

MEDICAL LIBRARIANS' GROUP (VICTORIA)

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Minutes of the meeting held at the Royal Melbourne Hospital Medical Library on Tuesday, 13th February, 1979.

Apologies:

Rod Tiernan, Elisabeth Giddy, Helen Cotsell, Berta Mansourian, Stacey McKeown, Amy Bush, Joanne Diplock, Cecily Gilbert, Heather McDonald, May McKeown, Pat Nakouz, Ann McGalliard, Enid Meldrum, Ruth Pinkerton, Yvonne Sutherland.

Minutes:

The motion that the minutes of the previous meeting be taken as read was passed, proposed by Jocelyn Brooks, seconded by Mrs. M. Smith.

Correspondence:

The following correspondence was tabled.

1. Letter giving details of the Fourth International Medical Librarians' Congress.
2. Letter from Lucille Landau offering to give a workshop on clinical librarianship.
3. Minutes of the L.A.A. Special Libraries Section meeting from Joan Campbell, International Editor, Medical Library Association about the Medical Library Association meeting.

Discussion:

Ensued about a letter concerning Medline written by Paul Hodgson, Acting Principal Librarian, National Library of Australia to the Medical Journal of Australia, volume 2, 1978 page 623. A copy of this letter had been circulated with the notice of the meeting. The letter doesn't mention libraries and information about Medline could go to management without the library knowing.

Fay Baker said she wouldn't like the MEDLINE System to be run by anyone else but libraries. Anne McLean said she had spoken to Paul since the letter was written. Pharmacy at the Austin Hospital have a terminal but will allow the library to run the MEDLINE system. Paul had said he would

TO BE DISCUSSED AT NEXT MEETING Correspondence

Letters should not exceed 300 words in length. Otherwise it may not be possible to find space for them.

AUSTRALIAN MEDLINE NETWORK

SIR: The National Library of Australia wishes to hear from organizations which might be interested in providing, from computer terminals on their own premises, MEDLARS literature searches to their own staff members or to external users.

MEDLARS is a computerized information retrieval system which contains references to nearly 3 million articles from 3000 of the world's biomedical journals and is used to produce, in response to inquiries from individual doctors and medical researchers, lists of references on the subject of their inquiry.

Since 1976, an "on-line" version of MEDLARS called MEDLINE has been available in Australia. To retrieve references from MEDLINE, a user sitting at a computer terminal conducts a dialogue with the computer, refining the search by typing in successive queries until the needed references are identified. These on-line searches typically take between 10 and 15 minutes. The results of the search are printed out at the terminal or, if they are too extensive, are printed "off-line" and mailed from Canberra the next day.

New telecommunications equipment for the Australian MEDLINE Network will be installed

progressively over the next few years and will allow for a phased increase in the number of organizations able to use MEDLINE in this manner. The National Library and the Commonwealth Department of Health, which are jointly responsible for managing the Australian MEDLINE Network, will endeavour to provide whatever system capacity is required to meet the legitimate demands of the medical community. It is expected that another 30 or 50 organizations will ultimately be added to the 15 existing MEDLINE centres to provide a quick and cost-effective MEDLINE service for the whole of Australia.

Small organizations with only a limited potential demand for MEDLARS searches may be able to negotiate with larger centres in their region for searches or may group themselves into more or less formal consortia. Small organizations should not be deterred by lack of a large user population from expressing their interest at this stage. Casual use from organizations outside the health area, for example, from industry or library schools, may also be possible.

The National Library undertakes to provide training in the techniques of MEDLINE searching at a level appropriate to the amount and type of use expected within each participating organization. Under present arrangements, participating

organizations are responsible for the communications costs involved in reaching the Department of Health's computer centre, while the Department of Health and the National Library bear the costs for the internal operations of the system. As a very rough figure, regular use of MEDLARS by a large metropolitan teaching hospital will cost about \$2000 per annum. Demonstrations of MEDLINE searching will be held later in the State capitals and, where possible, within requesting organizations themselves.

Details of these arrangements and a full description of the MEDLARS data base and the Australian MEDLINE Network are included in an application kit now available from: Life Sciences Section, ANSTEL, National Library of Australia, Canberra, A.C.T. 2600.

PAUL HODGSON
Acting Principal Librarian,
Life Sciences Section, ANSTEL,
National Library of Australia,
Canberra, A.C.T. 2600.

AUSTRALIAN ASSOCIATION FOR ADOLESCENT HEALTH

SIR: I draw your readers' attention to the formation of the Australian Association for

be willing to have the system in the library but would not insist on it.

Esther Martin said document backup was not mentioned in the letter. A MEDLINE printout could give a list of 20 titles, 18 of which were unavailable. People's expectations should not be raised too high. The system needs a librarian who knows what the retrieval rate is like and needs a librarian to introduce it. A lot of references were unobtainable or needed to be translated.

Fay Baker said MEDLINE was an extension of reference services but libraries were not acknowledged in the letter.

Marjorie Pinder pointed out Paul had signed as a librarian but he did not mention libraries. Anne McLean said the letter had aroused support for MEDLINE from medical personnel seeing the letter in the M.J.A.

Jenny Dowel said the letter represented a compromise to try to get people into the network. There was no MEDLINE system without document backup. The National Library was more concerned with getting people into the network than with its long term development. It was recommending a cheap terminal not suitable for other data bases. Jenny said a visual display unit was needed, not the teletype printer terminal recommended. The National Library was recommending a cheaper terminal so more organisations could afford MEDLINE and was interested in quantity not quality. This was surprising coming out of the National Library, not from private enterprise.

Fay Baker said the best analysts had plenty of experience and did not just do searches now and then. MEDLINE needed skill in searching and skilled analysts with training using it. The more online searches an analyst did, the more skilled she became and this made the service cheaper.

Esther Martin asked what backup was provided to people answering Paul's letter.

Fay Baker said a kit was sent out in reply. This could go to management and the library not know anything about it.

Anne McLean said the kit asks about operators' qualifications.

Fay Baker said the kit does not relate to people in libraries.

Marguerita Neal-Adam said the Group should write to the editor of the M.J.A. with a copy going to Paul, summarising the points from the meeting.

Esther Martin said the National Library can not keep up with its ambition.

Fay Baker said she would rather write to Paul.

Mrs. Rock said people did not realise MEDLINE was a list of references not the actual documents and they still needed libraries to get the documents.

Esther Martin said document backup was a special skill and people did not recognise this. Fay Baker proposed a motion that the Group should write to Paul, pointing out that the letter did not mention libraries and that libraries were essential in the MEDLINE network because:

1. They provided continuity of operators
2. MEDLINE was an extension of reference services and ...

3. Librarians were skilled in document backup and researchers needed to be presented with the actual documents.

Marguerita Neal-Adam said a letter to the M.J.A. would catch the eye of the consumer. Sandra Russell proposed an amendment that a factual reply be sent to the M.J.A. and a second more extensive letter be sent to Paul, including our reasons for writing to the M.J.A. The amendment was agreed to by Fay. The motion was then seconded by Esther Martin and carried.

Fay Baker said we should let Paul write a second letter to the M.J.A.

Esther Martin said we could not guarantee he would do so.

Jenny Dowel said she would like to point out that the terminal recommended by the National Library was only for a specific purpose and was unsuitable for a wide range of uses. Sandra Russell said a special interest group of on-line users was being formed and would be able to recommend suitable terminals. She said the Australian Library Journal would carry further notices of this group.

Marion Rock said information on the use of terminals should go through the library, not management and the terminal was better located in the library.

Fay Baker said the Brownless Medical Library uses the Baillieu terminal but the Brownless operates the MEDLINE service. The terminal does not have to be in the library as long as the library operates the service.

Interest was expressed in the letters from Lucille Landau which were read out to the Group. Fay Baker was then asked what clinical librarianship involved. Fay explained that a clinical librarian accompanied doctors on their rounds and then obtained references on a patient's condition. It was an extension of reference services and the clinical librarian was established as a separate position.

Marion Rock said it had been suggested at the Austin Hospital that the librarian should attach a list of references to the patient's medical record. The doctors thought it was a good idea but the hospital would not pay for the extra staff involved.

Esther Martin asked what qualifications Lucille Landau had for talking on clinical librarianship.

Sandra Russell replied that Mrs. Landau had not written any papers but was a member of the Medical Library Association and so was a qualified librarian.

Fay Baker said clinical Librarianship was an expensive operation and several people were now evaluating the benefits compared to the time and costs involved. It was another reason why the library should have access to MEDLINE. There have been several articles on clinical librarianship in the Bulletin of the medical library Association.

Esther Martin said there was not a wide acceptance of clinical librarianship in the beginning.

Fay Baker said a number of services were now mentioned in the Bulletin of the Medical Library Association. The service was expensive and involved an extra member of staff. Fay Baker suggested the Group write to Lucille Landau saying we would like her to speak at one of our meetings, but not

that many people here would be able to implement a programme of clinical librarianship.

Karen Bickerton said the 1980 February meeting could be held around Lucille Landau as a speaker but not as a full workshop.

Esther Martin said the present economic situation would not allow people to implement a programme of clinical librarianship.

Karen Bickerton said it had been suggested that future meetings of the Group should start at 6.00pm and not 6.30pm with refreshments being served after the meeting. Anne McLean said at the Austin they had to work until 6.00pm and so would not be able to get to a meeting at 6.00pm. Val Strantzen said that previously when refreshments had been served after the meeting people had left early and not stopped to socialise. It was decided to continue to hold meetings at 6.30pm with refreshments at 6.00pm.

Next meeting: Tuesday 8th May, 1979, at The Baker Institute.

After the meeting, Tony Standish form Standish, Prideaux and Pye, gave a talk on the medical book trade.

Tony said there was a lack of communication between the buyers and sellers of medical books. Book sellers, who do not know how libraries are run, should talk to librarians who do not know enough about book sellers.

There is a lot of contact at the top, but on the shop floor the sellers do not know how libraries operate and librarians do not know how book shops work and do not know why things go wrong and why there are problems causing a delay in getting books.

Tony said he was there to outline the difficulties in book selling and asked the question; what is a good book seller? A good book seller sells books with no deliniation between libraries and individuals in contrast to library suppliers who sell only to libraries and book sellers who sell only to individuals.

Standish, Prideaux & Pye have tried to do both. Blackwells also have a book shop as well as being library suppliers.

Tony said being a specialist was easier as you only had to worry about one area. In a small field a book shop can provide a service to libraries by getting all the advance publishing information and keeping abreast of new developments.

Standish, Prideaux & Pye, try and keep a card on every new book on medicine in English so at least they know the book exists. They order a cross section of important new books and keep a standard stock of all the standard references. They try to keep new books flowing through while keeping a stock of all standard works.

Standish, Prideaux & Pye have a card system. On the front of the card are all the publishing details, author, title, publisher, date of publication and price. On the back of the card are listed libraries to which information on the book should be mailed, and libraries which would like to see the book on approval, plus orders received through the mail and over the phone. The system works well and enables the book seller to know who has bought the book and who has not.

A book seller likes to fill orders promptly which is easy if he has the books or can get them promptly from the publishers. It is impossible to tell everyone about a delay of four to five weeks because of the postage costs involved. Another problem is that as more and more publishers use computers they can not give a definite date of publication because the computer can not give the information. Another problem is that book sellers do not always buy locally and a book can take six to fifteen weeks to arrive, depending on what ship it gets onto. Tony said he was a great believer in the approval system but accountants did not like it because a lot of stock was tied up for a long time which meant a lot of money was tied up. There were also problems if libraries were slow in ordering books or returning them and sometimes books were not returned. Over the last five years books on approval had become less of a problem.

Prices were another problem is book selling. The only way to sell a book is to put a reasonable price on it but some book sellers were trying to make 40% or 50% profit. Some were trying to add 15% on cost which was impossible because the book seller had to make a profit too. In order to get good staff a book seller had to pay well. Book shops have traditionally paid poorly and had poor staff which has meant less service to customers. If you pay experienced staff good money there are less problems.

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Standish, Prideaux & Pye try to keep prices close to the price in the country of origin of the book but prices are always higher. A book seller has two choices, to buy locally or buy overseas. Usually, he can not afford to buy from local representatives and has to buy direct from overseas publishers. An alternative is to buy from wholesalers, for example, librarians go to Blackwells and doctors go to Lewis's.

A good library, from the book seller's point of view, is one which uses the system provided, particularly the approval system to get a flow of new books. The approval system saves libraries money as they do not get stuck with an expensive book they do not want. Librarians like the approval system and generally book sellers do too as they sell more books.

A book seller can not use the approval system on books published five years ago. Another difficulty for book sellers is the large number of books being published. Charles C. Thomas, for example, is publishing 200 new books in the next two months. Some libraries want half of all new books on approval. This puts a financial strain on book shops and it is difficult to get some new books on approval. A book seller needs a prompt turnover or else his money is tied up. Standish, Prideaux & Pye had \$50,000 worth of books out on approval at one stage last year, although this has improved now.

The time lag in receiving books can be caused by problems of delivery. It usually takes four weeks minimum to get a book from Sydney. Sometimes it only takes two to three weeks but this is rare. This is because medical publishers are small parts of large publishing organisations. McGraw Hill, Saunders and Churchill Livingstone are all parts of larger organisations.

Medical publishers are usually run by large companies which are more interested in non-medical books. Australia is at the end of a long pipeline and the publishers representatives here are more interested in the general list of books and medical books are neglected.

This caused the problem of medical books not being available from Sydney as no one there is doing stock control. A book seller can order direct from the publisher and get the book in half the time it takes to come from Sydney, so he is forced to do this. When overseas publishers have representatives in Australia, they have to pay Australian wages here which are greater than U.K. wages so it is expensive for publishers to have warehouses here. We pay for this through a high mark-up on books so book sellers have to go through the back door.

When the local supplier runs out of books, they are ordered from overseas but then they wait overseas until there are enough books to fill a container. This means it can take five months to get a book from the U.K. All book sellers can do is hound the publishers or get their own agencies. Agencies do a good job but as they get larger and cover general books as well as medical books, medical books are not as well served. The last problem is in the orders from customers. These can be hopeless with no author or title given, just colour! The best libraries can sometimes give bad information. Blackwell books are still ordered as Blackwell books. This can make a book twice as expensive. It can also be expensive to order from overseas when an American book is ordered from a U.K. publisher. A problem can also occur when a book is readily available in the U.S. but not in the U.K. because the printer has the U.K. rights.

There is a big problem with University Park Press which has accelerated its publishing programme and is getting titles from a lot of other publishers. It can be a lot more expensive buying from University Park Press than from the original publisher. If a book seller knows his job, he can cope with these difficulties but they make the job harder.

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Tony then asked if there were any questions. Karen Bickerton mentioned an article in the Bulletin on publishing which said the approval system was a strain on publishers and asked if the days of the approval system were numbered. Tony said no, but there was a need to use the system more rationally now. A book seller could have a liquidity problem if he sent out too many copies. He may order three instead of ten copies of a book and if the demand is there get more in. U.S. publishers will always take books back, although they have made it more difficult now but publishers have the same problems as book sellers with the approval system. If a book is kept too long it loses its value, but if it is sent back within a couple of weeks it is not a loss.

Karen Bickerton asked if book sellers were setting any limits on the number of books sent out on approval. Tony said no, the problem was not as great as it had been. Book sellers were not sending as many books out on approval now, it was more rationalised. Jean Foreman asked Tony what made him decide to send a book out on approval or to have a firm for it.

Tony said it was a feeling you had. The book seller knew the publisher and knew the book usually. Symposia and old books were a problem and could not be ordered on approval. He said libraries did not use inter-library loans enough instead of getting books on approval. Esther Martin said libraries usually did not lend new books on inter-library loan.

Tony said it would help the book seller if libraries used inter-library loans more. If Standish, Prideaux and Pye carried a book, they knew which libraries had bought it and told other libraries which libraries held it.

If books were recent and the book seller could take a reasonable risk on it, he would send it out on approval. Tony said he liked the approval system and a book seller could sell more books if he used the system properly. Medical people he found, were fanatical buyers and if they bought books, they bought a lot. There was nothing in between. Karen Bickerton said she found nurse educators were the same. Marion Rock said buying from publishers representatives in Australia was a lot more expensive.

Tony said that many book sellers found a way around this by obtaining their books from whole salers overseas. Many publishers did not care where a book was bought from. It was easier for a publisher to send a book to a local whole saler than out to Australia. Many publishers were only interested in selling books and did not care where they sold them.

Standish, Prideaux and Pye represent Blackwell Scientific Publications in Australia and lose 23% from bookshops buying direct from the U.K.

In the old days, book sellers used to make a lot of money by ordering direct from overseas and marking up the price.

In bringing in books from the U.K. 15% of the price goes in freight. Shipping and customs agents increase the price. You can often get a book cheaper by waiting three or weeks than if it comes straight off the shelf.

Esther Martin asked what people said about the increased prices for books. Tony said people were more blasé now and used to paying higher prices. Price was not a problem anymore.

Mary Delafield thanked Tony for his talk and for bringing cheerfulness to what must be a difficult job. She said he had made clear the tyranny of distance in Australia.