our back journal files with the hope that more members will become interested in the historical side of medicine. We have not tried to build a collection of rare books, but we collect state and local medical history.

With our membership scattered over such a large area, we do a so-called "mail order" business, or some may refer to the Library as a "package library." I dislike both terms for the simple reason that the letter, card, telegram, or telephone call from any place receives the same attention that a physician from Austin gets when he comes to the Library. We have a reference service regardless of the means of communication, and the term "package library" leaves me cold. Reprints are frequently sent to a physician in place of sending the journal because, if we were to send thirty or forty journals to fill one request, we would soon be out of business. To the best of my knowledge there is no "package medical library."

The staff will compile bibliographies and look for old as well as new

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information on any subject. We limit our reference work to the last five years unless we are requested to go beyond this period. The reason for this is that most of our members are practicing physicians and need the latest clinical material.

Because we have few requests for specific books or journals, I would like to explain just what happens to a request for library material. We start with the latest index and work back five years. After we have our references we go to the reprint files and pull all the material that would be useful, checking the items against our bibliographies, and then we use the journals. Sometimes it is necessary to reproduce the article from the journal, particularly if it is bound. We will send pertinent reference citations that we do not have and ask the doctor if he would like us to endeavor to secure the material from another library. If we do borrow from another library, the material is reproduced and the journal returned to the lending library the same day. We have been most fortunate in that we have been able to borrow so much from the University of Texas Medical Branch, and the National Library of Medicine has been most helpful. All requests are filled within a period of 24 hours if the material is available in the Austin area. It is most important that the library staff be aware that many of the members are miles from an adequate library and that it would be impossible for them to have all the material needed to pursue some new treatment or look up the historical data on some subject. Not all users of the Library are in small communities. We have many from the larger cities, but their requests are for bibliographies covering some special topic. We do not question a member's request, but simply try to do our best for all.

We not only offer library services, but we have a film collection that has 262 titles. Many of these are suitable for the physician to use for civic clubs, high school classes, or other lay groups which have asked him to present a program. There are scientific films for local medical meetings, post-graduate courses, or for individual use. All films are sent one week in advance of the designated date of showing, thus allowing time for the program to be supplemented by speeches or additional illustrative material. Films that are suitable for lay audiences are loaned to responsible persons in charge of the program in high schools, civic clubs, P.T.A. and other groups. We feel the films are promoting good health in the community and a better understanding of the complexity of the medical profession.

Any service that involves films and tapes is expensive, but let us look at the number of people reached by this method. Last year we loaned 1,148 films, and, assuming that 30 people viewed each of these films, we would have reached 34,440 individuals. I doubt that anyone would question the expense if he were to consider the public relation aspects alone of such a

program. If one new technique or one new method of treatment is learned from a film, I feel that a great contribution has been made to the welfare of the community.

It has been only within the past few months that the tape recordings have been used to any extent. Since we have worked out a schedule of shipping the new tapes on a weekly basis they have gained popularity. The reviews of the literature in special fields are, or seem to be, of the most value to the users.

We perform still another service for the membership; we have slides made from material sent to us. We do not do any of this work, but turn it over to a professional photographer. We see that the material is delivered and the slides are sent to their owner. We do not assume the cost of this service since the slides will become the doctor's property.

These are some of the things we have done that we feel have improved our services:

We use simple and attractive request cards that are sent to each member in a general mailing and again each time he uses the Library.

A notice is sent to each film user the day his film is booked so he can expect to receive the film in time for preview.

Attractive book markers are used to mark the desired pages or articles in a journal and some of these are reminders of Association meetings.

The Library has a traveling exhibit on the history of medicine in Texas which is manned by a staff member or a member of the Committee on Medical History. Wherever the exhibit is sent there are adequate supplies of the library brochure, book markers, and lists of tapes and films.

Material is shipped in special cartons with a return label, thus we have eliminated the problem of always looking for a good box and paper and string. The Association assumes the cost of postage one way. There is no charge for any of the library services. The governing body of the Association feels that the library service is an important function and should be made available to all members.

The Library needs publicity and one of the most effective ways to get the Library before the entire membership is in one general mailing every few years. We have had only one, six years ago, and we plan to send another one this summer. Library publicity will be more effective if it is sent separate from other Association material. If one is planning such publicity, I urge him to keep the brochures simple and attractive. Remember, the user is a physician and has some knowledge of medical libraries.

The success of a medical society library lies with several groups. The governing body of the Association must be well informed of the library activities and be willing to support its operations. At the Texas Medical Association the Board of Trustees has allotted ample funds for the current

operation and growth of the library. This sum is the second largest allotment in the overall budget. The Board of Trustees is also preparing for a "rainy day" which we all hope will never come. It has invested \$86,000, and not even the interest on this investment is being used, as all current library expenditures are made from the Association's operating funds. We ask our members for suggestions and criticisms that would improve our services. The administration must give its full support and aid in the publicizing of the library services. But above all, it must believe in the growth and the value of the library.

If the administrative officers are not enthusiastic about the library, I would suggest that the doors be closed and that the librarian look for greener fields. We have been most fortunate in that our Executive Secretary and his assistant are both library users and always publicize the Library during their tours to different places in the State. They feel that the services of the Library are one of the best public relation programs they can endorse.