

# General practice in medical libraries

**A** RAPID revolution is taking place in medical libraries up and down the country in the way books about general practice are being organized.

In the past it was common for many libraries to ignore general practice altogether and even today some library catalogues, such as Lewis's (1978) do not have a section for general practice and many medical libraries in postgraduate medical centres spread their books on general practice hither and thither among the different sections.

This rather subtle denigration of general practice as an academic discipline has many consequences. First of all it makes it extremely difficult for general practitioners to find the books of their own discipline quickly and this tends to reduce demand and create a vicious circle, giving rise to the comment that general practitioners are not interested in libraries and rarely use them (Wade, 1977).

Another unfortunate consequence is that young doctors in all branches of medicine, when browsing through medical libraries, lose the chance of dipping into books about general practice in the way they dip regularly into books about other branches of medicine.

General practitioners, because of their relative isolation, have always needed textbooks and so most consulting rooms will have a few works of reference. Practice libraries are an increasingly common feature, particularly of training practices, but there must be access to both books and journals which no ordinary practice can either afford or accommodate.

As long ago as 1958 the College of General Practitioners analysed replies to a questionnaire sent by the College's Education Committee and concluded that local general-practitioner libraries were needed. The obvious location is the postgraduate medical centre and the Department of Health and Social Security (1970) in a brief but bold circular identified the need and clearly stated that user participation should include those *outside the hospital* (Dawes, 1977).

One difficulty lies in the method of selection of books and the standing, status, and qualifications of local medical librarians. Sometimes a secretary or part-time librarian is employed (Cornelius, 1968; Smith, 1977) although qualified librarians are now considered to be desirable. Unfortunately the awareness and experience of local needs vary considerably and some librarians have seriously tried to prevent general practitioners

having a separate section in the library.

Undoubtedly, advice on how to use a library is scant (Marshall, 1971) and general practitioners are unlikely to seek information unless they know how to do so and how relatively easy it is. One librarian has reported success in attracting users by emphasizing the audiovisual services available (Johnson Laird, 1977). Medical students are seldom taught how to use library reference systems and this could be part of a tutor's supervision of general-practitioner trainee projects.

Library committees are often not representative of clinical users. One library committee does not have the local consultant clinical tutor as a member and other committees deny access to general-practitioner tutors. One library committee refused a recommendation for a book which was in the top ten most highly recommended books of a university department of general practice.

We believe that every medical library should, as the DHSS recommends, have a separate section of books on general practice which is, after all, the largest branch of the medical profession. It is a matter of opinion how big this section should be but at first sight it does seem reasonable that its size in the library should reflect the proportion of the number of doctors practising in this branch of the profession.

It remains extraordinary that in many libraries a discipline which may have only one or at the most two or three practitioners practising it may be supported by shelves of books and extremely expensive specialist journals while the biggest branch of the profession may be left with only a handful of often out-of-date books and sometimes not even the academic journal of its discipline.

An interesting recent development has been the decision of the Regional Education Committee of the University of Bristol to recommend that all district libraries should have a separate section of general practice, that all should be open to general practitioners, even when they are housed within a hospital, and that all should (in 1977) have at least 30 books on or about general practice itself.

Nevertheless the ultimate responsibility for the serious deficiencies in general-practice literature in most postgraduate libraries must lie fairly and squarely on general practitioners themselves. Once they are seen to be interested, requesting books, borrowing books, and ordering books, librarians will respond.

Whilst it is an encouraging feature that vocational trainees seem to be using books and reference searches

already as much as principals, there is much that remains to be done. Meanwhile a practical start can be made by every local practitioner by insisting that general practice does have a section of its own in the local postgraduate centre, and that every postgraduate medical centre and hospital library does have books about general practice up to at least the same number and value as medicine or surgery.

### References

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## Sorry it happened

THE Social Survey Division of the Office of Population Censuses and Surveys has recently published the results of a big survey of contraceptive services carried out by Margaret Bone for the Department of Health and Social Security. This study compares in detail the trends in use of contraceptive services during the last ten years giving special attention to the period 1970 to 1975.

Considerable changes have been detected despite the relatively brief period covered and the fact that the second of the studies was carried out before the introduction of free contraceptive advice within the NHS in 1975.

The trends show that from 1967 there was a steady increase in the use of contraceptive services and that by 1975 about two thirds of all married women were making use of them. Furthermore, at least half of the wives of manual workers were using the service by this date.

In an interesting chapter on social class, comparisons are made between the reactions to the last pregnancy by patients in different social class groups. It has been known for a long time that social class is one of the main determinants of the use of health services, especially contraceptive services, and these figures make interesting reading.

Table 12.5 indicates the reactions to the last pregnancy in which the women surveyed were given a choice of five categories in which to express their feelings. These were: "Pleased, Wished it had happened earlier, Wished it had happened later, Sorry it happened, and Other".

As many as 24 per cent among all patients in social classes four and five in 1970 replied "Sorry it happened"—surely one of the most tragic health statistics of all. Moreover, this figure may well be an underestimate, as it is possible that at least some

mothers might be embarrassed about disclosing their regret to an outside observer.

As medical and social paediatric care become increasingly aware of the importance of warm and loving relationships and the impact these can have on developing children, the proportion of mothers reporting that they were "pleased" at having their baby becomes a critical index of one of the most important factors of all affecting child development. For whatever the technical skill, warmth, or compassion shown by doctors to children, and however elaborate the acts of Parliament and organization of social service departments, nothing can ever quite make up for parents who start child-rearing with some significant regret.

It is a tremendous success for contraceptive services, and especially for general medical practice, that there have been substantial changes in the proportions of women reporting themselves "pleased" at their most recent pregnancy, rising for example from 58 per cent in 1970 to 70 per cent in 1975, and of special importance is the rise from only 52 per cent in 1970 to 62 per cent in 1975 among mothers in social classes four and five. Simultaneously the "Sorry it happened" group in classes four and five has fallen from 24 per cent in 1970 to 17 per cent in 1975, which is statistically highly significant.

These simple figures provide objective evidence of one of the main health care revolutions in modern medicine. As general practitioners become increasingly involved in health education and practical preventive medicine, it is logical that contraceptive care through general practice will be increasingly accepted as a main plank of family care. Advising the family about the number of its members is fundamental.

The latest figures show that over two million women are now registered with general practitioners for contraceptive care, and general practice is clearly