NEWS AND NOTES

Supplement to the

BRITISH JOURNAL OF PSYCHIATRY

Published by authority of the Royal College of Psychiatrists ©

THE ROYAL COLLEGE OF PSYCHIATRISTS

THE COLLEGE LIBRARY

I hope all those associated with the College will read the following two reports. Your Library, as you will see, has at the moment an ill-defined role. It will depend upon the views of all of us just what functions the Library shall serve in the future. The organization and financing of the Library will depend upon this clarification of its functions. The Library Committee feels that a thorough review of the Library is essential; these two reports will inform you of the position the Committee has reached to date.

I shall be very happy to have comments and suggestions for further consideration.

DENIS LEIGH,
Hon. Librarian.

Memorandum by Dr. Denis Leigh

On being appointed Honorary Librarian of the Royal College of Psychiatrists, after discussion with the retiring Hon. Librarian, Dr. Walk, I decided that it would be advantageous to visit the libraries of all the new Colleges in order to see how their library facilities had been developed. I accordingly visited the libraries of the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists, and discussed library matters with their librarians. In addition I consulted with the librarians of the Royal College of Physicians, the Royal Society of Medicine, the Institute of Psychiatry and the Wellcome Historical Library, as well as with a library official at the University of Southampton. All these libraries, apart from that of the Royal College of Pathologists, have professional librarians. The library of the Royal College of Pathologists is too small to merit a librarian. Naturally enough I paid a great deal of attention to the opinions of the librarians of the Royal Society of Medicine, the Royal College of Physicians and the Wellcome Library, all of them being known personally to me for a number of years. The result of these consultations can be considered under three headings:

Contents

The Royal College of Psychiatrists:
The College Library 1
Memorandum on the White Paper on NHS Reorganization and on the Management Study Steering Committee's Report 5
Memorandum on the Second Report of the Joint Working Party on the Organization of Medical Work in Hospitals (Cogwheel) and on the Report of the Working Party on Medical Administrators 8
Memorandum on Management Arrangements for the Reorganized Health Service in Wales 9
Overseas Post-graduate Psychiatric Doctors by M. S. Perinpanayagam. 11
Department of Health and Social Security:
Annual Report for 1971 12
Careers and Posts for Psychiatrists 13
Association of University Teachers in Psychiatry 13
Training in Behavioural Therapy 14
Medical Council on Alcoholism: Library and Information Service 15
Prof. Yap Pow-meng Memorial Fund 15
Forthcoming Events 15
Corrections and an Apology 16

https://doi.org/10.1192/S0007125073303035 Published online by Cambridge University Press

(1) The function of a Library;
(2) The staffing needs;
(3) The particular problem of the Library of the Royal College of Psychiatrists.

I will deal with each of these in turn.

(1) *The Function of a Library.* This must be considered in relation to the demands made by its users, and all the librarians were agreed that our most important job at the present time should be to discover what the membership of our College requires from its Library. Over the years, for instance, the Royal Society of Medicine has come to provide total library facilities. The Royal College of Physicians has dealt mostly with the historical aspects of medicine and has a specialized collection, as, of course, has the Wellcome Library. It is perhaps of more interest to us that the libraries of the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists are basically reference libraries. They do not actually carry large stocks of books, but function mainly bibliographically, providing reference and photostatic facilities to their members. There is a glut of libraries in this country, and it seems that there is little problem in supplying textbooks to members of a library, largely through taking out subscriptions to Lewis's Library. The growth of post-graduate centres, each with a library of its own, has also helped with regard to textbooks. The two Colleges I have mentioned, therefore, do not spend what money they have on textbooks and other books, but provide a bibliographical service to their members. In central London it has been estimated that it costs £2.00 p.a. to keep a single volume on a shelf, so that if books are lying unused they represent a very serious drain on the financial resources of a College.* It is noteworthy that in the book-collecting world many of the antiquarian bookshops have moved out of London and maintain very limited accommodation centrally, keeping their books at depots outside London.

As for journals, they represent a particular problem, for they occupy much space and require money for binding to be of any real library value. There is now a national reference library at Boston Spa, connected by Telex and telephone with most big libraries. It is possible to obtain within 24 hours a reprint of almost any paper that has been published in the world. The luxury of having journals to browse through is something which must be carefully pondered upon in any library.

* Of course, this does not apply if the rooms are also used for Council and Committee meetings etc., as in our College now, but this arrangement is most inconvenient both for library staff and for readers.

(2) *Staffing.* All my informants were of one mind in advising me that no library today which could be considered alive can function without a professional librarian. I do not think that it requires any special knowledge of libraries to realize that an active library cannot be run successfully by an Honorary Librarian assisted by part-time secretarial staff. At the Royal College of Practitioners there are three librarians—two full-time and one part-time, together with an assistant. Their budget is about £6,000 a year and all of them are occupied in meeting the demands of their members. With the long-established libraries, such as those of the Royal College of Physicians and of the Royal Society of Medicine, the library budget runs into thousands of pounds. At the Royal College of Obstetricians and Gynaecologists there is one professional librarian and one unqualified assistant, but by the end of 1972 an extra member of the staff will be required, and will be provided. Again, the library budget in this College is about £6,000 a year.

(3) *The Particular Problem of the Library of the Royal College of Psychiatrists.* Our Library has no budget, no staff, and a role which has been undefined. It is a mixture of books acquired over the last 20 years or so, of about 100 journals, and of an historical collection. There are also a number of prints and photographs, which Dr. Walk has put into a collection. I am afraid that the library has been little used in the past few years, and no more than about 500 loans have been made each year. It is not possible to analyse this readership, but I suspect that a small number of individuals are responsible for the majority of loans. The historical collection is perhaps the most important part of the library and contains some extremely good books in bibliophilic terms, valuable in commercial terms. There are also runs of journals, some of them of considerable value. The journals present a problem. Some of them are obtained through an exchange with the *British Journal of Psychiatry*, others by subscription. However, the accumulation of back issues of journals presents a storage problem.

It would seem to me at the present time, when the College has no permanent home, that the Library Committee might be best occupied by making a survey of membership demand. It should consider what is to be done with the three main components of the Library, the books, the journals and the historical collection. The Library, in any case, cannot be run on a non-professional basis any longer. A budget should be prepared and forwarded to Council. Finally, the question of some form of subsidy from outside sources could be explored. I have had conversations with one or two grant-giving bodies, but to would not be right to make any formal application until we have sorted out what our priorities are.

https://doi.org/10.1192/S0007125073303035 Published online by Cambridge University Press

Report by Miss Helen Marshall, Librarian, Institute of Psychiatry

(1) *The Role of Libraries in Professional Organizations*

A recent survey of medical society libraries in America showed that out of 87 listed 37 were libraries of national societies, mostly serving a defined subject area rather as the College library might be said to serve psychiatry: they included the library of the American Psychiatric Association. Their staff ranged in number from one to fifty, but one-man libraries were relatively few. The number of current journals ranged from two to about five thousand. The services provided included loan and reference facilities, photocopying, bibliographic help (reference checking, provision of short bibliographies, more complete literature searches), archival work for the society, editorial work, and information work in general (for members, for allied professions, for international organizations in the same subject area, and sometimes for members of the public). 'Frills' included exhibitions, museums, portrait collections, etc.

British libraries have not been surveyed in the same way, but the entries in the 1969 *Directory of Medical Libraries in the British Isles* give some indication of the scope of the main society libraries in medicine and allied fields. Selected details are given below, together with, for purposes of comparison, some information about the libraries of the Institute of Psychiatry and of the American Psychiatric Association.

(2) *The Library Scene in Britain Today*

The present period is one of flux, and it may be two or three years before it settles down. The impact of the new British Library has still to be felt: it is likely, for example, that the new Reference Library in Bloomsbury will include a comprehensive collection of medical periodicals on public access (these are deliberately excluded from the present National Reference Library of Science and Invention in Holborn and Bayswater). It is possible, too, that better medical or 'health science' libraries will be provided by the new Area Health Authorities and Regional Health Authorities, rather on the lines of what is being done at present by the Wessex Regional Hospital Board. Individual hospitals, too, are improving their libraries, and the Post-graduate Medical Centres that are springing up can, even if they carry only small stocks in each of the specialties, provide access to the national resources.

(3) *The College Library*

The library as it stands is a very useful collection of historical material, of current journals in psychiatry in a fairly narrow sense, and to a lesser extent of current books. It does not cover related disciplines, such as the neurosciences or the social sciences, nor does it have a great deal of psychology.

It has been run very economically, particularly from the point of view of personnel, relying almost entirely on the voluntary services of the Hon. Librarian. It ought to be reorganized and probably reclassified, but this could not be done without expenditure on staff. It would not be possible to expand its coverage, say in the neurosciences and psychology, without considerable expenditure on stock as well.

It is used for reference and for loan, but not very heavily for either, considering the material it contains and the number of members in the College.

It is housed in a large room which can accommodate a sufficient number of readers, but which is often used for meetings, etc., just at the times when many members of the College are in London and might take the opportunity of using the library.

The College, I understand, is also in a transitional stage, and it is not clear what accommodation will eventually be available for the library or how much money can be spent on it.

(4) *The Future*

In view of the foregoing it would seem that now is not the time to make any radical changes in the library, but it is a good time to consider what its functions and scope ought to be. Assuming that it is to continue, I would suggest that for an interim period of two or three years it should remain at about its present level, but that it should be recatalogued and its services somewhat expanded in some directions. If it is to expand to any great extent it would need staff, accommodation and stock, in that order. It would seem right to start with staff now, and to appoint a professional librarian for, say, two years in the first instance. One might get a young librarian who would find the experience useful, or one might find someone newly retired who would not mind a short-term appointment. The person appointed could reorganize the library, maintain it at its current level of stock, and try out one or two ways of increasing its usefulness to members of the College. Judging by current advertisements, the annual salary would have to be in the region of £1,600 to £1,700.

Services during this interim period might include reference and loan facilities for members (and for candidates for membership), bibliographic services, photocopying, and information work in general.

References and Loan Facilities: It would not be practical to aim at a library which would become a kind of R.S.M. for psychiatrists. Nor would it be an economical use of a librarian's time to make him or her act mainly as a lending agency, which would often

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mean being an intermediary between borrowers and sources external to the College. Inter-library loans are expensive and postage costs keep increasing: they are therefore best organized locally, where the borrower works. Most readers should eventually be able to get their routine material, including inter-library loans, on a local or regional basis, though no doubt the College should continue to lend in the interim period and to organize loans from other libraries, including Lewis's.

It may be of interest to note here that the American Psychiatric Association library does not regard itself as a lending library: one of its most important functions is that of directing enquirers to their closest source of specialized information. Advice of this kind would seem to be needed by psychiatrists in this country too. The Institute Library is quite often asked for it, and in a recent instance someone preparing for the College examination wrote in for photocopies of nearly everything contained in the 'R.M.P.A. Reading List'. This would have been extremely expensive and she was directed elsewhere for most of it. But apparently she had no other means of obtaining information on how to set about getting hold of the literature.

Photocopies could be supplied on request without too much cost: if suitable charges were made a Xerox machine would pay for its hire. The Royal College of General Practitioners, however, supplies an agreed number of pages free to each of its members, and if the College wanted to encourage use of the library and to help members in remote areas, this might be

Library	Staff	Reader places	Current journals	Bibl. service	Photo-copies	Other features
Brit. Dental Ass.	3	12	260	Yes	Yes	
B.M.A.	13	40	2,000	Yes	Yes	
Brit. Optical Ass.	1	10	40	Yes	Yes	Contents list of journals; abstracts on request
Brit. Psychol. Society	Library kept by University of London					Reference
Eugenics Society	1 Hon.	12	80	Yes		
Pharm. Society	4	30	330	Yes	Yes	Short transl. Card index to journal lit.
R.C.G.P.	4	6	60	Yes	Yes	Sound library. Register of research
R.C. Nursing	5	46	250	Yes	Yes	Accepts external members on sub.
R.C.O.G.	2	20	70	Yes	Yes	
R.C.P.	5 & Hon.	10	64	Yes	Yes	
R.C.S. (which is also Inst. of Basic Sci.)	6 & Hon.	90	640		Yes	
R.C.V.S.	4	32	250	Yes	Yes	Indexes journal literature
R. Soc. Health	?	?	270			
R.S.M.	29	65	2,300	Yes	Yes	Translations
R.C.S. Ireland	?	70	117	Yes	Yes	
R.C. Nursing, Edin.	(?)	?	32			Caters for students attending courses
R.C.P. Edinburgh	5	60	460	Yes	Yes	Translations
R.C.S. Edinburgh	2	30	180	Yes	Yes	
R.C.P.S. Glasgow	3	30	300		Yes	
Inst. Psychiatry	5	60	290		Yes	
American Psychiatric Association	4 (and 1 volunteer)		500		Yes	Archives, photographs, 'curios'. Gets about half its journals by exchange

Notes:

It was not always clear whether the library was for reference use only, so no distinction has been made in this regard.

Other points mentioned by various libraries included archives, museums, exhibitions, instruction of readers, publication of acquisitions list in appropriate journal, portraits, biographies of members.

A blank in the above table does not necessarily mean that the service is not provided: not all the libraries made their returns in the same way.

Clerical staff may have been included in some cases and not in others.

The R.M.P.A. entry in the Directory indicated that the library took 48 current journals.

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worth considering. But it should also be noted that the National Lending Library is well geared to supplying photocopies from almost any journal cheaply and promptly, provided application is made via a recognized library. If local libraries exist, this is something they can do just as well as a central one.

Bibliographic services: This would no doubt be popular, and it might be advisable to define exactly how much help of this kind should be given. Some libraries supply only short lists of references, say ten at the most, rather than exhaustive bibliographies: or they charge if more extensive work is required, and the same applies to reference checking. If services were required which went beyond the scope of the library, it would be possible for the librarian to establish contact with other libraries in London and use them for looking up literature in allied fields. The Institute library, for example, is regularly used for reference checking by staff of the B.M.A.

Information work: The American Psychiatric Association Library describes itself as an information centre with historical data and current reference material: it spends a substantial part of its budget on reference material, including both *Index Medicus* and *Psychological Abstracts*. It would seem to me that it is here more than in any other way that the College library could, without too much extra expenditure over the next few years, contribute towards meeting the needs of members that cannot be satisfied locally. It could even initiate activity, rather than wait for requests for information. Some society libraries in a special field either keep or circulate an index of current literature, and it would be relatively easy to organize contents lists, or selective contents lists, of the pretty comprehensive range of psychiatric journals received in the library. CIBA helps to support a venture of this kind in America (via the library of the Hall-Brooke Foundation of Westport, Connecticut), and something similar might be considered for this country.

(5) *Conclusions*

The above observations are not exhaustive and do not enter into details of library organization. Questions of classification, binding, etc., seem less important than the overall question of deciding whether the library is to continue as a living, used collection of psychiatric literature. It would be a great pity if it did not.

An interim period, with the services of a librarian and possibly later of an assistant, would enable it to be organized, bibliographic and other services to be developed, and decisions taken about future plans, perhaps by means of soundings amongst members of the College.

Decisions on such points as the scope of the library (e.g. whether to cover psychology or not), its stock provision (e.g. coverage of textbooks, foreign monographs, official publications), its space requirements (e.g. number of reader places, space for old material) would be better taken during or after an interim period of trial and exploration.

MEMORANDUM ON THE WHITE PAPER ON NHS REORGANIZATION AND ON THE MANAGEMENT STUDY STEERING COMMITTEE'S REPORT

A Working Group of the Public Policy Committee was set up to bring together the major points concerning the proposed management structure of the reorganized NHS as outlined in the White Papers (*National Health Service Reorganization:* England—Cmnd. 5050; Wales—Cmnd. 5057) and the DHSS Report of the Management Study Steering Committee. (*Management Arrangements for the Reorganized National Health Service:* HMSO, 1972.)

It must be stressed that this memorandum is selective—it concentrates on management structure rather than on forms of public participation or financial administration.

(1) The management structure proposed is highly bureaucratic and comes down heavily on the side of a structured, hierarchical organization, the pecking order of powers of officers being clearly defined, and authority in the form of 'monitoring' and 'co-ordinating' being firmly in one direction, from above downwards. It also favours the whole-time administrator, whose powers are clear, and seems to favour the concept of management as a specialty in itself. One is bound to consider that such a system will be autocratic and rigid in function, and that the structure seems more suited to a large factory producing inanimate end-products than a service based essentially on the needs of people. In any service based on the needs of individuals, and involving the inevitable human element, power and authority must rest at the periphery—in this case with those who deal directly with patients. Although the Steering Committee's Report agrees with this, it seems clear that the extended management structure is likely to bear more heavily than hitherto on those working with patients. There is a danger that they will find themselves subservient to an increasingly strong bureaucracy, or at best that there will be a widening gulf between

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