

## Meeting Reports

### **National Library of Medicine Classification User Group (UK) Immunology for librarians: report of a meeting held on 16 November 1983 at the Wellcome Institute for the History of Medicine**

CAROLINE SHEARD *Wessex Regional Library and  
Information Service, Southampton*

The day began with an enlightening lecture from Professor John Playfair of the Middlesex Hospital. Professor Playfair assured librarians that they were not alone in having difficulty classifying immunology. Medical schools could not agree where the split between clinical and preclinical aspects should come, or even whether such a split should occur. He also emphasized the confusing overlap with other disciplines such as haematology and oncology.

A rapid outline of the subject was given, starting with Jenner in 1798. For the next 100 years, until the start of the first 'golden age' of immunology, research concentrated on the improvement of vaccination. Modern immunology has its basis in the work done at the turn of the century. Roux and Yersin discovered antibody in 1888 and von Pirquet explained the nature of hypersensitivity early in the 20th century. It was also the time of the great theoreticians such as Ehrlich and Metchnikoff. The second 'golden age' took place after World War II with the work on tissue rejection by Medawar, auto-immunity and immunodeficiency.

Of particular interest in current research is the production of large amounts of pure specific substances by cloning. This has been applied to antibodies, which may then be used in cases where antibiotics are no longer of use, and T-cells (lymphocytes derived from the thymus) for use in cancer treatment.

The first two illustrations from Professor Playfair's book *Immunology at a glance*<sup>1</sup> were shown to explain the nature of immune action. This book cannot be recommended

too highly as a clear and concise introduction to the subject.

The question and answer session which followed the lecture covered several interesting topics. The immune surveillance hypothesis was mentioned. It has been thought for several years that certain cells have the job of seeking out and destroying altered cells in the body, thus preventing tumour formation. T-cells, macrophages and NK (natural killer) cells have all been suggested but nothing has yet been proven. A question was also asked about the way in which a single organism could give rise to different diseases in different people. Professor Playfair mentioned that Burkitt's lymphoma and glandular fever are caused by the same virus under different conditions.

The difference between humoral and cellular immunity was raised – and its validity questioned. Humoral immunity refers to the immune system in which antibodies travel in the circulation to wherever they are needed. Cellular immunity refers to all other mechanisms, e.g. macrophages, leucocytes and mast cells. In reality most immune reactions are a combination of both systems. Professor Playfair explained that the approach could well depend on the size and nature of the work concerned. In a more general work this division is a useful way to introduce the topic, particularly when immunity is included in textbooks on biochemistry, microbiology and histopathology. A more detailed account would probably work through each type of cell in turn.

In the afternoon three discussion groups were formed. These concentrated on Terminology, Immunology and cancer, and Classification.

#### *Terminology*

Discussions covered both the need for subject headings in the catalogue and the choice of search terms. The obvious source for both of these is MeSH and the following problems were identified:

- 1 Differences in interpretation between the United States and the United Kingdom,

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e.g. it can be difficult to explain the usage of Allergy and immunology and Hypersensitivity.

- 2 Identification of new and obsolete terminology in a rapidly expanding field. The editors of *A dictionary of immunology*<sup>2</sup> refer to the radical changes which concepts in immunology are undergoing.
- 3 Identification of variations in terminology. It was suggested that for cataloguing purposes it would be useful to identify a core of headings which could be used and cross-reference these in depth.
- 4 Filing order was found to be a problem in some cases. Some computerized cataloguing schemes do not follow the same filing system as MeSH.
- 5 Identification of appropriate MeSH headings for on-line searching. It was suggested that free-text searching should be used to retrieve one or two full references and the appropriate MeSH headings identified from these.

### *Immunology and cancer*

In introducing the discussion it was suggested that there are three important areas in which a medical classification scheme needs to provide for immunology and cancer:

- 1 Diagnosis and staging of the disease through immunologic tests
- 2 The immunological aspects of the aetiology and development of cancer
- 3 Immunotherapy and the use of immunologic techniques in, for example, drug delivery systems.

The group agreed that the NLMC 4th edition does not provide for these aspects of immunology and cancer and no one had found a satisfactory way of classifying books on these topics apart from assigning them to the general numbers QZ200 and QZ202 for aetiology and development of cancer, QZ241 for diagnosis and QZ266 for therapy.

It was felt that there was a need for the classification scheme to provide numbers for the specifically immunological aspects of cancer. Linda Farley pointed out that the revised schedule produced by the original

NLMC User Group did include numbers for cancer immunology and immunotherapy. Copies of this schedule, as well as a shorter version in use at Leeds University Medical Library, are available from Linda Farley at the Library of The Imperial Cancer Research Fund, PO Box 123, Lincoln's Inn Fields, London WC2A 3PX.

### *Classification*

The discussion group on classification was occasionally lively, but Professor Playfair's discourse had undoubtedly enlightened the participants to such a degree that violent disagreement was unlikely. In addition, most of the participants had few works on immunology, and these were usually of a general nature and grouped at the same number.

One of the major problems discerned was the artificial divide between immunology as a preclinical science (in QW) and immune diseases (in WD). It was felt that this did not reflect the way the literature was written and that it was unhelpful to the majority of users. Suggestions for improving the situation included expansion of either QW or WD to include the whole of the subject, but immunology of particular systems or organs would still be placed with the organ or system, possibly in the '02' (physiology) number to avoid bulking out the 'General works' number.

### *Conclusion*

It would probably be fair to say that the day highlighted more problems than solutions, and yet it was in many ways discouraging. Professor Playfair's informative and fascinating lecture gave us all a clearer understanding of why the problems exist, and the reassurance that the subject causes problems outside the library as well.

### **References**

- 1 Playfair, J. H. L. 1982. *Immunology at a glance*. 2nd edn. Blackwell Scientific, Oxford.
- 2 Herbert, W. J. & Wilkinson, P. C. (eds) 1977. *A dictionary of immunology*. 2nd edn. Blackwell Scientific, Oxford.

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### **Dr Tony Harley receives 1983 Barnard Prize**

The 1983 Barnard Prize was awarded to Dr A. J. (Tony) Harley on 2nd December 1983, at a reception held to mark the event in the Clinical Library at St Bartholomew's Hospital, London.

The Barnard Prize is awarded triennially by the Medical Section of the Medical, Health and Welfare Libraries Group in recognition of outstanding services to medical librarianship. It commemorates the late Cyril Barnard, 1894-1959, who for many years was Librarian of the London School of Hygiene and Tropical Medicine. While there he developed his famous 'Classification for Medical Libraries', better known as the 'Barnard Scheme', which is still widely used around the world. Barnard was also prominent in professional activities, and was the first Chairman of the Library Association's Medical Section at its

formation in 1947.

Tony Harley, the eighth recipient of the Prize since its inception in 1962, was formerly with the British Library's MEDLARS Section at Boston Spa in Yorkshire. He played a leading part in the activities of the Medical, Health and Welfare Libraries Group for many years and made a particularly notable contribution to the profession while at Boston Spa through his work in developing MEDLARS, the American-based computerized medical information system, for use in this country. The results of his work now form an essential part of medical library and information services throughout the United Kingdom.

The 1983 Prize, a framed water-colour by Ian Buchanan Dunlop, was presented to Dr Harley by Mr Clifford Barnard, Cyril's son. Also present were Mrs Clifford Barnard, Mrs Freda Whiting (Cyril's daughter) and her husband.



Tony Harley (right) being presented with the prize by Clifford Barnard (left). Photograph by Richard Mildenhall.

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### Librarians in Occupational Therapy Schools

KATHRYN DURKAN *Derby School of Occupational Therapy, 403 Burton Road, Derby*

A meeting was held at the Derby School of Occupational Therapy on 17 November 1983 for librarians working in Schools of Occupational Therapy. Representatives were present from the schools in Exeter, Northampton, Glasgow, Oxford and Derby. In addition the librarian at the Grampian School in Aberdeen sent information which was included in the discussions.

The meeting was highly successful and it was felt by all who attended to have been a worthwhile venture. As a result it was decided to formalize the group and it was proposed that a meeting be held annually in London to simplify travelling arrangements. Matters discussed included:

1 *The possibility of pooling resources amongst schools.* This was felt to be particularly important with the schools being few in number and lacking a central collection of information upon which to draw. It was decided to compile a union list of periodicals for the schools who attended the meeting. If any other schools would like to be included please contact me at the address below.

2 *The potential of microcomputers.* These are already available in some schools. In addition, sharing suitable programs would depend on the compatibility of existing systems in use.

3 *The amount of unpublicized work done by OTs and by OT students which is at the moment inaccessible to the rest of the profession.* This matter is now being raised with the editor of the *British Journal of Occupational Therapy*, with the hope that more reference to this type of work can be made within the journal.

4 *The sharing of project work done by OT students in the form of special studies.* This would need to be subject to permission from the school and the student.

5 *The making available of copies of videos of patient care studies.* These are of great value in

teaching and subject to permission could usefully be shared.

6 *User education for qualified OTs.* At some of the libraries this was already happening, but it was hoped that more could be done to publicize library facilities and to encourage their use.

Anyone who would like more information about the meeting is welcome to contact Kathryn Durkan, The Library, Derby School of Occupational Therapy, 403 Burton Road, Derby DE3 6AN. Tel. 0332 43051.

### Converting information into care

M. JOY LEWIS *School of Librarianship and Information Studies, The Polytechnic of North London*

The conference on 7 December 1983 was hosted by the King's Fund in collaboration with the NHS Regional Librarians Group. A summary of the discussions, which followed reports from four workshops held in 1983, is given together with implications for the future of NHS library and information services.

The conference was opened with a welcome by Mr W. G. Cannon, Director of the King's Fund Centre and was chaired by Professor George Dick. About 80 people attended representing libraries and interested bodies, such as the RSM, BMA, RCN, LA, ASLIB and many more.

The origins of the conference stemmed from the Joint DHSS/NHS RLG Working Group set up in 1981 'to provide a channel for improved communication between the regional librarians and various interests within the Department on matters of mutual interest'.

Arising from this four workshops were held throughout 1983 on the information needs of:

- 1 NHS managers
- 2 Nursing
- 3 Clinical medicine
- 4 Paramedical professions (nine groups)

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consisting of occupational therapists, physiotherapists, speech therapists, radiotherapists, dietitians, chiropodists, orthopaedists, pharmacists and medical laboratory technicians).

Each of the workshops had produced a paper circulated in advance and the morning session consisted of short presentations on each of these.

### *NHS managers*

Mr A. P. Leahy, Regional Planning Officer, Oxford RHA spoke of the need for information of the right type to make the right decisions regarding patient care. Information should be free though it might have to be paid for. Information seekers needed to have a clear idea of what they wanted and there should be understanding between the information seeker and the information provider.

### *Nursing*

Miss B. Vaughan, Senior Tutor, Practice and Development, Oxford School of Nursing, John Radcliffe Hospital, summarized the needs of nurses in the areas of education, research, management and clinical practice. The 'scatter' of the literature was emphasized as were the problems of nurse practitioners.

Miss Vaughan expressed the view that library services for nurses are currently geared largely to hospital nurses and learners. Some qualified staff are refused access to medical and school of nursing libraries and the needs of community nurses are frequently totally neglected.

### *Clinical medicine*

Dr D. Price, a general practitioner and adviser on vocational training for GPs referred to the sheer volume of published information. He underlined the importance of motivation (high in users of medical literature) and itemized other needs:

- drug information;
- local and national access to information for medical emergencies, e.g. poisoning;
- the requirement for dissemination of

information for patient information and support groups.

### *Paramedical professions*

Mrs M. Ellis, District Occupational Therapist, London Hospital highlighted many of the problems common to all groups. She spoke about the pressure to treat patients and the difficulty of finding time to study and use libraries. She referred to the fact that in the paramedical professions there was often a poor training base and a low level of course content. Educators needed librarians' services for keeping up to date, and particularly required advice and help on audio-visual media and the potential uses of information technology.

Roy Tabor led the discussion which followed (referring to his previously circulated discussion paper which is reproduced on pp 57-58 following this report) entitled 'Converting information into care'. This summarized the findings of all four workshops and suggested possible recommendations arising from them. A range of information was needed at different levels with more emphasis on prevention and positive health.

Comment followed briskly on matters raised by the papers presented and included:

- the need for multi-disciplinary libraries.

This term did not find favour with the conference and 'District Health Library' was adopted as a substitute;

- the inadequacy of present library staffing levels;

- the need for existing library staff to be more accessible to all groups of users, particularly those who could not get to the library.

I expressed my own feeling that many librarians were professionally isolated in a comparable manner to that of GPs, lacking the stimulus of a big system, as the GP often misses the 'buzz' of the hospital.

There was no argument about the need for library services. All at the conference were fully convinced of that and it was encouraging that doctors and users were taking up the theme of how to achieve the necessary nationwide structure and resources. Were every

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region to appoint a Regional Librarian (as proposed in Roy Tabor's discussion paper) this would go some way to enabling a network of provision, an important point reinforced by Keith Morton, Assistant Director of the King's Fund. Continuing education possibilities for librarians in the NHS and in-service training were also discussed, and interest in helping was shown by Ms L. F. Tinckham, Training Adviser for the NHS.

After lunch delegates reconvened to listen to a short paper by Michael Carmel, Regional Librarian, SW Thames RHA, on 'Library information services: organization and resource implications'. His concern was with the 'supply' side rather than the 'demand' side, and he stressed that (1) we should look more thoroughly at the needs of user groups and (2) that the information customer does not want 'information' – he is looking for a solution to a problem. The 'supply' meant appropriate information, appropriate organization and appropriate technology. With reference to the 'information explosion' and the information overload, he quoted from Ecclesiastes 'and of making books there is no end'. He referred to the development in the mid-1960s of postgraduate medical centres and the renaissance of nurse training to nurse education. Access to information networks had created recognition of the need for responsive intermediaries; the Briggs report on nursing education had established the need for learning as a life-long process with the education role of the librarian clearly recognized. He saw the librarian as a filter and an adviser in the areas of problem-solving and interpretation and believed that, in the future, information will be transferred electronically from library to library and from library to user with more direct user access.

The Chairman asked about grading and career structure for librarians in the NHS. Valerie Ferguson, Group Librarian of Withington University Hospital, Manchester, referred to the isolation of many NHS librarians (which caused many to leave the Service for work in public libraries) and she stressed the need for nationally-agreed

guidelines. Regions are developing unevenly and the matter is urgent. Jean Clarke, District Librarian, St Thomas' Hospital, referred to work on salary scales and grades being undertaken by the Library Association and expressed the hope that the DHSS would accept these recommendations. She also asked Dr F. H. Brown, Senior Medical Officer, DHSS, (who, during the morning session, had referred to the preparation of an Education Buildings *Note*) for consultation with the LA and the Regional Librarians Group on the content of this *Note* and she was given the assurance that everyone would be consulted.

Ann Kahn, recently-retired Chief Librarian of DHSS, was asked by the Chairman about the distribution of 'grey' material – the semi-official and other information which is not published. The meeting was told that the Department is funding a research project on this matter.

The conference ended with an endorsement of the recommendations in Roy Tabor's paper and additional points being included on user education, continuing education for, and in-service training needs of library staff in the NHS.

The four workshops culminating in the Conference and its recommendations were in part a response to the Körner Committee set up by the DHSS in 1980 on Health Services Information and have been recognized by 'Körner' as complementary to its own work.

Much credit for the day must go to the energetic NHS/RLG and Roy Tabor in particular. Their influence has led to the setting up of a DHSS/RLG Working Party on Library Services within the NHS which will produce the final report. Written comments are invited from participants and interested parties.

Let us hope that all the effort and preparation leading up to this stimulating and important day will bear fruit in terms of a rational and national approach to the provision of NHS library and information services before much longer.

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### **Converting information into care**

R. B. TABOR *Wessex Regional Library and Information Service*

Four workshop seminars have been convened by the Joint DHSS/NHS Regional Librarians Steering Group during 1983 to consider aspects of library services in the NHS. Based on a disciplinary approach – administrative, nursing, paramedical and medical – each group identified general and specific issues which need attention. Librarians were seen as important providers of information support for patient care, for management and for the education and training of staff.

The following brief statements are culled from the deliberations of the workshops. They may serve as a basis for discussion and to agree a recommended policy for the future development and use of library information services for the enhancement of NHS activities – in short, converting information into care.

#### *Range of information need*

The most universal need for information in the NHS is for staff to keep up to date with their professional knowledge. Other reasons for requiring information include dealing with clinical problems, teaching and learning, research and management-decision making. Different patterns of information are seen in hospital and in community-based staff.

#### *Role of the librarian*

Librarians are essential access points to information. They also act as a filter of information and help to close the gap between an exponentially expanding information base and its efficient management. The librarian is a professional trained in the science of managing information resources who is able to search for and retrieve information, to provide selected information and to administer a system whereby information materials in various formats can be presented to the library user.

#### *The library service*

The services provided by the librarian cover all aspects of information handling, from the acquisition of appropriate materials and documents to the retrieval and presentation of information to meet the needs of the library user. These services must always be flexible and sufficiently varied to meet the requirements of all categories in the NHS staff in their differing roles.

#### *Multi-disciplinary services*

Each category of NHS staff requires its own specialist knowledge and this is seen most clearly in the team approach to patient care. Although the medical literature tends to dominate in hospital libraries (and is always the most expensive) other staff – nursing, paramedical, administrative and other service support staff – need access to their own professional literature and to a wide range of information for the daily problems of patient care or administration. It is to be recommended that in the interests of economy and effectiveness library services should be integrated within a District service. In some cases this may also result in shared physical accommodation. Adequate funding is essential to ensure that minority staff groups are not overlooked in the provision of library materials and services. Appropriate integration of the information resources at District and Regional levels will give the best value for money.

#### *Information for management*

NHS managers at Regional and District levels require a range of information, or processed data, deriving from various information sub-systems as well as from published sources and online databases. The librarian serving management is an essential link between the administrator and the information sources. The latter involve a different subject knowledge to the librarian serving clinical medicine and this emphasizes the need for integrated multi-disciplinary library services operating in districts and regions within a total regional library network.

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### *Patient information*

Although a main purpose of NHS libraries will continue to be an information support to the professional staff involved in clinical care there is a potential and developing area of information for patients and their relatives. The patient is increasingly seen as an equal partner in his own health care and, as a consumer of health services, requires appropriate information.

### *Information technology*

Advances in information technology are already making access to information easier. Computers are beginning to be used in problem-solving and diagnostic systems already exist. Soon practitioners will be able to search databases from their own desks and this will include local as well as national and international databases. The NHS health care library network needs to be planned with these developments in mind and with a degree of co-ordination in order to use information technology to the full advantage of health care practice.

### *Criteria for library development*

If libraries are to continue to provide a high level of information service certain basic policies need to be widely adopted.

1 It should be recognized that some co-ordination of library information services is needed at national level as NHS Districts and Regions are only part of a much wider information network.

2 Criteria should be agreed for the evaluation and recognition of effective library services by the Health Authorities and also by those bodies concerned with the education and training of NHS staff.

3 Appropriate library staff should be appointed and retained in key posts.

4 Each Region should appoint an experienced NHS Regional Librarian to plan and co-ordinate library information services and to advise the Authorities on professional information handling.

5 Libraries should be adequately funded for the purchase of information materials and equipment, including computers and communication terminals.

### **Marylebone Medical Library**

D. W. C. STEWART *Librarian, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE*

A meeting was called at Marylebone Town Hall on 16 January by Councillor Peter Hartley to discuss the proposed closure of the Marylebone Medical Library. A letter of invitation had been sent to a variety of organizations and among those represented at the meeting were the British Library, British Medical Association, British Postgraduate Medical Federation, Ciba Foundation, Institute of Neurology, King's Fund, Polytechnic of Central London, Royal College of Surgeons, Royal Free Hospital, Royal Institute of Public Health and Hygiene, the Royal Society of Medicine and the Wellcome Institute. The City of Westminster was represented by Councillor Hartley, Councillor Robert Davis (Chairman of the Leisure sub-committee), the acting city librarian and the former city librarian Melvin Barnes.

The proposal to the meeting was that 35 interested organizations should make a commitment of an inflation-proofed £1000 a year for five years to ensure the continuation of the service. None of the representatives at the meeting felt able to undertake this though two institutes had made written offers.

The City councillors and librarians explained the reasons for the decision which formed part of a £1 million cost cutting exercise. In previous years the medical library had not been affected but the time had now been reached when something more than trimming here and there was needed. Councillor Davis felt other special subject responsibilities such as fine arts and music were more important as they were in greater demand by the man in the street. It was felt that medical people had access to medical libraries but this was disputed by several speakers; the poor provision for medical ancillary staff and students was emphasized.

The meeting in general disagreed with the City view that medicine was less important than fine arts and reference was made to the



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Medical Information Review Panel Report which recommended greater provision of medical information to the public. The suggestion that charges be made for services was not thought feasible as it was not permitted under the Public Libraries and Museums Act 1964. It was felt that greater emphasis should be given to the needs of residents and medical institutions, who paid a good proportion of the Westminster rates, than to the recreational reading needs of the commuters.

The cost of the Medical Library is currently £65 000; its closure would save £35 000 and this was the sum which organizations were being asked to find. The remaining £30 000 would continue as expenditure on the salary of one of the three librarians, overheads and running costs of the space now occupied by the library and some expenditure on the addition of medical material into general stock. Existing stock would be retained and made available to readers.

Inevitably most of the librarians representing organizations felt that the Medical Library should be retained. It was pointed out that the loss of any library affects every other through their inter-relationships, however informal. It was felt that once destroyed the Marylebone Medical Library could never come into existence again and this was a matter of great regret.

### *Late news*

Since the above was written Westminster City Council has been able to find funds to maintain the Marylebone Medical Library for 1984-85 and it is intended to try to find economies in future years without affecting the service.