BIBLIOTHECA MEDICA CANADIANA

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INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library. Feature length articles are accepted describing a wide range of health library topics: organizations, services, networks and consortia, surveys, state of the art reviews. Brief, news-length items accepted include: how-we-did-it reports, news about workshops and continuing education opportunities, news about colleagues and libraries, job announcements, new publications, and miscellaneous items. Contributors should consult recent issues for examples of types of material and general style. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in French or English are welcome, preferably in both languages. Contributions should be addressed to: P.J. Fawcett, Editor, BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

Deadline for the next issue is: 2 March, 1979.

RECOMMANDATIONS AUX CONTRIBUANTS

Le but du Bibliotheca Medica Canadiana est de rendre la communication entre toutes les bibliotheques Canadiennes de la sante et les bibliothecaires plus grande mais il veut specialement rejoindre et aider les bibliotheques isolees et de moins d'envergueres. Nous acceptons tout article traintant de tous les aspects bibliotheconomiques du domaine de la sante: organisations services reseau et consortium, enquetes exposes de synthese. En resume les articles nouvelles acceptes peuvent comprendre: des resumes sur la facon dont on est arrive a trouver une solution a un project, nouvelles sur des ateliers et des cours d'education permanentre postes vacants, nouvelles publications, nouvelles sur des colleques et bibliotheques, et tout autre sujet. Pour les interesses, le genre d'article et le suject publie dans les derniers numeros peuvent vous servir d'exemples. Il serait preferable de suivre si possible le format utilise dans le Bulletin of the Medical Library Association lorsque vous avez des references bibliographiques a citer a la fin de votre article. Des articles Francais ou Anglais seront les bienvenus mais il serait souhaitable de les ecrire dans les duex langues. Vous devex faire parvenir vos articles a: Patrick Fawcett, Editeur l'BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

La date limite pour le prochain numero est: 2 mars, 1979.

FROM THE EDITOR

- PJ Fawcett

Yes, this is still the official publication of the CHLA/ABSC and no, you haven't accidentally picked up something published in Scandinavia.

The last issue of the CHLA/ABSC Newsletter carried the bold threat that, barring any loud or vociferous outcry from the membership, the Newsletter would undergo a change of title. Being a national publication with a commitment to serve both major language groups, the title was singularly lopsided. It obviously needed replacing with a bilingual one. At least, that was the plan...

The editorial in that last issue suggested, somewhat tongue in cheek, a Latin title and that seemed to strike a chord with many readers. The majority of letters I received, in fact, favoured a Latin title; only one of seventeen responses suggested we leave the title as it was. While a number of reasons were given for having a Latin journal title, I think the simplest rationale appears in the letter on page 25.

One aspect of our title which I probably needn't underline is the generality of the Latin word 'medica'. In use it refers to any aspect of the field of medicine in the same way that the 'medical' in MLA encompasses nursing, pharmacy, dentistry, etcetera. A stubborn few may wonder at the intentional neglect of the more modern 'biomedica' but, like the ancient Romans, we prefer the traditional spelling.

While the title has changed, I would like to emphasize that the content, tone and appeal has not. We still adhere to the same guidelines that the Publications Committee established for the Newsletter; we still hold the special commitment to reach and assist the smaller health library worker. Barring the persistent spelling mistakes, the page opposite says the same thing as the page that appeared in the Newsletter.

Le journal a solicité activement des articles en français et en anglais. Le BMC continuera et, nous espérons, augmentera ces demandes. Idéalement, l'éditeur d'une publication bilingue serait bilingue aussi. Cependant, dans une organisation de volontaires, on doit souvent se contenter avec ce que l'on a; en ce cas-ci, ça signifie se contenter d'un éditeur anglophone, ce qui place un fardeau sur la partie francophone de l'ABSC. Si l'on désire du français dans le BMC, des efforts devront être faits de la part du groupe francophone et non de la plume hésitante de l'éditeur à Winnipeg. Si l'on ne s'éfforce pas d'écrire des articles en français, on ne devra malheureusement se contenter que des affaires officielles de l'ABSC et des communiqués de l'ICIST en français—un très pauvre exemple pour une publication canadienne.

Regardless of linguistic taste, I hope you will savour the content and intent of this issue and compare these with your expectations. If it fails to meet your standards, then obviously you should be writing for the BMC. If it meets or exceeds your wildest hopes, then you should consider helping maintain the quality achieved so far. Et, quand mon dactylo et moi massacrerons la langue francaise, ce qui est inévitable, soyez assurés que ce sera le résultat de mon ignorance et non d'indifférence de ma part.

Now, all I need is a good excuse for when I massacrerai the English text, too!

-PJ Fawcett est Public Services Librarian, Medical Library, University of Manitoba.

UN MOT DU PRÉSIDENT

- M.A. Flower

Au début des années '70, alors que votre Présidente s'informait sur les services offerts par les bibliothèques médicales dans les provinces canadiennes, elle avait reçu une lettre de M. David Bishop, qui était alors Bibliothécaire médical à l'Université McGill.* Il y décrivait très clairement la régionalization des services offerts par les bibliothèques de la santé du Québec. Ces services se concentrèrent sur les 4 bibliothèques médicales universitaires, qui agissaient comme des pôles d'information pour les bibliothèques des centres hospitaliers environants, et plus particulièrement des hôpitaux universitaires. On offrait donc à ce groupe d'hôpitaux des services de prêts auxiliaires et de prêt-entre-bibliothèques plus ou moins reconnus. Trois des bibliothèques médicales universitaires étaient de langue française: la communauté médicale de la ville de Québec s'adressait à l'Université Laval, celle de Sherbrooke s'adressait à l'Université de Sherbrooke et celle de Montréal faisait affaire avec l'Université de Montréal. Le corps médical de langue anglaise de la région de Montréal avait plutôt tendance à s'adresser à l'Université McGill. Aussi, a-t-on formé en 1967 une association des bibliothécaires des hôpitaux universitaires qui faisaient affaire régulièrement avec la Bibliothèque médicale de McGill. Il y avait également un groupe de 7 hôpitaux qui étaient affiliés à McGill pour quelques-uns de leurs programmes et qui s'adressaient aussi à l'Université de Montréal pour certains autres types d'activités.

L'association des bibliothécaires affiliés à l'Université McGill est opérationnelle depuis plus de 10 ans. Originellement, elle avait été fondée uniquement dans le but de faciliter toute communication entre la Bibliothèque médicale de McGill et les bibliothèques des centres hospitaliers qui offraient des services sur place aux membres de la faculté et aux étudiants de l'Université McGill. C'est d'ailleurs une association qui demeure toujours présente. Voilà pourquoi on reçoit tellement de demandes d'adhésion. Suite à ces demandes et à son évolution normale, la McGill Medical and Hospital Librarians' Association est présentement sur le point de remettre en question son appellation et son acte constitutif, en plus de repenser sa raison d'être et ses objectifs. Cette année une autre association qui prend de l'ampleur a été formée par un groupe de bibliothécaires de langue française, faisant affaire avec l'Université de Montréal. Ladite association a été formée à partir d'un organisme qui fonctionnait déjà depuis quelque temps.

En 1972, il avait semblé évident a M. David Bishop que ce n'était qu'une question de temps avant que les bibliothèques des hôpitaux universitaires s'adressent également aux plus petits hôpitaux, au-delà de la communauté urbaine. Cela ne demeure toutefois pas plus qu-une éventualité. En attendant, M. Castonguay et le gouvernement provincial ont changé bien des choses sur la façon d'offrir les soins médicaux dans la province. A la veille des années '80, nous assisterons au Québec, comme dans certaines autres provinces

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M. David Bishop est presentement Bibliothecaire a l'Universite de Californie, a San Francisco. Il est fort connu parmis les membres de la Medical Library Association.

- MA Flower is Nursing Librarian, Life Sciences Area, McGill University

canadiennes, à la régionalisation des services médicaux locaux.

Les bibliothécaires de la province de Québec forment une très forte association. C'est d'ailleurs une qualité propre au Québec. L' association pour l'avancement des sciences et des techniques de la documentation (ASTED) est divisée en plusieurs sections, dont l'une étant les bibliothèques de la santé. Les bibliothécaires de langue française et de langue anglaise, tout les deux se sont joints en un commun effort pour supporter les bibliothèques des centres hospitaliers, qui ont besoin de services auxiliaires et de formation du personnel sur les lieux. Ces besoins se font surtout sentir dans les plus petites communautés. Cette anneé, le président sortant de la section de la santé d'ASTED est Elaine Waddington, Bibliothécaire du Pavillon des femmes à l'hôpital Royal Victoria. Pour la durée de son mandat, l'une des plus grands soucis du comité exécutif fut de gagner plus d'appui pour les bibliothèques des centres hospitaliers. Durant la journée d'étude tenue en mai dernier à l'Université de Montréal, le conférencier invité était M. Germain Chouinard, Directeur de la Bibliothèque de la faculté de médecine de l'Université de Sherbrooke. Sa suggestion de créer au Québec un consortium de bibliothèques, tel qu'on en retrouve aux Etats-Unis, a entamé un debat animé.

Lors de la réunion annuelle, tenue dans la ville de Québec en octobre dernier, le conférencier invité était M. Robert Lavoie, Directeur général du conseil régional des services sociaux et de la santé du comté Laurentides-Lanaudière. Il a adressé l'assemblée sur "Le rôle du CRSSS dans la régionalisation des bibliothèques de la santé". Il nous a été impossible de se rendre à la réunion, mais nous avons demandé des comptes rendus à plusieurs personnes qui y ont assisté. Nous en avons reçu trois, tous plus ou moins décourageants. Chacun avait noté les suggestions que M. Lavoie avait apportées durant son discours, suggestions qui leur semblaient plutôt difficile à mettre en oeuvre au Québec aujourd'hui. Le discours lui-même avait, toutefois, une connotation familière, dont les implications ne se limitent pas uniquement à la province de Québec.

En fait, M. Lavoie n'étant pas bibliothécaire et s'adressant à l' assemblée en tant qu'administrateur régional de la santé a declaré, "Montrez-moi les besoins des bibliothèques, l'intérêt qui suscite vos projets et les coûts à assumer". Cela semble être une tâche impossible jusqu'à ce qu'on se rende compte, une fois de plus, que c'est là l'attitude de gens qui ignorent complètement les rouages des services bibliothécaires. Le fonctionnement et les besoins d'une bibliothèque, qui nous semblent tellement évidents, passant totalement inaperçus aux yeux des individus qui n'y travaillent pas. Nous revenons donc au point de départ, c'est-à-dire, chercher un mode de communication avec l'exterieur.

C'est à l'ABSC de trouver une solution, si elle désire avoir l'impact voulu sur le corps des professionels de la santé, en tant qu'organisme national. Notre projet CANHELP pourra possiblement démontrer à la nation quels sont les besoins des bibliothèques et quels sont les coûts à assumer. Quant à nos secteurs, travaillant chacun à des projets locaux, ils chercheront à trouver des modes de communication pour persuader les indécis dans leur région. Mais tout cela ne suffit pas. On doit pouvoir s'adresser à chaque individu afin de les convaincre du rôle que doivent jouer les bibliothèques de la santé, au sein du corps médical. Avec l'aide de vos collèques d'ASTED, on pourra peut-être trouver un mode de communication. En effet, on pourrait faire traduire

soit vers l'anglais ou le français toutes nos discussions se rapportant aux bibliothèques de la santé, afin que tous nos collègues soient mis au courant de nos activités.

Le 22 février prochain se tiendra à l'hôpital Sainte-Justine une réunion des membres de l'ABSC et des personnes qui s'intéressent à son fonctionnement. C'est Pierrette Dubuc qui présidera l'assemblée. On y discutera du rôle que pourrait jouer l'un des secteurs de l'ABSC dans la ville de Montréal. L'échange se fera dans les deux langues. On tentera de résoudre en collaboration les problèmes de communication qui affligent tous les membres des bibliothèques de la santé du Canada. Il ne s'agit pas d'un problème de communication entre les bibliothèques, car avec un peu de bonne volonté on arrive à tout. Il s'agit plutôt d'un manque de communication avec le monde extérieur.

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THE PRESIDENT'S REPORT

- M. A. Flower

Early in the 70s, when your President was inquiring about medical library services in the various provinces across Canada, one of the letters received was from David Bishop, then Medical Librarian at McGill University.* He described very clearly the way regional health library services seemed to be developing in Quebec. They centered on the four medical school libraries in the province, each of which acted as a sort of magnet for the hospital libraries in the immediate area, including especially the teaching hospitals. To this group they provided more-or-less formally recognized back-up and interlibrary loan services. Three of these clusters were primarily French-speaking: those around Quebec City connected with Laval University; those around Sherbrooke connected with the University of Sherbrooke; and those around Montreal connected with the University of Montreal. The English-speaking medical community around Montreal related more to McGill, and in 1967 an association was formed of the librarians in the teaching hospitals who dealt regularly with the McGill Medical Library. There was also an outer ring of seven hospitals which were "affiliated" with McGill in some of their programmes, and which presumably dealt even-handedly also with the University of Montreal in other aspects of their activities.

The association of librarians related to McGill has been functioning now for over ten years. It was originally formed with the very limited objective of facilitating interaction between the McGill Medical Library and the hospital libraries which were providing on-the-spot service for McGill faculty and students. It is, however, still a highly visible association of its kind. For this reason, there are many requests for admission to membership.

David Bishop is now Librarian at the University of California in San Francisco and a well known figure around the Medical Library Association.

- MA Flower is Nursing Librarian, Life Sciences Area, McGill University

As a result of these requests and its own evolution, the McGill Medical and Hospital Libraries Association is currently scrutinizing both its name and its constitution and is rethinking its purposes and objectives. An alternate French-speaking group based on the University of Montreal has this year begun to achieve formal shape, out of an organizational framework in operation for some time.

To David Bishop, it had seemed obvious in 1972 that it was just a matter of time before the university clusters reached outside the urban areas to extend their contacts to the smaller hospitals; but this still remains largely an obvious potential. In the meantime, Mr. Castonguay and provincial government agencies have changed many aspects of the delivery of health care throughout the province, and on the eve of the 80s regionalization of local services has swept Quebec just as it has other Canadian provinces.

In Quebec, librarians have a very strong association, which is indigenous to the province and very much a part of the fabric of the Quebec community. L'Association pour l'avancement des sciences et des techniques de la documentation (ASTED) is divided into several sections, including one for health libraries. In this section, both French and English librarians have come together to support hospital libraries, and to point out the needs these libraries have for back-up services and staff inservice training, especially in the smaller communities. The outgoing President of le section de la sante of ASTED this year is Elaine Waddington, Librarian at the Women's Pavilion of the Royal Victoria Hospital and, during her term of office, the development of wider support for hospital libraries had been one of the greatest concerns faced by her Executive. The Study Day in May, 1978 at the University of Montreal featured M. Germain Chouinard, Director of the Library for the Faculty of Medicine at the University of Sherbrooke. His ideas about developing consortia in Quebec such as have emerged in the United States precipitated a lively debate.

At the Annual Meeting in Quebec in October, 1978 the guest speaker was Robert Lavoie, Director General of the Regional Council of Health and Social Services for Laurentides-Lanaudiere. His topic was "The Role of the CRSSS in the Regional Networking of Health Libraries". Because it was impossible to get to that meeting, we requested reports from several people attending. Three reports were received, all more or less discouraged. Each person had picked out suggestions in M. Lavoie's speech which struck them as particularly difficult to achieve in today's Quebec. The paper itself, however, had a very familiar ring, and it was not a sound that is limited to Quebec Province.

M. Lavoie, a non-librarian speaking as a regional health administrator to librarians looking for support, said in effect: "Show me! Demonstrate the needs, and the interest, and the costs!" It sounds like an impossible task, until we realize that this is the response of people facing a mystery. Once more it is brought home to us that the dynamics of library service which seem so obvious to us are invisible to even the most sympathetic individuals outside the library business. And we are back at the beginning, searching again for some unit of communication.

It is this unit of communication which the CHLA/ABSC must find if it is to have the impact on the health community which a national organization

should have. Our CANHELP Project may well be our national demonstration of the needs and the costs. And in developing their local projects our Chapters will also be looking for forms of persuasion and ways to communicate with their own "betes noires". But in addition, we must begin to convince people one by one of the role that health libraries play in the total community. Perhaps, with the help of our colleagues in ASTED, we can find a unit of communication into which we can translate our talk about libraries, whether it is in French or in English, so that our colleagues in the health field can hear what we are saying.

On 22 February, a meeting of members and friends of the CHLA/ABSC will be held at l'Hopital Sainte-Justine under the Chairmanship of Pierrette Dubuc to discuss the role a CHLA/ABSC Chapter might play in Montreal. There, in both French and English, we hope to work out a new form of collaboration which will reinforce our relationships as we together tackle, once again, the communication problems which beset all health library people everywhere in Canada--communication, not with each other, for with good will we can achieve that; but with the rest of the world.

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NEW DIRECTOR AT CISTI

The Canada Institute for Scientific and Technical Information is pleased to announce the appointment of its new Director. Mr. Elmer V. Smith was dormerly Director of Agriculture Canada's Libraries Division and from 1973 to 1976 was Chief of Library Services at Transport Canada. Mr. Smith brings to his new position nearly thirty years of experience in the field of scientific and technical information.

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SUDBURY WORKSHOP FOR HEALTH SCIENCES LIBRARY PERSONNEL

The joint OMA/OHA/RNAO library committee would like to hold a Health Sciences Library Workshop in Sudbury during the Spring of 1979. This workshop will be aimed at participants from Sudbury and the surrounding region, but is not necessarily restricted to this area. The major costs would be transportation, meals and overnight accommodation. (Residence available at $10 per day.)

In order to determine the feasibility of such a workshop, we wish to request the names and/or number of your staff who would be interested in attending, and their qualifications. The programme, to be determined ultimately by the needs of those attending, will focus on continuing education for hospital library personnel. Some previous experience or training would be useful, but not necessary.

Formal application forms and programmes will be sent at a later date. To centralize all replies for easier tabulation, please forward your answers, as soon as possible, to: Ms. Christ Crosby, Library, Ontario Hospital Association, 150 Ferrand Drive, Don Mills, Ontario M3C 1H6.

NOTE DE SERVICE DESTINÉE AUX MEMBRES DE L'ABSC

- M.A. Flower

Il y a trois points dont je voudrais vous faire part et qui me semblent trop importants pour attendre jusqu'à la prochaine publication du bulletin de l'ABSC. D'abord, j'aimerais traiter de la liste des membres. Le comité exécutif s'est aperçu qu'il est difficile pour les membres de l'ABSC, quand vient le temps des élections, d'apporter des suggestions alors qu'ils n'ont pas reçu une liste à jour des membres de l'ABSC. Il semble que le meilleur moment pour publier la liste des membres serait à la fin de chaque année, puisque tous les nouveaux membres de l'ABSC auront alors été enregistrés. Durant la nouvelle année, nous espérons pouvoir régulariser la publication des bulletins de l'ABSC (quel qu'en soit le nouveau nom!), de façon à ce que les plans prévus par le comité de publication, c'est-a-dire, annexer une liste de membres au bulletin de décembre, soient réalisés. Cette année, nous vous enverrons une liste de membres par courrier spécial, afin que vous ne vous trouviez pas au dépourvu lorsqu'on vous demandera de nous faire parvenir vous désignations pour les candidats se présentant au comité exécutif, en début de l'année 1979.

Le deuxième point à discuter est la révision de l'acte constitutif de votre Association. Tel que je vous l'ai expliqué dans la dernière publication du bulletin de l'ABSC 8:5 et 7, en hiver 78, le comité pour la révision de l'acte constitutif a travaillé très fort pour recontrer les échéances établies pour la fin de 1978. Un événement imprévu a toutefois interrompu sa course. En effet, nous vous avons annoncé dans le dernier bulletin que M. Alan MacDonald quittait son poste a l'Universite de Dalhousie pour accepter un poste de Bibliothecaire en chef à l'Université de Calgary, dès le 1er janvier 1979. Or, M. MacDonald étant Président du comité pour la révision de l'acte constitutif, joue un rôle des plus importants dans l'établissement final de la révision. Etant donné que les dates prévues pour son déménagement et pour la révision de l'acte constitutif ne coincident pas, M. MacDonald a besoin d'un peu plus de temps.

Le comité exécutif a donc décrété que l'acte constitutif intérimaire serait en vigueur pendant 6 mois suivant la fin de 1978. Cela permettra au comité pour la révision de l'acte constitutif de terminer son travail et au comité exécutif d'en étudier et évaluer les résultats. Tel que prévu, le document final sera envoyé par le courrier à tous les membres de l'ABSC, pour qu'il soit ratifié. En attendant, nous tenons à souhaiter bon succès à Alan MacDonald pour son nouveau poste à Calgary.

En dernier lieu, j'aimerais souhaiter à tous les membres de l'ABSC, mes meilleurs voeux pour la nouvelle année qui commence.

Note: Une version anglaise de cette lettre a déjà été envoyée à tous les membres de l'ABSC avant Noel. Faute de temps, il m'a été impossible d'offrir immédiatement une traduction française. Aussi, j'aimerais présenter mes excuses aux membres francophones de l'Association.

-MA Flower est la Presidente de l'ABSC.

CLINICAL LIBRARIANSHIP IN CANADA

- Joanne Marshall

In the Winter, 1977 issue of the CHLA/ABSC Newsletter, a survey form was published for those interested or active in clinical librarianship. Earlier that year, at both regional and national meetings of the MLA, sharing sessions on clinical librarianship had been held and many librarians had expressed a need to know about the interests or experiences of other librarians in this exciting new field.

There are now a number of clinical librarian projects underway in the United States and Britain, as is readily evident from the updated bibliography which accompanies these survey results, but we also have some lively interest in Canada, too.

The purpose of this submission is to provide some background on clinical librarianship in general for the uninitiated, to briefly summarize the results of the survey, and to update the bibliography that originally appeared with the survey. In the past, it has been difficult to locate information on clinical librarianship. The concept is a relatively new one, and many of the grant proposals and reports have been unpublished. The bibliography should give you plenty of background information on existing projects, and provide the references to earlier work which you need to give support to proposals for a project in your own setting.

When you are thinking of starting a clinical librarian project, the two questions which come immediately to mind are: "What is a clinical librarian anyway? Just exactly what does a clinical librarian do?" Reading about other clinical librarian projects helps a bit in finding the answers, but it is also somewhat confusing. Everyone is doing something different! In fact, this is the neat (I think I just revealed my origin as a teenager in the Sixties by using that term) thing about clinical librarianship. It is a user-oriented service as opposed to a subject-oriented one. This means that every project will vary depending upon the needs of the users in that particular setting. Another variable is the skills and attributes of the clinical librarian. We all bring with us our special backgrounds and unique personalities (not to mention our biases). This combination of varying user needs and librarians is bound to produce a different product every time and vive la difference! This has made clinical librarianship one of the most interesting and vibrant developments to come into the health sciences library field for many years. If this is starting to sound like a pep-talk for getting involved in clinical librarianship, then that only reveals my bias!

From our experience at McMaster, we have learned that it is possible to start a clinical librarianship project on a part-time basis with limited funds for related costs such as photocopying. Even a limited project has benefits for both the users and the library. On a more limited basis still, many aspects of clinical librarianship can be usefully adapted within the library itself, such as the orientation to user-based services. There are lots of possibilities, but let's go back to where we started and look at the definition of the clinical librarian.....

- J Marshall is Director, Clinical Librarian Service, Health Sciences Library, McMaster University, Hamilton.

WHAT IS A CLINICAL LIBRARIAN?

A clinical librarian provides information related to specific patient care problems by participating in patient care activities in inpatient and/or ambulatory settings and providing some of the following services:

- Document delivery of recent articles from the biomedical literature.
- Preparation of reference lists of print and audiovisual materials.
- Finding specific items of information (Eg: What do the initials MIPS on the chart mean?)
- Giving instruction in the use of the library's resources.
- Locating and providing patient information.
- Designing and implementing retrieval systems for patient care information.

The key factors here are the participation in clinical settings and the provision of information that is directly related to patient care.

Survey Results

In all, I received a total of eleven replies, representing seven provinces.

In Alberta, Judith Rendle of the Charles Camsell Hospital in Edmonton expressed an interest in clinical librarianship because she is in a teaching hospital. Diana Kent from the Woodward Biomedical Library at the University of British Columbia was still trying to start a project in the Pediatrics Department of the Vancouver General Hospital. Diana must have gained a good deal of experience in applying for funding to two foundations, but unfortunately neither foundation thought that such a programme would be within their jurisdiction. Diana has strong support from the Library administration and the Pediatrics Department and we wish her luck in future efforts. David Noble at the Cancer Control Agency in Vancouver raised some good issues related to difficulties in funding and finding time to attend clinical activities. David wanted to explore ways of retaining the clinical librarian concept for non-university based teaching hospitals. The Cancer Control Agency also provides patient information.

In Manitoba, Kathy Eagleton at Brandon General Hospital is interested in starting a project, but along with the rest of us, is hampered by budget restrictions. Nevertheless, Kathy wants to be kept in touch with happenings in clinical librarianship.

Dr. Anita Laycock at the Halifax Infirmary in Nova Scotia has a PhD in microbiology and ten years of experience in scientific research in addition to her library credentials. She has been attending medical and gastroenterology rounds, as well as doing some lecturing, and maintains files on some units. Anita is anxious to find other librarians with similar involvements.

In Ontario, Margaret Taylor at the Children's Hospital of Eastern Ontario recently began her clinical librarian activities in the Clinical Investigation and Hemodialysis Unit. She attends rounds once a week, but it all started with a request from that department to index their reprints. Margaret was quick to tell the chairman about some of the more creative contributions that could be made by a librarian. Dave Hull from the Veterinary Science Division at the University of Guelph may have a tough time providing patient information if his interest in clinical librarianship continues and he is able to start a programme. Dave is interested in knowing of any other Veterinary librarians who are participating in clinical librarianship in any way. Dora McPherson from the University Hospital in London has instituted a LATCH (Literature ATtached to CHarts) programme, but does not yet feel quite ready for the jump to clinical librarianship.

At McMaster, we have received a one-year grant from the Ontario Ministry of Health to evaluate the role of the clinical librarian in providing a service to both patients and health professionals. Two new staff members have been added to the clinical librarian project; Dallas Bagby is the second clinical librarian and Sheila Lethbridge, a graduate of the Library Techniques Program, Health Sciences Option at Sheridan College in Oakville is our project assistant. Currently, Joanne Marshall is working in rheumatology and Dallas in Obstetrics. In February, we will switch to two new clinical areas for the second six-month period.

In Quebec, Sheindel Bresinger at Maimonides Hospital and Home for the Aged was actively engaged in getting a programme started in late 1977. We hope that her efforts have been successful and look forward to hearing about her experiences in geriatrics.

Back out west in Saskatchewan, Joan Prentice at the Plains Health Centre in Regina was interested in starting a programme and wants to share information with other librarians who have similar interests.

Most of this information was sent to me in late 1977 and or early in 1978 and I must apologize for taking so long to report it. The overriding need expressed by the respondents was for someone else with similar interests to talk to, so if you are interested in clinical librarianship and located nearby one of the individuals mentioned in the survey, be sure to get in touch. I would like to invite the respondents mentioned here or anyone else who is interested in clinical librarianship to contact me and let me know about their current activities. I will attempt to keep an up-to-date file and put interested people in touch with each other. Better still, perhaps we can arrange to get together during the upcoming CHLA/ABSC meeting in June in Ottawa.

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For anyone curious about the background to clinical librarianship and for those who wish to keep the reading/files current, Ms. Marshall has also provided a current bibliography which follows.

A BIBLIOGRAPHY OF CLINICAL LIBRARIANSHIP

Prepared by Joanne G. Marshall
Health Sciences Library
McMaster University

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HELP FIND A CURE FOR C14.907.489

The deadline date for submitting copy for the next issue of the BMC is 2 March, but don't let this prevent you from submitting your material right now. Remember, the sooner you get your submissions in, the better the editor will sleep at night!

ONTARIO MEDICAL ASSOCIATION BOOKLISTS

- Pamela A. Avis Pollock

Suggested List of Basic Books and Journals
Supplement 1: Medical Books and Journals
Supplement 2: Health Sciences Books and Journals

Together, the three lists shown above form the "Booklists" which are produced biennially by the Ontario Medical Association's Committee on Medical Library Services. The Committee is formed from a cross-section of physicians' specialties and non-specialties from all areas of the province.

The Booklists first appeared in 1968 and were produced yearly until production time and effort had to be curtailed. Therefore, from 1973 on, the lists were produced every two years and present plans call for this schedule to be maintained.

The lists take from six months to one year to research and so, as with any listing of titles, they may be out of date as soon as they are printed. However, publishers' catalogues are constantly scanned while the lists are in production to check for indications of new or forthcoming editions.

Our lists are based on suggestions from experts in their fields. O.M.A. Section chairmen (and others, if a Section does not cover a chosen subject) are approached with the previous lists and asked to make additions and deletions. When these altered lists are returned, they are verified through Medical Books in Print, Ulrich's and publishers' catalogues. This is always a long job as very often the titles or authors we are given to work with have vital bits of information missing!

Our editor (a member of the Committee) starts the initial cuts and then presents his draft to the whole Committee. These composite lists are scrutinized, final changes are made and the whole draft is sent for typing, proofreading and printing.

The intent of the Booklists is to serve as a fundamental starting collection for a staff library in a community active-treatment hospital. The basic list covers the more general branches of medicine through basic texts and some specialized works, while the first supplement adds a wider choice of titles and additional subject areas. The second supplement reflects the commitment of the O.M.A. to the concept of coordinated staff libraries. Committees of fellow Associations have offered their suggestions for material which should be available in the hospitals for the use of the health sciences professionals engaged in patient care. The lists are not made up of "must-buys" but instead can be looked upon as "shopping lists" of available books and journals.

I hope this background information will clarify the production of the lists and so define the role that the Booklists can play.

The three lists are available from, and comments may be addressed to: Library, Ontario Medical Association, 240 St. George Street, Toronto, Ontario M5R 2P4.

- PAA Pollock is Librarian, Ontario Medical Association

WITH APOLOGIES TO SERIALS LIBRARIANS.....

.....OUR PUBLISHING HISTORY.

Serials librarians are basically nice people without any outward signs of manic depression or bibliographic neuroses. However, merely let slip a few simple phrases such as "Change of title" or "Added volumes" and they immediately burst into belligerent fury and attempt to knock over the nearest kardex while filing the air with ancient Elvish curses.* In a noble effort to placate these exceptional types, we attach herewith a brief list of our publish history to date.

(Please do not write to Title Varies to point out the impracticality of publshing both #1 and #4 in the same season. The former editor has already acknowledged this stroke of unique individualism and has since left the country, putting himself well beyond the statute of limitations of any irate posse of serials librarians.)

Title	Number	Cover Date
CAN GROUP NEWS	1	April, 1976
(published by "The Canadian Group of the Medical Library Association")		
CHLA/ABSC NEWSLETTER	1	Winter, 1977
(ISSN 0700-5474)	2	Spring, 1977
	3	Fall, 1977
	4	Winter, 1977
	5	Spring, 1978
	6	Summer, 1978
	7	Fall, 1978
	8	Winter, 1978
BIBLIOTHECA MEDICA CANADIANA	Vol. 1, No. 1	1979
(ISSN 0707-3674)		

Postscript: Your editor, despite his offical Manitoba title, is often up to his fuzzy little ears in serial title changes. Involved in the data design and programming of an automated linedex, a kardex, a Manitoba union lists and other things that go whirr in the night, he has tremendous sympathy for those required to update serial records. The title change, he assures us, would not have been made unless it was absolutely necessary.

And where have we heard that before?

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* "Springer-Verlag!" and "Up your H.K. Lewis!" being two that come to mind.

LIBRARIES AND PATIENT EDUCATION

- Anne LeBrun

The date of arrival of the Fall issue of the CHLA/ABSC Newsletter and the deadline for submitting material for the next issue so nearly coincided that it was not possible to quickly answer the invitation of the Editor for responses to the article by Edward Tawyer on the subject of Patient Education. We in the newly formed Hospital Libraries Group of the Ontario Hospital Association Region No. 9 do have a response to offer.

At the June, 1978 meeting of this group, we were addressed by two members of the nursing staff of the Ottawa Civic Hospital on the subject of Patient Education. The first speaker presented a brief history of Patient Education and the rational basis for it as seen by the medical and by the nursing staff at the Hospital. The second speaker, the Director of Media Resource Centre at the Hospital, spoke of the origins of the particular programme which is being conducted there. Following the death of a senior member of the nursing staff, Ms. Mary Cassidy, it was felt that a memorial fund in her name should be established. This lady was particularly keen on both staff and patient education and it seemed fitting that a memorial to her should be used to provide instruction sheets on the many procedures which patients undergo in the hospital setting. Draft sheets in both French and English were prepared on many procedures such as barium swallow, brain scan, ultrasonography, etc. telling patients what they might expect of the procedure; also covered was the purpose of the procedures being used, what regulations they would be asked to regard, and the sort of discomforts that they might experience, plus the expected outcomes. These draft sheets were then examined by the Nursing Advisory Committee, a body which included a physician. The sheets were revised, revampled, approved for use and then were incorporated in a large, attractive ring notebook for every nursing station and for the Library. Each page was covered with protective plastic so that it could be lifted from the notebook and given to the patient and later returned in shape for further use.

The number of procedures contained in the notebook has increased over the months and will continue to grow as the Committee receives requests for sheets describing further proceedures. Beyond this formal provision for Patient Education is a collection of files and pamphlets on various diseases; written for lay people by associations concerned with particular diseases, these include such topics as arthritis, respiratory diseases, etc. These files and materials are assembled in and controlled from the Media Resource Centre. They are available to any nurse who requests them for her patients. Nursing staff are also informed of the availability of the material and are encouraged to make use of them.

The particular interest that this group has in responding to Mr. Tawyer's article has to do with the role of the hospital library in Patient Education. Many of us have experienced the fact that patients will come spontaneously into the library, sometimes in housecoats and sometimes in street clothes. Recently, for example, a gentleman came to one hospital library saying that he was facing open heart surgery and his wife, who had

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- A LeBrun is the Librarian, Ontario Cancer Foundation, Ottawa Civic Hospital and Secretary, O.H.A. Region No. 9, Hospital Libraries Group.

received the swine flu shots, had developed Guillain-Barre Syndrome and was now under a psychiatrist's care. He wished to have information on the Guillain-Barre Syndrome so that he might know what future his wife faced, particularly if he did not survive the open-heart surgery. Other cases have been cited where patients have inquired about the drug they are on, or a relative whose near kin was facing surgery for a brain tumour asked for literature on brain tumours in general so that she could read about all phases of the condition and all types of brain tumours.

The librarian at the Ottawa Civic Hospital had been directed several years ago to give information to all individuals who asked for it. This directive came from the Chairman of the Medical Education Committee who is an advisor to the library. Down through the years, such information has been willingly provided, but always with the explanation that medical literature may be much deeper and more technical than the lay person both requires and comprehends. Sometimes, library staff have directed enquirers to the Nursing Library where information may be couched in much more understandable terms for their use.

Because patient education is a pressing issue for understanding by not only librarians but by all members of the health team, it was decided to make a new approach to a body of physicians at the Ottawa Civic Hospital, request their discussion and reflection on the matter, and arrive at a reasonable guideline. The librarian requested permission to attend a meeting of the Executive of the hospital's Medical Advisory Committee where she was questioned about her practice in the library over the years, and asked also if there had ever been any problems following such service to patients, either from families or from their physician. When she assured them that there had been no repercussions of any kind, they gave official agreement that the library should continue its policy, using wisdom and discretion, but responding as best as possible to patients' requests. It was not felt necessary that a patient should bring a "reading prescription" from his physician. Ironically, on the same day as the Medical Advisory Committee meeting, a physician visited the Library to ask for a bibliography on polymiositis saying that he had just been diagnosed as having the condition.

The Library's policy, now officially reaffirmed by the Executive of the M.A.C., representing over four hundred medical staff in a University affiliated teaching hospital, will serve as a firm base for similar decisions to be made in smaller hospitals in O.H.A. Region No. 9.

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How does your library handle the situation of the lay person seeking medical information? Do you have a written policy to handle the personal, legal, and practical problems involved? If you have any thoughts or documentation in this area, or any experiences with the problems or rewards of lay/patient education, please write to the BMC. If sufficient responses are received, they'll be summarized for a forum in issue #3.

-Editor

B.C. HEALTH LIBRARIES ASSOCIATION

- Dorothy Grieve

At its first meeting since organization in May, 1978, the B.C. Health Libraries Association decided to apply for Chapter membership in the Canadian Health Libraries Association.

The meeting took place on the evening of 11 October at the Sandman Inn in Vancouver, coinciding with the annual conference of the Pacific Northwest Regional Libraries Group (MLA) being held there. In the two hours available, President Bill Fraser moved through a lengthy programme on which CHLA Chapter membership was the first item. The group welcomed the prospect of an Association newsletter and Sue Absinger of the Royal Columbian Hospital agreed to serve as its initial editor. Discussion then turned to future meetings, particularly their formats, timing, and frequency, before finally looking at what projects the Association might consider undertaking. Consideration was given to cooperative activities such as a serials union list, cooperative acquisitions, and delivery services in the Lower Mainland; to health education for the public at large as well as patients; and to the Association's position to be taken on areas of health library service in British Columbia, such as regional health libraries and hospital library standards. The background provided and questions raised will prove very useful for the future.

The Association's membership was reported by Secretary-Treasurer David Noble as standing at 45, province-wide. He saw the absence of public library members as a gap that should be filled in a representation of those libraries called on to provide health information. At the meeting, the 30 or so people present came from hospitals, universities, colleges, medical societies and a government body, in all representing a total of 17 institutions. Although there was one person from Prince George and three from Victoria, most attendees were from the Greater Vancouver area and, as might be expected, the factor of geographical location inevitably appeared to affect approaches to questions of frequency and times of meetings.

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CLEARINGHOUSE FOR NURSING RESEARCH

- Sylvia Chetner

The Faculty of Nursing at the University of Alberta has started a Canadian Clearinghouse for Ongoing Research in Nursing. The Clearinghouse provides a record of nursing research in progress in Canada, indicating the topics already under investigation and the names of researchers interested in related areas.

Faculties of university schools of nursing and university programmes in health services administration have received forms to collect the required information on research being done in their institutions. The first information was entered into the computer system in September, 1977.

Access to information in the system is through the University of

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- D Grieve, Reference Division, McPherson Library, University of Victoria

Alberta Computing Services using procedures described in the "Users Manual for Canadian Clearinghouse for Ongoing Research in Nursing." There are no direct costs for qualified personnel wishing to search the system. Computer costs for both entry and retrieval of data are being absorbed for the initial period by the Faculty of Nursing, University of Alberta. The only cost which may be involved for some users of the system is any service charge made by a library for conducting the search. Data is entered in and may be retrieved in either French or English.

Further information on the Clearinghouse is readily available by contacting: Dr. Charles H. Davis, Faculty of Library Science, University of Alberta, Edmonton, Alberta T6G 2G3 or: Ms. Amy E. Zelmer, Faculty of Nursing, University of Alberta, Edmonton, Alberta T6G 2G3.

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INTERNATIONALLY RENOWNED THINKERS ADDRESS EDMONTON SYMPOSIUM

- Sylvia Chetner

'Man—his mind, his feelings, his world' was the title of a very stimulating symposium held in Edmonton on 16-18 October, 1978. The symposium was organized by the College of Clinical Social Workers of Alberta and drew an audience of close to 700 participants.

How is man to survive in this increasingly complex society? This was the overall theme of the symposium. Bringing to the discussion their own particular background and expertise, each of the five invited speakers focused on one area of influence on man's life. Richard Leakey spoke on 'Our Beginnings", R. Buckminster Fuller on 'Our Physical World', novelist Alex Haley looked at 'Our Social World', Hans Selye spoke on 'Our Physical Self' and Rollo May examined 'Our Emotional Self'.

A reaction panel followed each of the keynote speakers. Three additional evening programmes gave the attendees an opporutnity to hear each of the speakers in dialogue with each other.

At the close of the symposium, the participants agreed that they had been offered not only a rare opportunity to hear five distinguished speakers but had also received an opportunity to broaden their understanding of the many influences that shape our lives in today's world.

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SOLAR ECLIPSE IN MANITOBA -- 26 FEBRUARY, 1979

And four days after the solar eclipse is the deadline for the next issue of the BMC. Submissions are welcome in English or French (or something approximating either) until 2 March, 1979.

- S Chetner, Medical Sciences Library, University of Alberta

DIRECTORY OF HEALTH SCIENCE LIBRARIES IN CANADA

The Canada Institute for Scientific and Technical Information has contracted with Schick Information Systems, Ltd. of Edmonton to identify and survey all health science libraries in Canada. Approximately 3,000 health-related organizations will be contacted in the effort to compile a comprehensive directory of Canadian health science libraries.

The project is well under way; questionnairs were mailed on 5 January with the requested return date of 28 January, 1979. All data collected will be converted to machine-readable form so that the Directory can be easily updated. The data base itself will be a valuable aid for the Health Sciences Resource Centre of CISTI in carrying out its mandate as national coordinator for health science information resources.

The project will be completed by 31 March, 1979 with publication of the bilingual directory shortly thereafter.

PUBLICATIONS DU L'ICIST/CBSS

L'Edition de 1979 de Dépôts canadiens des revues indexées pour MEDLINE (anciennement Bibliothèques canadiennes détenant les périodiques répertoriés dan l'Index Medicus) sera lancée par l'ICIST fin février. Cette publication englobe maintenant les "listes spéciales" (art dentaire, sciences infirmières et reproduction) recensées dans la List of Journals Indexed in Index Medicus (1979). Elle se vend $10.

Le CBSS continuera de publier Périodiques commandés en sciences de la santé en 1979. Cette publication mensuelle, qui énumère tous les nouveaux périodiques commandés par les principales bibliothèques canadiennes des sciences de la santé, se vend $6.

Prière d'adresser les commandes comme suit: Section des publications, ICIST/CNRC, Ottawa, Ontario K1A 0S2.

RÉPERTOIRE DES BIBLIOTHÈQUES DES SCIENCES DE LA SANTÉ AU CANADA

L'Institut canadien de l'information scientifique et technique a chargé la société Schick Information Systems d'Edmonton d'identifier et de recenser toutes les bibliothèques des sciences de la santé au Canada. Cette société communiquera avec quelque 3,000 organismes en vue de préparer un répertoire complet des bibliothèques canadiennes des sciences de la santé.

Le travail va bon train; les questionnaires ont été mis à la poste le 5 janvier et on a demandé de les retourner le 28 janvier 1979 au plus tard. Les données recueillies seront transcrites sous une forme lisible par machine, ce qui facilitera les mises à jour. La banque de données aidera le CBSS à jouer son rôle de coordonnateur national des ressources documentaires en sciences de la santé.

Ce projet doit être terminé le 31 mars 1979 et un répertoire bilingue sera publié peur après.

Many Canadian library staffs will remember Mr. Roy Tabor's visit across our country a few years ago and may be interested in the announcement of the following publication:

LIBRARIES FOR HEALTH: the Wessex experience.

A collection of experiences contributed by the staff of the Wessex Regional Library and Information Service, 1967-1977. Edited by R.B. Tabor.

Wessex was the first National Health Service region to appoint a Regional Librarian to take full responsibility for the development of library service. To mark the tenth anniversary of that appointment, the library staff in Wessex decided to record some of the experiences in setting up the Wessex Regional Library and Information Service (WRLIS). It is written for librarians and all those who are interested in library services for health care. It is not an attempt to describe in detail the organization of WRLIS but rather seeks to illustrate aspects of that service which the library staff themselves consider to be important.

Contents: Introduction; The Wessex region. Principles; The beginning of WRLIS and the role of the health care library, Research into users needs, Information for management, Clinical library services, Libraries and nursing education, Patient information service. Coordination; The Regional Library Unit, Measurement and monitoring, Cataloguing, Audio-visual services, User education, Budgeting, In-service training. Libraries in action; Library in a rural setting, A single-handed library service, Communication and display, Libraries and the mentally ill, The voluntary worker, Patient information in practice.

Copies of the book are available for £4.50 each prepaid from the Wessex Regional Library and Information Service (Publications), South Academic Block, Southampton General Hospital, Southampton, U.K. S09 4XY. Cheques should be made payable to the Hampshire Area Health Authority.

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CISTI/HSRC PUBLICATIONS

The 1979 edition of Canadian Locations of Journals Indexed for MEDLINE will be available from CISTI in late February. The scope of this publication (formerly Canadian Locations of Journals Indexed in Index Medicus) has been enlarged by including locations for the dental, nursing and reproduction "special lists" included in the 1979 List of Journals Indexed in Index Medicus. Price: $10.00.

HSRC will continue to prepare Health Science Serials on Order in 1979. This monthly publication lists all new serials on order in major Canadian health science libraries.

Orders should be addressed to: Publication Section, CISTI/NRC, Ottawa, Ontario K1A 0S2.

TO THE EDITOR

There is always something highly suspicious about a publication that prints a selection of letters-to-the-editor which tend on the whole to be very flattering. In modern paranoia, it begs the question: What did they get that they're not publishing?

The reason for this feature, at the risk of falling victim to the above, is actually two-fold: as mentioned elsewhere in this issue, the response to the last (literally) issue of the CHLA/ABSC Newsletter was remarkable and the membership should receive some recognition for an enthusiastic interest in their organization; also, the comments received by the editor are often of interest to the entire membership and should be shared with them, even tardily.

What follows then are excerpts from letters received by the editor in the last three months. Lest this display discourage anyone else from writing, I should add that anyone NOT wanting their prose shared with the membership should merely say so in their letter and it will NOT be reprinted.

14 December, 1978

I received the latest issue of CHLA/ABSC Newsletter about a month ago. However, in an effort to maintain my image as a harried one-man-band-librarian, too busy, etc...etc...I have only just read it today. I must say, with great emphasis and blaring of trumpets in the background, that the last page made my day. I started writing another letter to the Newsletter in the summer, the point of which was -- where is the editorial content which is "to reach and assist the smaller, isolated health library"? I confess I never finished the letter because I honextly felt it wasn't worth while.

Your postscript has given me hope. The areas of competence summarized on p. 8 and 9 of the same issue read like my job description. On a small scale, I am involved in all of these activities and more in a hospital setting which only employs me on a part-time basis. Having come from a background of working in a large university science and medicine library it has been an interesting adjustment for me.

There must be others like myself "out there". I would be interested in writing for the Newsletter if only for my own edification. The problems and challenges in this setting are unique and stimulating and demand that we make use of unconventional resources at times. I hope your article succeeds in drawing others in similar situations into the limelight.

By the way, I notice that the new pope died and the postal workers went back to work. Don't let this omen worry you. This was one of the first library publications I have read in a long time with some humour in it. All other recent current events fade into the background.

Congratulations!

Marilyn E. Mathews
Librarian
St. Mary's General Hospital
Kitchener, Ontario N2M 1B2

7 December, 1978

I enjoyed reading your witty editorial. Medicine and medical librarianship is, and must be, considered international. Indeed, a Latin title as you suggested would eliminate the language problem and emphasize the above. My proposition would be "Bibliotheca Medica Canadiana". In a subtitle on the title page but not the cover, the bilingual title can be affixed i.e. Canadian Health Libraries Association des Bibliotheques de la Sante du Canada - Journal.

Another argument for Latin is -- etiam in latino possumus scribere! --see your patron's smart quotation in op. cit. p. 15 3rd paragraph.

I am glad you have accepted the job. Staff of this library will continue to contribute.

Best wishes for Christmas. Deliver please a kiss to Audrey, in my name, for her article.

Andras K. Kirchner
Medical Librarian
Faculty of Medicine
University of Calgary T2N 1N4

To the foregoing, the editor replied, in part:

I was surprised not only by the volume of response to my editorial but also by the large majority who favoured a Latin title. After some consideration (largely over my complete lack of French), I gather up all of the suggestions and sent them to David Crawford with the plea that he select and/or create a new title in his bilingual setting. As Publications Chairman, David was similarly impressed by your suggested title and after some hectic polling of the Executive by telephone, he called me with the final decision.

The cover is now being designed with an emphasis on the initials BMC and, while maintaining the full three word title, we're expecting members will come to regard the journal by just the name BMC. (We're also hoping that the British Medical Association will not take affront!)

Your letter asked that I deliver a kiss to Audrey for her article. I discharged this commission faithfully in the presence of witnesses but the recipient was, to gently understate matters, unimpressed. She retreated to her office muttering something about 'lack of charm' and 'not the same' and 'these kids today...' I hastened after her to offer the possibility that what Andras obviously had and I still lacked might yet be coming with age, but Audrey begged leave to doubt it. (Somehow, it is hard to exude "old-world charm" at the age of 28!)

28 November, 1978

Please find enclosed an article for the next newsletter. It has been sitting on my desk for quite awhile after receiving the OK from my Library Committee, but your recently received editorials finally prompted me to send it. Will this let me off the hook, now? (I must add that I enjoyed your pieces and will try harder to come up with more copy.)

I think I prefer the less scholarly articles and tend to read more

thoroughly the "newsy" pieces. Perhaps that is why the present title never bothered me. In so saying, I don't have any ideas to give you for a new title--sorry. Quite frankly, that is just the way I think of it--as a newsletter.

Keep up the good work!

Pamela A. Avis Pollock
Librarian
Ontario Medical Association
240 St. George Street
Toronto, Ontario M5R 2P4

18 December, 1978

I am quite content with the current title and the present format of the newsletter.

Veronica L. Brunka
Toronto, Ontario

30 November, 1978

This letter is in response to your request for titles for the Newsletter. Your suggestion of Acta Medica Bibliotheca Canadensis seems to be most acceptable for both language groups. The only alternative I can suggest is Bulletin of the Canadian Medical Library Association.

While I can appreciate the rationale behind the current practice of using the term 'health sciences' instead of 'medical', the former term has always seemed euphemistic to me. We should also consider what the journal title will convey to a reader (possibly in another country) when our publication is picked up and indexed by Index Medicus.

Mae Morley
Librarian
Kingston Psychiatric Hospital
Kingston, Ontario K7L 4X3

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UN NOUVEAU DIRECTEUR À L'ICIST

L'Institut canadien de l'information scientifique et technique a le plaisir d'annoncer la nomination de son nouveau directeur. M. Elmer V. Smith était auparavant directeur des bibliothèques d'Agriculture Canada et, de 1973 à 1976, directeur des services de biblothèque da Transports Canada. C'est avec près de 30 années d'experience dans le domaine de l'IST que M. Smith entre dans l'exercice de ses nouvelles fonctions.

AND NOW, FROM THE FOLKS WHO BROUGHT YOU NATURWISSENSCHAFTEN.....

Quite recently, not a few health sciences librarians across the continent have been confronted by the riddle: "When is a blood cell like a nouvelle revue française d'hematologie..." Mrs. Berti Le Sieur, the head of Technical Services at McGill University's Medical Library, has given the BMC a copy of a letter received by their Cataloguing Department from the New York office of Springer-Verlag, original perpetrators of the riddle. Some readers may find what follows to be very revealing.

"Thank you for your inquiry regarding our publications BLOOD CELLS and NOUVELLE REVUE FRANCAISE D'HEMATOLOGIE. We can appreciate your confusion concerning the relationship between these two journals and will do our best to clarify the situation.

For two years prior to 1978 our journal BLOOD CELLS was reprinted, cover to cover, and was incorporated in the French publication NOUVELLE REVUE. However, apart from the special permission given Masson (the publisher of NOUVELLE REVUE prior to 1978) to reprint our journal BLOOD CELLS, we continued to publish BLOOD CELLS as an independent English language journal. This was a limited agreement between Masson and Springer-Verlag and allowed for reproduction of only Volumes 2 and 3 (1976-1977) of BLOOD CELLS.

Beginning in 1978, Volume 20, Springer-Verlag took over the publishing rights of NOUVELLE REVUE FRANCAISE D'HEMATOLOGIE. Since BLOOD CELLS is relatively new publication Springer-Verlag decided to continue to send the journal to all subscribers of NOUVELLE REVUE as a supplement for an additional year. This special promotion of BLOOD CELLS was based on the premise that readers of the French language publication (NOUVELLE REVUE) would familiarize themselves with the new English language publication (BLOOD CELLS). Therefore, in 1978 we are publishing Volume 20 of NOUVELLE REVUE (including BLOOD CELLS Volume 4 as a supplement). Volume 4, 1978 of BLOOD CELLS still remains an independent journal. However, as of 1979 BLOOD CELLS will no longer be sent to subscribers of NOUVELLE REVUE but will have to be ordered separately.

We fully realise the confusion such an arrangement has caused Librarians but wish to assure you that in 1979 there will be a clear-cut distinction between both our publications and that subscribers to NOUVELLE REVUE will no longer be receiving BLOOD CELLS on a complimentary basis. We trust that you will continue to subscribe to both journals in 1979 and also wish to thank you at this time for your continued interest and support.

Sincerely yours,
Denise Rummell
Journal Sales Department
Springer-Verlag New York Inc.

(Editor's Note:
(While it would be unseemly to comment here on the motives or responsibility)
(shown in Springer-Verlag's actions, we have noticed an increase in drinking)
(amongst our kardexing staff...)

BOOKS, MANUSCRIPTS, AND THE HISTORY OF MEDICINE:
A symposium on the 50th anniversary of the Osler Library
29 May, 1979

Sir William Osler successfully united, as few others have done, interests in libraries, bibliography, and the history of medicine. He actively participated in the early years of the Medical Library Association and was in his seventh year as President of The Bibliographical Society (London) when he died in 1919. His large and carefully thought-out collection of books and manuscripts in the history of medicine was subsequently bequeathed to McGill University. His uncompleted works included the catalogue raisonnée of that collection, the Bibliotheca Osleriana (finished in 1929 by W. W. Francis, R. H. Hill, and Archibald Malloch), and the Incunabula Medica (published in 1923 and edited by Victor Scholderer).

1979, the 50th anniversary of the reception of Osler's bequest at McGill University, and seventy-five or so years since he actively began collecting books and manuscripts in the history of medicine, seems an appropriate time to examine in what ways the history of medicine, medical libraries, and bibliography still occupy common ground.

Towards this end, five scholars will prepare for a general audience of historians, librarians, bibliographers, and all other interested persons, papers on Osler's activity as a bibliographer and especially his years as President of The Bibliographical Society; twentieth century developments in physical bibliography; their implications for history of medicine collections; recent technological developments in reference bibliography, such as MEDLINE and MEDLARS and their importance for history of medicine collections; and developments over the past fifty or seventy-five years in the study of medieval and renaissance manuscripts.

The participants are:

Estelle Brodman, Librarian and Professor of Medical History, Washington University School of Medicine.

Richard J. Darling, Institut für Geschichte der Medizin und Pharmazie der Christian-Albrechts-Universität, Kiel.

Eric Freeman, Librarian, Wellcome Institute, London, U.K.

Charles G. Roland, Jason A. Hannah Professor of the History of Medicine, McMaster University, Hamilton, Ontario.

G. Thomas Tanselle, Vice President, John Simon Guggenheim Foundation, New York.

The participants were chosen for their distinguished record of scholarship as well as for their willingness and ability to address audiences outside their specialities.

There will be no registration fees. Everyone is cordially invited to attend this symposium on Tuesday, 29 May, 1979.

Anyone wishing further information is invited to write to: Philip M. Teigen, History of Medicine Librarian, Osler Library, 3655 Drummond Street, Montreal, Quebec H3G 1Y6. Motel/hotel information is also available for those requesting it.

NEWS ITEMS

An Excerpta Medica workshop will be held at the Data Centre, Department of Computer Sciences, University of Calgary on the morning of 2 April, 1979. This will be followed a few weeks later by a MEDLINE update session for the prairie region to be sponsored on either 19-20 April or 26-27 April.

On Tuesday, 9 January, 1979 a workshop was held on the new edition of the National Library of Medicine Classification Schedule at the Health Sciences Library, McMaster University. The workshop, under the able direction of Ms. Linda Panton, was given for the members of the Wentworth-Hamilton Health Library Network (librarians of the District Health and Hospital Libraries). The aim of the session was to give some guidance on how much the small library should do retrospective changes if the new schedule is used, and also to provide a forum for discussion on a number of other cataloguing and classification problems.

The Osler Library of the History of Medicine has announced the appointment of Ms. Olga Werbowyj as acting Technical Services Librarian. In addition to preparing for the 50th Anniversary celebration later this spring (voir page 28), the Library has also opened a new wing called the W.W. Francis Wing, which will include the H. Rocke Robertson Rare Book Room.

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BMC PUBLISHING SCHEDULE, Volume 1, 1979.

	Copy Closing	To Printing	Dispatch
#1	19 January	2 February	16 February
#2	2 March	16 March	30 March
#3	27 April	11 May	25 May
#4	6 July	20 July	3 August
#5	7 September	21 September	5 October
#6	9 November	23 November	7 December

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Med Inf (Lond) 3(3):211-223, Sep 1978.

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The hospital library in transition.
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Hospital libraries' consortium blunts impact of budget cuts.
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Inquiry services--U.S.A.--Canada.
Nursing (Horsham) 8(5):60-64, May 1978.

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JNE 16(9):33-37, Nov 1977.

Atkinson RD
Medical Information Bureau: what is is and what it isn't.
Can Med Assoc J 117(7):806-808, 8 Oct 1977.

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POSTSCRIPT

In my previous incarnations as an editor, six in all, I have always written the obligatory editorial platitudes pleading for reactions or submissions from the readership. In the last decade, I can remember receiving a grand total of two letters: as editor of a student newspaper in Alberta in 1968 I got a letter from someone in Quebec insisting I was a racist because I advocated special status for the French but not for blacks or Indians; as editor of a library bulletin in Manitoba in 1973, I got a letter from Brandon where a reader complained that she received her copy long after everyone else and when were we going to realise that there was more to Manitoba than just Winnipeg?

The reason I mention all this is because I have discovered that the CHLA/ABSC is a very remarkable organisation. I wrote an editorial in the final Newsletter and anticipated a response from the membership commensurate with past experiences: something between zero and nil. Instead, I received a total of 17 letters. Seventeen! After the first dozen, I went back and re-read that editorial several times with the vague suspicion that I had somehow imbued a subliminal message in it that was compelling people to reply. I found none, naturally. I can only conclude that, as a group, health science library workers are a more enthusiastic, involved membership than any I have ever known before. Take a bow!

I had ambitions of introducing the BMC's new symbol, designed for me by graphic artist Glen Reid of Winnipeg, with a little background on why it came to be and perhaps throwing in a hokey name-the-beaver contest; but in the last week the metaphorical roof has fallen in on me. Anyone who has thought that this journal is planned, composed, typed and produced in an organised fashion hasn't been exposed to the long-distance phone calls, the frantic telex messages, conflicting priorities, dead typewriters, blown seminars, backed-up sewers, telephone translations, frozen gas-lines and rampant hysteria that really goes on around here. To say nothing of the Great Abyss of our postal service. And on 17 January, I tried to phone the Woodward Biomedical Library in Vancouver and was told by the operator that it did not exist.

Someday I hope to write it all down and make a fortune on the paperback rights.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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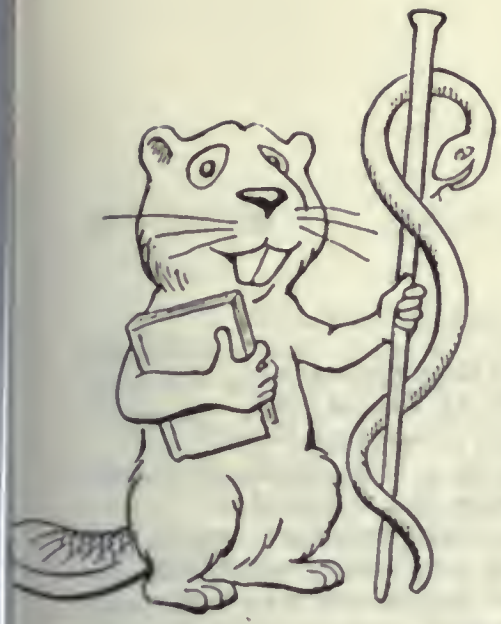

BIBLIOTHECA MEDICA CANADIANA
Vol 1, No. 2 1979

La Bibliotheca Medica Canadiana est publie bimestrelle par la Association des Bibliotheques de la Sante du Canada. Un abbonnement a cette publication fait partie de votre cotisation annuelle en tant que membre de l'ABSC. Pour devenir membre et, pour recevoir cette publication il faut ecrire a: M. Alan H. MacDonald, Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, B3H 4H7. Les opinions exprimees dan le BMC sont celles des contribuants et de l'editeur, et non celles de l'ABSC.

The Bibliotheca Medica Canadiana is published bimonthly by the Canadian Health Libraries Association. Subscriptions are available with memberhsip in the Association. Any correspondence regarding membership or subscriptions should be addressed to: Mr. Alan H. MacDonald, Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, B3H 4H7. Opinions expressed in the BMC are those of its contributors and its editor, and not the CHLA.

INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library. Feature length articles are accepted describing a wide range of health library topics: organizations, services, networks and consortia, surveys, state of the art reviews. Brief, news-length items accepted include: how-we-did-it reports, news about workshops and continuing education opportunities, news about colleagues and libraries, job announcements, new publications, and miscellaneous items. Contributors should consult recent issues for examples of types of material and general style. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in French or English are welcome, preferably in both languages. Contributions should be addressed to: P.J. Fawcett, Editor, BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

Deadline for the next issue is: 27 April, 1979.

RECOMMANDATIONS AUX CONTRIBUANTS

Le but du Bibliotheca Medica Canadiana est de rendre la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires plus grande mais il veut spécialement rejoindre et aider les bibliothèques isolées et de moins d'envergures. Nous acceptons tout article traitant de tous les aspects bibliothéconomiques du domaine de la santé: organisations, services, réseaux et consortium, enquètes, exposés de synthèse. En résumé les articles nouvelles acceptés peuvent comprendre: des résumés sur la façon dont on est arrivé à trouver une solution à un projet, nouvelles sur des ateliers et des cours d'éducation permanente (à venir ou passés) postes vacants, nouvelles publications, nouvelles sur des collègues et bibliothèques, et tout autre sujet. Pour les intérèsses, le genre d'article et le sujet publié dans les derniers numéros peuvent vous servir d'exemples. Il serait préférable de suivre si possible le format utilisé dans le Bulletin of the Medical Library Association lorsque vous avez des références bibliographiques à citer à la fin de votre article. Des articles en français ou anglais seront les bienvenus mais il serait souhaitable de les écrire dans les deux langues. Vous devez faire parvenir vos articles à: Patrick Fawcett, Editeur l'BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

La date limite pour le prochain numéro est: 27 avril, 1979.

DE l'ÉDITEUR / FROM THE EDITOR

Inflation is such a common problem extending beyond most national boundaries that there is editorial reluctance to join the universal clamour with yet another special pleading. But Canadian health libraries, it must be noted, suffer more than the common lot.

In addition to common inflation, health libraries in Canada also suffer from currency devaluation and 'publication inflation'.

Currency devaluation is a tradition in this country enshrined in the adage: "American prices—slightly higher in Canada". Slightly higher has now grown into a considerable 15%-20%. Against other currencies, we Canadians fare far worse. A journal price increase expressed as 4% in English pounds turns into 14% in Canadian dollars; an increase stated in Swiss francs as 5.2% becomes more than 68% here.

'Publication inflation' (not to be confused with 'additional or extra volumes' already denounced by the MLA) is found often, but not with exclusivity, in Swiss medical publishing. This is the intriguing practice of changing the layout or page total of most of the serials you publish and passing on a greatly increased cost to committed subscribers. The increase, again when transformed into Canadian currency, borders on the criminal. In a survey of 26 Swiss journals renewed recently, one library found that 11 of them had increased more than 120% in cost. It does not require a survey of Canadian libraries to ascertain how many acquisition budgets were increased by over 120% last year.

The more senior librarians in Canada often allude to an earlier age when German publishing inflated itself into bankruptcy. The implication is that it can happen again. With Canadian health libraries now facing increasing austerity, the once-difficult decisions on selecting foreign medical titles are becoming increasingly easier to make.

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L'inflation est un problème commun qui s'étend au-dessus de toutes frontières nationales et c'est à contre-coeur que les éditoriaux se joignent à la clameur universelle. Cependant, on doit noter que les bibliothèques de santé canadiennes en souffrent plus que les autres.

En plus de l'inflation, les bibliothèques de santé du Canada souffrent de la dévaluation du dollar et de ce qu'on peut appeller l'inflation de publication.

La dévaluation du dollar est une tradition dans ce pays très bien demontrée dans l'adage: "Prix americain-plus élevé au Canada". "Plus élevé" est maintenant devenu de 15% à 20%. En comparaison à d'autres monnaies, le dollar canadien se trouve dans une situation plus difficile que d'autres. Une augmentation de prix d'un journal exprimée comme 4% en livres sterling devient 14% en dollars canadiens; une augmentation de 5,2% en francs suisses se traduit comme 68% ici. L'inflation de publication (à ne pas confondre avec 'volumes supplementaires' -pratique déjà denoncée par le MLA) est souvent retrouvée dans les publications médicales suisses. On change la disposition

typographique ou le montant de pages des revues publiées et l'on demande un prix exorbitant aux abonnés. La hausse de prix, celle-ci transformée en monnaie canadienne, devient quasi-criminelle. Dans un sondage de 26 journaux suisses récemment renouvelés, une bibliothèque a trouvé que le prix de 11 avait augmenté de plus de 120%. Il n'est pas nécessaire d'avoir un sondage des bibliothèques canadiennes pour se rendre compte du nombre de budgets qui ont augmenté de 120% cette annee!

Les doyens des bibliothécaires au Canada référent souvent au temps ou la publication allemande a tellement augmentée de prix qu'elle s'est dirigée vers la banqueroute. C'est un fait qui peut facilement se répéter. Maintenant que nos bibliothèques de santé canadiennes font face à une augmentation de restrictions, les décisions de choisir des titres étrangers en médecine, ce qui s'avérait difficile auparavent, deviennent de plus en plus faciles à faire de nos jours.

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notes...

The final issue of the CHLA/ABSC Newsletter promised that an index cumulating all eight issues of the Newsletter would be published in the first issue of the BMC. Needless to say, it wasn't ready. Barring any acts of God or CUPW, the index will belatedly appear as part of the next issue.

Is there a medical explanation (buried perhaps in some obscure ophthalmology text) for the phenomemon that permits a person to carefully read several pages of typescript and pronounce them flawless, yet, when quickly scanning the printed version of said pages, finds dozens of errors leaping out to hit the eye?

Due to the problems of time, distance, and registration deadlines, this issue of the BMC is flying east with two of its pages left blank. If all goes according to plan, pages 60-61 in the copy you are holding should contain information on CHLA/ABSC's annual meeting. (If pages 60-61 are still blank, then it means the Publications Chairman and the Editor are waging a private game of "Ha, Ha, Herman" and the Editor has just lost the first round.)

NOTE DU PRESIDENT

- M. A. Flower

Il est temps que nous jettions un autre coup d'oeil sur la Liste de contrôle pour l'agrément des hôpitaux: services de bibliothèques du personnel. Cette liste a été mise sur pied par l'Ontario Medical Association, et sera utilisée par les équipes d'agrément des hôpitaux, en plus du feuillet normalement utilisé pour les services mentionnés ci-dessus, tirés du Questionnaire su l'inspection des hôpitaux. La première liste a été dressée à l'automne 1977, quelques mois après que le Conseil canadien d'agrément des hôpitaux (C.C.A.H.) eut publié une version révisée du Guide d'agrément des hôpitaux, 1977. La première version de la liste parut dans le CHLA/ABSC Newsletter, n 5:6-10, au printempts 1978, alors qu'on demandait aux membres de bien vouloir offrir leurs commentaires. Au même moment, le conseil exécutif de l'ABSC envoya à l'O.M.A. ses propres commentaires sur le sujet, tout juste avant une réunion que devoit tenir le Committee on Medical Library Services. Ce conseil a révisé la liste suivant en grande partie les commentaires offerts par le conseil exécutif de l'ABSC, puis l'envoya au Conseil canadien d'agrément des hôpitaux pour la mettre à l'épreuve. Dans cette publication du BMC, nous retrouvons le version révisée de la liste.

Pendent ce temps, nous n'avons pas cessé de relever les commentaires sur le document original, envoyés par les bibliothécaires des hôpitaux travaillont dans le domaine, dans l'espoir de pouvoir aider le conseil de l'O.M.A. à polir la liste, afin qu'elle soit encore plus conforme aux réalitiés des services bibliothécaires des hôpitaux canadiens. Nous lui avons offert notre aide lorsque nous avons publié le document original.

Les bibliothécaires qui ont pris la peine de réponder, verront que dans la nouvelle version de la liste on aura tenu compte, en partie du moins, du suggestions qu'ils ont apportées. On a inséré des questions, tirées du document original du C.C.A.H., afin de clarifier les pointes soulevés sur les collections que tiennent les diverses bibliothèques et afin d'établir des heures de service officielles. On a également révisé l'allocation minimale de fonds prévus dans le budget pour l'acquisition de documentation, car c'etait l'une des questions les plus épineuses. En effet, on a introduit une clause assurant une répartition plus équitable du budget. Il s'agit d'une agumentation progressive de fonds alloués aux bibliothèques, d'aprés leur dimension.

Il demeure deux aspects importants des services de bibliothèques des hôpitaux qui n'ont pas été mentionnés sur la liste. Il s'agit de l'allocation de l'espace dans les hôpitaux et de la modification de certains arrangements administratifs en ce qui à trait a l'autorité des bibliothécaires en place. Ces deux points, auxquels on fait à peine allusion dans la liste de l'O.M.A., sont des plus importants dans la vie d'une bibliotheque, car toute restriction apportée à l'un ou l'autre de ces deux aspects aura des résultats désastreux sur le bon fonctionnement de celle-ci.

L'allocation de l'espace dans les hôpitaux a toujours été une problème connu. En effet, aucune unité n'a jamais suffisamment d'espace. Dans le cas des bibliothèques des hôpitaux, cependent, on retrouve un problème bien particulier. L'allocation de tout espace réservé aux bibliothèques se fait à la fin, lorsque la planification de tous les autres services hopitalitiers est terminée.

- MA Flower, Nursing Librarian, Life Sciences Area, McGill University

Aussi, dans les unités de soins intensif, par example, tout est calculé à l'avance: l'equipment qui sera utilisé, le nombre d'employes qui y seront affectes, les patients qu'on pouva accomader dans l'espace prévu et ainsi de suite. La conception de la surface est telle, que toutes les activités prévus pourront y être fonctionnelles. Cependent, tel n'est pas le cas pour la planification de l'espace alloué a une bibliothèque. On semble croire que les livres et les périodiques peuvent être placés dans quelqu' espace que ce soit. On ne tient pas compte du fait qu'une collection de livres peut ne pas être fonctionnelle. En fait, il est extrémement difficile de faire comprendre à qui que ce soit que cas livres ont une fonction. Pour la plupart des gens, les livres sont des objects immoviles que l'on place sur des étagères.

L'espace alloué aux bibliothèques devrait être proportionnel à la superficie de l'hôpital où elles sont situées. Ainsi, on pourrait établir une liste selon laquelle une bibliothèque devrait avoir une superficie minimale de 500 pieds carrés pour être fonctionnelle. Mais actuellement, la diversité des bibliothèques est tel qu'elle donnerait un autre d'un aspect plutôt negatif, puisque la superficie de plusieurs d'entre elles n'a dépasse pas 500 pieds carrés.

Lorsqu'on est responsable de la gestion d'une unité d'information dans un hôpital, même avec l'aide d'un organe consultatif tel le comité des bibliothéques, it est vital d'avoir le pouvoir de prendre une décision. La mise sur pied d'une unité d'information fonctionnelle, qui offre des services à un coût donné, et qui a été mise sur pieds à partir de prévisions budgétaires quasi insiginifiantes et de collections de livres éparses, demande non seulement un pouvoir administratif certain, mais également un pouvoir de négociation. Les administrateurs des bibliothèques connaissent fort bien la situation, mais ils sont incapables de démontrer les avantages qu'offre une bibliothèque fontionnelle à moins d'avoir une certaine liberté d'action. Pour le moment, on ne pourrait donc indiquer sur la liste que la possibilité pour les administrateurs de bibliothèques d'avoir la liberté de mener leur propre barque.

Ces points feront l'objet de nombreuses discussions, qu'ils soient ou non inscrits un jour sur la liste. Il faut reconnaître, toutefois, que le Committee on Medical Library Services de l'O.M.A. nous a fait faire un grand pas en fournissant au Conseil canadien d'agrément des hôpitaux une liste beaucoup plus conforme à la réalité. Elle permettra aux équipes d'agrèment de mieux évaluee les bibliothèques des hôpitaux qu'ils visiteront.

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THE PRESIDENT REPORTS

- M. A. Flower

It is time to take another look at the Checklist for Hospital Accreditation: Staff Library Services put together by the Ontario Medical Association for use by hospital accreditation teams in conjunction with their regular sheet on such services in their Hospital Survey Questionnaire. The first Checklist was developed in the Fall of 1977, some months after the Canadian Council on Hospital Accreditation had published its revised Guide to Hospital Accreditation, 1977. The first version of the Checklist was published in the CHLA/ABSC Newsletter 5:6-10, Spring 1978 with a request for comments from the general membership. At the same time, the Executive Committee of CHLA/ABSC put together a reaction of its own, which was then forwarded to the O.M.A. in time for a meeting of the Committee on Medical Library Services last spring. The Committee revised the Checklist largely in accordance with those preliminary comments, and sent it off to the Canadian Council on Hospital Accreditation for testing. In this issue of BMC we are now publshing this revision.

Meanwhile, we have been gathering comments from hospital librarians in the field, based on the original published document, with the hope that we might further assist the O.M.A. Committee in refining its Checklist, and in making it more responsive to the realities of library service in a Canadian hospital setting. This was an undertaking which we offered the O.M.A. Committee at the time that we published the original document.

Those hospital librarians who have been good enough to respond will see in the current version that many of their suggestions have been met, at least partially. Incorporation of questions from the original CCHA questionnaire has made it clearer that the issue of departmental collections, and the establishment of hours of service are covered. Minimum budget levels for acquisitions, the most contentious of all the issues, have been revised upwards, and a time-and-increment progression has been incorporated into the suggestions, to promote a more balanced approach to budget allocations.

However, there are two important aspects of hospital library services pointed out by our correspondents which still remain outside the Checklist format. Space allocations and administrative arrangements are both important to the vitality of libraries in hospitals. In the O.M.A. Checklist both are, at best, merely implied. In real life, a severe restriction on either can spell doom to library activities.

Space in a hospital is always at a premium, and it is axiomatic that no unit has ever quite enough room. However, library space in a hospital often has one great disadvantage that does not seem to apply to any other unit. The library is usually assigned to whatever space may be left after the planning for other units is done. If an intensive care unit is being installed, everything is measured: the types of equipment, the ratio of staff to be accommodated, and the number of patients who can be cared for in a unit of such a size. The area is then designed to include all the activities required to make the unit functional. But somehow hospital planners seldom seem to approach library requirements in this way. It is assumed, instead, that books

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- MA Flower is Nursing Librarian, Life Sciences Area, McGill University

and journals can be made to fit into whatever space is assigned. The fact that a collection may not be able to function in such a space is overlooked. Indeed, the idea that a collection of books "functions" at all is the real difficulty. Books are understood to be static objects which sit on shelves.

At the same time, the diversity of libraries, which should be shaped to fit their parent hospitals, precludes attempts to assign a minimum space package for all hospitals of a certain size. The minimum space in which a hospital library can function at all could be stated in a checklist. In that event, the number of small libraries which exist in less than 500 square feet now, could be lined up in a surprisingly long list of negative checks.

When it comes to management of an information unit in a hospital, even with the support of an advisory body such as the library committee, the authority to make decisions is vital. The purposeful gathering together of bits and pieces of budget provisions and scattered collections into a unit which functions as a provider of information with a visible cost factor, requires administrative control and negotiating skill. Library managers know very well that this is so, but they cannot demonstrate the advantages of good library dynamics, unless they are free to exercise them. And the possibility of this freedom is all that can appear in a checklist.

These are problems which we will be addressing for a very long time, whether or not they are eventually pinpointed in the O.M.A. Checklist. We should recognize, however, that the O.M.A. Committee on Medical Library Services has carried us a very long way forward by providing the Canadian Council on Hospital Accreditation with a much more realistic Checklist for assessing the hospital libraries visited by their accreditation teams.

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TO THE EDITOR

27 February, 1979

As International Editor for MLA News, I have received issues of CHLA/ABSC Newsletter and now its successor Bibliotheca Medica Canadiana. Much as I abhor title changes, I do find the new version more descriptive of the contents. A handful of letters is so abstract and I never seem to put them together in the right sequence.

Your coverage of developments to the north is particularly interesting to me as I am from Winnipeg and worked at the University of Manitoba briefly before I wandered to Chicago almost thirty years ago. I am includig a note about the new publication in MLA News. I understand that Alan MacDonald has moved to Calgary so I am listing your name for inquiries.

MLA Headquarters does not maintain a library so the Illinois copy may be the only one in the area. ALA does have a sizeable library science library. You might send them a sample copy and suggest a subscription. The publication should be more widely available as the issues and problems discussed would be of interest to all health science librarians.

Will your group be meeting with CLA and do you have information on

date and location? A great many people from Chicago will not be going to MLA in Hawaii. Perhaps a Canadian meeting would be a possibility.

Please defer all future exports of snow. This has been a really disastrous winter and transportation has been a shambles.

I do appreciate the Canadian connection and I will continue to excerpt items for the MLA News.

Joan Campbell
Library of the Health Sciences
University of Illinois.

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(Ed. Note: The following is reproduced exactly as it was received.)

Dear P.J.,

1. Vol. 1, No. 1 of BMC received in good order.
2. Title change - Restrained mutters.
3. Change in numbering - loud boos.
4. Cover graphics - sustained applause.
5. P.J. the Beaver - Mild amusement and approval.
6. Layout - sustained applause.
7. Increase in content - Splice the mainbrace!
8. Slanders of Springer-Verlag - Well done.

In view of the less than superior performance of the Editor in conveying the communication from my colleague Kirchner to my illustrious colleague Kerr, please request that (editorial deletion) deliver a similar message on my behalf. Never send a boy.....

Yours sincerely,

Alan H. MacDonald
Lord High Pooh-Bah
and
Chancellor of the Exchequer

(For the rare few left in the country who may not recognize the style, Mr. MacDonald also admits, when not being Lord Pooh-Bah, to being Director of Libraries at the University of Calgary and CHLA/ABSC Treasurer. He also has a special interest in the BMC--apart from being CHLA/ABSC's first publisher for many years--in that it was partly he who persuaded the present editor to accept the job. Something about broken arms, I believe... I would also use this opportunity to announce that any future messages for 'illustrious colleague Kerr' should be sent directly to her as I'm getting out of the John Alden racket. It would appear that yours truly, apart from being warm, cuddly and susceptible to free drinks, is also far too young to get involved in this sort of thing.)

PETIT GUIDE DU PARFAIT INITIÉ ou COMMENT S'Y RETROUVER DANS LES SIGLES MEDLINE ou encore QUE LA LUMIÈRE SOIT...

- Mary Lynne East

Ce texte n'est par écrit pour les chercheurs MEDLINE qui reçoivent la lettre "mensuelle". Si vous appartenez à ce groupe, vous avex la permission d'aller promener le chien ou d'aller vous laver la tête au lieu de lire cet envoi qui traite de choses avec lesquelles vous êtes complètement familiers. La présente est en effet consacrée au soulagement et à l'instruction de ceux d'entre vous qui sont fatigués d'assister à des réunions où l'on se renvoie de façon fort savante les termes MEDLARS, MEDLINE,BACKFILES, ELHILL, DATAPAC, TOXLINE et CHEMLINE. Après cette lecture, vous devriez en connaître la définition et enfin être en mesure de participer à ces échanges "siglophores".

MEDLARS - c'est bien sûr l'abréviation de Medical Literature Analysis and Retrieval System. MEDLARS est le système de traitment bibliographie automatisé mis au point par la National Library of Medicine des E.-U., vers le millieu des années 60, pour produire l'Index Medicus ainsi que d'autres bibliographies périodiques et finalement permettre les recherches en direct dans de vastes fichiers de références bibliographiques. Il n'existe pas de fichier appelé MEDLARS; le sigle désigne le système en entier. Il existe un ensemble de fichiers couvrant la période de 1966 à nos jours, appelé MEDLARS Journal Citation Files, et qui comprend toutes les références de l'Index Medicus et d'autres sources (que nous aborderons plus tard).

MEDLINE (MEDLARS On-Line) est un terme qui est utilisé de deux façons. On utilise MEDLINE pour désigner les recherches en direct dans les bases de données de la NLM. Dans un dictionnaire, ce terme porterait la mention "familier".

MEDLINE est aussi le nom d'un fichier qui contient les références de l'année en cours, plus celles de deux années précédentes, tirées des MEDLARS Journal Citation Files mentionnés ci-dessus.

ELHILL est le logiciel qui sous-tend les recherches en direct du système MEDLARS. Le sigle vient du nom du sénateur américain, Lister Hill, qui a soutenu la cause de la NLM dans les années 50.

Maintenant, avant de passer à des termes plus particuliers, il est bon de mentionner que les utilisateurs des services en direct de la National Library of Medicine ont accès à de nombreux fichiers. Ainsi on pourra souvent voir un utilisateur de MEDLINE se servir de nombreuses autres bases de données spécialisées. Ces bases de données sont classées par domaine et décrites ci-dessous.

BIOMÉDICINE

MEDLINE - contient des références tirées d'environs 3000 des principales revues biomédicales du monde, y compris toutes les références de l'Index Medicus et celles de l'Index to Nursing Literature, de l'Index to Dental Literature et de Population Sciences, Index to Biomedical Research. La plupart des revues sont indexées intégralement et certains périodiques scientifiques généraux sont indexés de façon sélective en fonction des articles touchant la biomédicine. Environ 65% des références MEDLINE renvoient à des documents de langue anglaise et, depuis 1975, environ 40% des références ajoutées comportent un résumé. Les recherches thématiques sont facilitées par le vocabulaire MeSH

- ML East est Coordonnatrice de MEDLINE, CBSS, ICIST.

(Medical Subject Headings de la NLM) qui est aussi utilisable en direct. Le fichier englobe les références de l'année en cours et des deux années précédentes; les recherches peuvent se faire en direct. Les références plus anciennes sont contenues dans quarte fichiers appelés BACKFILES, qui couvrent la période de 1966 à 1976 inclusivement. On peut demander des impressions en différé de ces fichiers lorsque l'on exécute une recherche dans le fichier MEDLINE.

Le fichier MEDLINE est mis à jour mensuellement et il est possible de faire exécuter des programmes d'information courante dans le fichier de mise à jour, connu sous le nom SDILINE.

CATLINE signale tous les documents catalogués a la National Library of Medicine depuis 1965. C'est une excellente source de références pour les documents non-périodiques, tels les livres, les rapports officiels et techniques, ainsi que les comptes rendus de conference. CATLINE est mis à jour hebdomadairement et on peut utiliser les vedettes MeSH pour établir des recherches thématiques. Le fichier NAME AUTHORITY FILE de la NLM est aussi offert en direct en conjonction avec CATLINE.

SERLINE - comprend les notices des périodiques commandés, reçus ou conservés à la NLM et indique aussi dans quelles grandes bibliothèques médicales américaines ils sont conservés. On y trouve également des informations détaillées sur les périodiques indexés pour MEDLINE.

AVLINE - contient les dossiers catalographiques des non-imprimés en sciences de la santé et donne des informations pour leur emprunt ou leur achat. Plusieurs de ces documents ont été étudiés par des experts et annotés (clientèle visée, spécialités ou méthodes d'apprentissage). AVLINE est mis à jour mensuellement et contient de la documentation produite depuis 1974.

TOXICITE

TOXLINE - contient des références bibliographiques sur la documentation touchant la toxiologie, la tératologie, la mutagénicité, la pollution de l'environnement, les pesticides, la pharmacologie et la santé industrielle. Les références pour ce fichier sont tirées de Chemical Abstracts, de BIOSIS, de Pesticides Abstracts, de MEDLINE, d'International Pharmaceutical Abstracts et de nombreux fichiers des laboratoires d'Oak Ridge. TOXLINE contient les références tirées de ces sources pour la période de 1966 à nos jours. Les documents indexés après 1974 sont accessibles en direct, alors que les documents plus anciens sont signalés en différé dans un fichier appelé TOXBACK. La majorité des références TOXLINE comprennent un résumé. Il est possible de faire comparer un programme d'information courante à la mise à jour mensuelle de TOXLINE.

CHEMLINE - contient des numéros de registre de Chemical Abstracts, des termes d'indexation, des synonymes et des informations structurelles sur les produits chimiques cités dans les références TOXLINE. CHEMLINE n'est pas un fichier bibliographique, mais un fichier-dictionnaire qui englobe plus de 250 000 substances (mises à jours trimestrielles).

RTECS - (Registry of Toxic Effects of Chemical Substances) a été mis au point par le National Institute for Occupational Safety and Health des E.-U. Ce fichier contient des données sur la toxicité et des références bibliographiques sur plus de 30 000 substances toxiques (mises à jour trimestrielles).

CANCER

CANCERLIT - contient des références bibliographiques avec résumé tirées de Cancer Therapy Abstracts et de Carcinogenesis Abstracts. D'autres

références sont choisies par la International Cancer Research Data Bank du National Cancer Institute des E.-U. CANCERLIT, qui couvre la période de 1963 à nos jours, est mis à jour mensuellement et est offert en direct. Ce fichier comprend des monographies, des rapports techniques, des thèses, des rapports officiels, des comptes rendus de conférences et des articles de périodiques.

CANCERPROJ - contient des résumés des programmes de recherche sur le cancer menés dans de nombreux pays, et ce pour la période de 3 ans la plus recénte. Ces résumés comprennent une description des objectifs de la recherche, des stratégies de recherche et des progrès, ainsi que l'adresse du chercheur.

CLINPROT - contient une description des essais cliniques d'agents anti-cancer. C'est un fichier hautement spécialisé auquel sont ajoutés d'autres résumés trimestriellement.

En plus de ces fichiers, il y a présentement 5 bases de données offertes par la NLM aux centres MEDLINE américains qui ne sont pas accessibles au Canada:

BIOETHICSLINE - (Bibliography of Bioethics, Gale Research, 1973-annuel). Ce fichier contient des références se rapportant aux questions d'éthique dans les services de santé et dans la recherche médicale, et indexées entre 1973 et 1977.

EPILEPSY - contient des références aux résumés d'Epilepsy Abstracts, publié par Excerpta Medica depuis 1945.

HEALTH - (Planification de administration des services de santé) contient des références sur les aspects économiques, l'application et l'administration des services de santé pour la période de 1975 à nos jours. Le Hospital Literature Index est produit à partir de ce fichier, qui contient aussi des références tirées périodiques MEDLINE ou autres qui comportent des articles pertinents.

HISTLINE - (Histoire de la medecine) contient des références tirées de la Bibliography of the History of Medicine de la NLM (jusqu'en 1977).

TDB - (Toxicology Data Bank) est un fichier d'information et de données biologiques, chimiques, pharmacologiques et toxicologiques tirées de quelque 80 sources secondaires telles des manuels.

L'accès aux bases de données de la NLM est rendu possible grâce à une entente entre l'Institut canadien de l'information scientifique et technique (ICIST) et la National Library of Medicine des E.-U. Cette entente stipule que l'ICIST est responsable de l'établissement, de la formation et du soutien de tous les utilisateurs canadiens des services en direct de la NLM. A l'heure actuelle, 65 centres ont été établis dans des bibliothèques et des centres d'information tels des écoles médicales, des universités et collèges, des organismes gouvernementaux, des conseils de recherches, des hôpitaux et des compagnies pharmaceutiques. Tous ces centres ont accès aux mêmes bases de données mentionées ci-dessus et, au cours de 1978, l'utilisation canadienne en direct a atteint 3000 heures de connexion. Les bases de données sont montées sur l'ordinateur de la NLM et les centres canadiens y ont accès grâce à des terminaux, par le biais du réseau de transmission de données canadien, DATAPAC (j'ai bien failli l'oublier).

Vous pouvez obtenir des services de recherche documentaire ($30 par sujet) et des informations sur les possibilités de devenir un centre MEDLINE en communiquant avec le: Centre bibliographique des sciences de la santé, ICIST, NRC, Ottawa, K1A 0S2. No de tel: (613) 993-1604.

.....ET LA LUMIERE FUT

BLUFFER'S GUIDE TO MEDLINE; or, HOW TO TALK MEDLINE

- Mary Lynne East

This piece is not written for those BMC readers who are also MEDLINE searchers. If you belong to this set, you might consider walking the dog or washing your hair instead of reading this as you are fully conversant with the matters to be discussed and by now quite used to the prose style employed. This is intended to enlighten and inform those of you who are fatigued with attending meetings and hearing such terms as MEDLARS, MEDLINE, ELHILL, DATAPAC, BACKFILES, TOXLINE and CHEMLINE tossed about in a knowing fashion. After reading this, you should be equipped with a few definitions that will enable you too to wade in and fling acronyms with the best of them.

To begin at the beginning, a definition of MEDLARS is called for. MEDLARS is the acronym for Medical Literature Analysis and Retrieval System. MEDLARS is the computerized bibliographic processing system developed by the U.S. National Library of Medicine in the mid-sixties to produce Index Medicus and other recurring bibliographies, and ultimately to enable online searching of larger files of bibliographic citations. There is no one file called MEDLARS; the term refers to the whole system. There are a set of files covering the period 1966 to present referred to as the MEDLARS Journal Citation Files which contain all citations from Index Medicus and other secondary sources. (More about these later.)

MEDLINE (MEDLARS Online) is a term which is used in two ways. MEDLINE is used in a general sense in discussing searching of NLM data bases online. If this were a dictionary, this definition should perhaps be labelled (colloq.)

MEDLINE is also the name of the file containing two years plus the current year's citations from the afore-mentioned MEDLARS Journal Citation Files.

ELHILL Is the computer software which supports the online search portion of the MEDLARS system. This acronym is derived from the name of a U.S. senator, Lister Hill, who championed the cause of the NLM in the 1950's.

Now, moving from the general to the more particular, the next definitions are prefaced with the fact that users of National Library of Medicine online services have access to many files. MEDLINE may be the flagship of the system, to muddle metaphors a little, but a MEDLINE searcher may often be observed searching one of several other specialized data bases. The data bases are categorized by general subject area and are profiled below.

BIOMEDICINE

MEDLINE - contains citations to literature in about 3,000 of the world's major biomedical journals, including all Index Medicus citations plus all journals covered by the Index to Nursing Literature, the Index to Dental Literature and Population Sciences; Index of Biomedical Research. Most of the journals are indexed comprehensively, with a small number of more general science titles being selectively indexed for material within the scope of biomedical concerns. About 65% of the MEDLINE data base is English language material, and since January 1975 about 40% of the citations added have included abstracts. Subject access is enhanced by the use of NLM's Medical Subject Headings (MeSH) which is also available online. The MEDLINE data base covers material entered during the current and preceeding two years and is accessible online. Earlier citations are contained in 4 BACKFILES which cover the period

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- ML East is MEDLINE Coordinator, Health Sciences Resource Centre, CISTI.

from 1966 to 1976 inclusive, and offline prints can be requested from these files while a search is being performed on the MEDLINE file. The MEDLINE file is updated monthly and current awareness profiles can be run on the update file, known as SDILINE.

CATLINE - contains a record of all items catalogued by the National Library of Medicine since 1965. It is an excellent source of citations of non-journal literature such as books, technical and government reports, and conference proceedings. It is updated weekly and subject searches can be constructed using the Medical Subject Headings. NLM's NAME AUTHORITY FILE is also available online for use with CATLINE.

SERLINE - contains records of serials ordered, received and held at NLM, indicating locations of these items in major medical libraries in the U.S., and including detailed information on journals indexed for MEDLINE.

AVLINE - contains cataloguing records of non-print material in the health sciences, including loan and purchase information. Many of the items have been reviewed by experts and annotated with notes on audience levels, specialities and learning methods. AVLINE is updated monthly and includes material produced since 1974.

TOXICITY

TOXLINE - contains bibliographic citations to the literature of toxicology, teratology, mutagenicity, environmental pollutants, pesticides, pharmacology, and occupational health. Citations for this file are taken from Chemical Abstracts, BIOSIS, Pesticides Abstracts, MEDLINE, International Pharmaceutical Abstracts and several Oak Ridge National Laboratories information files. TOXLINE contains references from these sources for the period of 1966 to present. Material entered after 1974 is accessible online while a BACKFILE known as TOXBACK contains earlier references from which offline prints can be requested. The majority of TOXLINE citations include abstracts. Current awareness searches can be performed on the monthly update to TOXLINE.

CHEMLINE - contains Chemical Abstract Registry Numbers, index terms, synonyms and structural information for chemicals cited in TOXLINE citations. This is not a bibliographic file, but a chemical dictionary file of over 250,000 substances which is updated quarterly.

RTECS - (Registry of Toxic Effects of Chemical Substances) developed by the United States National Institute for Occupational Safety and Health, contains toxicity data and bibliographic references for over 300,000 toxic substances. This data is updated on a quarterly basis.

CANCER

CANCERLIT - contains bibliographic citations with abstracts to the literature appearing in Cancer Therapy Abstracts and Carcinogenesis Abstracts. Additional material is selected for inclusion by the International Cancer Research Data Bank of the U.S. National Cancer Institute. CANCERLIT, which covers the period 1963 to present, is updated monthly and is available online. The file contains monographs, technical reports, theses, government reports, and conference papers as well as the address of the researcher.

CANCERPROJ - contains summaries of ongoing cancer research projects from many countries for the most current three years. These summaries include descriptions of research objectives, approach, and progress as well as the address of the researchers.

CLINPROT - containing summaries of clinical trials of anticancer agents, this is a small, highly specialized file to which additional summaries

are added quarterly.

In addition to these files, there are currently 5 NLM files available to U.S. MEDLINE Centres which are not yet accessible in Canada. They are:

BIOETHICSLINE - (Bibliography of Bioethics, Gale Research, 1973-annual). This file contains material relevant to ethical issues in health care and medical research index during the period 1973 to 1977.

EPILEPSY - contains citations to abstracts in Epilepsy Abstracts, published by Excerpta Medica for the period of 1945 to present.

HEALTH - (Health Planning and Administration) contains citations relevant to the field of health care economics, delivery and administration for the period of 1975 to present. The Hospital Literature Index is produced from this file which also contains citations from MEDLINE and some non-MEDLINE journals which contain material within the scope of this file.

HISTLINE - (History of Medicine) contains citations from the NLM Bibliography of the History of Medicine through 1977.

TDB - (Toxicology Data Bank) is a file of biological, chemical, pharmacological and toxicological information and data extracted from some 80 secondary sources such as textbooks and handbooks.

Canadian access to NLM data bases is made possible through an agreement between the Canada Institute for Scientific and Technical Information (CISTI) and the U.S. National Library of Medicine. This agreement stipulates that CISTI will be responsible for establishing, training and supporting all Canadian users of NLM online services.

At this writing, 65 centres have been established in libraries and information centres in a variety of settings including medical schools, universities and colleges, government agencies, research councils, hospitals, and pharmaceutical companies. All centres have access to the same set of data bases as detailed above and during 1978 Canadian online use reached nearly 3,000 connect hours. The data bases are mounted on the NLM computer and Canadian centres access this computer from their computer terminals via the Canadian data communications network, DATAPAC (in case you were afraid you would miss an acryonym).

Search services on these data bases, at a cost of $30.00 per topic, and information about becoming a MEDLINE Centre are available by contacting: Health Sciences Resource Centre, CISTI/NRC, Ottawa Ontario, K1A 0S2, or by telephoning: (613) 993-1604.

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POSITION VACANT

Dalhousie University is seeking candidates for the position of Health Sciences Librarian. The Health Sciences Library serves the faculties of Medicine, Dentistry, and the Health Professions. It contains a collection of some 110,000 volumes, 3,200 audiovisual items, and 9,000 microforms. There are 3,250 serials currently received. Salary competitive. Interested candidates should write to:

Louis Vagianos
Dalhousie University
Halifax, Nova Scotia B3H 4H6
Chairman, Search Committee

CHECKLIST FOR HOSPITAL ACCREDITATION: STAFF LIBRARY SERVICES

In the Spring, 1978 issue of our predecessor, the CHLA/ABSC Newsletter, we published a developmental draft of the Checklist for Hospital Accreditation with an invitation to members to comment. The suggestions received from CHLA/ABSC were forwarded to the OMA and a final version now follows. Additional copies of the Checklist are available from: Committee on Medical Library Services, Ontario Medical Association, 240 St. George St., Toronto, Ontario, M5R 2P4.

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This Checklist includes a series of questions that the surveyor may ask, which expand the existing questions and add various other components.

Although this Checklist is designed to supplement the question sheet in the Hospital Survey Questionnaire on "Staff Library Services", some of the original questions and ours have been mingled to provide unit for the surveyor. All supplemental questions are marked with an asterisk to denote this status.

At some time, the CCHA may wish to include these questions permanently in the library section of the questionnaire. It is our belief that this will make the survey of Staff Library Services more valuable as an aid in determining the library's usefulness and ultimately serve as another criterium in hospital accreditation.

In establishing whether the library "passes" for accreditation purposes, the survey is set up so that answers to most questions should be "yes", except for those questions which require numerical answers, in which case the minimum acceptable value is given in parentheses.

These values are derived from the Canadian Standards for Hospital Libraries which have been accepted by the Canadian Library Association, the Medical Library Association, the Ontario Medical Association, the Canadian Medical Association and the Association of Canadian Medical Colleges.

We believe that library services are essential to the proper maintenance of professional education; and that the availability of adequate facilities should play a role in the accreditation of a hospital.

Committee on Medical Library Services
Ontario Medical Association

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* 1. Is there an identifiable library? Yes__ No__

* 2. Is the library in a central, easily accessed, clearly identified location? Yes__ No__

3. Library services are provided in: (Check applicable statements; a,b are best)
   a. Central location only ___
   b. Central location and departments ___
   c. In departments only ___

* 4. Is the room used only for library purposes? Yes__ No__
If no, then do these other activities not interfere with the library functions? (That is, if the room is also used for meetings, does this mean that the library functions are still available during these meetings?) Yes__ No__

* 5. Who may use the library?
All the staff? Yes__ No__
Doctors only? Yes__ No__
If neither of the above, which of the following:
Nurses? Yes__ No__
Administration? Yes__ No__
Allied health staff? Yes__ No__

* 6. Is there space and seating for library users to study library material? Yes__ No__

* 7. Is there space in which the library staff may work? Yes__ No__

8. Is there a library committee? Yes__ No__
The library committee includes representatives from: (all should be indicated)

Medical staff Yes__ No__
Administration Yes__ No__
Nursing Service Yes__ No__
Library Service Yes__ No__
Other (specify) _____

The responsibilities of the library committee include: (all should be indicated)

Determination of the nature and scope of library services Yes__ No__
Approval of the addition and deletion of titles, journals and related materials Yes__ No__
Establishment of policies and procedures Yes__ No__

* Does the library committee meet regularly? (minimum of quarterly) Yes__ No__ How often_____

If there is no library committee, indicate who performs the functions listed above? _____

* 9. Is there a regular acquisition budget for the library? Yes__ No__
How much is budgeted? _____per year
(For budget and acquisitions questions, minimum figures would be of little value because the library matures and its budget and acquisitions requirements grow. Therefore a sliding scale is suggested:

Category	Year 1	Year 5	Year 10
1	$12000	$17600	$21300
2	6300	9500	12100
3	3700	5400	7300
4	1900	2300	3600
5	1000	1800	2900

(See overleaf for an explanation of the categories.)

(Year 1 - beginning or non-functional libraries; ones that provide little or no service.
Year 5 - libraries which have been functional for several years.
Year 10 - libraries which are a genuine resource of some standing.)

Where does the money come from?
Hospital global budget? Yes__ No__
Doctors' donations? Yes__ No__
Nurses' donations? Yes__ No__
Other (please specify) _____

* 10. Is the library easily accessed at times when the library staff are not available? Yes__ No__

11. Give the hours that the library is open on weekdays? _____a.m. to _____p.m.
On weekends? _____a.m. to_____p.m.
(Category 1-4: full time coverage of 35 to 40 hours per week.
Category 5: at least 15 hours per week.)

* 12. Is duplication service available? Yes__ No__
Are there arrangements for interlibrary loan with another library?
Yes__ No__ With how many other libraries? _____ (1)
(a) Hospital _____ (b) University _____ (c) Other (specify) _____

The rest of the questions deal separately with the 5 categories of hospitals. Use only the appropriate section. For an explanation of the categories of hospitals, please see the end of the Checklist.

* 13. Category 1:

a) Library personnel. Is there a librarian available? MLS/BLS degree? Other staff? Number and kind? (library technician, 2 clerks)

b) Number of courses, workshops, seminars, etc. attended within the past twelve months? (1)

c) Number of current book titles? (Year 1 - 1000; Year 5 - 1500; Year 10 - 2400)

d) How many purchased within the past 12 months? (Year 1 - 100; Year 5 - 150; Year 10 - 240)

e) Number of journals? Overall? (Year 1 - 245; Year 5 - 260; Year 10 - 280
Medical? (200+)
Nursing? (20)
Administration? (10)
Other allied? (15)

f) Reference sources? Index Medicus? Cumulative Index to Nursing Literature <u>or</u> International Nursing Index? Hospital Literature Index?

g) Audio-visual resources? Catalogues? Playback equipment?

* 14. Category 2:

a) Library personnel. Is there a librarian available? MLS/BLS degree? Other staff? Number and kind? (library assistant, 1 clerk)

b) Number of courses, workshops, seminars, etc. attended within the past twelve months? (1)

c) Number of current book titles? (Year 1 - 750; Year 5 - 1100; Year 10 - 1900)

d) How many purchased within the past 12 months? (Year 1 - 75; Year 5 - 110; Year 10 - 190)

e) Number of journals? Overall? (Year 1 - 105; Year 5 - 115; Year 10 - 125)
Medical? (75)
Nursing? (10)
Administration (10)
Other allied? (10)

f) Reference sources? Index Medicus? Cumulative Index to Nursing Literature <u>or</u> International Nursing Index? Hospital Literature Index?

g) Audio-visual resources? Catalogues? Playback equipment?

* 15. Category 3:

a) Library personnel. Is there a librarian available? MLS/BLS degree? Other staff? Number and kind? (clerk-typist)

b) Number of courses, workshops, seminars, etc. attended within the past twelve months? (1)

c) Number of current books? (Year 1 - 500; Year 5 - 800; Year 10 - 1200)

d) Number purchased within the past 12 months? (Year 1 - 50; Year 5 - 80; Year 10 - 120)

e) Number of journals? Overall? (Year 1 - 50; Year 5 - 55; Year 10 - 65)
Medical? (35)
Nursing? (5)
Administration? (5)
Other allied? (5)

f) Reference sources? Abridged Index Medicus <u>or</u> Index Medicus. Cumulated Index to Nursing Literature <u>or</u> International Nursing Index? Hospital Literature Index?

g) Audio-visual resources? Catalogues? Equipment for playback?

* 16. Category 4:

a) Library personnel. Is there a library assistant or technician? Diploma?

b) Number of courses, workshops, seminars, etc. attended in the past twelve months? (1)

c) Number of current books? (Year 1 - 200; Year 5 - 300; Year 10 - 475)

d) Number purchased within the past 12 months? (Year 1 - 20; Year 5 - 30; Year 10 - 48)

e) Number of journals? Overall? (Year 1 - 29; Year 5 - 35; Year 10 - 40)
Medical? (20)
Nursing? (3)
Administration? (3)
Other allied? (3)

f) Reference sources? Abridged Index Medicus? Cumulated Index to Nursing Literature or International Nursing Index? Hospital Literature Index?

g) Audio-visual resources? Catalogues? Playback equipment?

* 17. Category 5:

a) Library personnel. Is there a part-time assistant? Number of hours per week? (minimum 15 hours)

b) Number of courses, workshops, seminars, etc. attened in the past 12 months? (1)

c) Number of current books? (Year 1 - 50; Year 5 - 70; Year 10 - 100)

d) Number purchased within the past year? (Year 1 - 5; Year 5 - 7; Year 10 - 10)

e) Number of journals? Overall? (Year 1 - 22; Year 5 - 25; Year 10 - 25)
Medical? (15)
Nursing? (3)
Administration? (2)
Other allied? (2)

f) Reference sources? Abridged Index Medicus? International Nursing Index or Cumulated Index to Nursing Literature? Hospital Literature Index?

g) Audio-visual resources? Catalogues? Playback equipment?

- - -

These five categories of hospitals were established for use in the Canadian Standards for Hospital Libraries, and are roughly based on the ACBLF* list of standards.
The categories have the following characteristics:

Category 1:
a) The hospital is affiliated with a Faculty of Medicine of a university;
b) It is accredited for internship and residency in various specialities;
c) It maintains research projects;
d) It has a medical staff of at least 200 physicians, residents and interns, and appropriate supporting staff.

Category 2:
a) The hospital has two of the a,b or c characteristics of Category 1;

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*Association Canadienne des Bibliothècaires de la Langue Française.

b) It has a medical staff of at least 100 persons, and appropriate supporting staff.

Category 3:
a) The hospital does not qualify for Category 1 or 2, but has 300 - 499 beds.

Category 4:
a) The hospital does not qualify for Categories 1, 2 or 3 but has 100 - 299 beds.

Category 5:
a) The hospital does not qualify for Categories 1, 2, 3 or 4 and has less than 100 beds.

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NEWS ITEMS

The meeting to discuss the Montreal Chapter of CHLA/ABSC was held on Thursday, 22 February at the Hôpital Ste Justine. After short presentations on the existing organizations in Montréal (a group attached to McGill University and a group attached to the Université de Montréal), attention turned to CHLA/ABSC and the hopes that the Section de la Santé of ASTED have of forming a grouping of their Montréal members. After some discussions, it was agreed that a committee consisting of three members of CHLA/ABSC and three members of ASTED Section de la Santé be formed under the chairmanship of Pierette Dubuc to consider the formation of one combined organization in Montréal. It was generally agreed that the two groups connected to the University Medical Libraries serve a useful but restricted purpose and that the formation of two additional groups would be counterproductive. The CHLA/ABSC representatives on the committee are David Crawford, Sandra Duchow and Madeleine Lambert and it is hoped that the ASTED representatives will be chosen shortly and that concrete proposals can be brought to both CHLA/ABSC and ASTED members in Montréal with two or three months.

Following these deliberations, the 23 people present heard a stimulating talk by Martha Stone on the Council of Federal Libraries and how this comparatively new group is developing.

On 12 January, 1979, the Thames Valley District Health Council hosted a meeting of hospital and other health library personnel in the London, Ontario area to discuss co-operative means of improving library service.

Participants in the meeting included representatives from general, teaching, psychiatric, and chronic care hospital libraries in London, St. Thomas, and Strathroy, and from the district health unit, the Victorian Order of Nurses, London Public Library, Extendicare Nursing Homes, the Victoria and Woodstock campuses of the Fanshawe College School of Nursing, and the Health Sciences Library, University of Western Ontario.

Mrs. Pamela Avis Pollock, Consulting Librarian of the Ontario Medical Association was to have presented her paper on "Guidelines in the Development

of Shared Information Services for Health Professionals", but unfortunately she was unable to make the trip from Toronto because of illness. A last-minute appeal to Mrs. Beatrix Robinow, McMaster University Health Science Library resulted in a presentation of "The Health Sciences Library at McMaster University and its experience with a Hospital Library Network", by Claire Callaghan, Circulation and Reference Librarian. Sue Gillespie, Librarian at University Hospital, London, also spoke on "Health Library Consortia."

After some discussion of the points raised by the two speakers, the group decided to form a sub-committee to determine in detail how much interest there is in co-operation, in what area it is most needed, and what resources are available for meeting those needs. Members of the subcommittee --Larry Lewis, Health Sciences Library, University of Western Ontario; Carmen Sprovieri, Community Relations Co-ordinator, London Public Library; Iris Becker-Zawadowski, Library Services, St. Thomas Psychiatric Hospital; Donna Champagne, Staff Library, London Psychiatric Hospital--will reconvene the group to discuss their report and decide the form and extent of future co-operative efforts.

- Donna Champagne, Staff Library, London Psychiatric Hospital

The Manitoba Health Libraries Association held its regular winter meeting on 21 February, 1979. It was announced at that meeting that the MHLA has been officially granted chapter status in CHLA/ABSC.

The MHLA has made formal submission to the Health Manpower Provincial Report. This annual publication reports on health professions in Manitoba, giving such information as names, locations and duties of members in each health profession. It is the first time that health library personnel in Manitoba will be included in this report.

The Manitoba Health Organization has requested that the MHLA participate in its annual conference, to be held in November, 1979, in the same capacity as other professional associations in Manitoba. This means funding will be forthcoming for a programme that could include a guest speaker. The MHLA has previously participated in the MHO conference but has never been formally recognized until now.

The MHLA has formed a Publications Committee with the purpose of making its activities more widely known throughout the province to health library personnel. All publications of the MHLA now come under the coordination of the Committee. The first major project it will undertake is the production of a core list of library material. Selected books and journals for rural Manitoba health institutions is designed to assist these institutions in the building of a core library collection. The list, which will include medical, nursing, allied health and long-term care materials, is scheduled for completion by early summer.

Joanne Marshall of the Health Sciences Library at McMaster University will be the guest speaker at the 9 May meeting of the MHLA. She will speak on the topic of clinical librarianship.

- Denise Poirier, Medical Library, Hôpital Général St. Boniface

PROPOSED CORE LIST OF GERONTOLOGY MATERIAL OF SIGNIFICANCE TO CANADIANS: An open appeal to CHLA members for assistance

- Doreen Fraser

In the fall of 1978, there appeared a preliminary edition of a publication entitled Gerontology: A Core List of Significant Works. It was compiled by Willie M. Edwards, Librarian of the Institute of Gerontology's Learning Resource Center at the University of Michigan in Ann Arbor, and Frances Flynn, Principal Associate and Chief Librarian of the Center for Community Health and Medical Care at Harvard University in Boston.

There is great world-wide need for useful bibliographic tools to control the rapidly expanding and multi-disciplinary field of ageing. This publication is the first concerted effort to provide an authoritative selection of useful American material from a welter of publications, many of which are poorly researched, out of date, inaccurate and unnecessary. The initial phase of any new subject field, which almost has a 360-degree range of subjects affecting it, provides an enormous problem until the indexing and abstracting services can catch up with it or develop patterns to suit it.

During my sabbatical, I spent three weeks at the Institute in Ann Arbor and then carried on with a safari across Canada from coast to coast. I am very well aware of the need for a comparable publication in Canada. Mrs. Edwards attended the Tokyo Conference on Gerontology in August, 1978 where she met Shiela Dale, Chief Liaison Librarian of Britain's Open University which has just finished the production of a course on ageing for the BBC-TV Educational Network. By 1980, there will be a Canadian outlet for the audio-visual components and to provide information about the excellent printed materials and kits. Mrs. Edwards returned to Ann Arbor and wrote to report that Mr. Robert Slater, the well known British psychologist at the University of Wales in Cardiff has become involved as "leader" of the British Section to develop a team to work with Miss Dale, and to say that she believed that a Canadian component would be useful since the Canadian experience touches both the U.K. and the U.S.A. and also has its own contribution to make.

I agreed to investigate the possibility of producing the Canadian section of this trilogy, writing both to the Canadian Association of Gerontology and to Mrs. Flower regarding CHLA's possible interest. Dr. Gilbert Rosenburg, President of C.A.G., has written to say that the C.A.G. will support the project and will assist with provision of Consultants but has no money for project funding. I hope that C.A.G. will be prepared to back up a Canada Council or Social Science Research Council grant. Mrs. Flower wrote back and told me to put my proposal before the membership via the BMC--so here I am!

Members of CHLA could contribute usefully to the health sciences sections of Canadian List. Because of our Constitution, Provinces have unique items that will be of interest. Once consultants have been selected, librarians could be matched or paired to work with them. Materials of significance to Canada would also include American, British and Scandinavian items, etc. apart from uniquely Canadian ones. We should be highly selective of American material, some fields being useful while others are not.

The following is an outline description of the Edwards/Flynn current

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- MDE Fraser, Assistant Professor, School of Library Service, Dalhousie University

publication:

> Gerontology: A Core List of Significant Works; compiled by Willie M. Edwards and Frances Flynn. Ann Arbor, The University of Michigan-Wayne State University Institute of Gerontology, 1978. (Resources in Aging Series) Bibliography - 109 pages, Author/Titles Indexes pp. 111-158. Compiled with the assistance of a national panel of 28 consultants in the fields of adult and continuing education, anthropology, architecture, community health, education, environment, law, librarianship, medical sociology, nutrition, politics, psychology, public safety, social gerontology, social work, sociology, statistics and demography, urban planning. (M.D.E. F's Note: very significant omissions are geriatrics, nursing, rehabilitation, sports, the fine arts and creative crafts)
> Contents: Abstracts and Indexes; Journals; Bibliographies (subject arrangement); International Conferences; National Conferences; General Sources: Subject arrangement under: Biology, Death and Dying, Demography, Economics, Education of Adults, Employment, Evaluative Research, Health (Day Care, General Geriatrics, Long-Term Care, Physical Fitness); Housing; Legal Aspects of Ageing; Psychology; Retirement; Services and Programmes; Social Security; Sociological Aspects of Aging; Training; Transportation; Indexes.
> Mrs. Edwards reports that their forthcoming revision will have the addition of the following topics: Work after retirement; expansion of the Leisure section; new housing and living arrangements; quality of life; minority aging; the Public Policy and Politics section to be expanded, also the Geriatrics section; the middle years, intergenerational aspects of aging; the rural elderly, etc.

They are seeking Federal funding for the next revision. We agreed that "key" journal articles should be added.

It is intended that each country will use its own subject headings and terminology and that a glossary will be compiled to permit intelligent cross-use of the sections (my contribution!). An anticipated date for completion for the expanded programme is 1981 with publication in 1982, the year of the World Congress on Ageing, and already in use by 1983, the Year of the Elders.

It has been agreed that I meet in Boston on 31 March-1 April with Willie and Frances so that we can settle down to the practicalities of working out the ramifications of a transnational programme. If the programme is to succeed, it is essential to build a firm foundation. There may be further international expansion.

I shall be very interested to know whether members of CHLA are willing and sufficiently interested to become involved. At present, we have about 1.8 million citizens over 65 years of age. By 2001, we shall likely have 3.3 million and by 2031, it is estimated that we shall have over 6.1 million. A tremendous crunch is approaching very rapidly and Canada is lagging badly in a number of ways. We are weak insofar as information resources and library collections are concerned. It is essential to produce a worthwhile working tool both for the "old hands" and for the many newcomers entering the field.

Librarians of every species should be in the thick of things! Please let Mrs. Flower know your reactions to my proposal. I hope that you will be willing to become involved.

MANITOBA CORE LIST

- Sandra Langlands

Pam Pollock's recent article "Ontario Medical Association Booklists" and mutterings from down the hall about lost sleep and BMC deadlines have at last spurred me to report on a current Manitoba Health Libraries Association project: the preparation of Selected Books and Journals for Rural Manitoba Health Institutions.

The development of a core list of medical books and journals in Manitoba arose from my numerous trips to rural hospitals as the Extension Library of the University of Manitoba's Medical Library. While visiting a range of health personnel from Fort Churchill to Plum Coulee to outline our collections and services, I also assessed their hospital libraries. Not surprisingly, many were underdeveloped, holding primarily out of date medical books and a few current journal subscriptions. Unfortunately, a history of poor library funding--$200 to $300 per annum has been the rule rather than the exception--and a reduced provincial health budget in 1978 ensure a subsistence level of core book buying for some time to come.

The Extension Service is charged primarily with developing information resources in rural centres. Advocating collection development in the face of province-wide economic restraint would be impractical. Waving A.N. Brandon's respected but lengthy purchasing tool as a flag around which to rally would result in the early demise of a young but potentially useful librarian and her services. Common sense (and a strong survival instinct) demanded a more spartan 'bare bones' list with a Manitoba emphasis. Nursing material also had to be included to encourage the building of practical working collections useful to a wide range of hospital personnel.

We began on two fronts. Suggestions were requested from members of the Faculty of Medicine for key titles in the areas of medicine relevant to rural health care facilities. Simultaneously, librarians at Winnipeg hospitals and nursing schools sought advice from experts in their institutions and compiled a list of basic nursing materials. The two lists, medical and nursing, were merged to create the Core List of Medical and Nursing Material Suitable for Hospital Libraries in Rural Manitoba which was made available through the Extension Service in 1977.

The first medical-nursing list was updated for new editions and prices early in 1978 but lacked material for allied health workers and those active in geriatric long-term care. The task of improving it was assumed by the Manitoba Health Libraries Association and Selected Books and Journals for Rural Manitoba Health Institutions is now in preparation. Four committees have been established, each responsible for a section of the list: allied health, long-term geriatric care, medicine and nursing. Guidelines have been written to outline the format of the list and describe its purpose and potential audience; however, each committee will independently form its own portion of the list. The medical and nursing committees have asked several specialists in each subject area to comment on titles from the 1977 list and suggest newer or more important titles where appropriate. The allied health and geriatric long-term care committees, without a list specifically for the small hospital or personal care home, have had a more difficult task. Nonetheless, their requests for assistance have been met

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- S Langlands is Extension Librarian, Medical Library, University of Manitoba and President, Manitoba Health Libraries Association.

with enthusiasm in most urban hospitals.

When the four lists are completed in late March, they will be submitted to me as the Core List Coordinator for checking; more importantly, this will ensure that the guidelines have been followed to produce a practical and useful buying guide for rural hospitals. Barring any unexpected difficulties, the list will be bound with a section on basic reference material and distributed in May or June by the MHLA's Publications Committee.

The preparation of a core list is a time consuming and difficult task but, given the fact that small rural hospitals with limited budgets and untrained library personnel have very definite information needs, we were encouraged to attempt it. We hope Manitoba hospitals will benefit from its preparation.

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MLA CANADIAN GROUP MEETING

The Canadian Group of the Medical Library Association will be having a luncheon meeting on Thursday, 7 June in the Hilton Hawaiian from 12:30 - 1:30 p.m. It will be buffet style in order to keep the price as modest as possible; the time and location will be included on the MLA programme and tickets will be available at the time of regist ration.

The agenda will include only those items considered essential for discussion--nomination and election of officers for the 1980/81 term, the approval of minutes and a report concerning status and direction of the group and reports from centres across Canada. Since the meeting time is short, the business will be necessarily so also. The prime reason for the meeting is to ensure an opportunity for Canadian members to be aware of important developments in Canadian health science librarianship and to meet health science librarians with Canadian interests.

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NEWS ITEMS

Beginning 20 January, 1979, the Red River Community College in Winnipeg is offering a course entitled "Working in a health science library". The 20 hour course is part of the second year Library Technician Diploma Course at RRCC. Seventeen people are currently registered in it.

The course, being given by Winnipeg library consultant Rena Kroeker, consists of 20 hours of instruction including 10 hours of guest lectures. Designed to be practical and broad in scope, it examines the special aspects of acquisition, cataloguing and reference work peculiar to hospital and medical libraries.

It is interesting to note that this is the first time a separate

course on health libraries is offered in Manitoba and that it comes about as a result of demands on the part of the Manitoba Health Libraries Association.

The Health Sciences Library staff at McMaster University is busy planning for an open house in the Health Sciences Centre that will be held from 27 - 29 April. The Library and many other areas in the Centre are planning displays and demonstrations for the expected visitors.

The Library's plans include slide/tape shows and videotapes on medical subjects in the Audiovisual Area. Some of the pathological specimans will also be on display as an example of learning resources. The Community Resources Area which contains pamphlets and directories to the various agencies in the region will be featured. Demonstrations of MEDLINE, the computerized literature search service, will be given on the Saturday only. Finally, special display boards are being prepared to explain library services and projects such as the Hospital Library Service, the Clinical Librarian Project, the Health Sciences Archives, and MEDICAT, the computer cataloguing project.

We hope to see some of you during the open house!

- Joanne Marshall, Health Sciences Library, McMaster University

The Hamilton-Wentworth Health Library Network held a workshop on the use of the Science Citation Index at McMaster University Health Sciences Library on Tuesday, 6 March, 1979. It was conducated by Linda Panton, the Coordinator for the network.

The OHA Region 9 Library Committee met on 13 February, 1979 at the Children's Hospital of Eastern Ontario in Ottawa. The meeting was chaired by Ms. Mabel Brown of the Ottawa Civic Hospital. A Reading Committee presented a report on Small Hospital Libraries. Copies may be obtained from Ms. Margie Taylor, Librarian, Children's Hospital of Eastern Ontario, 401 Smyth Road, Box 8010, Ottawa, Ontario, K1H 8L1. Members of the Reading Committee are: Margie Taylor, Children's Hospital of Eastern Ontario; Irene Brown, Algonquin College; Evelyn Chow, Royal Ottawa Hospital; and, Debby Foster, Ottawa Civic Hospital.

The Toronto Medical Libraries Group met 28 February, 1979 at the University of Toronto Faculty of Pharmacy. Ms. Dorothy Smith, Pharmacist, spoke on the role of the pharmacist in health care. Ms. Shiela Swanson reported on the progress of the new edition of the Union List. Ms. Linda McFarlane reported on the latest meeting of the Advisory Committee to the Health Sciences Resource Centre.

The Sunnybrook Medical Centre Health Sciences Library in Toronto became a MEDLINE center as of early 1979.

CHLA/ABSC: Troisième Assemblée Annuelle

13 et 14 juin 1979

OTTAWA

Le mercredi 13 juin

ENDROIT: Université d'Ottawa

9 h à 17 h — Cours d'éducation permanente de la MLA
- CE 4 Outils de référence généraux pour la biomédicine
- CE 44 Gestion de bibliothèque et planification
- CE 5 Facteurs humains dans l'administration des bibliothèques

*En anglais seulement.

FRAIS: EU $50 (membres de la MLA)
EU $75 (non-membres)

13 h — Visite de l'ICIST, de la bibliothèque de Santé et Bien-être social Canada et de la Bibliothèque nationale.

19 h — Accueil et dîner.

Le jeudi 14 juin

ENDROIT: ICIST

9 h à 10 h 30 — "Funding for health sciences research in Canada"/financement des recherches en sciences de la santé au Canada.

Orateurs: Dr. John Kucharczyk - Association canadienne des professeurs d'université, Fédération canadienne des sociétés de biologie.

Dr. Paul Yewchuk- député fédéral, critique conservateur des politiques sur la santé.

10 h 30 à 11 h — Pause-café

11 h à 12 h 30 — Discussion: Restrictions fiscales dans les bibliothèques des sciences de la santé.

12 h 30 à 13 h — Présentations: Les bibliothèques et associations de la santé présentent des informations sur leurs services, publications, etc.

13 h à 14 h 30 — Déjeuner (compris dans le droit d'inscription).

14 h 30 à 15h 30 — Réseaux pour les bibliothèques des sciences de la santé au Canada.

15 h 30 à 16h 30 — Assemblée annuelle.

16 h 30 à 17 h — Nouvelles et rapports: occasion pour les participants de faire connaître leurs activités régionales.

NOTE: Pour vous inscrire, complétez le formulaire d'inscription ci-joint. Ceux qui assistent aux cours de la MLA seulement doivent aussi s'inscrire.

CHLA/ABSC: 3rd Annual Meeting
June 13 - 14 1979
OTTAWA

Wednesday, June 13

LOCATION: University of Ottawa

09:00 - 17:00 MLA Continuing Education Courses
-CE 4 General biomedical reference tools
-CE 44 Library management - planning
-CE 5 Human Factors in library administration

FEES: $50.00 U.S. MLA members
$75.00 U.S. Non-MLA members

13:00 - Tours of CISTI, Department of National Health and Welfare Library, and the National Library.

19:00 - Welcoming Reception and Dinner.

Thursday, June 14

LOCATION: CISTI

09:00 - 10:30 Funding for health sciences research in Canada.

Speakers: Dr. John Kucharczyk - Canadian Association of University Teachers and Canadian Federation of Biological Societies.

Dr. Paul Yewchuk - MP, Conservative Health Critic

10:30 - 11:00 Coffee

11:00 - 12:30 Panel: Fiscal restraint in health science libraries

12:30 - 13:00 Displays: Libraries and health association will display information on services, publications, etc.

13:00 - 14:30 Lunch (Cost included in registration fee.)

14:30 - 15:30 Networks for health science libraries in Canada.

15:30 - 16:30 Annual Meeting.

16:30 - 17:00 News and Reports: Opportunity for attendees to report regional happenings.

NOTE: To register, please complete the enclosed registration form. Those attending MLA courses only must also be registered.

NEWS ITEMS

The London Ontario Health Science Libraries met on 23 February, 1979 to discuss cooperation between libraries. The meeting was hosted by Ms. A. Hansen, Librarian at the Canadian Psychiatric Research Institute. Ms. Donna Champagne, Librarian at London Psychiatric Hospital, gave a brief presentation of the Canadian Health Libraries Association at this meeting.

The North Atlantic Health Science Libraries will meet in Bath, Maine on 16-19 September, 1979 for their annual meeting and educational programmes. The finalized programme will be released at a later date.

A proposal to consolidate the Natural Sciences and Health Sciences Librarians is being discussed at the University of Western Ontario. The staff of the U.W.O. Health Sciences Library is also busy carrying out a survey of its periodical subscriptions in order to present a list of proposed cancellations to the faculty.

Mrs. Henrietta Schmidt, reference librarian at Vanier Medical Library, University of Ottawa, took an early retirement on 15 December, 1978. She also served as secretary of the ACMC Special Resource Committee on Medical School Libraries from 1976 to 1978.

The School of Library Service, Dalhousie University confirms that their two-week programme (see CHLA/ABSC Newsletter, Winter, 1978) is now definitely scheduled for 16-27 July, 1979. Registrations have already been received from Ontario, Quebec, and the Maritimes. Further information is available from Prof. M.D.E. Fraser, School of Library Service, Dalhousie University, Halifax, Nova Scotia, B3H 4H8.

The third edition of the Union List of Serials in Montréal Hospital Libraries/Catalogue collectif des périodiques dans les bibliothèques medicales d'hôpitaux de Montréal is presently being produced. There will be a number of additional libraries in this edition and it will also include the McGill University Health Sciences Libraries for the first time. The publication date is not yet set but Mrs. Elaine Waddington, the Editor of the List, is hoping for a May publication date. Further information will appear in a future issue of the BMC.

The Jewish General Hospital in Montréal has changed its name to the Sir Mortimer B. Davis Jewish General Hospital/Hôpital Général Juif Sir Mortimer B. Davis.

CHLA/ABSC EXECUTIVE

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POSTSCRIPT

The only thing worse than having an anglophone editor producing a bilingual publication is having a sneaky anglophone editor attempting same. The incumbent--who couldn't read a word of French if his life depended upon it--is known to indulge in the practice of 'improving' upon the English text while, of necessity, leaving the French translation untouched. Please note that where a discrepancy occurs between translations, the fault lies not with the translator but with the editor being unable to keep his fingers off the original version.

Speaking of translations, after ISDS registry and Canadiana legal deposit, the BMC achieved yet another milestone this week. We've received our first hate letter, a fascinating piece of vicious obscenity directed at the BMC's bilingual stance. Fortunately (but not surprisingly), it was unsigned so the decision to not publish it becomes automatic. In a way, that's a pity. I would have loved to have the letter translated (presumably certain phrases exist in all languages with a merchant marine) and then publish it in only the translated version. Not only would that be an ideal revenge upon the anonymous correspondent (or, as we say in English, touche!) but would also relieve me of the job of producing future issues.

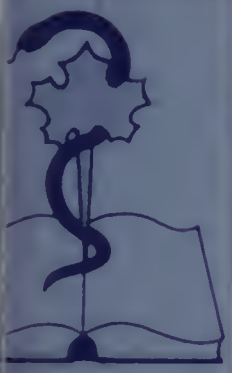
I've often been asked why someone in my position (whatever that means) has never mastered French. In actual fact, I've studied a total of five languages, been fluent in three, and now struggle in one. Somehow, though, whenever it came time to learn French, I've always been sidetracked by COBOL or OS/JCL or something equally weird. But I may yet be driven to taking French courses after painstakingly typing up BMC pages one letter at a time and then, since my typewriter lacks them, going back to add the lost diacritics by hand afterwards. Or, in the case of last issue's page 2, forgetting to add them entirely. (This latter step is also the proofreading stage, wherein I discover things like having typed the same paragraph three times on one page.)

I received a number of compliments on the first issue of the BMC, for which I am thankful, but the chaos alluded to for that issue was quite unreal. During the six days in which the issue was produced, I was: running a fever, buying a car, selling a drama to CBC, frantically trying to get our new cover, flooding my basement with a backed-up sewer, and teaching computer applications. Rumour has it that I also have a full-time job, as evidenced by the fact that during the same week, while stumbling through my files in the computer, I destroyed some 3,700 lines of serials records. The final touch: an hour before mailing the finished copy off to David Crawford at McGill (where it's printed), I found I had only 31 of the projected 32 pages. After a medium-size panic, I discovered the missing page was the last one--which I hadn't written yet.

In that final page, I mentioned trying to phone Woodward Biomedical Library at UBC and being told by the operator that it did not exist. Woodward has since struck back. A few weeks later, I received a telex from Anna Leith addressed to Miss Patricia Fawcett. Anna wrote later to suggest I investigate cloning, but I think they were really trying to tell me I suffer from delusions of gender.

Peace.

BIBLIOTHECA MEDICA CANADIANA



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BIBLIOTHECA MEDICA CANADIANA

VOL 1, NO 3 1979

La Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Un abbonnement à cette publication fait partie de votre cotisation annuelle en tant que membre de l'ABSC. Pour devenir membre et, pour recevoir cette publication il faut écrire à: M. Alan H. MacDonald, Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, B3H 4H7. Les opinions éxprimees dans la BMC sont celles des contribuants et de l'éditeur, et non celles de l'ABSC.

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Subscriptions are available with membership in the Association. Any correspondence should be addressed to: Mr. Alan H. MacDonald, Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, B3H 4H7. Opinions expressed in the BMC are those of its contributors and its editor, and not the CHLA.

INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Feature length articles are accepted describing a wide range of health library topics: organizations, services, networks and consortia, surveys, state of the art reviews. Brief, news-length items accepted include: how-we-did-it reports, news about workshops and continuing education opportunities, news about colleagues and libraries, job announcements, new publications, and miscellaneous items. Contributors should consult recent issues for examples of types of material and general style. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in French or English are welcome, preferably in both languages. Contributions should be addressed to: PJ Fawcett, Editor, BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

Deadline for the next issue is: 10 August, 1979.

RECOMMANDATIONS AUX CONTRIBUANTS

Le but de Bibliotheca Medica Canadiana est de rendre la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires plus grande mais il veut spécialement rejoindre et aider les bibliothèques isolées et de moins d'evnergures. Nous acceptons tout article traitant de tous les aspects bibliothéconomiques du domaine de la santé: organisations, services, réseaux et consortium, enquètes, exposés de synthèse. En résumé les articles nouvelles acceptés peuvent comprendre: des résumés sur la façon dont on est arrivé à trouver une solution à un projet, nouvelles sur des ateliers et des cours d'éducation permanente, postes vacants, nouvelles publications, nouvelles sur des collègues et bibliothèques, et tout autre sujet. Pour les intérèsses, le genre d'article et le sujet publié dans les derniers numéros peuvent vous servir d'exemples. Il serait préférable de suivre si possible le format utilisé dans le Bulletin of the Medical Library Association lorsque vous avez des références bibliographiques à citer à la fin de votre article. Des articles en français ou anglais seront les bienvenus mais il serait souhaitable de les écrire dans les deux langues. Vous devez faire parvenir vos articles à: Patrick Fawcett, Editeur l'BMC, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3.

La date limité pour le prochain numéro est: 10 août, 1979.

FROM THE EDITOR / DE L'ÉDITEUR

The CHLA/ABSC has wisely chosen as a focus for its third annual meeting a pair of contemporary topics: funding for health sciences research and fiscal restraint for health sciences libraries. The twinning of these topics is more than appropriate. To affect a medical tone, both of these problems share a common etiology, generate similar symptoms in malaise and morale, and each displays an equally bleak prognosis. But the purpose of an annual meeting is not (entirely) to gather in solemn conclave to mourn the passing of our salad days. Rather, we meet to more fully inform ourselves and seek for possible improvements in our lot.

Practising fiscal restraint, especially in the involuntary mode of our times, is like being one of a thousand people assembled arbitrarily and told you will all conform to the same diet. While the arbitrary order rankles somewhat, the need to shed a few kilograms is apparent and you begrudgingly accept the benefits to be gained. But they you look around at the remainder of the thousand: some are of far greater girth than you yet are required to lose no more than yourself, others are already practically emaciated yet are still commanded to shed the same amount of bulk. Is the solution here a general repeal of the order to diet or a cooperative action in the group to rationalize the weight loss throughout its thousand members? If the former, how is it effected? If the latter, how is it coordinated?

Given the nearly universal fact that health sciences libraries (and, to a lesser extent, health sciences research) are funded by governments of one concoction or another, any solutions to our fiscal problems will have to involve government. Government on all levels is a strange creature and the featured speakers with a greater understanding of the bureaucracy must be of prime interest to members of the CHLA/ABSC. Similarly, a panel discussion on the existance of health sciences libraries under fiscal restraint will have considerable relevance for all of us in the years to come.

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Pour la troisième assemblée annuelle, la CHLA/ABSC a choisi comme thème central deux sujets contemporains: la disponibilité des fonds pour la recherche en santé et la restriction fiscale imposée sur les bibliothèques des sciences de la santé. Le jumelage de ces deux sujets est très approprié. Pour se servir de termes médicaux, ces deux problèmes partagent une étiologie commune, produisent des symptômes semblables en malaise et morale, et chacun démontre une prognose également morne. Cependant, let but de l'assemblée annuelle n'est pas de se réunir en conclave solennel afin de déplorer le départ de jours meilleurs. Nous nous rencontrons plutôt pour mieux nous informer et pour tenter de trouver des améliorations à notre sort.

La mise en pratique des restrictions fiscales, surtout de la façon involontaire de nos jours, se compare à un individu faisant partie d'une assemblée d'un millier de personnes qui se font imposer un régime uniforme. Bien que l'ordonnace arbitraire reste sur le coeur, le besoin de perdre quelques kilos est évident et on accepte, à contre-coeur, les avantages qui suivront. Mais si l'on regarde les autres: quelques-uns sont plus gros mais ne sont pas obligés de perdre plus de poids que nous; d'autres sont presque émacies mais doivent quand même perdre le même montant que les autres. Dans cet exemple, la solution serait-elle une révocation générale de l'ordonnance

ou plutôt une action coopérative parmi le groupe pour rationaliser la perte de poids à travers des mille membres? Si l'on choisit le premier, comment doit-on l'éffectuer? Si l'on choisit le dernier, comment allons-nous le coordonner?

Puisque c'est un fait presque universel que les bibliothèques des sciences de la santé (et à un plus petit degré, la recherche en sciences de la santé) sont soutenues monétairement par les gouvernements d'une façon ou d'une autre, les solutions à nos problemes vont nécessairement engager les gouvernements. Le gouvernement à tous les niveaux peut nous paraître étrange et les orateurs, avec leur plus grande compréhension de la bureaucratie, vont certainement intéresser les membres de la CHLA/ABSC. De façon similaire, une discussion ayant comme sujet l'existence des bibliothèques des sciences de la santé sous ces restrictions monétaires, aura une pertinence particulière pour chacun de nous dans les années à venir.

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The oft-promised index to the CHLA/ABSC Newsletter appears as an insert to this issue. Our thanks go to Mr. David Crawford and the staff of the McGill University Medical Library for its preparation, a far more arduous task than you might imagine. Looking over the index, it reveals an impressive amount of information was published in the Newsletter and underlines the considerable debt our Association owes to Mr. Dick Fredericksen for establishing our publication. It is only through the substantial foundation that he laid that the BMC has been able to flourish. (Unfortunately, Dick has since moved to Alabama, which is not something we like to mention here in the month of May when it is below freezing and still snowing in Winnipeg...)

It is fitting to acknowledge Mr. Fredericksen's work by excerpting the following comments from the International Notes column of the MLA News, published in Chicago by the Medical Library Association:

"The official publication of the Canadian Health Libraries Association was published 1977-78 as the CHLA/ABSC Newsletter. It has been a lively publication, reporting on national and regional projects. With the first issue of 1979, it has started afresh in numbering and title as Bibliotheca Medica Canadiana. Much as librarians dislike such changes, the new title appears to be more memorable and more descriptive of its intent. The publication is an effective vehicle for sharing experiences, problems and solutions among large and small health science libraries. Volume one number one of BMC includes papers on Clinical Librarianship in Canada, Libraries and Patient Education and news items and letters about national and regional developments. The publication is lively and eminently readable..."

Given the excellent contributions from members in the past, plus the upcoming articles promised (or soon to be) for future issues, I think the entire membership can take justifiable pride in producing an interesting forum for the affairs of the Association.

THE PRESIDENT'S REPORT
- M. A. FLOWER

By the time that this issue of the BMC reaches you, we will have been corresponding quite a bit. Four separate CHLA/ABSC items will have reached your desks between mid-April and late-May which will have required action from you. And they all lead toward Ottawa, and the Third Annual Meeting of our Association in June. As of this writing, one of the four is on its way. David Crawford, who was appointed Returning Officer at the meeting of the Executive Committee in Toronto in October, 1978, has managed to keep to his projected schedule and the 1979/81 Slate of Nominations for four members of the Executive Committee and a President has gone out.

It will take another two weeks to finish processing the projected revision of the CHLA/ABSC Consitution. That time will also be used to complete the final revision of the CHLA/ABSC questionnaire entitled "What Do Canadian Health Librarians Need?". These will go out together with separate return envelopes, accompanied by some additional information concerning the Annual Meeting on June 13 and 14. When you receive this issue of the BMC, we will be counting ballots and collating answers for our report to be presented to you in Ottawa. All four of these are important issues. Your responses will have a bearing on the direction taken by the CHLA/ABSC in the next two years.

Nominations

Election of new members to the Executive Committee will bring new faces to our meetings, and with them will come, we hope, voices and ideas from our most vigorous Chapters. Since many of the former members of the Executive Committee are still willing to maintain their interests in the CHLA/ABSC committee work they have started, the net result will be an extension of the number of individuals who are working actively to develop the CHLA/ABSC and its activities. Nothing could point more vividly to the health of our Association.

Constitution

Revision of the CHLA/ABSC Constitution has proven to be a real burden for Alan MacDonald, Chairman of the Constitution Committee, in the middle of all his other commitments, and for the Executive Committee, once Alan's job was done. This is because the permanent Constitution and By-Laws can no longer remain as simple, straight-forward and uncluttered as the CHLA/ABSC Interim Constitution proved to be. That was, and remains, an excellent model for Chapter constitutions, and most of you have developed similar uncomplicated regulations, in order to coordinate Chapter aims with those of the national organization.

The permanent By-Laws for CHLA/ABSC are headed for a long life, however; a life which will include expansion, and many kinds of activities, including cooperation with other organizations. The first event in this extended future will be the formal incorporation of the Association, and this immediately means that the Constitution and By-Laws must correspond with the requirements of the Canadian Corporations Acts.

CANHELP Project

The reason that incorporation is necessary now lies in our plans for

- MA FLOWER, NURSING LIBRARIAN, LIFE SCIENCES AREA, MCGILL UNIVERSITY LIBRARIES.

the CANHELP Project, which will address itself to the communication and networking needs of health libraries across Canada. This Project envisions, as a beginning, an invitational seminar involving 60 to 75 key people from across the country. It will require financial support from other organizations. Our Finance Committee, chaired by Frances Groen, has already ascertained that such financial support is available, in the current climate of financial restraint, only to an association which is incorporated and therefore presumably not insubstantial. Since our role as leaders and shapers in the field of health libraries in Canada is wrapped up in our attack on the problems which beset our members, the CANHELP Project is a step which it is important for CHLA/ABSC to take. Hence the development of a set of By-Laws which may look over-elaborate at first glance. Instead of growing into it, we are starting with it.

Questionnaire

The CHLA/ABSC questionnaire has been purring along ever since about 11 p.m. that night in December when your President, with Executive Committee comments pounding in her ears, worked out a sheet and started trying it out on people. After about three revisions, it went out to the Executive Committee for comments. When those had been incorporated, it went out again, to our Windsor Cahpter, and to our newsletter correspondents. Responses from these two sources stumped us for awhile, but by the time you read this we will know how YOU reacted, and we will be collating your answers.

Annual Meeting, June, 1979

Finally, we approach the Third Annual Meeting of CHLA/ABSC. According to the grapevine, a lot of you will be there. For the first time, we are offering a two-day programme which includes continuing education courses. It is an additional experiment to provide courses which have been developed by the Medical Library Association, of which some of us are members. We will be interested in the results: not only the attendance, but also the comments on content and value of the courses. It may be some time before CHLA/ABSC can develop courses of its own with a specifically Canadian content--although this too is an objective of the CANHELP Project.

We are also offering you an acquaintance both with the government libraries in Ottawa, and with each other. There will be, in addition, a very vigorous programme based on the major preoccupation in Ottawa these days: fiscal restraint. We look forward to meeting you in Ottawa. The CHLA/ABSC Business Meeting on Thursday afternoon will cover Association affairs which area essential to us all, including voting results and a summary of the questionnaire returns. Included also will be a ceremonial presentation to representatives of each Chapter of CHLA/ABSC. Our Chapters reach from coast to coast, and by June they will number six. See you!

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RAPPORT DU PRESIDENT
- M. A. FLOWER

Lorsque vous aurez reçu cette publication du BMC, il y aura déjà pas mal de temps que nous communiquerons ensemble. Quatres points bien distincts de l'ABSC, qui nécessitent votre intervention, vous aurons été exposés entre la mi-avril et la mi-mai. Ces points nous mènent tous à Ottawa au mois de juin, où se tiendra la troisième réunion annuelle de notre Association. A ce moment il y en a un au poste. M. David Crawford, qui a été nommé président d'élection lors de la réunion du conseil exécutif, tenue à Toronto en octobre 1978, a jeu respecter son calendrier établit. Aussi, la liste du candidats qui se presentent au conseil exécutif (4 membres) et à la présidente de l'ABSC pendant 1979/81 vous a été expédiée.

Ils nous faudra encore deux semaines pour terminer la mise sur pied de l'acte constitutif révisé de l'ABSC. Cette période de temps sera également consacrée à terminer la révision finale du questionnaire de l'ABSC, intitulé: "Quels sont les besoins des bibliothèques de la santé du Canada?". Ces deux documents vous serons envoyés en même temps, avec des enveloppes de réponse séparées, accompagnés de renseignements supplémentaires sur la réunion annuelle qui se tiendra les 13 et 14 juin. Lorsque vous recevrez le BMC du mois de mai, nous serons sur le point de dépouiller les bulletins de vote et de compiler les résultats du questionnaire. Ceux-ci apparaitront dans le rapport qui vous sera présenté à Ottawa. Tous les quatre points susmentionnés sont très importants, et vos réactions auront des répercussions sur la direction que prendra l'ABSC dans les deux prochaines années.

Nominations

L'élection de nouveaux membres au conseil exécutif entraînera l'arrivée de nouveaux visages à nos réunions. Grâce à eux, nous l'espérons, viendront également s'élever les voix et les idées de nos secteurs les plus dynamiques. Etant donné que plusieurs des anciens membres du conseil exécutif sont prêts à rester, c'est-à-dire, a participer au travail des conseils de l' ABSC, il en résultera une extension du nombre d'individus qui travailler activement au developpement des activités de l'ABSC. Il ne nous faut donc aucuns autre preuve pour juger de la solidité de notre Association.

Acte constitutif

La révision de l'acte constitutif du l'ABSC s'est avéré tout un fardeau pour M. Alan MacDonald, président du comité de l'acte constitutif, qui a plusieurs autres engagements à respecter, et pour le conseil exécutif qui en hérita lorsque M. MacDonald eut terminé son travail. La raison en est que l' acte constitutif définatif et les règlements qui s'en suivent ne peuvent pas demeurer aussi simples et aussi directs que l'etait l'acte constitutif précédent. Ce dernier demeure cependent un excellent modèle pour l'établissement des actes constitutifs de nos secteurs. La majorité d'entre vous a d'ailleurs élaboré des règlements aussi simples pour coordonner les objectifs de son secteur avec ceux de l'organisation nationale.

Les règlements permanents de l'ABSC sont pensés en vue d'une longue vie et comprennent, notamment, des idées d'expansion, des activités diverses et des projects de collaboration avec d'autre organisations. Le premier événement prévu est la constitution en coporation de notre Association. Aussi, l'acte constitutif et les règlements doicent-ils répondre directement aux conditions de la Loi sur les coporations canadiennes.

- MA FLOWER, BIBLIOTHÉCAIRE DES SCIENCES INFIRMIÈRES, UNIVERSITÉ McGILL.

Projet CANHELP

Le raison pour laquelle nous devons dès à présent être constitués en corporation en est le projet CANHELP, qui traitera des besoins de communication et d'échange entre les bibliothèques de la santé du Canada. Ce projet envisage tout d'abord l'organization d'un seminaire regroupant entre 60 et 75 personnes clés dans le pays. Il nous faudra cependant obtenir de l'aide financière d'autres organizations. Notre comité de financement, présidé par Frances Groen, s'est déjà assuré que, dans le climat de restrictions financières actuel, une telle aide ne serait disponible qu'à une Association constituées en corporation, ayant par le fait même une certain importance. Dans notre rôle de dirigeants et d'organisateurs dans le domaine des bibliothèques de la santé du Canada, nous nous devons d'attaques les problèmes qui tracassent nos membres. Le projet CANHELP est une étape important que doit franchir l'ABSC. Voilà pourquoi il a fallu élaborer des règlements qui peuvent sembler un peu compliqués, à première vue, mais en fait il s'agit simplement d'un nouveau départ.

Questionnaire

Depuis cette nuit en décembre à 23 h, alors que votre président mettoit sur pied une feuille de questions à partie de commentaire apportés par le conseil exécutif qui lui bourdonnaient encore dans les oreilles, le questionnaire a pris peu à peu de l'ampleur. Après l'avoir distribué à un certain nombre de personnes et révisé trois fois, on le proposa au conseil exécutif pour en obtenir des commentaires. On y apporta d'autres révisions, par la suite, et on le distribua à nouveau, au secteur de Windsor et aux correspondants de notre bulletin. Pendant quelque temps, après avoir reçu leurs réactions, nous n'avons par au comment réagir, mais lorsque vous lirez cet article, nous connaîtions déjà comment vous aurez réagi, et nous compilerons les résultats reçus.

Réunion annuelle de 1979

Le troisième réunion annuelle de l'ABSC approche, et d'après ce que nous avons pu entendre, plusieurs de nos membres seront présents. Nous offrons pour la première fois un programme de deux jours, dont des cours d'éducation permanente. Cette idée d'offrir discours élaborés par le Medical Library Association, dont certains d'entre nous sont membres, fait partie d'une nouvelle expérience que nous voulons tentre. Les résultats seront des plus intéressants, non seulement en terme d'assistance, mais aussi en terme de commentaires sur le contenu et la valeur des cours. Il faudra encore un peu de temps avant que l'ABSC puisse mettre sur pied ses propres cours, dont le contenu serait essentiellement canadien: cela fait partie des objectifs du projet CANHELP.

Nous offrirons également un programme d'introduction aux bibliothèques gouvernementales d'Ottawa, et d'introduction l'un l'autre, en plus d'un autre programme dynamique portant sur l'un des principaux soucis à Ottawa ces jours-ci, les diminutions de budget. En tout cas, nos avons bien hâte de vous recontrer. Pour ce qui est de la réunion d'affaires de l'ABSC, qui se tiendra jeudi après-midi, elle portera sur les points essentiels, notamment, les résultats de l'élection et un résumé des résponses obtenues sur le questionnaire. Elle comprendra également une cérémonie de présentation aux représentants de chaque secteur de l'ABSC. Ceux-ci sont répartis à travers le pays, et à partir de mois de juin, ils compteront au nombre de six.

A bientôt!

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SO YOU WANT TO BUILD A UNION LIST?

- BARBARA E. HENWOOD

I am told that so many young library groups choose a union list project for their first spurt of growth that the idea has already become a true cliche. The Manitoba Health Libraries Association was formed in April, 1977 and within seven months had struck a union list committee. Life in Manitoba, if not exactly mirrored in art, appears to be doing well in the cliches.

The MHLA cliche reached frutition in February, 1979 but only in the wake of many months of anguish, effort and false starts. Each member library has now received a package consisting of a 62 page printout of the holdings of 17 member libraries plus a directory/guide to the list. A lot of work, we can see in retrospect, could have been avoided or abbreviated had we been forewarned of some of the problems of unionizing journal lists; a brief rendition of 'how-we-did-it-good-here' may help others about to bravely embark on their own cliche.

At the outset (or, as some remember it, onslaught), we found ourselves in a situation quite distant from that usually written up in the library literature. All of our member libraries, while enthusiastic, are understaffed, underfunded and represent a multiplicity of administrative structures and reporting systems. On the positive side, we did identify a core group of health library workers willing to devote many of their evening hours towards a union list project.

Over the past few years, as many small health libraries have sprung into existence in the Winnipeg area, they have learned to draw needed resources from the University of Manitoba Medical Library. The image is one of pilot fish making lifetime friendships with a whale. (Actually, pilot fish hang out a lot with sharks but whales are bigger, more benign and, lately, much better protected.) As the capabilities and goodwill of the U. of M. have become increasingly stretched, especially during that Library's growing fiscal constraints, the need to spread the responsibility of resource provision has become more pressing.

The first step towards a union list was inadvertently taken in February, 1977 at a meeting of what was then called the Manitoba Health Libraries Group. A total of 21 local health libraries coordinated an exchange of journal title lists. While no standardization was established for title entries or format and a wide variation resulted in the lists, they nevertheless proved extremely valuable and the seed for journal unionization was sown.

In order to provide for faster access to the multiplicity of the journal lists, Ms. Rae Hovorka of the Health Sciences Centre School of Nursing Library tackled the mammoth task of compiling a single card file. While an interpretation of the lists remained the greatest hurdle, Rae persevered and through guesswork and repeated phone calls was able to compile 17 of the lists into a single card file by October, 1977. This was the file which the MHLA Serials Holdings Committee inherited when it began its project the following month.

As Chairman of the Committee, I blithely proceeded on the smug assumption that one follows the schemes outlined in the published literature of larger, more ambitious projects and one's own efforts fall quietly and very

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- BE HENWOOD, GENERAL CENTRE MEDICAL LIBRARY, HEALTH SCIENCES CENTRE, WINNIPEG AND CHAIRMAN, MHLA SERIALS HOLDINGS COMMITTEE.

quickly into place.

Step One: outline the purposes of the project. Our purposes were: (1) to encourage the sharing of resources among member libraries, making a greater collection of serial literature available to library users; (2) to make possible journal exchange of donated and duplicated issues; (3) to encourage cooperative collection development, cutting down on duplication where possible and encouraging the addition of new and specialized titles; (4) to make the resources of member libraries more known to a broader library community.

Step Two: set objectives. Ours were threefold: (1) to produce a directory of all member libraries and their interlibrary loan policies; (2) produce a complete and accurate card catalogue of all significant serial titles and holdings of each library; (3) produce a catalogue in looseleaf format for each member library.

Step Three: present the participants (and those on the brink) with format guidelines and a full explanation of the project. Our guidelines were adapted from Wendy Ratcliff Fink's Dynamics of hospital library consortia, 1975, with minor adjustments and clarifications for local conditions.

Step Four (this was my favourite): sit back and wait for the lists to roll in. We all felt rather smug about the fact that our guidelines covered all possible situations and were nothing short of crystal clear.

And then the phone began to ring.

"What does 'four years held' really mean?"

"Isn't the Index Medicus abbreviation of the title also its real title?"

"That part of the volume was never published so do we still count it anyway?"

"What about my government documents?"

"What if my tapes don't have a volume number?"

A revision of the guidelines was distributed a few weeks later by a somewhat humbler committee chairman.

The phone continued to ring, however. I found more reasons to flee my office. My husband, also in the health library 'biz', encouraged me with cheerful variations on: "See, I told you it wouldn't work."

In August, a brief vacation gave my nails a chance to grow back and also brought news that Ms. Susan Rogers, a recent graduate of the Universite of Minnesota, would be lending her talents to the project. Susan received the traditional welcome afforded new librarians: a stack of catalogue cards and a bottle of correction fluid. In response to the revised guidelines, member libraries were soon sending in their journal holdings and Susan was quick to start attacking these, aided by the strangely sudden appearance of a typewriter 'liberated' from the nearby Health Sciences Centre.

Over the next several months, Susan plowed through the verification and compilation of hundreds of serial titles while, through a succession of lunches and meetings late into the night, the Serials Holdings Committee polished the guidelines for title inclusions, worked through the problem titles, and requested funding from CLA for assistance in publishing the final list in book format. The request proved unsuccessful. The compiled list, in card form, continued to grow as more information arrived from member libraries and continued inquiries found more bald spots in the guidelines.

As fall moved into winter (which in Manitoba comes distressingly early), the MHLA found itself successfully compiling a union list in the form of a single card file, without the means or resources to reproduce it for

its members. Fortunately, a generous offer was received from Prof. Audrey Kerr at the U. of M. Medical Library. She offered to automate the card file, using the Library's resources, thereby producing a large number of copies of the list in printout form at extremely low cost. Having made the offer in her best administrative mode, Audrey then referred the problem to her Public Services Librarian, PJ Fawcett, for a solution.

PJ began his involvement with the project by impressing all of the Committee with all sorts of terminology which nobody really understood. In time, we did learn to feel less intimidated and were soon talking glibly -- if not accurately -- about 'records' and 'fields' and 'parm statements' and such. Although a librarian, PJ spends most of his time in the computer world, which gives conversations with him a very distinct flavour. Sample: "PJ, have you seen my copy of Ulrich's anywhere?" His answer, in full: "Yes." We discovered that it is normal practice, when dealing with computer-types, to have them listen patiently while you explain your needs, then point out to you that what you're asking for is implausible, logically unsound, far too expensive, and not really what you want anyway. Then when you're totally discouraged and about to meekly withdraw, they call you back and insist there is no reason why they can't do exactly what you asked for in the first place. To the foregoing, PJ added the extra fillip: he usually managed to improve on the idea I suggested in the first place.

Once the dust had settled (or whatever computers use instead of dust), we derived the final format, a small sample of which is shown below. The actual storage of the information in the computer, I'm told, bears little resemblance to the manner in which it appears on our printout. Every line of print is actually 256 characters long but the majority of it is rendered invisible. Anyone interested in the actual gobbledeegook* can contact PJ Fawcett directly.

```
0093-7061   ADC      MODERN HEALTHCARE   (ex: MODERN HOSPITAL)          C
                         MBGH   1-, 1974-
                         MWCH   3-, 1975-
                         MWVGH  1-6, 1974-1976//
                         MWSBM  1-, 1974-
```

What appears for each entry on the list, reading from left to right, are the following elements: the ISSN for each title, the coverage of each title in various indexes (A=Abridged Index Medicus, C=Cumulated Index to Nursing and Allied Health Literature, D=Index to Dental Literature, H=Hospital Literature Index, I=Index Medicus, N=International Nursing Index), the full title of each periodical with AD and EX references where necessary, and also the status of each title in the U. of M. Medical Library's collections (C=currently being received, N=never received, D=some dormant holdings). Below each title are the holdings notes in the format set out by the Committee. On the title page of the printout are provided: the name, phone number and National Library of Canada code for each member library.

Because of the ingenious (PJ's word) design of the automated file, there are a great many manipulative possibilities built into our union list, among which are included: a list of titles and holdings in rank order of most commonly held, either ascending or descending; a list restricted to a single library or group of libraries; a list of titles not held by the U. of M.; a

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*a very important term in data processing.

list of titles indexed by a particular source or group of sources; or any combination or permutation of the foregoing, and more. The potential of the union list as a tool in collection development and cooperative acquisition is enormous. It also is of obvious benefit in the provision of cooperative service.

It's in the area of 'collecting information' where I think the experience of the MHLA may benefit others. Rather than tackle our planning process in the narrative, I have cheated, used hindsight and concocted an outline for union list planning (appended). It is the skeleton on which the MHLA guidelines were given flesh. In our experience, we often found ourselves implanting bones in one area while skin grafting in another. We did not approach the project as logically as the outline would suggest.

I would preface any advice on union list planning meetings with even more cliches: "never assume", "criticize constructively", "check your guns at the door", etc. We borrowed one rule from a local medical staff council: "In the interests of quality control, make no motions after 10:00 p.m.".

There are many things I wish I had known before we started, the most important one being the fact that we would successfully finish. I wish I had seen an outline such as the one appended here, known that NLM changes some title formats from publication to publication and that HLA and INI also change their journal coverage from issue to issue.

I received some very good advice from other survivors of their own cliches. Be courageous in setting time limits. Don't worry about nonparticipation; if you have only a small core of participants, the project can still progress and in time should sell itself to a larger audience.

The design of our holdings format was the most difficult section of the planning process. Design of the automated file certainly would take the prize for most taxing in show but fortunately that was done for us. The holdings notations that we agreed upon were as follows:

- continuous run
() incomplete holdings
// subscription terminated
" _____ years held"

We later revised the symbology for incomplete holdings and replaced the parentheses with the 'greater than' and 'less than' sign. The reason for the switch was because our automation involved several slightly incompatible bits of hardware spread over two campuses. Faced with the problem of storing a parenthesis on one computer only to have it printed out as a colon on another computer, we opted to employ a more universal symbol that would not be fudged around by switching between computers.

The reporting of partial holdings caused the most difficult of all the notations. Many libraries were scrupulous in the use of the brackets and submitted holdings which appeared:

AMERICAN JOURNAL OF NURSING 43, 1943; 45-46, 1945-1946;
48, 1948; 51, 1951; (53), 1953; 54-58, 1954-1958;
(60)-, 1960-

After considerable discussion, the Committee decided that a change in the handling of partial holdings was needed in order to produce a list that would not only scan well but would remain accurate for a moderate span of time. Our decision read: "Missing volumes will not be indicated in the printout (ie: if

a volume is represented by the submitting library with brackets indicating that it is incomplete, it will be listed as though complete in the list). Missing volumes will normally be indicated by a gap. However, where a long series of volumes and gaps are interspaced, the whole series will be enclosed in brackets to indicate that the run has several missing volumes." Howzat?! Thus, the previous sample becomes:

AMERICAN JOURNAL OF NURSING (43-58), 1943-1958; 60-, 1960-

All of the Committee members had a different method of coping with our ruling. Some tried to memorize it and appeared to be taking up some funny new religion as they wandered mumbling through the stacks. Others loudly opined that they would never get it straight. I simply kept a copy of our minutes handy and dived for it whenever the phone rang.

The other major format decision was the design of revision cards. We haven't really yet gotten into the swing of revisions although the list has received over 100 changes in its first month on the streets. A supply of revision cards, like the sample below, were printed and distributed with the directory/guide and the printout. All participating libraries were encouraged to send me a revision card for every change in their collections as soon as possible. The revisions will then be compiled and verified before submitting to PJ for their addition to the automated file. The rule of thumb in using revision cards is "submit the revision as it should appear on the file".

MHLA SERIALS HOLDINGS RECORD REVISION CARD

Full Journal Title: CIRCULATION

Reporting Library (I.D. Code): NWXXX

Holdings Notes (in standard format): 59-, 1979-

New: X
Change: ____
Delete: ____
} check one

Date: April 26, 1979
Submitted by: J. Doe

I'm now ready to share with you our most difficult decision: when to know when you're finished. Although revisions and more corrections were obviously still needed, at a meeting in early February, one Committee member said "enough already, let's mail it out and fix it later". At that moment, we took a vote and decided the project -- our very own MHLA cliche -- was finished. Looking back at that, I remember feeling little more than tired and not at all as elated as I had hoped I would feel. Statistically, at the point we declared an end, we had a list of 891 unique titles made up of 3,684 records and a total of 191,691 characters (the joys of computers!).

Elation is growing with the kudos from our members, however. I am trying to stay closer to my phone than I did earlier and first reports show interlibrary loan of serials has increased considerably among member libraries. The library users are impressed and often amazed and many hospital administrators are taking a second look at their institution's library services. Cliches aside, a union list project is a great way to develop credibility.

The union list project undertaken by the Manitoba Health Libraries Association has fulfilled its objectives while making the group a more cohesive and efficient one. Anyone ready to take the plunge is welcome to write to me for a copy of our guidelines. And, good luck!

UNION LIST OF SERIALS PROJECT / PLANNING OUTLINE

I. ORGANIZATION

Purpose:
- reasons and needs for the project
- community to be served

Participation:
- criteria for participating libraries
  - -- membership status
  - -- collection criteria
- initial responsibilities of participating libraries
  - -- type and amount of information to be submitted
  - -- time available to complete submissions
- ongoing responsibilities of participating libraries
  - -- loaning/borrowing guidelines
  - -- maintenance of current union list information

Selection of Titles for Inclusion:
- specific criteria with statements on:
  - -- major or significant periodical titles
  - -- house organs
  - -- ephemeral materials
  - -- active subscriptions and dormant holdings
  - -- audiovisual materials
  - -- relationship of titles to recognized periodical indexes
  - -- minimum required period of holdings
- responsibilities for vetting/deleting ineligible titles

Journal Title Format:
- form of entry
  - -- corporate formats
  - -- full running title formats
  - -- abbreviations in titles
- authorities and their order of preference
  - -- NLM. List of Journals Indexed in Index Medicus
  - -- Ulrich's International Periodicals Directory et al
  - -- NLM. Index of NLM Serial Titles
- action taken for unverifiable titles

Holdings Notes Format:
- type and amount of information desired
- notations format for:
  - -- continuous runs
  - -- incomplete holdings
  - -- termination of subscriptions
  - -- revolving collections
- examples of every conceivable eventuality (and then some)

Other Information which is Included in the File
- type and amount of information desired
  - -- place of publication
  - -- International Standard Serial Number
  - -- frequency of publication
  - -- sources where indexed
  - -- notes on titles changes
  - -- notes on publishing anomalies

Printed Copy Design:
- reexamination of purpose
- desired appearance of the completed file
  -- format
  -- amount and type of information to be included

Costing:
- availability of free or low cost supplies and services
  -- availability of volunteer manpower and expertise
- availability of funding
- examination of potential file size and potential distribution
- costing estimates from departments/companies on contract basis
  -- if automated, local data-processing services
  -- if manually produced, local typing and printing services

Time Frame for Various Stages of Production:
- consideration of staffing levels of participating libraries

II. MECHANICS FOR PARTICIPATING LIBRARIES

Procedure for First Submissions:
- type and amount of information required
  -- eg: library directory information and serials holdings information
- format for submission of information
  -- eg: typed vs written, sheets vs cards
- examples of correct submissions for prior distribution
- address to which submissions should be sent
- time frame for completion of submissions

Procedure for Revisions:
- type and amount of information required
- format for submission of revisions
  -- eg: typed vs written, sheets vs cards vs specific form
- address to which revisions should be sent
- time frame for completion of revisions

III. MECHANICS FOR THE EDITORIAL COMMITTEE

Procedure for Processing First Submissions:
- delegation of responsibilities
  -- proofreading and verifying
  -- adding information for the completion of the file
- time frame for completion

Procedure for Building the File:
- delegation of responsiblities
  -- compilation of entries: automated vs manual
  -- proofreading
  -- production of related tools, directory/guide, etc.

Packaging and Distribution:
- coordination of the printing and preparation of all components
- mailing or delivery

Promotion
- written announcement to all participants at completion
- announcements to appropriate house organs and newsletters
- inservice presentations to participants on use/maintenance of file
- posters to advise library users of new service
- articles in major library journals like the BMC!

ADVISING ON THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- FRANCES GROEN

In a recent issue of CHLA/ABSC Newsletter (Fall, 1978, p. 29) the origins, objectives and membership of this Committee were described, along with a report on some of the substantive issues discussed at the second meeting of the Committee held in Edmonton last June. Although the membership and composition have already been fully described, it is important that the members of CHLA note that three of the five librarians appointed to the Committee are determined by the Canadian Health Libraries Association. Thus, the views of the membership on the services of the Health Sciences Resource Centre become a matter of primary concern in Committee deliberations.

Report on the Third Meeting, Held in Ottawa, January, 1979

The third meeting of the Advisory Committee was held on 15 January, 1979 at CISTI. The Committee is mandated to meet in formal session twice a year, once at CISTI headquarters. This is an important guarantee that new members of the Advisory Committee will have the opportunity to become familiar with the Health Sciences Resource Centre and the Canada Institute by visiting these facilities.

This requirement, along with other details of the composition and responsibilities of the Committee, is outlined in the Terms of Reference of the Advisory Committee published at the end of this article. The finalization of these Terms of Reference at the recent Ottawa meeting represents the conclusion of the implementation stage of the Advisory Committee.

The recent meeting at CISTI provided several Committee members with the opportunity of meeting Mr. E. V. Smith, Director of CISTI, for the first time. Mr. Smith's commitment to the continunity of the Advisory Committee was most heartening to Committee members who had worked hard to establish the Advisory Committee to the former Director of CISTI, Mr. Jack Brown.

A number of substantive issues were on the agenda of this recent meeting, including a progress report on the Directory of Health Sciences Libraries in Canada, the need for a bilingual edition of MeSH, the possibility of revising the format of the ULSSCL, and the ready availability of U.S. National Library of Medicine data bases for searching in Canada. The Directory will be a reality this year and represents to all health librarians in Canada an important first. CHLA members will have received the questionnaire distributed by Schick Information Services who have contracted to do this work for CISTI.

An issue requiring the comment of the health library community concerns the Union List of Scientific Serials in Canadian Libraries. The Committee is concerned with the cost of the publication and its frequency. We asked that CISTI review the feasibility of an annual list, published in a less costly format. This question will be reviewed in June and comments to Advisory Committee members on this issue will be most welcome. Although the ULSSCL is available annually on microfiche, most users still prefer the hard copy. There is the further question of whether small health libraries are buying more information that they need in purchasing the present Union List. Would a health sciences subset of the Union List be more practical?

- F GROEN, MCGILL UNIVERSITY, CHAIRMAN, ADVISORY COMMITTEE ON THE HSRC.

Health sciences libraries, like all libraries today, are experiencing budget cuts and a resulting reduction in collection buying. The Committee emphasized the increasing importance of CISTI's agreement to take over subscriptions and backfiles of unique titles cancelled by Canadian libraries. Comprehensive collections such as CISTI conference proceedings provide specific savings for Canadian libraries. Health librarians are asked to inform the Health Sciences Resource Centre or any Advisory Committee member regarding specific savings experienced as a result of CISTI's comprehensive collection development. This information is important if the Canada Institute is to continue to serve Canadian health libraries through its collection development.

These issues formed only a small part of our Ottawa agenda. The Advisory Committee is now firmly established and will continue to raise and comment upon policies of the Health Sciences Resource Centre as they relate to the full spectrum of health libraries across Canada. The Committee advises the Director on the Health Sciences Resource Centre and will continue to justify its existence only as long as it has something to say on behalf of users of the services of HSRC. We need your comments on the issues. Please, let us hear from you.

Members of the Advisory Committee welcome comments from their colleagues. If issues related to the services of the Health Sciences Resource Centre are of concern, please write to any of the members listed below.

Mrs. Pierrette Dubuc
Librarian
Hôpital St. Justine
3175 Chemin St. Catherine
Montréal, P.Q. H3T 1C5

Mr. William Fraser
Librarian
British Columbia Medical
Library Service
1807 West 10th Street
Vancouver, B.C.
V6J 2A9

Mrs. Frances K. Groen
Life Sciences Area Librarian
Medical Library
McGill University
3655 Drummond Street
Montréal, P.Q.
H3G 1Y6
(to be replaced after 30 June
by Prof. Audrey Kerr, Medical
Library, University of Manitoba)

Mrs. M. A. Flower
Nursing Librarian
McGill University
3506 University Street
Montréal, P.Q. H3A 2A7
(replacing Mr. Alan MacDonald)

Ms. Linda McFarlane
Librarian
Sunnybrook Medical Center
2075 Bayview Avenue
Toronto, Ontario
M4N 3M5

Mrs. Eve-Marie Lacroix
Head, Health Sciences Resource Center
and Secretary to the Advisory Committee
Canada Institute for Scientific and
Technical Information
National Research Council
Building M-55
Ottawa, Ontario
K1A 0S2

The Chairman of the Advisory Committee will continue to keep the health library community informed of Committee developments through this publication.

ADVISORY COMMITTEE TO THE HEALTH SCIENCES RESOURCE CENTRE

TERMS OF REFERENCE

1. The Committee shall review, provide advice and make recommendations to the Director of the Canada Institute for Scientific and Technical Information (CISTI) on the plans, programmes, and services of the Health Sciences Resource Centre.

2. In accordance with the general responsibilities set out in paragraph 1, the Committee shall:
   a) act primarily as a user group by reviewing the activities of the HSRC vis-a-vis the needs of the various health science communities and organizations in Canada.
   b) provide advice, both solicited and unsolicited, to the Director of CISTI on policies and actions related to the HSRC and provide a forum for discussion of specific issues with the Head of HSRC.
   c) provide advice on long-term planning for the HSRC.
   d) advise the Director of CISTI on the selection of a Head of the HSRC.

3. The Advisory Committee shall:
   a) Consist of five members at large and two ex-officio members. The five will be appointed by the Director of CISTI from, and on the recommendation of, the following associations:
      - Canadian Health Libraries Association/Association des bibliotheques de la sante du Canada (3 members).
      - Association pour l'avancement des sciences et des techniques de la documentation. Section de la Sante (1 member).
      - Association of Canadian Medical Colleges, Special Resources Committee on Medical School Libraries (1 member).

   These members will be appointed for a period of 2 years, based on CISTI's fiscal year (April to March). The two ex-officio members shall be the Director of CISTI and the Head of the Health Sciences Resource Centre.

   b) Elect its Chairman from the membership, excluding ex-officio members.

   c) Meet in formal session twice a year, once at CISTI's headquarters in Ottawa. Travel and other expenses related to one meeting shall be covered by CISTI funds.

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COMITÉ CONSULTATIF SUR LE CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ DE L'ICIST

- FRANCES GROEN

Dans un récent numéro du Bulletin de la CHLA/ABSC (automne 1978, p. 29), j'ai décrit les origines, les objectifs et la composition de ce Comité tout en présentant quelques-uns des points importants qui avaient été étudiés à la deuxième réunion du Comité en juin dernier à Edmonton. Même si la composition du Comité a déjà été décrite, il est important que les membres de l'ABSC sachent que trois des cinq bibliothécaires qui font partie du Comité sont nommés par l'Association des bibliothèques de la santé du Canada. L'opinion des membres de l'ABSC sur les services qu'offre le Centre bibliographique des sciences de la santé prend donc une importance primordiale aux réunions du Comité.

Rapport sur la troisième réunion, tenue à Ottawa en janvier 1979

La troisième réunion du Comité consultatif s'est déroulée à l'ICIST le 15 janvier 1979. Le Comité doit se réunir en sesssion formelle deux fois l'an, dont une fois à l'ICIST. C'est une importante garantie que les nouveaux membres du Comité consultatif auront l'occasion de se familiariser avec le Centre bibliographique des sciences de la santé et avec l'ICIST.

Cette exigence, ainsi que les détails de la composition et des responsabilités du Comité, sont exposés dans le Mandat du Comité consultatif, publié à la fin du présent article. L'élaboration de ce Mandat lors de la réunion de janvier constitue la conclusion de l'étape de mise en oeuvre du Comité consultatif.

Le réunion de janvier à permis à plusieurs membres de rencontrer pour la première fois M. E.V. Smith, directeur de l'ICIST. L'assurance donnée par M. Smith que le Comité continuerait d'exister a été très bien accueillie par les membres qui avaient travaillé fort pour établier le Comité consultatif auprès de l'ancien directeur de l'ICIST, M. Jack Brown.

De nombreux points d'importance étaient à l'ordre du jour de cette réunion, dont un rapport sur les progrès du Répertoire des bibliothèques des sciences de la santé du Canada, le besoin d'une édition bilingue du MeSH, la possibilité de modifier la présentation du CCPSBC et l'accès des Canadiens aux bases de données de la National Library of Medicine des E.-U. Le répertoire sera lancé cette année et représentera un outil important pour tous les bibliothécaires des sciences de la santé du Canada. Les membres de l'ABSC ont déjà reçu le questionnaire distribué par Schick Information Services, qui a obtenu le contrat de l'ICIST.

Nous voulons connaître l'opinion des bibliothécaires des sciences de la santé en ce qui concerne le Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes. Le Comité s'est penché sur le coût et la périodicité de cette publication. Nous avons demandé à l'ICIST d'étudier la possibilité d'en faire une liste annuelle ayant une présentation moins coûteuse. Cette question sera étudiée en juin et les membres du Comité vous invitent à leur faire parvenir vos remarques à ce sujet. Même si le CCPSBC est disponible annuellement sur microfiches, la plupart des utilisateurs préfèrent l'édition imprimée. Il y a aussi la question à savoir si les petites bibliothèques achètent plus d'information qu'elles n'en ont besoin avec le

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- F GROEN, UNIVERSITÉ MCGILL, PRÉSIDENTE, COMITÉ CONSULTATIF SUR LE CBSS.

présent Catalogue collectif. Est-ce qu'il serait plus pratique que les sciences de la santé forment un sous-ensemble du Catalogue collectif?

Les bibliothèques des sciences de la santé, comme toutes les bibliothèques, sont aux prises actuellement avec des réductions de budget et d'acquisition. Le Comité a insisté sur l'importance grandissante de l'engagement selon lequel l'ICIST prend à son compte les abonnements et les collections de titres uniques annulés par les bibliothèques canadiennes. Les collections systématiques de l'ICIST comme celle des comptes rendus de conférence permettent des économies aux bibliothèques canadiennes. Nous demandons aux bibliothécaires des sciences de la santé d'informer le Centre bibliographique des sciences de la santé ou tout membre du Comité consultatif des économies spécifiques occasionnées par la politique d'acquistion systématique de l'ICIST. Ces informations sont importantes pour l'Institut s'il doit continuer à servir les bibliothèques des sciences de la santé du Canada.

Ces points n'étaient qu'une petite partie de l'ordre du jour de la réunion de janvier. Le Comité consultatif est maintenant bien établi et continuera à proposer et à commenter les politiques et les activités du Centre bibliographique des sciences de la sante du Canada. Le Comité conseille le Directeur en ce qui concerne le Centre bibliographique des sciences de la santé et pourra justifier son existence aussi longtemps qu'il aura quelque chose à dire au nom des utilisateurs des services offerts par le CBSS. Nous avons besoin de vos commentaires et de vos idees.

Les membres du Comité consultatif accueillent volontiers les remarques de leurs collègues. Si quelque point relatif aux services offerts par le Centre bibliographique des sciences de la santé vous touche particulièrement, n'hésitez par à écrire à l'un des membres du Comité.

Mme Ouerrette Dubuc
Bibliothécaire
Hôpital Ste-Justine
3175, Chemin Ste-Catherine
Montréal, P.Q.
H3T 1C5

Mr. William Fraser
Librarian
British Columbia Medical
Library Service
1807 West 10th Street
Vancouver, B.C.
V6J 2A9

Mme Frances K. Groen
Bibliothécaire, Section des
sciences de la vie
Bibliothèque médicale
Université McGill
3655, rue Drummond
Montréal, P.Q.
H3G 1Y6
(sera emplacée après le 30 juin
par Mlle Audrey Kerr, Medical
Library, University of Manitoba)

Mme M.A. Flower
Bibliothécaire de sciences infirmières
Université McGill
3506, rue University
Montréal, P.Q.
H3A 2A7
(en remplacement de M. Alan MacDonald)

Ms. Linda McFarlane
Librarian
Sunnybrook Medical Center
2075 Bayview Avenue
Toronto, Ontario
M4N 3M5

Mad. Eve-Marie Lacroix
Chef, Centre bibliographique des sciences
de la santé
Secrétaire du Comité consultatif
Institut canadien de l'information
scientifique et technique
Conseil national de recherches
Edifice M-55
Ottawa, Ontario
K1A 0S2

CHLA/ABSC NEWSLETTER #1 - #8 - INDEX

This index contains information on issues 1 through 8 of the CHLA/ABSC Newsletter as well as Can Group News number 1 which was its "parent".

Cet index contient de l'information pour les publications No. 1 à 8 de CHLA/ABSC Newsletter de même que la publication No. 1 de Can Group News (titre original).

Title	Number	Cover Date
CAN GROUP NEWS	1	April, 1976
(published by "The Canadian Group of the Medical Library Association")		
CHLA/ABSC Newsletter	1	Winter, 1977
(ISSN 0700-5474)	2	Summer, 1977
	3	Fall, 1977
	4	Winter, 1977
	5	Spring, 1978
	6	Summer, 1978
	7	Fall, 1978
	8	Winter, 1978

(Please note: #4 bore the same cover date as #1 and the ISSN was incorrectly listed as 0700-5174)

Canadian Health Libraries Association

CHLA, founded in 1976, is the only association in Canada that can speak for all health library staff. With a total membership of 270 in 1978-79 we are reaching for 300 Canadian health library workers willing to lend their support to this organization in 1979-80. If you haven't joined, please consider it. Here's why:

Newsletter

CHLA is publishing, bi-monthly, a newsletter which is indispensible for anyone working in health libraries in Canada.

Annual Meeting

CHLA holds its annual meeting in conjunction with the Canadian Library Association. An interesting and educational program is being planned for Ottawa in 1979.

Chapters

CHLA is developing a procedure for accepting local health library organizations as chapters and will provide some financial support for local projects. There will be local meetings throughout the year.

Hospital Libraries

CHLA has had direct input to the Checklist for Staff Library Services which the Ontario Medical Association has offered to the Canadian Council on Hospital Accreditation for the use of its accreditation teams. We are looking for additional ways to advise the CCHA on requirements for hospital libraries.

CANHELP

CHLA is organizing an invitational seminar where health professionals may explore their information needs and the ways these may be met. CANHELP — the Canadian Health Libraries Project — is scheduled to 1979.

CISTI Advisory Committee

CHLA is represented on an Advisory Committee to CISTI — Canadian Institute for Scientific and Technical Information — concerning the role of the Health Sciences Resources Centre in Ottawa. Plans for regional health library developments in Canada are being suggested.

Any health institution, library or health library worker can benefit from membership in the Canadian Health Libraries Association for all these reasons If you are not yet a member, please fill in the application

Association des Bibliothèques de la Santé du Canada

L'ABSC, créee en 1976, est la seule association qui puisse représenter tout le personnel de la santé au Canada. Ayant déjà atteint pour 1978-79 un total de 270 membres, l'Association espère rejoindre au moins 300 personnes travaillant dans des bibliothèques de la santé qui voudront bien lui donner son appui pour l'année 1979-80. Si vous n'êtes pas déjà membre, nous vous demandons d'y penser pour les raisons suivantes:

Newsletter

L'ABSC publie un bulletin trimestriel de nouvelles qui contient des informations d'une grande valeur pour tout le personnel travaillant dans des bibliothèques de la santé au Canada.

Réunion Annuelle

L'ABSC tient sa réunion annuelle de concert avec celle de la Canadian Library Association. Un programme intéressant et éducatif est déjà à l'étude pour la rencontre de 1979 à Ottawa.

Chapitre

L'ABSC est à établir une procédure afin de reconnaître les groupes locaux de bibliothèques de la santé comme "CHAPITRE" de l'Association. Elle compte aussi pouvoir donner un certain appui financier à des projets locaux. Il y aura des réunions locales tout au long de l'année.

Bibliothèque des Hôpitaux

L'ABSC a participée de façon directe à l'élaboration de la liste des critères d'évaluation des services du personnel de bibliothèque que la Ontario Medical Association a présenté au Conseil canadien d'accréditation des hôpitaux, critères à être utilisés par ses groupes d'accréditation. Nous sommes toutefois à la recherche de d'autres moyens pour conseiller l'ACAH sur les besoins des bibliothèques du secteur hospitalier.

CANHELP

L'ABSC est à organizer un séminaire au cours duquel des professionnels de la santé seront invités à se pencher sur leurs besoins d'information et sur les moyens à prendre pour les satisfaire. CANHELP - le Canadian Health Libraries Project - aura lieu au cours de l'année 1979.

Comité Conseil à l'ICIST

L'ABSC est présente sur le Comité conseil à l'ICIST - l'Institut canadien de l'information scientifique et technique - qui étudie le rôle du Centre bibliographique des sciences de la santé à Ottawa. Des projets pour l'implantation de réseaux régionaux de bibliothèques médicales au Canada ont été soumis

Ainsi, pour les raisons mentionnées ci-haut, nous croyons que toute institution, bibliothèque ou employé de bibliothèque du secteur des sciences de la santé gagnera beaucoup en devenant membre de l'Association des Bibliothèques de la Santé du Canada Si vous ne l'êtes pas déjà, nous vous prions de remplir la formule d'application en bas

CANADIAN HEALTH LIBRARIES ASSOCIATION

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

L'ABSC A BESOIN DE NOUVEAUX MEMBRES. VEUILLEZ REMETTRE CECI A QUELQU'UN QUI N'EST PAS MEMBRE ET ENCOURAGEZ-LE A LE DEVENIR. SI CHAQUE MEMBRE RECRUTE UN INDIVIDU NOUS SERIONS ALORS 600 MEMBRES.

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

Formule d'Application

NOM _____

ADRESSE _____

_____ CODE POSTALE _____

J'*inclus* $15.00 (payable a Canadian Health Libraries Association) comme cotisation pour la periode qui se termine en juin 1980.

ADRESSE DE RETOUR.

Treasurer, CHLA/ABSC
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia
B3H 4H7

CHLA NEEDS MORE MEMBERS. PLEASE GIVE THIS TO A NON-MEMBER AND ENCOURAGE THEM TO JOIN. IF EVERY MEMBER RECRUITED ONE NON-MEMBER WE WOULD HAVE 600 MEMBERS.

CANADIAN HEALTH LIBRARIES ASSOCIATION

Membership Application

NAME _____

ADDRESS _____

_____ POSTAL CODE _____

I *enclose* $15.00 (made payable to Canadian Health Libraries Association) as my membership fee for the period ending June 1980.

PLEASE RETURN THIS FORM TO:

Treasurer, CHLA/ABSC
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia
B3H 4H7

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Index prepared at McGill University by David S. Crawford and Hanna Waluzyniec.

La présidente du Comité consultatif continuera à tenir la communauté des bibliothèques de la santé informée des activités du Comité par le biais de ce bulletin.

COMITÉ CONSULTATIF SUR LE CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

MANDAT

1. Le Comité présente des exposés, des conseils et des recommandations au directeur de l'Institut canadien de l'information scientifique et technique (ICIST) en ce qui concerne les projets, les programmes et les services du Centre bibliographique des sciences de la santé.

2. Conformément aux reaponsabilités générales énoncées au paragraphe 1, le Comité:
   a) agit surtout à titre de groupe d'utilisateurs en examinant les activités du CBSS en fonction des besoins des différents groupements et organismes des sciences de la santé du Canada;
   b) fournit au directeur de l'ICIST des conseils, sollicités ou non, relativement aux lignes de conduite et aux décisions concernant le CBSS, et offre une tribune pour la discussion de points spécifiques avec le chef du CBSS;
   c) fournit des conseils sur les projets à long terme du CBSS;
   d) conseille le directeur de l'ICIST sur le choix du chef du CBSS.

3. a) Le Comité consultatif est formé de cinq membres spéciaux et de deux membres d'office. Les cinq membres sont nommés par le directeur de l'ICIST parmi les membres et selon les recommandations des associations suivantes:
   - Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada (3 membres)
   - Association pour l'avancement des sciences et des techniques de la documentation, Section de la santé (1 membre)
   - Association des facultés de médecine du Canada, Comité consultatif des bibliothèques des facultés de médecine (1 membre).

   Ces membres sont nommés pour une période de deux ans, basée sur l'année financière de l'ICIST (avril à mars). Les deux membres d'office sont le directeur de l'ICIST et le chef du Centre bibliographique des sciences de la santé.

   b) Le Comité consultatif élit un président parmi ses membres spéciaux.

   c) Le Comité consultatif tient des réunions formelles deux fois l'an, dont une fois à l'ICIST à Ottawa. Les frais de voyage et autres occasionnés par une des réunions sont assumés par l'ICIST.

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YOUR HEALTH - MY HEALTH - EVERYONE's HEALTH

- M. DOREEN E. FRASER

It was interesting to read Mr. Tawyea's article "Consumer Health Information" in the Fall, 1978 issue of the CHLA/ABSC Newsletter because of the increasing necessity for people to assume once more reasonable responsibility for their own health and that of their families. And it was encouraging to find Anne Le Brun's response "Libraries and Patient Education" in first issue of the BMC since the literature is full of information about American activities but there is little evidence of Canadian activity which I know has been increasing. There is also a great deal of effective health education activity going on in Britain with strong support from Government of which we should be aware.

"An ounce of prevention is worth a pound of cure" is an old adage which economists and politicians are being forced to re-learn and, although too many North American doctors are more resistant to the idea than those in the U.K. and western Europe, fortunately the caring professions have become increasingly aware of this need, as have psychologists, sociologists and the taxpayers. We are now faced with the challenge of having the number of people over 65 years (some 1,700,000 in 1971) on a sharp increase so that by 2001 A.D. the census figures project some 3,300,000 people, and by 2031 A.D. it is expected that there will be some 6,100,000 people over the age of 65 years, as well as an increased percentage of handicapped in all age brackets. Education and preventive care will be essential through the earlier decades of the life span because the economic system will be unable to support astronomic numbers of neglectful and neglected people in nursing homes and hospitals on the scale which it is presently doing. It remains to be seen whether education, preventive care and improved medical care of elders can be introduced on a sufficient scale in time for many of us to avoid uncomfortable experiences which could be prevented or ameliorated were our medical care system geared to the pattern of care which is required.

To add some background and further information, it needs to be pointed out that doctors in public health, community and preventive medicine were the ones who played a key role in improving health and lengthening life from the mid-1980's into the World War II period through health education campaigns, the improvement of water and sewage treatment, and proving that good housing and good nutrition results in better health. After the War, the era of antibiotics, drugs and sophisticated medical and surgical technology brought a period where the clinical specialties proliferated. After some 30 years of being encouraged and conditioned to believe drugs and technology to be the panacaea for all things medical, there is the recognition once more that mankind is not a collection of bits and pieces and parts but is all of a piece -- not only a body, but also mind and spirit must be so treated. Several West European countries are well beyond our present North American understanding in this respect. The British have never shoved public health, preventive and community medicine into the background as has been done in this country. Sir John Boyd Orr taught them a great lesson during World War II that poverty = disease which many politicians chose afterwards to ignore but many other professionals have remembered. It is recognized that people can no longer be permitted to dump all responsibility for their health upon their doctors as

- MDE FRASER, ASSISTANT PROFESSOR, SCHOOL OF LIBRARY SERVICE, DALHOUSIE UNIVERSITY.

they deposit their ailing cars into the hands of automobile mechanics. We must be educated not only about the over-use and mis-use of drugs and the medical profession, but also about the over-use and mis-use of our own selves. Obviously, every effort must be made to provide the means whereby there is ready access to information and programmes for all age groups. Inevitably, individuals will be expected to play an active role in their own health care and in dealing with their own illnesses -- e.g. The British geriatric teams work with old people, they don't "manage" them. This pattern is backing down the life span.

The British and Americans have more outlets for health information and education than we do here in Canada, and certainly American librarians have been more actively taking the lead. With or without assistance and support from medical schools or hospital libraries, the public libraries have become increasingly involved. One early leader, together with the Cleveland Public and Detroit Public Libraries, was the Boston Public Library where Marilyn Philbrook eventually produced her Medical Books for the layperson: an annotated bibliography in 1976 and is now working on a revision. Irwin Pizer involved his staff in the Library of the Health Sciences at the University of Illinois Medical Center in a week-long workshop for the Chicago Public Library System for which they prepared a very useful guide: Sources of Health Information for Public Libraries, May, 1976. Alarmed by the amount of "garbage" being tossed at the public, the American Academy of Family Physicians was persuaded to produce a screened list of useful and free or inexpensive items in 1975: Compendium of Patient Education Materials. (AAFP Reprint #b-3500. Available from: 1740 West 92nd Street, Kansas City, Mo. 64114). John Cormier's "Medical Texts for Public Libraries" in the 15 October, 1978 issue of Library Journal continues the regular appearance of selected lists for American Public Libraries in that publication. In the 15 October, 1973 issue of Library Journal (p. 2971-) is Ruth Velleman's still useful: "Rehabilitation Information -- a bibliography". And we have Health and Welfare Canada's Rehabilitation and the handicapped; a layman's guide to some of the literature - a bibliography. Ottawa, 1976 plus a supplement. It would be useful to have other Canadian lists prepared for the use of the public.

Has David Noble produced a list as a result of his experience with cancer patients in Vancouver? Dorothy Fitzgerald will have information on patient education as a result of her work at the College of Family Physicians of Canada. It would be useful to hear from her. Since I contribute a lecture about health and medical materials for public libraries to one of Dalhousie's Information Sciences courses, I should perhaps be sending in a basic list to the Canadian Library Journal unless there are available lists about which I have not heard. I would be interested in having a response about this.

Readers of the Bulletin of the Medical Library Association might be aware of the very successful concurrent Session II, moderated by Eileen Emberson, held at the Minneapolis conference in 1976 (BMLA, 65(1), 1977) where the following papers were given:

Lindquist, R.D. Patient Education: Key to an Efficient Health Care Delivery System. (Blue Cross and Blue Shield of Minnesota)

Lee, Elizabeth. Overview of Hospital Based Patient Education Programmes. (American Hospital Association)

Cox, Barbara. Patient Education Resources -- How to Manage Them. (Mayo Clinic, Rochester, Minnesota)

Renner, J.D. Regional Community Hospitals and Family Practice. Residencies as Joint Resources in Patient Education. (University of Wisconsin)

Unfortunately, none of these papers was published in the BMLA. Librarians, academic physicians and practitioners considered the matter of health education and patient education. The great need for well-prepared, authoritative, up-to-date, easy-to-understand "popular" materials was reviewed and current activities dealing with American problems were reported. Ready accessibility by every means possible was recognized. Roth's "Health Information for Patients" (BMLA, 66(1), 1978) has an agenda which provides a list of American materials, and there is an article by Harris in the April, 1978 issues -- "Hospital-based Patient Education Programs" which cites 38 references -- all American, to which can be added the paper by Bruce F. Currie and John H. Renner -- "Patient Education; developing a health care partnership. (in Postgrad Med 65(1):177, 1979). There are Canadian paitent education activities but how widespread are they? Have such become the accepted norm and part of the regular treatment programme as a matter of course? It would be useful if CHLA/ABSC could work with the caring professionals to produce and promote lists of material relevant to the Canadian situation -- not just for patients who reach hospitals, but also for people of all ages who don't need hospitals.

Chapters could work with their Public Library Systems -- I presume some members must already be in contact with them. It would be useful if the librarians of the Provincial Departments of Health and Social Services could pull together a composite list of publications prepared by the Federal and Provincial Departments for the use of Libraries and the public. There is such a scattering -- it would be useful to have the information collected together and widely distributed. This would leave educational material produced by the caring professions, the voluntary organizations, and institutions as the other segment to consider. Both publications and the audio-visuals should be included. Not only the organizations which are disease-oriented, but those involved with prevention and rehabilitation should be included: occupational therapy, therapeutic recreation, physiotherapy, music, drama, dance and art therapy, etc.

The British have produced much effective material for the public which is expert, factual, clearly expressed, succinct and frequently well illustrated. Sincer several fields of medicine and surgery in Britain are in advance of their counterparts in the U.S.A., it would be more sensible to "Buy British" than to "Buy American"! You frequently get a better return for your money! Materials on stroke, rehabilitation, heart disease, physiotherapy, adult day care, geriatrics in general and geriatric orthopaedics in particular, likewise geriatric units and day hospitals should certainly be obtained from the U.K.

The following are a handful of useful sources:

Age Concern England, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL. There is nothing on this continent to equate with this 'umbrella' organization. It maintains the 'key' information center about ageing and geriatrics in the U.K. It has an excellent professionally staffed library and operates its own printed press. All publications are practical and backed by seasoned experience. Age Concern Scotland also has useful material. Ask if the English office stocks the Scottish items. There are also publication lists for the asking.

The British Council, Medical Department, 10 Spring Gardens, London, SW1A 2BN. Subject book lists of British publications, e.g. an excellent one on the various aspects of geriatrics, are produced, also a Bibliographic Series which scans the international literature. These are distributed free of charge. Miss Jean Hall, Librarian. Ask for List of Bibliographies and Book List.

The Disabled Living Foundation, 346 Kensington High Street, London W14 8NS. An excellent source of information on many aspects of disability -- equipment, clothing, furniture, designs for housing, gardening, etc. Useful information lists are produced and in Index File maintained. Canada should develop a national information centre of this sort!

The Health Education Council, 78 Oxford Street, London, WC1A 1AH. Government funding supports a good professionally staffed library as well as Information Services and a Sales Department. A useful service with a welcoming walk-in-right-off-the-street entrance and lobby. Caters to all levels: students, parents, teachers, and professionals.

The King's Fund Centre, 126 Albert Street, London NW1 7NF. Mr. Keith Morton, Assistant Director. An excellent starting point if you are uncertain about information sources. Interested in all aspects of hospitals and institutional health care. It maintains a very useful library with able professional staff who have a comprehensive knowledge of U.K. information resources. This centre was my operative base for 11 weeks spent in and out of London and the main reason why my programme in England and Wales was so successful! Many of you will be regular purchasers King's Fund publications.

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B. C. HEALTH LIBRARIES ASSOCIATION MEETING

- DONNA SIGNORI

While advanced technology has infiltrated nearly every corner of the globe, though it may well have escaped leaving its mark on a few virgin areas, as well as contributed to creating a more complex and sophisticated society, it is frequently difficult to believe that communication itself has improved. We have indeed devised new forms of contact, increased rapidity of contact and supply of information but have we actually improved the clarification of communication? Surely the very fact that annual meetings, regular meetings, special meetings, et cetera proliferate at a very obvious rate indicates that the medium of words delivered personally remains the single most succesful form of communication today.

At the third regular meeting of the B.C.H.L.A., the executive and newsletter editor excelled in presenting its members with an exceptionally interesting programme. Representatives from seven health agencies in the Lower Mainland accepted an invitation to speak to the Association's members about their information services.

We listened to speakers from the Alcohol and Drug Commission (originator of B.C.'s compulsory heroin treatment programme), the B.C. Division of the Canadian Cancer Society, the Health Education Centres of B.C., the B.C. Lung Association, the B.C. Heart Foundation, the Diabetic Foundation (B.C. Division) and finally the Drug and Poison Information Centre. If we were not previously aware of the agencies' purpose and services, before the evening's end we heard that the modus operandi for nearly all was threefold: fund raising, research and education. Nearly seventy percent of the funds canvassed by the B.C. Heart Foundation is consumed by research. Since T.B. grew unfashionable, the eighty year old voluntary organization, the B.C. Lung Association (formerly known as the T.B. Christmas Seal Society) has broadened its concern to all respiratory ailments. At least fifty percent of its funds are spent wisely on education in schools and through special programmes -- for those of us who missed it in school -- and on providing financial assistance for those unable to travel to obtain the necessary health care. A Health Information Telephone Tape Library provided under the auspices of the Health Education Centres of B.C. offers another source of information for answers to many of our immediate and daily needs. Some two hundred tapes, approved by the B.C. Medical Association, discuss a variety of subjects: parental guidance aids, life situations, alcohol, cancer, heart, nutrition, children's problems to mention only a few; all accessible by dial or push-button ease. The Canadian Cancer Society provided funds to purchase material for the Patient Information Library under David Noble's direction at the Cancer Control Agency of B.C. Library. This, its most recent example of public service, was set up in response to a growing need for cancer information by the public. We are told that by 1980 the Society hopes to provide a telephone cancer information service.

Unlike the preceding fund raising, charitable organizations, the Drug and Poison Information Centre -- located in St. Paul's Hospital -- is a tertiary service provided by the Hospital Programs Branch of the B.C. Government and is the only established centre of its kind in B.C. Its clientle is selective since it is a resource chiefly for health professionals. The centre's many

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- D SIGNORI, COLLECTIONS LIBRARIAN, LIBRARY, UNIVERSITY OF VICTORIA.

functions cover the supply of information on drug therapy, foreign drug identification, evaluation of new drugs and the relative toxicity of poisons. Finally, it is the residence for clerkships for Pharmacy students from U.B.C.

This is only a very brief resume of some aspects of a few of B.C.'s health organizations. Health sciences librarians across Canada should be aware that there are many health information resources in existance, and once cognizant of this fact should explore establishing a very informal network of health information communications. Where the collections of larger institutional libraries fail to provide suitable information for their patrons, health sciences librarians can act as 'clearing houses' and can direct clientle to the proper local agency. Public demand for accurate and truthful information is increasing daily at a rapid rate, and a firm commitment from health libraries' staff to facilitate the user's search for pertinent literature should be made individually. These speakers told us, now we are telling you.

A brief business meeting preceeded the guest speakers and included reports on the possibility of a delivery service for Vancouver hospital libraries, a carefully detailed feasibility study for a Selected Union List of Health Serials in B.C. Libraries, and mention of the Association's formal application for chapter status in CHLA/ABSC. A fact sheet on services available from the B.C. Ministry of Health Library has been prepared by librarian Elizabeth Woodworth. Lack of easy access to B.C. Health Government Documents has duly taxed the patience of area librarians for years and Ms. Woodworth has suggested that concerns and queries be directed to Mr. David Brown, Communications Advisor to the Executive Council, Premier's Office, Parliament Buildings, Victoria, B.C.

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NEW WESTMINSTER HEALTH LIBRARIES MERGE

- SUE ABZINGER

Two libraries at the Royal Columbian Hospital in New Westminster, B.C. recently combined to form a single multidisciplinary library serving all hospital staff. The Westminster Medical Association, which supported a book and journal collection for physicians, donated its resources to the hospital in the fall of 1978. When the School of Nursing at the hospital graduated its last class in the spring of 1978, its library too had come under the jurisdiction of the hospital. These collections are presently housed in a temporary location while planning goes on for a move to an enlarged modern library with an added audiovisual facility.

Ms. Sue Abzinger has been the librarian since September, 1978 and is assisted on a part-time basis by Pat Watson, formerly associated with the Westminster Medical Association Library. The library serves an expanding 463-bed hospital which acts as the regional referral centre for the Fraser Valley area of British Columbia and has an important emergency department because of its proximity to the Trans-Canada highway. The hospital is located 24 kilometers from downtown Vancouver.

- S ABZINGER, LIBRARIAN, ROYAL COLUMBIAN HOSPITAL, NEW WESTMINSTER, B.C.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI
- EVE-MARIE LACROIX

The Health Sciences Resource Centre has been prevailed upon by your ingenious editor to formalize its communications in BMC by submitting a regular column.

With the deadline for copy for the first edition fast approaching, Centre staff held a brainstorming session to decide upon newsworthy items to be included in the column, and decided to embark upon a series of columns designed to highlight CISTI programmes and services as they relate to the needs of health sciences librarians. During the next several months, the following CISTI services will be discussed:

Document Delivery
Translations Index
Union List of Scientific Serials
Information Exchange Centre
Publications
CAN/SDI
CAN/OLE
Acquisitions Policy/Collection Development

In addition to the service-of-the-month feature, current events and activities of the Centre will also continue to be announced.

Current events for this issue include a status report on the Survey of Health Science Libraries conducted in January, and the announcement of the resignation of a staff member in HSRC!

As you may recall from an earlier announcement, the Survey was intended to identify and describe all health sciences libraries in Canada. A total of 2,400 questionnaires was distributed and 1,500 replies were received, with an additional 400 duplicates identified.

We would like to interrupt at this point to express our delight at the response, and to thank you all for taking the time to complete yet another questionnaire. Using these 1,500 replies, we were able to construct a data base of health-related organizations and identify 450 libraries in this population. A directory, containing records for these 450 libraries, is to be published about 1 June, 1979 with the title: Health Science Information in Canada: Libraries. The price, yet to be announced, will be modest. Watch this space for publication details.

Procrastinate as I will, the bad news refuses to go away. Mary Lynne East, MEDLINE Coordinator for Canada, will be leaving the HSRC on 11 May. It is fitting that the significance of this event be supported with pertinent figures. May Lynne has nutured MEDLINE in Canada through its growth from 14 centres to the present 67. She has trained over 200 searchers and provided technical support through more than 7,500 hours of Canadian use.

Mary Lynne will be sorely missed here at CISTI, as will her monthly epistles to the centres, I'm sure. Will she miss us while enjoying her summer sabbatical in Charlottetown? Read the HSRC column in the September issue, of course!

- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

DE L'CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ
- EVE-MARIE LACROIX

Votre directeur, fort ingénieux, a réussi à convaincre le Centre bibliographique des sciences de la santé de régulariser ses communications dans BMC grâce à une rubrique régulière.

La date limite pour la remise des articles de la première édition approchant à grands pas, le personnel du Centre s'est réuni pour décider du contenu de la rubrique, puis s'est d'accord sur une série d'articles mettant en lumière les différents services et programmes offerts par l'ICIST en réponse aux besoins des bibliothécaires des sciences de la santé. Au cours des prochains mois, les points suivants seront abordés:

Fourniture de documents
Répertoire des traductions
Catalogue collectif des périodiques scientifiques
Centre d'échange de l'information
Publications
CAN/SDI
CAN/OLE
Politique d'acquisition et d'élargissement de la collection

En plus de décrire chaque mois un de ces services, le Centre continuera à annoncer nouvelles et activités.

Au sommaire des nouvelles du mois, un compte rendu de l'avancement du Recensement des bibliothèques des sciences de la santé, commence en janvier, et l'annonce du départ d'un membre du personnel du CBSS.

Le Recensement doit identifier et décrire toutes les bibliothèques des sciences de la santé au Canada. Au total, 2400 questionnaires ont été distribués et 1500 retournés, sans compter quelque 400 dédoublements.

Nous remercions vivement tous ceux qui ont pris le temps de remplir cet "autre questionnaire". A partir des 1500 réponses, nous avons pu monter une base de données sur les organismes oeuvrant dans le domaine et identifier, parmi ceux-ci, 450 bibliothèques. Un Répertoire de ces bibliothèques devrait paraître aux alentours du 1er juin sous le titre Information en sciences de la santé au Canada: les bibliothèques. Nous vous donnerons plus de détails sous peu.

Il n'est si bonne compagnie qui ne se quitte. Mary Lynne East, coordonnatrice de MEDLINE pour le Canada, aura quitté le CBSS le 11 mai. Il convient de citer quelques chiffres pour souligner l'importance de cet événement: Mary Lynne a vu croître MEDLINE au Canada de 14 centres aux 67 centres actuels. Elle a formé plus de 200 chercheurs et elle a fourni une assistance technique s'élevant à plus de 7500 heures.

Mary Lynne nous manquera amerement ici à l'ICIST, tout comme vous manqueront, j'en suis sûre, ses épîtres mensuelles. Nous lui souhaitons un merveilleux été sabbatique à Charlottetown.

N'oubliez par de lire la prochaine rubrique du CBSS dans le numéro du mois d'semptembre!

- E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ.

TO THE EDITOR

16 March, 1979

I am writing in response to the article by Anne LeBrun, BMC 1(1):18-19, 1979. The Health Sciences Centre in Winnipeg is about to begin a programme of patient education similar to the one described in Ms. LeBrun's article.

Pamphlets on five basic procedures have been designed: EKG, Colon X-Ray, 24 Hour Urine, Stomach X-Ray and Follow Through, and Going for Surgery. The purpose of the pamphlets is to reassure and inform each patient and permit him to take a more active part in his own care. Distribution and discussion of the pamphelts will soon begin on one ward of the Rehabilitation Centre. An evaluation of this pilot project is also planned. If the reaction of the staff and patients is favourable, the programme will hopefully be expanded to other wards and sections of the HSC.

As there is no written policy regarding the provision of patient/lay information from this library, requests are handled rather gingerly. Most requests are received by phone and can be adequately handled with a dictionary definition; I always cite the title of the dictionary being consulted. The very few requestors that have appeared in the library have come to update their information on a particular disease or procedure. They are usually very familiar with the literature and the literature indexes and brief conversations show that they are working with their physician's encouragement. Those who seem to be exploring on their own are encouraged to consult their physician about any information viewed in the library.

I and perhaps other readers would be interested in knowing how such provision of health information is viewed under the law.

Barbara E. Henwood
General Centre Medical Library
Health Sciences Centre
Winnipeg, Manitoba R3E 0Z3

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18 March, 1979

I did not receive the first issue of "Bibliotheca Medica Canadiana" (?Canadiensis??) until yesterday, because of a postal strike in Jamaica, where I am currently teaching. (Don't rush off and alter all your records -- I'm here for only 6 months.)

I must congratulate you on a very good-looking production; and a particular word of praise to Glen Reid for his ingenious combination of motifs in the cover design. It is a tribute to the enthusiasm of the members of the Association and the dedication of previous editors that we have reached "journal status" in such a comparatively short time (though we may be censured by some for adding to the publication explosion, and by others for the Chamber of Horrors described on p. 17 -- why ever didn't you compound all your previous felonies by changing the format, while you have the chance?).

Incidentally, the footnote on that page (about Elvish curses) led

to a train of thought that was difficult to stop once it got started. The results are enclosed.

Geoffrey R. Pendrill
Visiting Professor
Dept of Library Studies
University of the West Indies
Mona, Kingston 7, Jamaica

(Normally, your editor would not look favourably on any letter from Jamaica that arrives in Winnipeg when the latter is waist-deep in snow and experiencing -34°C. Prof. Pendrill compounded his folly by writing again at the end of April. Not only did his missive arrive in the midst of the worst flooding in memory, but it was also below freezing and, yes, still snowing.
Fortunately, the 'enclosed results' he alludes to more than forgave his unfortunate timing and climate. See pages 96-98.
- Editor)

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BMC TENTATIVE PUBLISHING SCHEDULE, 1979-1980

With its debut issue, the BMC proudly announced it would publish six times a year and printed its schedule for 1979. There is such a thing as tempting fate too far, apparently, and we must now retract our earlier statements.

Until further notice -- which may be our next issue -- the BMC will now be published 5 times per year. The reduction is not entirely due to the inability of the editor to cope (although, in truth, he has been canvassing vocally for a schedule of one issue every three years) but is for the mundane reason of financial restraint. These issues cost an incredible amount to print and mail out. While we agree that mutual communication is the prime mandate for the Association, the Publications Committee has wisely decided that avoiding bankruptcy may rate even higher with the membership.

Accordingly, we now offer the 'new, improved' publishing schedule, with the emphasis that this is purely tentative and the dates are subject to change.

Issue	Copy Closing	To Printing	To Mailing
1.3	27 April	11 May	25 May
1.4	10 August	24 August	07 September
1.5	09 November	23 November	07 December
2.1	08 February	22 February	07 March
2.2	18 April	02 May	23 May
2.3	27 June	11 July	25 July
2.4	05 September	19 September	03 October
2.5	07 November	21 November	05 December

SOME LITTLE-KNOWN FEATURES OF THE ORAL TRADITION AMONG THE MEDICAL LIBRARY PROFESSION

- GEOFFREY R. PENDRILL

Archiv, archive, archivo, arquivio. Incantation to ward off evil spirits, muttered by filing clerks in catalogue departments.

Bibliotheca Medica Canadiana. (neologism). Of recent origin, this phrase is an incantation believed to be very potent in establishing communication with the "other side". Rumours of a dialectical variant "Bibliothèque médicale canadienne" have not been substantiated; it would in any case be linguistically separate.

By Basil Blackwell and all his agents. An invocation guaranteed to restore tranquillity. Usually muttered with the eyes closed and the face turned upwards.

Bliss you (my son/child/etc.). A benediction uttered by senior librarians. Pronounced with the right hand raised and the palm facing outwards.

CISTI! An expletive designed to confer good fortune. (Cf. Gesundheit!)

Colon (you/this book/the Head Librarian/all readers/etc.). (Not in decent use). A somewhat vulgar expletive used mainly among apprentice librarians fresh out of library school. The anatomical area mentioned suggests certain scatological associations.

Cummings through the rye. Popular folk-song, apparently originating from the area around Bethesda, Maryland.

By Dewey and all his hierarchy. Another invocation. (Cf. Blackwell supra)

Fold, spindle and mutilate (this programme/etc.). An ancient computer-minder's curse.

Good grief, it's Garfield! (The word 'again' may be found immediately following the keyword). An expression of uncertain import often heard among regular attenders at library conferences.

Not in Garrison-Morton. A solemn incantation used by secondhand booksellers to triple the value of their wares. Considered to be remarkably effective.

GedamntKatalog der Wiegendrucke! (Archaic). A most fearsome oath frequently uttered by cataloguers at the Wellcome Historical Medical Library, circa 1950. Used in situations of extreme tension, it had to be pronounced faultlessly and very rapidly thirteen times, by the end of which a normal condition of somnolence would be restored.

Ibid. A mythical periodical believed to resemble the Holy Grail, inasmuch as many young virgin librarians have sought to find it but none have ever succeeded. Some believers are convinced it will yet be found in that Great Permanent Binding List in the Sky.

I.B.M. A kind of monster found only in science fiction stories.

Index-Catalogue. These words occur in a prayer uttered by medical reference librarians in olden times: "May the Index-Catalogue of the Surgeon-General's

- GR PENDRILL, PROFESSOR, SCHOOL OF LIBRARY AND INFORMATION SCIENCE, UNIVERSITY OF WESTERN ONTARIO.

Department of the U.S. Army be with us now, and for ever and ever. Amen."

LC. A greeting in use among certain "swinging" members of the profession. "Are you LC or DC?" (The variant form "Are you LC or are UDC?" is certainly a spurious formation.) A natural delicacy precludes any further explanation.

(And) MEDLARS to you (too). A daily response believed to have originated on the SUNY network.

Morton see Garrison-Morton.

(Up) in ORBIT. Phrase describing a cataleptic state found only among terminal operators.

(By) Pergamon! An oath used by acquisitions personnel in particularly stressful situations. The pronunciation of the initial p is extremely plosive, and there is a strong accent on the first syllable. The preposition may be omitted.

Out, out, damned stop! A curse uttered by the late Charles C Thomas, who thenceforward was never able to find one to put after his middle initial.

Swets & Zeitlinger! A mild expletive of indeterminate usage heard in serials departments.

Springer-Verlag! The ultimate obscenity.

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(When the editor wrote to accept the foregoing, Prof. Pendrill replied in part:

"I'm sorry about the enclosed, but it happened just after reading the Bluffer's Guide to MEDLINE. I suspect they put something in the water down here -- probably rum. I'm working on a collection of medical library proverbs (eg: "The rolling stone gathers no Mosby") as a possible future supplement to "Oral Traditions", despite enormous reader demand -- for its discontinuance.

Please feel free to alter, amend, improve, or blue-pencil any of these contributions towards the furtherance of those things we all of us believe in -- think I should have capitalised that last bit.")

SOME NEW LINES FROM MUDLARS; AN OLD BUFFER'S GUIDE

- MARILYN WEST

The N.L.M. (Notional Library of Muddiscene) has announced the following additions to its MUDLARS service (Marvellously Useless, Dam' Lazy and Rubbishy System):

AIRLINE	(Absolutely Incredible Rubbish On-Line)
BUSLINE	(Bank of Useless Statistics On-Line)
BYLINE	(Bully for You On-Line)
CLOZELINE	(CLean Out Of Zorbit Everywhere On-Line)

- M WEST IS DEPUTY (ACTING) PRINCIPAL CHIEF ASSISTANT COORDINATOR OF SOMETHING OR OTHER AT ST. MARY'S, EAST LYNNE.

FONELINE	(Females Orlways kNow Everything On-Line*)
KATLINE	(Knowledge At your fingerTips On-Line)
PLUMBLINE	(Please Love Us More Beautifully On-Line)
RAILWAYLINE	(Rare And Interesting Links With Ancient Yukon On-Line)
SIRLINE	(Sex Is Rampant On-Line)
SOXLINE	(Save Our Xerox On-Line)
TRAMLINE	(Thesaurus of Rot and Mush On-Line)

Readers will doubtless not be interested to know that the MUDLARS service is operated with the latest Hunnybunn QT99/100 xyz-B (Mark MDLXIX) computer ("Cutie") which uses solid-state microminiaturised multi-integrated antediluvian circuitry. The Babbage-type central processor has 20 (prayer) wheels and a whole mess of gears, and consumes only 3 quarts of SAE 20/30 per 100 calculations. Input is an endless belt (according to our Lulu, who says she has to belt like mad to keep up with the #@%&$#*! thing). Output is processed by COM (Cathy or Mary) or by Grace; average writing speed (on a good day) is at least 20 words per minute.

The system supports over 10,000 terminals, all of which have to be screwed up real tight so's the wires don't come off. It operates in real time, provided that the operator remembers to wind up the alarm clock on his console television when the CBC News comes on. The COYPU (Come On You Poor Underdogs) operating system is comprised of a cat-o'nine-tails and a battery-operated electronic cattle prod, and have proved remarkably effective. Disk packs now available include Land of Hope and Glory, Ann Murrary, and Jack Beergarden and the Half Pints.

The equipment was obtained at an extremely economic price from an anonymous nothern government which found it surplus to requirements when a proposed nationalised betting ring was abandoned shortly before the voters went to the polls.

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*Well, what do you expect for only $15 a year?

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AND FROM THE NURSING LIBRARY AT MCGILL UNIVERSITY...

Deborah van Wyck is a recent McGill Library School graduate who has become particularly interested in health library work due, in part, to her experiences in-and-out of the Nursing Library at McGill University. She has considerable job and research experience in the use of health sciences bibliographic tools, and see is looking for a position in a user-oriented health information facility. She is willing to take on any interesting prospect, and we hope her enthusiasm will find support somewhere in the health field.

Please contact her at 4266 Clark Avenue #E, Montreal, P.Q. H2W 1X3.

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ABSTRACTS ODYSSEY

Since the BMC has slandered the German health sciences publishing industry on more than one occasion in the past (albeit, justifiably), we thought it only fair to also pass on this little gem for our readers. The following lines were printed on a card bearing the imprint of S. Karger and accompanied a volume which they recently distributed:

"The enclosed Abstracts of the 12th Meeting of the European Association for the Study of the Liver are a gift, brough to you through a series of Iliadic events.

"The Abstracts were prepared and printed for an early September (1977) meeting in Athens, Greece. On a sunny day two months in advance, the Abstracts shipped out of Basel in a force of 650. Although armed with the latest Swiss stamps, the issues were unprotected against the customs of foreign postal systems, and somewhere short of Athens were tragically waylaid under a cyclopean heap of lost, undeliverable mail.

"Possessed by some homering instinct, the Abstracts heroically resurfaced and were return posted in late 1978.

"The meeting had, of course, disbanded.

"We hope these Abstracts, back from their Odyssey, have gained some classical value that will aid you in your work."

Now that's apologizing for a delay with style!

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MEDICAL LIBRARY ASSOCIATION: NEW OFFICERS ELECTED

The new president-elect of MLA for 1979-1980 is Gertrude Lamb, Director of Health Sciences Libraries, Hartford Hospital and University Assistant Librarian, University of Connecticut Health Center.

The two new members elected to the Board of Directors are Arlee May, Associate Director of the New England Regional Medical Library Service, Countway Library of Medicine, Boston, Mass., and Naomi C. Broering, Medical Center Librarian, Georgetown University Medical Center.

The following nine people were elected to the Nominating Committee: Samuel Hitt, James H. Parrish, Rachael K. Goldstein, Judity (Robin) Overmier, Alison Bunting, C.K. Huang, Ursula H. Poland, Lillian R. Kozuma and Sara Inger Hill.

Ballots were counted on 6 April at MLA Headquarters in Chicago by the Election Committee, comprised of Eliose Foster, Lois Ann Colaianni and Shirley Echelman, assisted by staff and several MLA members.

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MEDICAL HISTORY AT MEMORIAL UNIVERSITY OF NEWFOUNDLAND
- K. B. ROBERTS

The ten year old Medical School at Memorial University of Newfoundland has recently established a Chair in Medical History, named after Dr. John Clinch (1749-1819). Dr. Clinch, a close friend and countryman of Edward Jenner and probably the first person to vaccinate in the Americas, was physician at Trinity, T.B., Newfoundland, for more than thirty years. Dr. K. B. Roberts, formerly Professor of Physiology at the University, has been appointed to this Chair. Another recent appointment is that of Mrs. Isabel Hunter to the position of Health Sciences Librarian.

With Dean A.R. Cox's encouragement, a plan has been adopted to have a working collection in the history of medicine within two years. The Health Sciences Library has already journal and monograph holdings in this field which will be strengthened by the purchase of new books, facsimile reprints, microfiche and original material. A modest sum has been set aside for this purpose. A first list has been drawn up of subject areas which will be emphasized. Naturally enough, any items relating to health care and the health professions in the Province of Newfoundland and Labrador will be diligently sought.

There is an obvious association between the Province and seafaring occupations; the University has strength in Maritime History. For these reasons, nautical medicine will be represented in our collections.

Major infectious diseases, including tuberculosis, maternity and child health, thr biomedicine and epidemiology of hypertension and the development of medical physiology are other subjects in which we are particularly interested. After the experience of one year's collecting, and futher faculty and student advise, this list will be amended.

Any help and advice which others in the History of Medicine may care to give will be most appreciated.

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NEWS ITEMS

The Toronto Medical Libraries Group met on 25 April at the Hospital for Sick Children in Toronto. Among the items on the agenda was a discussion of book selection and acquisition led by Irene Jeryn, Librarian, Hospital for Sick Children and Gale Moore from Book Selection, Life Sciences and Medicine, University of Toronto.

Adele Curry recently retired as Librarian of the Ontario Cancer Institute. She has been succeeded by Carol Morrison, formerly the Reference Librarian at the Science and Medicine Library, University of Toronto. Claire McKeogh has been appointed to the Canadian Nurses Association Library, effective June, 1979.

- KB ROBERTS, PROFESSOR OF MEDICAL HISTORY, MEMORIAL UNIVERSITY, NEWFOUNDLAND.

WORKSHOP: YOU ARE NOT ALONE

Cambrian College in Sudbury, Ontario was the site of a workshop for health library personnel held 30-31 May under the sponsorship of the Ontario Hospital Association, the Ontario Medical Association, and the Registered Nurses' Association of Ontario. Under the intiguing title of "You Are Not Alone", the workshop concentrated on four major themes: Library Services in Hard Times, Managing Audiovisual Materials, Sharing Some Problems, and Networking and Resources in the Sudbury area.

For the Library Services in Hard Times theme, an administrator's view was presented by Juri Wallner, Association Executive Director of the Sudbury General Hospital. A librarian's response was provided by Loraine Spencer Garry, Librarian to the Registered Nurses' Association of Ontario. The services of the CHLA/ABSC were then outlined by Linda Solomon, Director of the Canadian Hospital Association's Library and the topical problem of sources of funding was ably covered by Pamela Avis Pollock, Librarian for the Ontario Medical Association.

The afternoon of the workshop's first day was devoted to the theme of Managing Audiovisual Materials and the speaker in charge was R. Lee Collins, the Library Manager of the Cambrian College of Applied Arts and Technology in Sudbury.

The second day of the workshop began with a group discussion on the common problems (and, hopefully, solutions) facing health library personnel while the afternoon was devoted to the final theme of Networking and Resources in the Sudbury Area. For this last session, Don Hawryliuk, Librarian at the Sudbury General Hospital, worked with Ann Fabbro, Reference Librarian at the Sudbury Public Library, to outline the resources available in the region.

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NEWS ITEMS

The 1975 Survey of Hospital Libraries in Ontario is now available on a loan basis ONLY. The overview and recommendations are available. The survey was done under the auspices of the OMA and the OHA with help from the Toronto Medical Libraries Group. For further details, contact the OMA Library at 240 St. George Street, Toronto, Ontario M5R 2P4.

The 1979 edition of Health Sciences Serials in Libraries in the Hamilton & District Area is now ready for distribution to libraries in the area. It is a computerized list based on the Union Catalog of Medical Periodicals produced by the Medical Library Center of New York. If anyone is interested in the method used in producing the list or in obtaining a copy, please contact: Linda Panton, Coordinator of Hospital Libraries, Health Sciences Library, McMaster University, 1200 Main St. W., Hamilton, Ontario L8S 4J9. Cost: $15.00 per copy.

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CURRENTLY READABLE

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Displays in health service libraries.
Nurs Times 75(3):120-123, 18 Jan 1979.

Gray C
The Osler Library: a collection that represents the mind of its collector.
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Library services to South Carolina via the state's two medical schools.
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Librarian turned entrepreneur makes millions off mere footnotes.
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Planning and management of a regional learning resource network: the library can do it.
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Fungi in libraries: an aerometric survey.
Mycopathologia 64(2):67-72, 16 Oct 1978.

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POSTSCRIPT

- THE EDITOR

As you read this, the smoke will be clearing from Canada's latest round of orgiastic democracy and the only undecided question from 22 May will be which media outlet provided the ablest coverage. As I write this, however, the campagin is still in full, noisy, idiotic swing. Forgive me if I sound apolitical. I have nothing against elections -- I just wish they could get through them without bothering me so much. Elections remind me of Christmas or Easter of Valentine's Day or..... They all started out as good ideas but ended up being twisted somewhere.

I follow the election issues and fail to react with the passions of many others. I don't find the tax credit controversy anywhere near as incredible as the fact that the CBC paid the chap who wrote "Riel" $100,000 for his script. The Anglo-French crisis draws simply the same apprehensive confusion from me as from the rest. Instead, I save my strongest reactions for something major and highly significant in Canadian life: like a MacDonald's jingle. There's a series of hamburger jingles on tv that mention Canadian cities and one line in particular always propels me out of my chair to orbit the room in loud, vociferous denounciations of what's wrong with this country.

(The sung phrase in question: "in Windsor and in Winnipeg and way out in Calgary". I've lived in Calgary and didn't find it 'way out' at all. Calgary is only 'way out' if you happen to live in Toronto and part of this country still doesn't. Geographically speaking, Winnipeg is closer to Calgary than Windsor so why not make the line: "in Calgary and in Winnipeg and way out in Windsor" instead? If we always read the printed word from left to right, why do we read the country from right to left?)

The point I'm making, before I lose track of it myself, is that all people react to different issues quite differently; some people see issues even where there aren't any, depending upon their background, special interests, and bigotr--er--locale. I had this demonstrated quite dramatically four days ago when, in reply to a question as to who would receive my vote, I facetiously allowed it would be the candidate who'd do the most for libraries. The reply I got was: "So who gives a darn about libraries?". (Actually, the word wasn't "darn" and what really hurt was that we were sitting in my office at the time. I've also given up my favourite answer as to what party I support -- usually Proctor & Gamble -- because of the number of psychiatrists often on the premises.)

The fact that someone sitting in a library office making ample use of library service can show total indifference to library funding is not a major problem. Yet I can't help recalling it when I look at the programme for CHLA/ABSC's annual meeting and wondering if the fellow isn't indicative. And listening to the blather of electioneering these past few weeks about the "real issues" facing this country, I wonder at the significance of libraries' fiscal constraints in the lives of most of our citizens.

If we are to make a sound, effective case for correct funding of our profession, we face a difficult task. If we fail to generate empathy and support from within our own clientle, we make the task even greater.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

Vol. 1, No 4 1979

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor, and not the CHLA.

Bibliotheca Medica Canadiana est publié cinq fois par année par l' Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l' opinion de leurs auteurs ou de la rédaction et non pas celle de l' Association.

AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 09 November, 1979.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la sante et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 09 novembre 1979.

MOT DE LA RÉDACTION / FROM THE EDITOR

BMC continue d'évoluer au grand désespoir d'aum moins un de ses lecteurs qui signale qu'à chaque parution, les titres sont présentés avec un caractère différent. Mis à part le syndrome "continuons-de-corriger-jusqu'à-ce-qu'on-arrive-à-la-perfection", si nous évoluons ainsi, c'est par souci d'améliorer notre publication. Dans ce but, la rédaction a fait large place aux innovations. Nous reconnaissons qu'une certaine consistance est nécessaire lorsqu'il s'agit du titre et de la couverture, mais quant au reste, nous nous considérons libre de la modifier au besoin.

Votre rédacteur a jusqu'ici suivi avec plaisir les normes établies pour CHLA/ABSC Newsletter, parce qu'eeles sont très bonnes et surtout parce qu'elles existaient déjà. Ce qui ne veut par dire que personne n'a protesté. L'une voulait nous voir adopter un style de publication savante en bibliothéconcomie médicale au Canada; l'autre suggérait qu nous en restions aux nouvelles concernant les membres de l'Association.

Voilà deux points de vue fort légitimes et BMC penche légèrement des deux côtés à la fois. (Je me refuse à discuter comment on peut pencher en direction opposée d'un même élan.) Nous ne sommes pas une publication savante pour de nombreuses raisons. A part le fait que nous n'avons pas suffisamment de membres pour trouver les érudits nécessaires, nous croyons qu'il y a déjà suffisamment de publications savantes en bibliothéconomie disponibles nationalement et internationalement. Nous voulons combler une lacune et toucher certains aspects que les revues plus "sérieuses" négligent. D'autre part, ne paraissant que six fois l'an, nous ne pouvons vraiment jouer le rôle d'un bulletin de "nouvelles". Tout ce que vous lisez dans le présent numéro date d'au moins six semaines, sinon davantage, tel cet éditorial, écrit en juin. Il n'est pas facile de ramasser les nouvelles et même avec l'excellente collaboration que nous apporte nos correspondants, nous en oublierons toujours.

La mission de notre revue c'est de tenir les membres de l'Association au courant des activités du bureau de direction et des programmes élaborés pour eux; de publier des articles d'importance sur la bibliothéconomie des sciences de la santé telle qu'elle se pratique au Canada et tout autre d'intérêt pour nos membres. Nous sommes sans prétention; notre but est de vous intéresser et tant mieux si nous parvenons à vous amuser en même temps.

Si vous n'êtes pas d'accord là-dessus, vous êtes invité par les présentes à écrire à/pour BMC.

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The BMC is continuing to evolve, much to the disgust of at least one reader who pointed out that every issue to date has used a different type of headline. The reason for this evolution, apart from the inevitable let's-keep-changing-it-til-we-get-it-right syndrome, is a desire to improve the publication. And with this in mind, the current editor has wisely left a great deal of room for improvement. A basic consistency is requisite in areas such as title and cover design, but beyond those bounds we are free to reform the publication entirely to our own tastes.

Your editor has been cheerfully abiding by the original guidelines struck by/for the CHLA/ABSC Newsletter, partly because they were very good and partly because they were already there. This is not to say a few peeople haven't asked for changes. One person thought we should concentrate on more scholarly publishing in the field of Canadian health-related library science;

another felt the BMC should restrict itself to printing current news items about the Association's members.

Both of these are good points and the BMC does lean slightly in both those directions. (I refuse to discuss the logistics of leaning in two opposing directions at the same time.) We are not a scholarly journal for a number of reasons. Apart from the fact that we lack sufficient numbers to generate a decent spectrum of scholarship, there is already an abundance of scholastic publishing on librarianship for those who wish to seek it out, both nationally and internationally. One of the aims of the BMC is to fill the void which the scope and formality of the major journals cannot touch. Similarly, we are not a news publication because we lack the currency (pun intended, naturally). Anything you read here is at least several weeks old (as in the case of this piece, written in June) or even more so. Gathering news is also a difficult business and even with the present excellent network of correspondents a wealth of material will always be missed.

The current function of the BMC is to report the business of the Association which, although largely invisible to the membership, continues throughout the year, to publish major original items about Canadian health-related librarianship, and to convey other items of interest to our members. Our approach is informal, our goal is to be interesting, and if we happen to entertain as well, so much the better.

Anyone who disagrees or wishes to amplify on this is invited to write to/for the BMC.

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NOTES...

There has been some confusion of late over the deadlines and the publishing schedule for the BMC and it's very likely my fault. Several calls and letters recently have alluded to a September deadline/October issue of the BMC when there is really no such creature.

I suspect the problem is that people are still referrring to the publishing schedule which I foolishly printed in our first issue of the year. That schedule had to be abandoned when we reduced the number of issues per volume from six to five. A later, tentative schedule was published in issue 3 on page 95 so that you'd have some idea of when to expect each issue (or, when to submit that magnum opus you've been writing for so long). But the only reliable deadline (which, by the way, is strictly adhered to around here) is the one that appears on the second page of each issue.

The next issue of the BMC will contain, among other things, a Canadian bibliography of nursing materials available in French, a translation of the Bi-Lateral Arrangement between CHLA/ABSC and MLA, and a feature as yet untitled on what is a nursing library and how it gets that way.

- EDITOR

THE PRESIDENT REPORTS
- M. A. FLOWER

The Annual Meeting of the CHLA/ABSC this year was a memorable occasion. Being in Ottawa so soon after the 22 May change in government was a significant event in itself, and the political undertow evident just under the surface of most activities provided an exhilarating counterpoint. As a benchmark of the progress of CHLA/ABSC, its Third Annual Meeting in June, 1979 was noteworthy also. Several major activities were brought to a climax at that time.

Programme, 13 June

This was the first year that the Association had attempted a two-day programme, and for most participants the first day was devoted to continuing education courses imported from the Medical Library Association, and/or tours of Ottawa libraries. With the Canadian Library Association and its massive Sections meeting at the same time as CHLA/ABSC, government libraries in Ottawa had prepared for action. They were dusted and tidied and geared for visitors during most of the two weeks in the middle of June. Guests arrived in ones and twos, small groups and busloads. All were received graciously, while barrages of questions were answered. Even with maps, however, finding one's way to a specific library was often an adventure, punctuated occasionally by hazards, such as a violent thunderstorm which not only delivered a drenching, but also doused the lights as one entered the strange government complex.

Since many of the Medical Library Association's most able instructors were booked for their own Annual Meeting in Honolulu, with plans for post-meeting holidays, the Local Arrangements Committee of CHLA/ABSC in Ottawa encountered a number of headaches in mounting our first venture into CE programming. On 13 June, however, about 40 participants shared three of MLA's better known CE courses, which were presented in classrooms at the University of Ottawa. The reports we heard seemed favourable, with highest marks going to Robert Cheshier's course Library Management--Planning. Already the hoped-for fall-out is appearing in the plans of our Windsor Chapter for an autumn workshop based on some of the new insights acquired in Ottawa.

At the end of the day, classroom participants joined with members of the Executive Committee and with other members coming in from a wide range of directions at Colonel By Hall for a reception and buffet supper. In spite of the oppressive heat-and-humidity for which Ottawa is well known, the Gaspé salmon disappeared with alacrity and the decibel level climbed. Many of the new faces there turned out to be attached to names we had known for a long time.

Programme, 16 June

The next day, CHLA/ABSC activities shifted to the Canada Institute for Scientific and Technical Information (CISTI/ICIST) and about 85 people found their way to that very interesting building with its unexpected vistas. The day was a full one with a series of animated discussions, beginning with a vivid presentation on Canadian funding for health sciences research. Members of the panel were: Dr. Maureen Law, Assistant Deputy Minister of the Health Services and Promotions Branch, Health & Welfare Canada; Dr. Paul Yewchuk, previously Conservative Health Critic, and now Member of Parliament for the

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- MA FLOWER, NURSING LIBRARIAN, LIFE SCIENCES AREA, MCGILL UNIVERSITY LIBRARIES.

Alberta riding of Athabaska; and Dr. John Kucharczyk, who represents both the Canadian Association of University Teachers and the Canadian Federation of Biological Societies as he monitors government research. Their debate was lively. Dr. Law presented a reasonable case, but the critics' thesis was "too little, too late". They recommended continuing public alarm, and outlined a method of citizen protest which health librarians, as a concerned group, might make effective.

Afterwards, Martha Stone, incoming president of CHLA/ABSC, ran a well-organized panel discussion on fiscal restraints in health sciences libraries which had the audience thoroughly involved. Each panel member represented a different type of health sciences library, and pointed up quite different aspects of the problem. It became apparent that the back-up support we receive from the Health Sciences Resource Centre at CISTI/ICIST is most invaluble to the health community in Canada. Participants were: Sheila Swanson, Academy of Medicine, Toronto; P.J. Fawcett, Medical Library, University of Manitoba; Barbara Greeniaus, Montreal General Hospital, Montreal; and Eve-Marie Lacroix, Health Sciences Resource Centre, Ottawa. It was difficult to break up the discussion for lunch.

In the afternoon, a second panel of members, chosen this time from other parts of the country, described the progress which has been made in regional cooperation between health sciences libraries across Canada. Pooling of the knowledge gained from these experiences will be important if CHLA/ABSC intends to foster extension of regional health library services. The bilingual panel was moderated graciously by Pierrette Dubuc of Montreal. In the Maritimes (Barbara Prince), Dalhousie University provides outreach through workshops and travelling core collections. In British Columbia (Bill Fraser), there is a well established network which serves all the hospitals in the province under the auspices of the College of Physicians and Surgeons. In Hamilton, Ontario (Claire Callaghan), there is a working consortium of about seventeen hospital libraries supervised by an extension librarian located at the Health Sciences Centre at McMaster University. And in Montreal (Bernard Bedard), the Medical Library at the University of Montreal has this year organized the librarians of cooperating teaching hospitals into a working group, providing an interactive service similar to the one based on McGill University. It is interesting that the impetus for improved health library services still comes from the two traditional sources: academic medical libraries and the medical profession itself. Perhaps nothing has changed except that we are all a little more knowledgeable.

Annual Meeting

The Annual General Meeting of CHLA/ABSC was convened at the end of the afternoon. The Election Report presented Martha Stone as the incoming president. New members of the Executive Committee are Sheila Swanson from Toronto, Eve-Marie Lacroix from Ottawa, Sandra Duchow from Montreal, and Germain Chouinard from Sherbrooke. At a subsequent Executive Committee Meeting, Sheila Swanson was designated Recording Secretary, Sandra Duchow the Treasurer, Eileen Bradley the Vice-President, and Eve-Marie Lacroix became Chairman of the Membership Recruitment Committee. This was in accordance with the new By-Laws which had been ratified by a mail vote just before the Meeting in Ottawa.

According to the report of the Treasurer, Alan H. MacDonald, the membership total for the year before had stood at 255, whereas this year 309 were listed, with renewals for 1979/1980 just beginning to come in. This meant

that we had achieved our first target of 300 members, and so the target was raised a modest number to 350 for the coming year. The balance of funds on hand in June, 1978, however, had been $5758.00, while the balance of uncommitted funds for this years was $2386.00. It was clear that two items in particular had proved exceptionally expensive: translations into French for the BMC, and the production of publicity brochures for membership drives. Since both of these items have engendered important feedback from the membership, it had been decided at the Executive Committee Meeting the previous day to propose a raise in the membership fee just enough to cover such extraordinary expenses in the future. The increase of annual fees from $15.00 to $18.50 was carried at the Annual Meeting without a dissenting vote.

David Crawford, Chairman of the Publications Committee, reported that the newsletter had undergone a number of changes during the year, of which we are all aware: a change of editors and of title, and a transfer of its distribution point from Dalhousie to McGill; all with no visible damage. The first Occasional Paper to be published by CHLA/ABSC will be the bilingual guide to Canadian health sciences sources and services edited by Martha Stone, to be called Canhealth/Santé Canada. It should be published before the end of the year.

In spite of the snags in the mailing schedule, the President reported there was a 25% return on the vote in May, and the expanded Constitution and By-Laws were accepted by a clear majority of 70 votes to one. The next step in our public identity should be to seek legal advice on incorporation of CHLA/ABSC as a non-profit organization. If any member feels strongly about given clauses in the new Constitutional format, now is the time to approach the nearest member of the Board of Directors. The questionnaire entitled What Do Health Librarians Need?, which went out in the same ill-fated mailing, received a respectable 30% return, and answers are still trickling in as a result of the second call which went out in July. Collating has been postponed until after Labour Day.

International Activities

Perhaps the highlight of the President's report was the result of a very busy schedule at the Annual Meeting of the Medical Library Association in Honolulu, and the culmination of a proposal which had been made by a small committee of CHLA/ABSC members the year before in Chicago. With a Canadian flag on the podium beside the Stars and Stripes, a bi-lateral arrangement was signed between the Medical Library Association and the Canadian Health Libraries Association/Association des bibliotheques de la sante du Canada. This was an agreement to further professional cooperation between the two organizations. It covered such matters as continuing education activities, international visitors, and the exchange of publications and official delegates, the whole to be monitored annually and adjusted as necessary. It was a fine Occasion.

Still on an international note, the President also reported that the CHLA/ABSC had accepted an opportunity to sponsor grants from the Canadian International Development Corporation (CIDA) designed to support delegates from developing countries to the International Congress of Medical Librarianship in Yugoslavia next year. We had been looking for a role to play in that gathering and this seemed most appropriate.

Chapters

An important item on the agenda of the Executive Committee Meeting prior to the Annual General Meeting had been the reception and acceptance of

the first annual reports to be submitted by Chapters of CHLA/ABSC under the By-Laws accepted by the membership the year before in Edmonton. The accounts of activities showed remarkable variation across the country, and a brief summary of these reports appears elsewhere in this issue. One of the outcomes of this exchange was the decision to encourage Chapters to exchange mailing lists, and to share ideas laterally.

The Third Annual Meeting ended with a presentation of Chapter Certificates to representatives of each of the six Chapters which have been accepted by CHLA/ABSC during the course of the year. Each recipient spontaneously added to the moment by commenting on the Chapter in a few brief sentences. These Chapters have been organized out of local groups right across the country, and they provide much of the dynamism of the Association. The Annual Meeting ended on this high note, due in no small part to the participation of members from each of the Chapters, and due especially to the efforts of the three members of the Ottawa/Hull Chapter who got it all together: Bonnie Stableford, Nancy Wildgoose and Eve-Marie Lacroix.

Transition

The next President's Report will come to you from Martha Stone, who has some firm plans for the days to come. It has been most interesting to have shared in the growth of CHLA/ABSC for the past two years, and to have been a part of the creative team which has been your Executive Committee. Thanks to their support and hard work, and to the enthusiasm of the membership, the Association is facing a bright expanding future.

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We are saddened to learn of the deaths this summer of two of our Association's members.

Ms. Sylvia Evans, Medical Sciences Library, University of Alberta died on 12 June and Sister Lorraine Doyle of St. Joseph's Hospital in Chatham, Ontario succumbed to cancer on 26 July.

Both of these ladies had contributed greatly to our profession and we are poorer for their loss.

RAPPORT DE LA PRÉSIDENTE
- M. A. FLOWER

Cette année, la réunion annuelle de l'ABSC fut fort mémorable. Le simple fait d'être à Ottawa peu après les élections du 22 mai dernier était un événement en soi, car le courant politique glissait à la surface de la plupart des activités prévues et offrait un contrepoint des plus excitants. L'importance de la Troisième Réunion annuelle de l'ABSC, terme en juin 1979, repose également sur le fait qu'elle serve de point de repère pour évaluer le progrès réalisé par l'ABSC. D'ailleurs, bon nombre d'activités d'envergure atteignirent leur apogié à cette réunion.

Programme du 13 juin

Ce fut la première année qu l'Association organisait un programme de deux jours. Pour la plupart des participants, la première journée fut consacrée à des cours d'éducation permanente offerts par la Medical Library Association, ainsi qu'à des tours organisés des bibliothèques d'Ottawa. Etant donné que la Canadian Library Association tenait également des réunions avec les nombreux secteurs affiliés, les bibliothèques gouvernementales d'Ottawa se tenaient prêtes à l'action. On les avait époussetées, rangées et organisées pour recevoir les visiteurs, qui y défileraient pendant la sui-juin. Les invités arrivaient seuls, à deux, par petits groupes ou par groupes organisés. Ils furent tous reçus avec courtoisie, et on répondit cordialement à toutes leurs questions. Mêmes armés de cartes géographiques, c'était souvent toute une aventure que de retrouver une bibliothèque en particulier. De plus, cela comportait parfois certains risques, tel un violent orage accompagné de pluie battante, qui s'est permis d'éteindre les lumières alors que l'on pénétrait dans un édifice gouvernemental inconnu.

Etait donné que les instructeurs les plus compétents de la Medical Library Association devaient participer à leur propre Réunion annuelle, à Honolulu, et qu'ils prévoyaient prendre des vacances par la suite, le Comité d'organisation local de l'ABSC à Ottawa a du surmonter de nombreuses difficultés dans le mise sur pied du programme d'éducation permanente. Cependant, le 13 juin, environ 40 participants ont assistés aux trois cours d'éducation permanente les mieux connus offerts par la MLA dans les salles de cours de l'Université d'Ottawa. Les rapports qu'on en a eu étaient favorables, avec mention spéciale au cours donné par Robert Cheshier, Bibliothèques: gestion en planification. Il semble que la réunion annuelle ait eu les résultats espérés, puisque le secteur de Windsor est déjà sur le point de mettre sur pied un programme d'atelier pour cet automne, fondé sur ce que l'on a appris à Ottawa.

A la fin de la journée, les participants au cours se sont joints au Comité exécutif réuni au Colonel By Hall avec des autres membres de l'ABSC ayant arrivés de diverses pointes du pays. Il y eut une réception et un buffet. En dépit de la chaleur et de l'humidité étouffante, bien connus dans la ville d' Ottawa, le saumon de Gaspé disparent en un rien de temps et les conversations se propagèrent d'un bout à l'autre de la salle. Parmis les nouveaux visages, plusierurs étaient rattachés à des noms que l'on connaissait depuis longtemps.

Programme de 14 juin

Le jour suivant, les activités de l'ABSC se sont déroulées à l'Institut canadien de l'information scientifique et technique (ICIST), alors que 85 personnes se sont retrouvées dans cet édifice des plus intéressants, où l'on

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- MA FLOWER, BIBLIOTHECAIRE DES SCIENCES INFIRMIERES, UNIVERSITE MCGILL.

joint de vues étonnantes. Ce fut une journée complète, semée de vives discussions dont la première portait sur le Financement canadien pour la recherche dans les sciences de la santé. Les membres invités étaient: Dr. Maureen Law, sous-ministre adjoint de la Direction générale des services et de la promotion de la santé, Santé et Bien-être Canada; Dr. Paul Yewchuk, autrefois Critique conservateur des politiques sur la santé, et présentement membre dup parlement représentant l'Athabaska en Alberta; et Dr. John Kucharczyk, qui représente à la fois l'Association canadienne des professeurs d'université et la Fédération canadienne des societés biologiques. Le débat fut animé et la Dr. Law apporta de bons arguments, mais les critiques ont eu pour seul commentaire "trop peu et trop tard". Ils recommandèrent de tenir le public averti et nous décrirent une méthode de protestation que les bibliothécaires du domaine de la santé, en tant que personnes intéressées, pourraeit rendre des plus efficaces.

Par la suite, Martha Stone, notre nouvelle présidente, dirigea une discussion portant sur un sujet qui captiva l'assistance, soit Les Restrictions fiscales dans les bibliothèques de la santé. Chaque membre invité apparienait à un type de bibliothèque de la santé différent et présenta divers aspects du problème. Il devient évident que le Centre bibliographique des sciences de la santé de l'ICIST offre un appui inestimable à la communauté des sciences de la santé du Canada. Les participants étaient: Sheila Swanson, Academy of Medicine, Toronto; PJ Fawcett, Medical Library, University of Manitoba; Barbara Greeniaus, Montréal General Hospital, Montréal; et Eve-Marie Lacrois, Centre bibliographique des sciences de la santé, Ottawa. La discussion avait tellement captivé d'intérêt qu'il nous a été difficile de l'arrêter pour l'heure du déjeuner.

Durant l'après-midi, suivant un déjeuner très agréable offert par l'ICIST un deuxième groupe de membres invités, choisi d'autres parties du pays, décrit le progrès réalisé en termes de collaboration régionale entre les bibliothèques des sciences de la santé du Canada. Si l'ABSC entend développer l'idée de collaboration entre bibliothèques de la santé d'une même région, il est important de recueillir les connaissances acquises par l'expérience de ces autres groupes de bibliothèques. Les membres bilingues invités étaient présidés par Pierrette Dubuc de Montréal. Dans les maritimes (Barbara Prince) l'Université Dalhousie est allée au-delà des sentiers battus en offrant des ateliers et en ayant des collections de base mobiles. En Colombre-Britanique (Bill Fraser) on a mis sur pied tout un réseau de bibliothèques qui dessert tous les hôpitaux de la province sous les auspices du College of Physicians and Surgeons. A Hamilton en Ontario (Claire Callaghan) on a mis sur pied un consortium d'environs dix-sept bibliothèques médicales, supervisées par un bibliothécaire resource situé au Centre des sciences de la santé à l'Université McMaster. A Montréal (Bernard Bédard) à la bibliothèque médicale de l'Université de Montréal les bibliothécaires des hôpitaux universitaires se sont ressemblés en un groupe de travail offrant un service d'échanges semblable à celui de l'Université McGill. Il est intéressant de remarquer que la demande instante pour l'amélioration des services offerts par les bibliothèques de la santé provienne des deux sources traditionnelles, soit les bibliothèques médicales universitaires et la communauté médicale même. Peut-être bien que rien n'a changé, sauf que l'on a acquis un peu plus de connaissances.

Réunion annuelle

La réunion générale annuelle de l'ABSC fut convoquée à la fin de l'après-midi. Le rapport des élections désigna Martha Stone comme présidente

entrante. Les nouveaux membres du comité exécutif sont Sheila Swanson de Toronto, Eve-Marie Lacroix d'Ottawa, Sandra Duchow de Montréal et Germain Chouinard de Sherbrooke. Lors d'une réunion ultérieure du comité exécutif, on nomma Sheila Swanson secrétaire-archiviste, Sandra Duchow trésorier, Eileen Bradley vice-présidente et Eve-Marie Lacroix Presidénte du comité de recruitement des membres. Cela s'est déroulé conformément aux stipulations des nouveaux règlements votés tout juste avant la réunion d'Ottawa. Le vote s'est fait par le courrier.

M. Alan MacDonald, trésorier de notre Association, nous signala que l'année dernière de membres se chiffrait à 255, alors que cette année, on compte déjà 309 membres parmis nous et les demandes de renouvellement pour l'année 1979/80 commencent à peine à nous parvenir. Cela signifie que nous avons atteint notre objectif initiel de 300 membres. Pour la nouvelle année, nous visons un peu plus haut, soit à un objectif de 350 membres. Toutefois, les fonds non egagés en juin 1978 s'élévaient a $5758.00, alors que cette année, ils ne s'élévent qu'à $2386.00. Les causes de cette baisse considérable sont d'abord la traduction vers le français des bulletins de l'ABSC et ensuite, la publication de brochures publicitaires lors des campagnes de recruitement des membres. Etant donné que ces deux projets engendrent beaucoup de réactions favorables parmis les membres, on a décidé lors de la réunion du comité exécutif, tenue la journée précédente, d'augmenter la cotisation pour couvrir à l'avenir les frais encourues pour de tels services. La proposition d'augmenter la cotisation de $15 à $18.50 fut adoptée sans peine à la réunion annuelle.

M. David Crawford, Président du comité des publications, nous signala que le bulletin a subir quelques changements durant l'année. D'abord, on a changé d'éditeur et de titre, puis on a transféré son point de distribution, de Dalhousie à McGill. Tout cela s'est déroulé sans problème évident. Le premier ouvrage exprès publié par l'ABSC sera un guide bilingue portant sur les sources et services dans le domaine des sciences de la ssnté au Canada. Il s'intitulera Canhealth/Santé Canada et sera édité par Martha Stone. Il devrait être publié vers la fin de 1979.

En dépit des problèmes encourus avec le courrier, la présidente nous signala qu'ils y eut en mai un retour de 25% de votes sur la nouvelle Constitution et les nouveaux règlements. Ils ont été acceptés par un vote majoritaire de 70 contre 1. La prochaine étape consistera à obtenir l'avis d'un homme de loi pour contitué l'ABSC en corporation à but non-lucratif. Si certains membres veulent apportes des commentaires sur certaines clauses de la nouvelle constitution, c'est le moment propice de communiquer avec le membre du conseil administratif le plus rapproché.

Quant au questionnaire intitulé Quels sont les besoins des bibliothèques de la santé?, expédié en même temps que la demande de vote, nous avons reçu un pourcentage de réponses assez respectable, soit 30%. Etant donné que nous recevons encore quelques réponses, suite au deuxième envoi des pétitions en juillet dernier, nous avons remis la compilation des réponses a une date ultérieure, après la Fête du travail.

Activités internationales

Le point culminant du compte-rendu de la Présidente fut probablement les résultats d'une semaine dure à la réunion annuelle de la Medical Library Association, tenue à Honolulu. En effet, on a assisté à l'aboutissement d'une proposition qui avait été faite l'année précédente à Chicago, par un petit comité de membres de l'ABSC. Flanquées par le drapeau du Canada et celui des Etats-Unis,

la Medical Library Association et l'Association des bibliothèques de la santé du Canada ont signé une entente bilatérale selon laquelle on assisterait à une plus grande collaboration entre les professionels des deux organismes. Cette entente comprend de nombreux projets, tels cours d'éducation permanente, organisation de visites pour les groupes de bibliothécaires provenant de l'extérieur et échanges de publications et de délégues officiels. On a décidé d'effectuer un contrôle annuel des activités et d'apporter les changements qui s'imposeront. Ce fut une occasion mémorable!

Tourjours sur le plan international, la Présidente a signalée que l'ABSC a accepté de parrainer toutes subventions offertes par l'Agence canadienne de développement international (ACDI) en vue d'aider les délégués de pays en voie de développement à assister au congrès international des bibliothèques médicales qui se tiendra en Yugoslavie l'année prochaine. Nous tenions à participer à ce projet et cette proposition nous semblait appropriée.

Secteurs

Un point important à l'ordre du jour de la réunion du comité exécutif, tenue avant la réunion générale annuelle, fut la réception et l'acceptation des premiers rapports annuels soumis par les secteurs de l'ABSC, conformément aux règlements acceptés par ses membres l'année dernière à Edmonton. On a remarqué que les activités des secteurs variaient beaucoup d'un bout à l'autre du pays. Un résumé de ces rapports paraîttra plus loin dans cette publication. Ces rapports nous ont encité à encourager les secteurs à communiquer entre eux et à échanger leurs idées.

La Troisième réunion annuelle s'est terminée avec la remise de Certificats aux représentants des six secteurs acceptés par l'ABSC au cours de cette année. Chaque représentant offra spontanément quelques commentaires sur le secteur auquel il appartient. Ces secteurs ont été organisés par des groupes locaux, d'un bout à l'autre du pays. Ils contribuent largement au dynamisme de l'Association. La Réunion annuelle s'est terminé sur cette note amicale, grâce à la participation des membres de chaque secteur et tout particulièrement aux efforts d'organisation déployés par trois membres du secteur d'Ottawa: Bonnie Stableford, Nancy Wildgoose et Eve-Marie Lacroix.

Période de transition

Le prochain rapport de la présidente vous parriendra de Martha Stone, qui a déjà elaboré de nombreux projets pour les prochains mois. Ce fut une expérience des plus intéressantes que de participer à l'expansion de l'ABSC durant les deux dernières années et de faire partie de l'équipe dynamique qu'est le comité exécutif. Grâce à l'appui au travail, et à l'enthousiasme de ses membres, l'Association a très certainement un bel avenu devant elle.

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EDITOR'S NOTE:

The Bi-Lateral Arrangement alluded to in the President's Report follows on page 117. Originally, it was planned to publish both an English and French version of this agreement. Unfortunately, the French translation was not available for this issue. Barring any acts of God or CUPW, a French version of the Bi-Laterial Arrangement should appear in December.

BI-LATERAL ARRANGEMENT BETWEEN THE CANADIAN HEALTH LIBRARIES ASSOCIATION AND THE MEDICAL LIBRARY ASSOCIATION

In accordance with policies and procedures agreed upon by the officers of both Associations, this bi-lateral arrangement adresses professional interests and concerns shared by these two National Associations. Accordingly, the following activities deemed beneficial and of mutual interest have been agreed upon by both Associations:

1. Exchange of Publications.

To facilitate awareness of activities on the part of the two Associations, there shall be an ongoing exchange of those publications containing Association news and official Association records. In the case of Canadian publications, these shall be sent to the Headquarters offices of the Medical Library Association. In the case of United States publications, they shall be directed to the Editor of the Canadian Health Libraries Association newsletter.

2. Hosting Visitors from Abroad.

The two Associations will cooperate in arrangements of visits by foreign libraries, over and above the existing informal cooperation between United States and Canadian medical libraries. To initiate such cooperation, the President of CHLA/ABSC will assume responsibility for identifying a permanent contact point to assist in hosting libraries who wish to visit Canadian medical libraries. The Chairman of the International Cooperation Committee, with assistance from the Subcommittee on visiting librarians, will act on behalf of the MLA.

3. Continuing Education Activities.

The CHLA/ABSC may use MLA continuing education syllabi supplemented by appropriate Canadian content for teaching in a Canadian context as the basis for its own continuing education programmes.

CHLA/ABSC may further grant CHLA/ABSC credit (CEU) according to criteria established by CHLA/ABSC for MLA-based courses taught in Canada.

MLA will continue to grant CEU credits to Canadian librarians taking MLA-sponsored continuing education courses.

4. Official Delegates.

An appropriate MLA member will be invited to attend the Annual Convention of CHLA/ABSC to officially represent MLA. In like manner, an appropriate CHLA/ABSC member will be invited to attend the Annual Convention of MLA to officially represent CHLA/ABSC.

As a symbolic gesture of mutual recognition and support, registration fees at both meetings will be waived for these delegates, provided they have non-member status. Official delegates at these meetings will speak in the name of their respective organizations.

According to adopted procedures, there shall be an annual review of these bilateral arrangements, to assess their continued viability, and to evaluate proposed new areas of cooperation. To effect such an annual review, the chief elected officers of both groups shall appoint appropriate individuals who shall submit joint written recommendations to their respective governing boards.

M.A. Flower
President
Canadian Health Libraries Association/ABSC

Erika Love
President
Medical Library Association

CHLA/ABSC FINANCIAL STATEMENT
- TREASURER: ALAN H. MACDONALD

FINANCIAL STATEMENT

1 June, 1978 - 31 May, 1979

Balance on hand: 31 May, 1978				$ 5174.76
Revenue				
1977/78	1 Renewal at	15.00	15.00	
				15.00
1978/79	102 Renewals at	15.00	1530.00	
	47.5 New at	15.00	712.50	
	Exchange		1.78	
				2244.28
1979/80	16 Renewals at	15.00	240.00	
	6 New at	15.00	90.00	
				330.00
1980/81	1 Renewal at	15.00	15.00	
				15.00
	Interest		109.44	109.44
	Conference 1978		86.57	86.57
				$ 2800.29
Expenditures				
Publications			2827.88	
Association Business			1215.61	
Conference 1978			200.83	
Conference 1979			500.00	
Memberships			55.00	
				4799.32
Balance on hand				3175.73
Cheques outstanding				
Glen Reid			50.00	
Dalhousie University			31.48	
Williams & Mackie			172.31	
S. Sanchini			201.60	
McGill University			318.15	
				773.54
Available: 1 June, 1979				$ 2402.19

CHLA/ABSC MEMBERSHIP COMMITTEE REPORT
- CHIARMAN: BILL FRASER

The major effort of the membership committee has been centered on the publication of an attractively printed recruitment leaflet which was widely distributed in the summer and autumn of 1978. This was revised and reprinted for a second distribution and inclusion in the BMC in May of 1979.

In addition, the chairman of the membership committee scanned membership lists of other associations, particularly that of the Medical Library Association, and sent copies of the recruitment leaflet to any names not on the CHLA/ABSC roster. Lapsed members were followed up with two requests for them to renew.

The result of this activity seems to have been a successful one since the magic number of 300 members was reached in the spring of 1979. On 13 June, total membership stood at 309.

Recommendations for the new membership committee are: (1) Continue to circulate a recruitment leaflet or brochure; (2) provide the president of all CHLA/ABSC chapters with a list of CHLA/ABSC members in their area and some CHLA/ABSC recruitment material, asking them to pass on the material to any of their chapter members who have not yet joined the national association; (3) new members ought to be formally welcomed with a letter from the president and recognition at the next annual meeting.

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CHLA/ABSC PUBLICATIONS COMMITTEE REPORT
- CHAIRMAN: DAVID S. CRAWFORD

The members of the Publications Committee for the past year were Richard Fredericksen, PJ Fawcett, Alan H. MacDonald, Martha Stone, and David S. Crawford.

This year has seen many editors involved in the production of our newsletter: Richard Fredericksen for #7, David S. Crawford and Hanna Waluzyniec for #8, and PJ Fawcett for the remainder. In 1978/1979, a total of five issues were published running to 181 pages in length. Almost 17% of these issues was in French and a total of 70 pages were devoted to feature articles.

This year has also seen a few production changes. Issue #8 and subsequent issues have had the more 'professional' wrap-around look and, with effect from issue #9, the title changed to Bibliotheca Medica Canadiana. The printing and distribution has moved from Dalhousie University to McGill University and despite a few problems this has worked out well.

In the past, BMC has been sent out by first class mail but with the current increases in postal costs this is being examined by the Committee.

After some initial confusion, the revision of the Guide to Canadian Health Science Sources and Services is proceeding smoothly under Martha Stone's capable editorship. It is hoped to have drafts available for circulation and comments during summer, 1979. The title of the new publication, which will be bilingual, will be Canhealth/Sante Canada and it is hoped to publish this in late 1979.

CHLA/ABSC CHAPTER ACTIVITIES - 1978-1979

In the past year, a total of six regional groups in CHLA/ABSC met the requirements for chapter status. The following is a quick summary of some of the highlights from the annual reports filed by these chapters.

British Columbia

The British Columbia Health Libraries Association was the fifth chapter of CHLA/ABSC and boasts a membership of forty-five. Its executive consists of: Bill Fraser, president; David Noble, secretary-treasurer; and Barbara Sanderson, director. Editor of the BCHLA News is Sue Abzinger.

President Fraser reports that the most important accomplishment of the chapter this past year was to gather together people from a wide range of health sciences libraries to identify common concerns and problems, and to get to know one another. One of the BCHLA's meetings focussed on the health related agencies operating in British Columbia and representatives from these agencies attended to outline their information services.

Immediate goals of the BCHLA, after revising their interim constitution, will be selected from such projects as: a union list of serials, support of hospital library standards, a study of 'new' methods of service (networks, consortias, clinical and circuit librarians), a guide to planning health sciences libraries, and delivery services.

Manitoba

Membership in the Manitoba Health Libraries Association this year reached twenty-five under an executive of: Sandra Langlands, president; Jill Brown, vice-president; Doris Pritchard, secretary-treasurer; and Barbara E. Henwood, past-president.

The MHLA had a number of very active committees, the most visible ones being in the area of publications. The first edition of a union list of serials for Manitoba health libraries, outlined in the BMC, I, 3, 73-79, became a reality, followed a few months later by the publication of Selected Books and and Journals for Manitoba Health Care Facilities (BMC, I, 2, 57-58). Within the local group, a current awareness service has been initiated which sees the regular circulation of xeroxed copies of tables of contents of selected library journals.

Windsor Area

The membership year began auspiciously for this group in June, 1978, when the Windsor Area Health Libraries Association became the first chapter of CHLA/ABSC. Coordinator of the WAHLA is Anna Henshaw.

Meeting once a month, this group tackled such activities as: the start of the third revision of the WAHLA Hospitals Serials List, cooperative purchasing of new serials, a workshop on hospital libraries consortia, and the sharing of completed reference searches to avoid duplication of staff services. Upon invitation, members of this group also attended meetings of the Metropolitan Detroit Libraries Group.

Toronto

The Toronto Medical Libraries Group is the newest chapter of CHLA/ABSC. The group's chairperson is Verla Empey, chairperson-elect is Loraine Spencer Gary, and treasurer Irene Jeryn rounds out the slate of officers.

Business meetings of the Toronto chapter usually centered around a guest speaker and invited guests covered such topics as clinical librarianship, the role of the pharmacist in health care, and book selection and acquisition.

The meetings were held in different locations to enable members to visit colleagues' libraries.

Completed projects of the Toronto Medical Libraries Group this past year include a new draft of their constitution, a survey of working conditions in Metro Toronto hospital libraries, and a revised third edition of the Union List of Selected Medical Periodicals in Metro Toronto Medical Libraries. Means of producing the latter are now being examined. Future plans for this group include an autumn workshop on basic reference techniques and tools, and an investigation of the appropriateness of computerized cataloguing such as UTLAS-MEDICAT for their members.

Ottawa/Hull

Thirty-seven medical librarians, representing twenty-five unique institutions are members of the Ottawa/Hull chapter. President Maurice Alaire reports that the first obligation discharged by this group, like the rest of the country, was the revision of their local constitution.

Six meetings in the last year gave the Ottawa/Hull group a varied calendar of events. A demonstration and overview of the University of Toronto Library Automated System (UTLAS), a talk from Dr. Toby Gelfand on the historical development of medical libraries, and a workshop on the dangers and delights of departmental libraries all featured prominently in this group's meetings.

The most difficult problem facing the Ottawa/Hull group is their inability this past year to attract health sciences libraries in hospitals outside the national capital region. Approaches will be discussed and evaluated in the coming year.

Nova Scotia

The executive of the Nova Scotia Health Libraries Association is comprised of Frank Oram, president; Anitra Laycock, vice-president; and Patricia Goddard, secretary.

President Oram writes that this has not been a very productive year for this chapter of CHLA/ABSC which is still in the process of defining some appropriate terms of reference with regard to the health community in Nova Scotia. The problem is that there is a fair amount of overlap between their chapter and other well-established groups in regard to areas of interest. Outside the health field, there are already several groups which claim to represent the interests of all libraries in the province.

The Hospital and Health Education subcommittee of the NSHLA continues to be the most active element within this chapter. The immediate concerns of this group include the informal Halifax-Dartmouth area regional interlibrary loan system, a cooperative acquisitions programme for area libraries and, of course, a revised union list of serials for the Metro area hospital libraries.

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USER SERVICES PROVIDED BY STATISTICS CANADA

- THE CHLA/ABSC RESPONSE

The CHLA/ABSC was originally asked to express its point of view concerning the user services provided by Statistics Canada and a discussion paper, Health Statistics Dissemination by Douglas E. Angus of the Health Division of Statistics Canada, was distributed among members of the Executive Committee of our Association.

In response to this request, a paper entitled "Memorandum on health statistics and their users" was written by Mrs. M.A. Flower, the then-president of CHLA/ABSC. The paper reflects upon both the perceived role of Statistics Canada and the functions of libraries and concludes with a number of suggestions and recommendations. These latter points are paraphrased here; anyone interested in securing a copy of the full report may contact one of the Executive Committee members.

Librarians would find very useful a current handbook which clearly identifies not only which statistics are available but also where. To service this same purpose of informing academic health library users concerning the facilities of Statistics Canada, a detailed content summary of the Statistics Canada system would be particularly useful for researchers who need to know just what data are available and in what form. The existence of online or microfiche access to mateials should be well documented for reference services to pass on to their clientle. The catalogue of publications is of less certain value since the traditional time lag in the production of government document catalogues is a major deterrent to their usefulness.

The proposed one-volume compendium would be of great use in health libraries, both large and small, as a generalized guide to the more comprehensive material available in the background--providing that it is current. Lack of currency in government published data is the single most frustrating characteristic experienced by users of statistical information. The logistics of compilation, which are always blamed, must surely be amenable to some kind of marshalling, considering the modern technology now available.

The proposal that analytical reports and collaborative studies be developed and expanded promises the most potential for teaching and as an information base for research and management studies of various sorts.

"In consideration of this working paper on Health Statistics Dissemination, therefore, the response of the Canadian Health Libraries Association/Association des Bibliotheques de la Sante du Canada would summarize this way:

"1. Libraries in the health field would use heavily whatever information on Statistics Canada services the Department is willing to produce.

"2. They would find extensive use for some form of broad overview reporting, such as a compendium, IF it were sufficiently timely to be useable for generalized purposes.

"3. Health libraries would look forward with some eagerness to the advent of scholarly studies and quick analytical surveys, as in-depth resources for teaching and research."

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Canadian Health Libraries Association

CHLA, founded in 1976, is the only association in Canada that can speak for all health library staff. With a total membership of 270 in 1978-79 we are reaching for 300 Canadian health library workers willing to lend their support to this organization in 1979-80. If you haven't joined, please consider it Here's why:

Newsletter

CHLA is publishing, bi-monthly, a newsletter which is indispensible for anyone working in health libraries in Canada.

Annual Meeting

CHLA holds its annual meeting in conjunction with the Canadian Library Association. An interesting and educational program is being planned for Ottawa in 1979.

Chapters

CHLA is developing a procedure for accepting local health library organizations as chapters and will provide some financial support for local projects. There will be local meetings throughout the year.

Hospital Libraries

CHLA has had direct input to the Checklist for Staff Library Services which the Ontario Medical Association has offered to the Canadian Council on Hospital Accreditation for the use of its accreditation teams. We are looking for additional ways to advise the CCHA on requirements for hospital libraries.

CANHELP

CHLA is organizing an invitational seminar where health professionals may explore their information needs and the ways these may be met. CANHELP — the Canadian Health Libraries Project — is scheduled to 1979.

CISTI Advisory Committee

CHLA is represented on an Advisory Committee to CISTI — Canadian Institute for Scientific and Technical Information — concerning the role of the Health Sciences Resources Centre in Ottawa. Plans for regional health library developments in Canada are being suggested.

Any health institution, library or health library worker can benefit from membership in the Canadian Health Libraries Association for all these reasons If you are not yet a member, please fill in the application

Association des Bibliothèques de la Santé du Canada

L'ABSC, créee en 1976, est la seule association qui puisse représenter tout le personnel de la santé au Canada. Ayant déjà atteint pour 1978-79 un total de 270 membres, l'Association espère rejoindre au moins 300 personnes travaillant dans des bibliothèques de la santé qui voudront bien lui donner son appui pour l'année 1979-80. Si vous n'êtes pas déjà membre, nous vous demandons d'y penser pour les raisons suivantes:

Newsletter

L'ABSC publie un bulletin trimestriel de nouvelles qui contient des informations d'une grande valeur pour tout le personnel travaillant dans des bibliothèques de la santé au Canada.

Réunion Annuelle

L'ABSC tient sa réunion annuelle de concert avec celle de la Canadian Library Association. Un programme intéressant et éducatif est déjà à l'étude pour la rencontre de 1979 à Ottawa.

Chapitre

L'ABSC est à établir une procédure afin de reconnaître les groupes locaux de bibliothèques de la santé comme "CHAPITRE" de l'Association. Elle compte aussi pouvoir donner un certain appui financier à des projets locaux. Il y aura des réunions locales tout au long de l'année.

Bibliothèque des Hôpitaux

L'ABSC a participée de façon directe à l'élaboration de la liste des critères d'évaluation des services du personnel de bibliothèque que la Ontario Medical Association a présenté au Conseil canadien d'accréditation des hôpitaux, critères à être utilisés par ses groupes d'accréditation. Nous sommes toutefois à la recherche de d'autres moyens pour conseiller l'ACAH sur les besoins des bibliothèques du secteur hospitalier.

CANHELP

L'ABSC est à organizer un séminaire au cours duquel des professionnels de la santé seront invités à se pencher sur leurs besoins d'information et sur les moyens à prendre pour les satisfaire. CANHELP - le Canadian Health Libraries Project - aura lieu au cours de l'année 1979.

Comité Conseil à l'ICIST

L'ABSC est présente sur le Comité conseil à l'ICIST - l'Institut canadien de l'information scientifique et technique - qui étudie le rôle du Centre bibliographique des sciences de la santé à Ottawa. Des projets pour l'implantation de réseaux régionaux de bibliothèques médicales au Canada ont été soumis.

Ainsi, pour les raisons mentionnées ci-haut, nous croyons que toute institution, bibliothèque ou employé de bibliothèque du secteur des sciences de la santé gagnera beaucoup en devenant membre de l'Association des Bibliothèques de la Santé du Canada. Si vous ne l'êtes pas déjà, nous vous prions de remplir la formule d'application en bas

CANADIAN HEALTH LIBRARIES ASSOCIATION

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

L'ABSC A BESOIN DE NOUVEAUX MEMBRES. VEUILLEZ REMETTRE CECI A QUELQU'UN QUI N'EST PAS MEMBRE ET ENCOURAGEZ-LE A LE DEVENIR. SI CHAQUE MEMBRE RECRUTE UN INDIVIDU NOUS SERIONS ALORS 600 MEMBRES.

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

Formule d'Application

NOM _____

ADRESSE _____

_____ CODE POSTALE _____

J'*inclus* $18.50 (payable a Canadian Health Libraries Association) comme cotisation pour la periode qui se termine en juin 1980.

ADRESSE DE RETOUR.

Treasurer, CHLA/ABSC
Medical Library
Royal Victoria Hospital
Montréal, Québec
H3A 1A1

CHLA NEEDS MORE MEMBERS. PLEASE GIVE THIS TO A NON-MEMBER AND ENCOURAGE THEM TO JOIN. IF EVERY MEMBER RECRUITED ONE NON-MEMBER WE WOULD HAVE 600 MEMBERS.

CANADIAN HEALTH LIBRARIES ASSOCIATION

Membership Application

NAME _____

ADDRESS _____

_____ POSTAL CODE _____

I *enclose* $18.50 (made payable to Canadian Health Libraries Association) as my membership fee for the period ending June 1980.

PLEASE RETURN THIS FORM TO

Treasurer, CHLA/ABSC
Medical Library
Royal Victoria Hospital
Montreal, Quebec
H3A 1A1

THE MARITIME HEALTH SCIENCES INFORMATION NETWORK

- BARBARA PRINCE

The existing information network for all practising health professionals in the Maritimes is being further developed by the expansion of hospital library facilities. The central core of the network consists of the W.K. Kellogg Health Sciences Library at Dalhousie University and eight of the hospital libraries in the twin cities of Halifax and Dartmouth. The outer network includes hospital libraries in the province of Nova Scotia, New Brunswick and Prince Edward Island. Until quite recently, the Kellogg Library also provided service to Newfoundland. Since the establishment of a medical school at Memorial University, the library there has slowly taken over responsibility for that province. The Kellogg acts as back-up and still provides service to those disciplines, such as dentistry, in which the newer library has not yet developed a full collection.

Library service from the W.K. Kellogg Library has been available to individual health practitioners in the Maritimes for more than ten years. In recent years, efforts have been increased to encourage the development of local hospital libraries throughout the region in order to supplement this service with adequate local resources.

The W.K. Kellogg Health Sciences Library at Dalhousie is the only large resource of its kind in Atlantic Canada. It serves the only school of medicine in the Maritimes and maintains the only substantial library collection in physiotherapy, dentistry and pharmacy in the region. Its primary responsibility, as with all university libraries, is to faculty and students, but it accepts a secondary important regional responsibility to the health care community. This is carried through by offering regional loan and information services and by encouraging the development of hospital libraries in New Brunswick, Prince Edward Island and Nova Scotia.

Regional Loan Services is a "mail-order" library service available to all practising health professionals in the Atlantic Region, either directly to individuals or through the local hospital libraries. The Kellogg Library lends books, audio-visual programmes and audiotapes, and also supplies copies of journal articles. Reference service is an important aspect and requests for information arrive from around the region by mail and by telephone. The questions are interesting, sometimes surprising, and varied. The necessary information is retrieved by computer or manual search, and occasionally by calling upon local resources such as the hospital librarians or the health education nurses.

Special simplified Regional Loan Service request forms are supplied by the Kellogg Library. Most hospital libraries do not have the staff expertise or necessary tools to verify requests. When the Health Sciences Library cannot supply an item, verifications and locations are forwarded if the hospital library staff wish to pursue the request elsewhere. The Kellogg Library will also obtain photocopies from other libraries both from inside and outside the region for users of the service.

Consulting and training are the two main services provided by Kellogg staff to promote the development of hospital libraries in the region.

At the request of a hospital administrator or librarian, Kellogg will provide a consultant to advise on the planning, organizing, staffing and

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- B PRINCE, HEAD, CIRCULATION AND EXTERNAL SERVICES, KELLOGG HEALTH SCIENCES LIBRARY, DALHOUSIE UNIVERSITY

maintenance of a health sciences library. After visiting the hospital, the consultant draws a profile of the existing facilities, if any, and prepares a proposal for a suitable library service. Proposals are supported with reference to the Canadian Standards for Hospital Libraries.[1]

The Ontario Medical Assocition lists are used as basic guides for collection development. Occasionally, lists have been prepared to meet the individual needs of a specialized institution such as a mental health centre.

Usually, one of the recommendations in the report is that the person appointed to run the library should come to the W.K. Kellogg Library for orientation and training. Library personnel appointed in the hospitals have varied from volunteers of the ladies auxillary to library assistants with considerable experience.

Training periods last from one day to a week, and depend upon the size of the library, the previous experience of the person, and how long a stay the administrator will finance. The training concentrates on inter-library loan procedures and how to exploit Kellogg's services to the fullest, serials management, simple cataloguing, and a basic concept of reference services.

The librarians in Halifax generously show their methods of organization in the hospital setting. The trainees are taken to the hospital most near their own in size to observe procedures and services.

Public relations and publicity are an essential aspect of the development of an information network for health professionals in the region.

The Division of Continuing Medical Education at Dalhousie provides the means of communicating with a large section of the health care community in the Atlantic Region as it organizes courses for physicians held both at the University and in the hospitals. The Director believes library services are of highest importance in the continuing education process and encourages library participation whenever possible.

The Health Sciences Library develops an information display for each continuing education course which includes publicity about Regional Loan Service. The Division funds a librarian to attend the Regional Conjoint Assembly of the College of Family Physicians and also provides opportunities for the External Services Librarian to tour the region. This made possible visits to northern New Brunswick and the South Shore of Nova Scotia. Orientation for the practitioners who are regional continuing education co-ordinators and for physicians visiting Halifax for individualized training includes an introduction to the Kellogg Library and its outreach services.

It was fortunate also that an ex-Director of the Division, who went to work in the Department of Health for Prince Edward Island, remembered the Kellogg Library when he needed library service. This led to consultation and the establishment of the Planning Library at the Department of Health in the Island.

Reaching the other health professionals is more difficult. Continuing education programmes for them are not well developed. The health sciences librarians at Dalhousie take every opportunity to reach students before they graduate.

All types of health professionals, including nurses, dentists, pharmacists and physiotherapists, regularly use Regional Loan Service. Contact is maintained with the various groups by the librarians at the Kellogg Library responsible for service to each profession. They publicize the service through the regional professional associations, by attending any workshops possible, and in newspapers and any other suitable media.

Creating a demand for library services amongst the health care community should bring pressure to bear upon administrators to provide adequate local resources. For instance, several hospital libraries have been revitalized because of the interest of the in-service training co-ordinators. The requirements for accreditation should assure the provision of an acceptable level of library service but, as is well-known, the standards are open to a wide range of interpretation.

Ideally, Regional Loan Service to individuals should be reduced to a bare minimum as it is replaced by service from local hospital libraries. This has not yet happened and Regional Loan Service to individuals is still increasing.

Nevertheless, the Maritime regional network of hospital libraries is developing at a slow, steady rate. In the past few years, many hospital libraries have been established or rejuvenated and have begun to play their part in the provision of an information network for the region.

Interlibrary loan is the main area of interaction in the network. The number of transactions is increasing steadily both in the local Halifax-Dartmouth area as well as in the Atlantic Region as a whole. Mostly items are lent by Kellogg, but other libraries interact such as Saint John General with the Moncton Hospital.

Distance and communication problems hamper information exchange amongst the hospital libraries in the region. The local group in the Halifax area has progressed more rapidly because of ease of communication and proximity. Nearly all are also teaching hospitals which has aided their development.

This local group meets informally on an irregular basis to discuss matters of common interest. All librarians involved in health education or care in the cities are invited. It is from this group that the more formal chapter of the Canadian Health Libraries Association has been formed.

A union list of serials held by the local hospital libraries is produced through Kellogg's computer facilities. Kellogg Library staff also edit and produce a newsletter for the group. This irregular publication has appeared five times. It started as a purely local venture, but now includes news for and about the region and is sent to all hospital library personnel in the three provinces.

Continuing education is a problem for everyone involved in health sciences libraries in the Maritimes. The local group are able to share in the activities which the Kellogg Library organizes for its staff. Dalhouise School of Library Service also offers some relevant courses.

Unfortunately, regional people usually work alone and can hardly ever get away. One workshop was organized by a few energetic New Brunswick hospital librarians and held in Newcastle, N.B. This group is planning to exchange lists of jornals with the hope of eventually compiling a union list. They also plan to hold further workshops.

Progress, although slow, is being made in the development of a Maritime health sciences information network. Demand for library service has grown due, in part, to the increase in continuing education opportunities. Regional Loan Service shows a steady upward swing while the number of inter-library loan transactions rises continually. Interaction between library personnel is still restricted by distance, communication problems and cost. Despite these difficulties, pressure for adequate local service should eventually assure a quality hospital library network through the region.

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[1]"Canadian Standards for Hospital Libraries." Canadian Medical Association Journal 112(10):1271-1274, 1975.

CE QUI SE PASSE AU QUÉBEC
- PIERRETTE DUBUC

Pour les bibliothécaires de la santé oeuvrant au Québec, le Livre Vert intitulé "Pour une politique québécoise de la recherche scientifique" constitue un document important. Car si nos bibliothèques s'adressent à des médecins, infirmières, et professionnels intéressés à soigner et à guérir, ceci ne peut se faire sans une attention constante et une préoccupation pour la recherche. Or le Livre Vert que nous présente le ministre d'Etat au développement culturel comprend, outre la description de la situation actuelle, la démonstration de la nécessité d'une véritable planification, un rapide coup d'oeil sur la recherche gouvernementale, universitaire et industrielle et enfin des mesures et dispositifs d'ensemble, lesquelles comportent dix pages intitulées: "Des actions pour accroître la diffusion de l'information scientifique et technique".

Il n'existe aucune planification pour l'organisation de l'information au Canada pas plus qu'au Québec. De part et d'autres, les fonds sont couramment accordés aux chercheurs pour faciliter la publication, mais aucune ressource n'est disponible pour l'organisation de l'information qui doit précéder la recherche et la suivre également.

L'information proprement canadienne n'est identifiée que par Canadiana. Au Québec, outre la Bibliographie du Québec (équivalent de Canadiana) nous avons aussi RADAR qui répertorie les articles publiés dans près de 130 revues québécoises, et ce depuis 1972. L'Université Laval a publié d'abord l'Index analytique du Devoir, que Microfor Inc. poursuit en publiant maintenant l'Index de l'actualite, répertoire des articles importants choisis dans les trois quotidiens les plus percutants du Québec.

C'est un commencement. Mais si vous voulez trouver des fonds pour mettre sur pied un réseau documentaire dans un domaine spécifique de la santé, il n'y a aucun organisme qui puisse recevoir validement votre demande.

Exceptionnellement et parce que c'était au moment de l'enquête nationale sur l'information scientifique et technique du Canada, le Centre d'information sur l'enfance et l'adolesence inadaptées a obtenu un financement qui lui a permis d'opérer de 1968 à 1974. Pour des raisons d'ordre politique et pratique, il a dû se ré-orienter. Aucun organisme n'en a pris la relève. Pourtant, les éléments nécessaires à la création d'un réseau sont là: une langue, c'est-à-dire un Thesaurus Enfance Inadaptee (avec listes des descripteurs traduits en anglais) et un manuel pour l'organisation de la documentation et du matériel.[1]

Plusieurs présentations ont été faites des systèmes offerts par le C.I.E.A.I. aux associations professionnelles. Un articles intitulé: "Qui est responsable de l'information sur l'enfance inadaptée" a été remis pour publication. Seul, un gouvernement éclairé peut prendre les décisions qui s'imposent...

Au Québec, nous amorçons le processus: le Livre vert pose la question de l'organisation de l'information. Que nous réserve l'avenir?

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[1]Si vous désirez plus d'informations à ce sujet, prière de vous adresser à l'auteur a/s du Centre d'information sur la santé de l'enfant, Hôpital Sainte-Justine, 3175 Chemin Côte Ste-Catherine, Montréal, P.Q. H3T 1C5

- P DUBUC, CHEF, CENTRE D'INFORMATION SUR LA SANTÉ DE L'ENFANT, HÔPITAL SAINTE-JUSTINE, MONTRÉAL.

THE McGILL MEDICAL AND HEALTH LIBRARIANS' ASSOCIATION

- ELAINE WADDINGTON

(This article is an expanded form and translation of a contribution to a panel discussion entitled "Experiences de cooperation" given at the annual "journée d'étude" of ASTED, Section de la santé, on 20 April, 1979. It was written in English and presented in French; the text was translated into French by Pierrette Galarneau.)

The McGill Medical Library has always had cordial and informal relations with the teaching hospitals affiliated with it; in fact, at one time the Library did the cataloguing and ordering for some of the hospital libraries, such as the Montreal Neurological Institute. These functions have long since been assumed by the hospital libraries themselves. There has always been a heavy demand upon the Library's Reference Department for interlibrary loans and quick reference questions. The chairman of the library committees of the four fully affiliated teaching hospitals (the Royal Victoria, Montreal General, Montreal Children's, and Montreal Neurological hospitals) are ex officio members of the McGill Medical Library Advisory Committee, but this was the only formal link until 1967, when an emergency situation demanded a more complex structure be initiated.

The research workers in the Faculty of Medicine lodged a complaint in 1967 that the journals they needed to consult were often not available. Since a great proportion of the ILLs being made were to the affiliated hospitals, a meeting was called by the McGill Medical Library to seek a better arrangement. The "Hospital Medical Librarians' Committee in Association with the McGill Medical Library" was formed. The name was changed in 1973 to the McGill Medical and Hospital Librarians' Association. In 1979, because of a redefinition of the terms of admissibility, the name became the McGill Medical and Health Librarians' Association. (Luckily, the initials are still the same--we are known as the MMHLA).

The first proposed solution was that of a no-loan, photocopy-only policy. This met with great resistance, then and for several years thereafter, since the hospitals had no funds to pay for photocopies and the idea of charging the user for library services was quite unthinkable (the advent of MEDLINE was to change all that!).

An agreement was made to encourage the fourteen hospital libraries to borrow from each other, rather than from the Medical Library, any title on the recognized core list of the most-used journals (Yast HT: 90 recommended journals for the hospital's health science library. Hospitals 41:59-62, 1967).

To implement this agreement, a mini-union list was compiled listing the holdings for each of these titles in each library. This policy not only took some of the load from McGill but was also the seed from which the Union List of Serials in Montreal Hospital Libraries/Catalogue collectif des périodiques dans les bibliothèques medicales d'hôpitaux de Montréal grew. Part of the initial agreement also specified that hospitals would provide free photocopies to each other on a reciprocal basis.

The McGill Medical Library did a survey of interlibrary loans in 1969. About 1,150 books and journals per month were loaned to all hospitals (not just those in the McGill system); about 525 of these went to McGill-affiliated hospitals. Another study was made in 1972 and a one-week sample showed that the

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- E WADDINGTON IS LIBRARIAN, WOMEN'S PAVILION LIBRARY, ROYAL VICTORIA HOSPITAL, MONTRÉAL, P.Q.

McGill-affiliated hospitals had borrowed about 130 different titles, none on the core lists, none more than 4 loans per title, and half less than 3 years old. The study indicated that expansion of the core list would not be helpful since the borrowing pattern was not concentrated on a few titles, but rather was spread over many.

Interlibrary loan delivery was improved womewhat in June, 1972, when a twice-daily van service was inaugurated by the Montreal Joint Hospital Institute. The van carried patient records, x-rays, etc., but arrangements were made for it to stop at the McGill Medical Library and, upon request, at other McGill libraries. For a fee, the van will also go to any other location in Montreal.

As mentioned earlier, the Association first discussed the creation of a union list in 1972. This eventually included all hospital libraries on the island of Montreal. A Union List Committee was formed in 1973. The Joint Hospital Computer Services, based at the Royal Victoria Hospital, agreed to hire a programming consultant and to do the requisite keypunching. Costs were totally recovered from sales of the published list, since all the rest of the work was done on a volunteer basis by the Committee. The tape of the program is available for other union list projects and is being used by the Special Libraries Association in Montreal. The first edition was published in 1974 and the second in 1977, reporting holdings of 37 and 40 hospitals respectively. The project and the program were taken over by the McGill Medical Library in 1977, together with the promotion and distribution of the second edition.

A supplement, reporting holdings of the McGill Medical Library itself as well as Nursing, Dentistry, and Botany-Genetics libraries (about 6500 titles), was published in 1978, and sent at no charge to all purchasers of the second edition. The third edition, which will amalgamate the holdings of these four libraries and 47 libraries of hospitals and other health sciences institutions, will be published in the late spring or summer of 1979. Unfortunately for cataloguers and union list editors, the title will have to be changed to reflect the publication's enlarged scope.

In 1975, the McGill Medical Library finally implemented its no-loan, photocopy-only policy for journals 5 years old or less. About 25-50 articles per week are supplied to hospital libraries at 15¢ per page. Most photocopies are paid for by deposit accounts and the libraries recover the costs from the user.

In 1979, twelve years after its foundation, our Association has at last framed a constitution. It formalizes practices that have been in effect for several years; meetings are held at least twice yearly, with an Anchor Chairman elected for a two-year term. This chairman appoints Rotating Chairmen who host the meetings, each time at a different library. This gives us a chance to visit each other. The McGill Medical Library provides a recording secretary who distributes the notices of meetings and minutes. All health libraries with a teaching connection to McGill University are eligible to join, and each member library has one vote.

The original problem which hastened the formation of MMHLA has long been resolved, but mutual interdependence remains. A spirit of friendship and cooperation has been built over the years. The McGill Medical Library, with its broad view of itself as a rich regional resource with obligations towards not only the affiliated teaching hospitals but also the Montreal health sciences community as a whole, remains our main source of strength.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- EVE-MARIE LACROIX

As promised, this column describing CISTI's document delivery and search service, is the first in a series to better acquaint you with CISTI's services as they relate to the needs of health sciences librarians.

To begin, it should be noted that CISTI's services are readily available to all Canadians who need information, whether via libraries and information centres, or as private individuals.

The CISTI library collection numbers over a million volumes of scientific and technical publications. The Health Sciences Resource Centre assures that the world's medical publications are included by reviewing annually all journal titles indexed for MEDLINE and, more recently, all serials indexed 50-100% by Excerpta Medica to ensure that these are held in Canada. In addition, conference proceedings are collected comprehensively, as well as monographic series and review literature.

The document delivery and search service supplies loans or photocopies of materials from the CISTI collection, and also identifies local, national and international locations for those items it cannot supply. With a staff of 25, this service unit processes over 600 requests per day and supplies about 72% of the needed material from CISTI's own collection.

If you do not have complete information for a needed item, the search unit will complete the reference for you (you are expected to first use verification tools available in your own library, of course).

Because the document delivery unit has access to the most current files of the Union List of Scientific Serials in Canadian Libraries, as well as the card files of Health Science Serials on Order, you should contact this unit for locations of even the newest journal titles.

And the nitty-gritty:

Charges: photocopy - $2.20 minimum for the first 10 pages and 22¢ per page thereafter; microfiche - $2.20 per report; loans - no charge; all verifications - no charge; location service - no charge.

Access: You can request items by telephone, telex or mail. All requests mailed should be in triplicate, one item per form. If you expect to request from CISTI often, you may want to purchase forms imprinted with CISTI's address at 3 cents per form, but any standard ILL form is acceptable. Our telephone number is (613) 993-1585, our telex is 053-3115, and our mailing address is Interlibrary Loan & Photocopy Service, CISTI/NRC, Ottawa, K1A 0S2.

Payment: You will be invoiced, or you may establish a deposit account with the National Research Council.

Health Sciences Information in Canada: Libraries, a directory of more than 450 libraries with health sciences collections, is now available from CISTI at a cost of $11.00. Order with prepayment should be directed to: Publications Sections, CISTI/NRC, Ottawa, K1A 0S2.

Also available, for the asking, is a newly prepared list of all Canadian MEDLINE Centres offering service to users outside their organizations. Please contact HSRC if such a list would be useful to you.

And finally, news from way out East. Mary Lynne is most certainly enjoying her summer on the beaches near Charlottetown, and learning the virtues of patience on rainy days. Missing us? Not a chance!

- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

STI PLANNING: A REPORT FROM QUEBEC

- PIERRETTE DUBUC

A very important document was published recently regarding the planning for scientific research in Quebec. Pour une politique québécoise de la recherche scientifique (also known as the Green Paper) was prepared by the Ministre d'Etat au développement culturel and is addressed to anyone who may have input on the matter. It describes the current situation of research activities in Quebec, governmental, academic and industrial. The sixth chapter of the document examines several possible corrective measures and also discusses various actions required to improve the diffusion of scientific and technical information (STI) in Quebec. Working in a hospital environment and caring for the needs of professionals involved in the delivery of health care, we cannot remain silent. Research starts from attentive and creative care.

At present, there is no adequate planning for the organization of information, either in Canada generally or in Quebec in particular. Both the provincial and federal governments will support research and also facilitate publication, but neither has given much thought to funding the organization of information required to identify the needed avenues of research, and even less attention to providing for the organization of information produced through research projects. (CISTI does have an Information Exchange Center for Federally Supported Research in Universities.)

As far as I know, Canadian information is not identified as such with the sole exception of Canadiana, published by the National Library. Quebec's National Library publishes its equivalent, Bibliographie du Québec. Since 1972, it has also prepared an abstract called RADAR which covers articles published in over 130 Quebec periodicals. Laval University started L'Index analytique du Devoir which Microfor Inc. now publishes as L'Index de l'actualite, abstracting from three daily newspapers published in the province. This is a beginning.

In 1968, at the time of the Tyas report on scientific and technical information in Canada, the Centre d'information sur l'enfance et l'adolescence inadaptées (Information Center for the Special Child) was started in Montréal. For both practical and political reasons, it was transformed into a local medical information center and no other body was designated to fill its mandate. Both elements required for a network are still present: a language (Thesaurus Enfance Inadaptée, with descriptors translated into English) and a manual for the organization of documents and materials.[1] The system adopted is relatively similar to that used by the ERIC network and by the National Center on Educational Media and Materials for the Handicapped (NCMMH).

No authority has yet been designated to continue the work started by the C.I.E.A.I. Papers have been presented to professional associations by the Center. An article entitled, "Who is responsible for information on the special child?" has been sent for publication. But it is only an enlightened government who can decide on such a matter...

In Quebec, planning is now beginning. Let us hope for the best!

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[1] If you wish to read more about this project, two papers are available from the author, c/o Centre d'information sur la santé d l'enfant, Hôpital Sainte-Justine, 3175 Chemin Côte Ste-Catherine, Montréal, P.Q. H3T 1C5.

- P DUBUC, HEAD, CENTRE D'INFORMATION SUR LA SANTÉ DE L'ENFANT, HÔPITAL SAINTE-JUSTINE, MONTRÉAL.

LA McGILL MEDICAL AND HEALTH LIBRARIANS' ASSOCIATION

- ELAINE WADDINGTON

(Resumé du texte presenté a la journée d'étude de la section de la santé, ASTED, le 20 avril 1979. Traduction par Pierrette Galarneau.)

Des relations amicales bien qu'informelles ont toujours existé entre la bibliothèque médicale de l'Université McGill et les bibliothèques des hôpitaux affiliés à l'Université McGill. Entre autres, il y a toujours eu une forte utilisation de son service de référence pour les prêts entre bibliothèques et pour les questions de référence rapide. De plus, les présidents des comités de bibliothèques des quatre hôpitaux entièrement affiliés (Royal Victoria, Montreal General, Montreal Children's et Montreal Neurological) étaient membres ex officio du comité consultatif de la bibliothèque médicale de McGill. Ce fut le seul lien formel jusqu'en 1967. C'est alors qu'une situation critique démontra la nécessité d'une structure plus formelle.

Les chercheurs de la faculté de médecine déploraient le fait que les périodiques qu'ils désiraient consultés etaient souvent prêtés. Or, un fort pourcentage des prêts étaient consentis aux hôpitaux affiliés. Pour tenter de trouver une solution, au moins partielle, à ce problème, McGill provoqua la création du "Hospital Medical Librarians' Committee" en association avec la "McGill Medical Library". Ce comité devint, en 1973, le "McGill Medical and Hospital Librarians' Association". En 1979, une redéfinition des critères d'admissibilité provoque un nouveau changement de nom: "The McGill Medical and Health Librarians' Association". Le sigle demeure heureusement le même: MMHLA.

La première solution préconisée par le comité provoqua alors, et pour plusieurs années, à cause des frais qui en découlaient pour les bibliothèques d'hôpitaux, une vive résistance: l'envoi automatique de photocopies aux bibliothèques emprunteuses plutôt que de prêter les périodiques. Cette politique devait finalement être adoptée en 1975 pour les périodiques datant de cinq ans et moins.

Par ailleurs les quatorze bibliothèques d'hôpitaux acceptèrent une entente selon laquelle elles s'emprunteraient entre elles, plutôt qu'à la bibliothèque universitaire, tout titre paraissant dans la liste de base de Yast (Yast, HT: 90 recommended journals for the hospital's health science library. Hospitals 41:59-62, 1967).

A cette fin, on compila un mini-catalogue de ces titres donnant l'état de la collection de chacune des quatorze bibliothèques. Ce mini-catalogue collectif peut être considéré comme le précurseur du Union List of Serials in Montreal Hospital Libraries/Catalogue collectif des périodiques dans les bibliothèques médicales d'hôpitaux de Montréal. Les hôpitaux acceptaient également, à ce moment, de s'envoyer des photocopies gratuites les uns aux autres.

En 1969, la bibliothèque médicale de McGill fait une étude de ses PEB: environ 1150 volumes et périodiques par mois, sont prêtés aux hôpitaux (affiliés ou non) dont environ 525 aux hôpitaux affiliés. En 1972, McGill entreprend une autre étude sur un échantillonnage d'une semaine: les hôpitaux affiliés avaient emprunté 130 titres différents dont aucun n'apparaissait dans la liste de Yast, pas plus de quatre emprunts par titre n'avaient été faits et, enfin, la moitié de ces emprunts concernait des périodiques datant de moins de trois ans. Une extension de la liste de base de Yast s'avérait donc inutile, les emprunts

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- E WADDINGTON, BIBLIOTHECAIRE, WOMEN'S PAVILION LIBRARY, ROYAL VICTORIA HOSPITAL, MONTREAL, P.Q.

étant concentrés sur un trop grand nombre de titres.

Enfin survient la création, en juin 1972, par le Montréal Joint Hospital Institute, d'un service de messagerie qui diminua de beaucoup les délais de livraison de la documentation.

Revenant au catalogue collectif des périodiques la possibilité de la publication d'un catalogue comprenant les collections des tous les bibliothèques d'hôpitaux de l'Île de Montréal avait été discutée pour la première fois en 1972. En 1973, on forma le Comité du catalogue collectif. Le Joint Hospital Computer Services accepta d'engager les services d'un consultant en programmation et de faire la perforation des cartes. Les membres du Comité du catalogue collectif accompliassant bénévolement les autres tâches les frais encourus, qui furent annulés par la vente de la liste publiée. Le première édition, publiée en 1974 et la 2e édition, en 1977, donnent respectivement les collections de 37 et 40 hôpitaux. En 1977, McGill s'occupa de la vente de la 2e édition. Le programme sur ordinateur est maintenant disponsible pour d'autres projets de catalogue collectif et est utilisé, actuellement, par la Special Libraries Association (Montréal).

Un supplément comprenant les collections de quatre bibliothèques de McGill (botanique-génétique, art dentaire, médecine, sciences infirmières) fut distribué gratuitement aux personnes qui avaient fait l'achat de la 2e édition.

La 3e édition, dont la publication est prévue pour le printemps ou l'été 1979, comprendra les collections des ces 4 bibliothèques de McGill et de 43 bibliothèques d'hôpitaux et autres organismes de santé. Le titre devra en etre changé afin de mieux refléter sa plus grande envergure.

En 1979, douze ans après sa création, l'Association de McGill se donne finalement une constitution qui, somme toute, ne fait qu'entériner des pratiques en vigueur depuis plusieurs années: entre autres, des réunions au moins deux fois par année. Ces réunions se tiennent, chaque fois, à des bibliothèques différentes. La Bibliothèque médicale de l'Université McGill fournit toujours une secrétaire qui se charge de prendre le procès-verbal et d'envoyer les avis de convocation. Toutes les bibliothèques de la santé qui ont une affiliation d'enseignement avec McGill peuvent devenir membre, chaque bibliothèque-membre ayant droit à un vote.

Le problème qui a provoqué la création de la MMHLA, est résolu depuis longtemps mais la nécessité de la collaboration demeure. Un esprit d'amitié et de coopération s'est développé durant ces années. La bibliothèque médicale de McGill avec ses vues et ses buts qui transcendent largement ses propres murs et ceux de ses hôpitaux affiliés demeure notre principale source de force.

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DE L'CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, L'ICIST

- EVE-MARIE LACROIX

Tel que promis, la présente rubrique, qui décrit le service de fourniture de documents et de vérification bibliographique de l'ICIST, est la première d'une série destinée à mieux faire connaître les différents services que l'ICIST offre aux bibliothécaires des sciences de la santé.

Il est d'abord important de mentionner que les services de l'ICIST sont offerts soit directement, soit par l'entremise de bibliothèques ou de centres d'information, à tout Canadien qui est à la recherche d'information.

La collection de l'ICIST compte plus d'un million de volumes de publications scientifiques et techniques. Le Centre bibliographique des sciences de la santé s'assure que les publications médicales du monde entier sont conservées au Canada en passant en revue chaque année tous les périodiques indexés pour MEDLINE et, plus récemment, tous les périodiques indexés de 50 à 100% par Excerpta Medica. De plus, les comptes rendus de conférence sont achetés systématiquement, de même que les collections monographiques et les documents de synthèse.

Le service de fourniture de documents et de vérification bibliographique s'occupe des prêts et des photocopies de documents à même la collection de l'ICIST, et repère les sources possibles au niveau local, national et international pour les documents qu'il ne peut fournier. Les 25 membres du personnel de ce service traitent plus de 600 demandes par jour et fournissent environ 72% des documents demandés à même la collection de l'ICIST.

Le service de vérification bibliographique s'occupe de compléter les demandes de documents incomplètes (on vous demande, bien entendu, d'utiliser d'abord les outils de vérification auxquels vous avez accès dans votre bibliothèque).

Puisqu'il a accès aux données les plus récentes du Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes et au fichier de Périodiques commandés en sciences de la santé, le service de fourniture de documents est en mesure de vous aider à retrouver même les périodiques les plus récents.

Passons à des choses plus terre à terre:

Tarif: photocopies - minimum $2.20 (10 pages ou moins) et 22 cents per page supplémentaire; microfiches - $2.20 le rapport; prêts - gratuits; vérification - gratuite; repérage - gratuit.

Demandes: On peut communiquer les demandes par téléphone, par télex ou par courrier. Les commandes postales doivent être envoyées en triplicata (un seul document par formulaire). Si vous prévoyez utiliser souvent les services de l'ICIST, il est possible d'acheter les formulaires préadressés de l'ICIST (3 cents le formulaire), mais tout formulaire normalisé de prêt entre bibliothèques est accepté. No de téléphone: (613) 993-1585; télex: 053-3115; adresse: Service de prêts interbibliothèques et de reprographie, ICIST/CNRC, Ottawa, K1A 0S2.

Paiement: On peut demander une facture ou bien ouvrir un compte de depôt au CNRC.

Information en sciences de la santé au Canada: bibliothèques. Ce répertoire de plus de 450 bibliothèques conservant une collection en sciences de la santé se vend $11 à l'ICIST. Prière de faire parvenir les commandes, accompagnées de prépaiement, à l'adresse ci-dessous: Sections des publications,

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- E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, L'ICIST.

ICIST/CNRC, Ottawa, K1A 0S2.

Il y a aussi, pour ceux qui en font la demande, une nouvelle liste de centres MEDLINE canadiens qui offrent des services aux utilisateurs à l'extérieur de leur organisme. Si une telle liste peut vous être utile, veuillez communiquer avec le CBSS.

Mary Lynne East qui est à jouir de ses vacances sur les plages de la région de Charlottetown et à apprendre les vertus de la patience les jours de pluie ne semble nullement s'ennuyer de nous...

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BETHUNE; HIS TIMES AND HIS LEGACY

McGill University; 16-18 November, 1979

The Bethune Foundation is sponsoring a conference to mark Bethune Year, 1979, the 40th anniversary of Norman Bethune's death in China, on 12 November, 1939. The conference will focus on the significant interest and experiences of Bethune in their historical context and their implications for today.

Contributions will come from scholars and contemporaries of Bethune in Canada, Spain and China. The goal of the Conference will be to look at multidisciplinary aspects of Bethune's times and his legacy. The conference will be of particular interest to students in history, political science, social science, Asian studies, medicine, and health sciences.

For information write to: Bethune Secretariat, 772 Sherbrooke St. W. Montréal, P.Q. H3A 1G1.

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BETHUNE; SON ÉPOQUE ET SON MESSAGE

Université McGill; 16 au 18 novembre 1979

La fondation Bethune organisera une conférence pour marquer le quarantième anniversaire de la mort de Norman Bethune survenue en Chine le 12 novembre 1939. Cette conférence placera les intérêts et les expériences de Bethune dans leur contexte historique et examinera tout ce que cet homme nous a laissé.

Des universitaires et contemporains de Bethune au Canada, en Espagne et en Chine participeront à cette conférence dont l'objectif est d'étudier les aspects pluridisciplinaires de l'époque et de l'oeuvre de Bethune. Cette conférence est susceptible d'intéresser plus particulièrement les étudiants en histoire, sciences politiques, sciences sociales, études asiatiques, médecine et sciences de la santé.

Pour tous renseignements, veuillez écrire a l'adresse ci-dessous: Secrétariat Bethune, 772 ouest, rue Sherbrooke, Montréal, P.Q. H3A 1G1.

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SERVICES OF THE MINISTRY OF HEALTH LIBRARY, VICTORIA, B.C.

- ELIZABETH WOODWORTH

A. Present Services: Until the library has been properly organized and catalogued, it can, unfortunately, offer only the following services to the Ministry of Health:

1. Order Service. The library will process verbal or written book orders from any office in Victoria, and will pay for these books, and then incorporate them into its collection. The Public Health Units, on the other hand, have their own budgets, but the library must still approve orders over $30.00. The library will supply any details of publication which are missing from a required book or journal.
2. Photocopy Service. The library will photocopy any article or passage from a book or journal within its holdings for any personnel within the Ministry of Health.
3. Interlibrary Loan Service. When the library does not have the requested item, it will obtain it from another library. Up to three photocopies or book loans may be requested at one time.
4. MEDLINE, Infomart and Index Medicus. The library carries two automated on-line literature search services, and will use these as required. In most cases, however, searching will be done through the Index Medicus.
5. Current Contents. A registered trademark service is being circulated to all the Health Units and Mental Health Centres to bring out-of-town library users into closer contact with the available journal literature in their fields.

B. Projected Services: Soon the library will introduce the following:

1. Monthly acquisitions list of the library's new materials. From this list, province-wide staff will be able to request and borrow books on a first-come, first-served basis.
2. Circulation of photocopied journal contents pages in the various disciplines. For example, nutritionists in all the units will regularly receive the contents page for the Am J Clin Nutr, plus others in the field of nutrition. Upon ticking or initialling items of interest and returning the page to the library, they will receive a copy of the article in question.
3. Catalogue of library's holdings: the library's books are presently being catalogued to NLM standards. This information will be keypunched into one of the BCSC computers, allowing us to provide each Public Health Unit with a printout of the library's holdings. There will be separate access for subject, author, and title, and the sets will be cumulated annually for updating purposes. This will keep remote offices closely in touch with current information that is available within the Ministry. At a later date, we hope to encourage the PHU's to include their own books in the system, which would be mutually beneficial to all.

C. Subject Strengths: The emphasis in this library is on administrative, rather than clinical, materials in the health sciences field. Basically, it collects information to support the Ministry's ongoing concerns in health care delivery systems and in public health, mental health and hospital administration. Specific subjects include: public health nursing, nutrition, vital statistics,

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- E WOODWORTH, LIBRARIAN, MINISTRY OF HEALTH LIBRARY, VICTORIA, B.C.

speech and hearing disorders, dental literature, epidemiology, health education, psychology and psychiatry.
The library holds approximately 5,000 monographs and currently subscribes to some 450 journals.

D. Services to Non-Ministry Staff. The library is open to both university students and other members of the health-related professions who may have an interest in its collections.
Interlibrary loan and photocopy services are also available for other libraries.

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POSITION VACANT:

The University of Alberta Library invites applications for the position of Reference Librarian in the Health Sciences Library. Duties will also include library instruction and collection development. Graduate degree in Library Science required and subject degree in the biological sciences desirable. Preference will be given to a person with experience in a health sciences library and knowledge of on-line date base searching,

Salary according to experience and qualifications. Salary range: $14,698 to $25,575 per annum. Academic status, excellent fringe benefits, removal grant. Applicants should send curriculum vitae, transcripts of academic records, and the names of three references to Mr. Bruce Peel, Chief Librarian, University of Alberta, Edmonton, Alberta T6G 2J8. The University of Alberta is an equal opportunity employer.

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LEMAY RESIGNS FROM EXECUTIVE

After thirteen years, Philippe Lemay is leaving the health sciences field to pursue librarianship in another area. Formerly at the Bibliothèque Scientifique of Université Laval, Philippe has resigned from both this and his position on the CHLA/ABSC Executive Committee to accept the nomination as Chef, Collections des sciences humaines et sociales at the Main Library of Université Laval.

While we take the opportunity to wish Philippe every success in his new position, it is with considerable regret that we see such an able librarian leave the health sciences field. His contribution to the formative stages of CHLA/ABSC was much appreciated.

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APPOINTMENTS

Mrs. Ann D. Nevill is the new Health Sciences Librarian, W.K. Kellogg Health Sciences Library, Dalhousie University. Mrs. Nevill was formerly the Head, Library Services, Bedford Institute of Oceanography and is also a native of Kentville, Nova Scotia.

Kathrine Stanford is the new Information Services Librarian at the Medical Library, University of Calgary.

The new Head, MacDonald College Library, McGill University is Ms. Janet L. Finlayson, formerly the Associate and Technical Services Librarian at MacDonald College Library.

Mrs. Claire McKeogh was appointed Librarian-Archivist of the Canadian Nurses Association Library in June, 1979.

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NEWS ITEMS

Beatrix Robinow presented a paper entitled "Education of the Health Sciences Library Technician" at the 79th Annual Meeting of the Medical Library Association in June, 1979. A report of the meeting is being compiled by members of the Health Sciences Library staff, McMaster University and is available on loan from: Joan Wiley, Health Sciences Library, McMaster University, 1200 Main St. W., Hamilton, Ontario L8S 4J9.

The Library of the Canadian Hospital Association has been awarded a HASEPS grant in order to complete a supplement to the recently published Health Administrator's Library.

Margaret Taylor convened the CAPL workshop at the CHLA conference in Ottawa in June, 1979. The topic of the workshop was Perils and Pitfalls of Medical Literature in the Public Library. Speakers included Lynn Legate, Head of Reference, Ottawa Public Library; Freda Steel, Assistant Professor, Faculty of Law, University of Ottawa; Kenneth Martin, Chief of Psychiatry, Children's Hospital of Eastern Ontario; and, Doreen Fraser, Assistant Professor, School of Library Service, Dalhousie University.

Dorothy Fitzgerald of the Canadian Library of Family Medicine at the University of Western Ontario has been nominated Member-At-Large on the 1979-1980 slate of officers for the Upstate New York and Ontario Regional Group, Medical Library Association.

The Hospital Librarian's Group - AHA Region 9 had its first workshop at the Talisman Motor Hotel in Ottawa on 11 May, 1979. There were two speakers at the workshop: Mrs. Henriette Schmidt formerly Reference Librarian at Vanier Library, University of Ottawa, who spoke on reference services; and Miss Jean MacGregor, Head of Inter-Library Loans at CISTI, who spoke on the problems and advantages of interlibrary loans.

The Ottawa/Hull Chapter of CHLA/ABSC has elected its new executive for 1979-1980. They are: Margaret Taylor, Manager of Library Services at the Children's Hospital of Eastern Ontario, President; Bonnie Stableford, Nursing Librarian, University of Ottawa, Vice-President; and, Philip Allan, Librarian at the National Defence Medical Center, Secretary-Treasurer.

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CURRENTLY READABLE / A LIRE

Library report calls for a national periodicals centre.
Nature 279(5710):177, 17 May 1979.

Csiszar K et al
(Infection-transmitting potential of hospital library books.
Orv Hetil 120(13):763-765, 1 Apr 1979.

Null G et al
The great cancer fraud.
Penthouse 11(1):76-83, Sep 1979.

Shanks K
Warning: library usage may be habit forming.
J Contin Educ Nurs 10(2):19-21, Mar-Apr 1979.

Robinow BH
Audiovisuals and non-print learning resources in a health sciences library.
J Biocommun 6(1):14-19, Mar 1979.

Allyn R
A library for internists III: recommended by the American College of Physicians.
Ann Intern Med 90(3):446-448, Mar 1979.

Sunshine I
Bibliography for a poison center's reference library.
Vet Hum Toxicol 21(1):54-56, Feb 1979.

Timbury MC
How to do it. Use a library.
Br Med J 1(6158):252-253, 27 Jan 1979.

Werner G
Use of on-line bibliographic retrieval services in health sciences libraries in the United States and Canada.
Bull Med Libr Assoc 67(1):1-14, Jan 1979.

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The Editor (Ex-Officio)

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POSTSCRIPT

- THE EDITOR

Do librarians actually spend their summer vacations in visiting other libraries?

Some of them do, apparently, which comes as a shock to those of us with higher hopes for the profession. To my way of thinking, people who cannot spend their vacation entirely away from their work are as equally deserving of scorn as those who answer letters the same day they get them or who know how to use the card catalogue.

I've always held entirely no interest in spending even an hour of my allotted annual escape in investigating another's domain. Before recently foreswearing the conservative charms of Friendly Manitoba for a two week break in the mountains, I loudly announced that for the interim I would have nothing whatsoever to do with libraries, librarians, computers or any of their evil thralls. My sole agenda for this holiday, as all within earshot will readily testify, would be to sit in the sun and smerf beer. Despite establishing a second, horribly unprofitable career as a writer, I was even making the supreme sacrifice of not packing my tripewriter, thus preventing me from beginning my award-winning screenplay: "Trapped Alone in a House With a 1.5 Litre Bottle".

A few minutes out of Winnipeg, as my wife feigned sleep to avoid my constant stream of knock-knock jokes, it dawned on me that my injunction against computers was perhaps a trifle hollow, given the on-board model in my car. But since the latter has no comprehension of on-loan files, serials and monographic holdings records, or cancellation algorithms (and on most days, neither have I), it seemed a small thing to overlook. Similarly, when we met Elizabeth and Andras Kirchner in the pool at Radium Hot Springs and then repaired to their motel for spiritual fellowship, the conversation was more familial than collegial, so that didn't really count either. Nor was it really undermining my vow when I happened to discover one or two automation textbooks accidentally stowed within my suitcase, begging to be read. In my absence, the U of M was replacing the oft-cursed IBM mainframe with a delightful improvement called an Amdahl V7. This new computer was installed virtually overnight (and immortalized accordingly in that classic opera: "Amdahl and the Night Visitor") and I wanted to be ready for it.

We returned to Winnipeg a day early, having travelled by car and canoe and horseback and chairlift and some devious thing called the Alpine Slide. Once the lawn was cut, I sought and received permission from my wife to sneak into my office that Sunday afternoon and survey the scene. Strangely enough, the place looked tidier than when I left it and revealed a disappointing lack of evidence of my being sorely missed. The only reassuring thing I found was a pleasantly thick sheaf of submissions for the BMC, which went into making up the issue you now hold. Normally, producing the BMC is a collaboration of sorts between myself and David Crawford, the CHLA/ABSC's publications chairman. However, this issue, at the mid-point of my tenure as editor, was composed with David totally in absentia et incommunicado (an old latin phrase which translates roughly as: out of town on French immersion). I'm hopeful he may wish to write up how that feels.

In the meantime, I'm grateful to all of you who contributed material for this issue, particularly at this time of year when you should all be on vacation. It is a pity thought that you can't compel yourself to have a short holiday and leave your work totally behind for a few weeks.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

Vol. 1, No 5 1979

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 08 février 1980.

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The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 08 February, 1980.

FROM THE EDITOR / MOT DE LA RÉDACTION

Historically, librarians have not been a particularly outspoken pressure group.

The traditional role of the librarian (to use the term with considerable laxity) was that of the custodian of knowledge. Like its spiritual counterparts, the museum and the graveyard, the library's role was to accept all that it was given to store and to preserve this for generations yet to come. The librarian who spoke out against this mandate, or against anything else for that matter, was virtually non-existant.

Tablets dating back to the Library of Assurbanipal, the medical library of Ninevah from 725-610 B.C., record the complaints of the librarian that his peace and sanctity were being so frequently violated that the library might as well be used for the palace stables. Legend has it that, a few years later, this librarian was trampled by a horse. One wonders if the moral has not had a too permanent effect on the profession.

To be sure, librarianship has shed the meekness from which its stereotype was crafted. Loud and vociferous complaints are now to be found on almost every page of 'library literature' and entire publications -- most notably Title Varies -- are devoted to criticism of publishers and their whims. But what honest effect haa all this stirring had? Other than the dubious and incestuous achievements of raising our own consciousness and enlarging resumes, much of the 'library literature' seems to have accomplished little.

The reasons for this depressing little diatribe can be found on pages 159-161. An earlier example appeared on page 27 of this volume.

Regretably, these are not isolated incidents, the results of a thorough investigation of the literature. Rather, they are noted in this issue simply because someone stuck them under the editor's nose and yelled long enough to stir him from his usual lethergy. One can assume, with a minimum of cynicism and a modicum of experience, that they are merely the iceberg peaks in the medical literature.

Some basic questions come to mind. How responsible should this profession be in attempting to expose/reform/prevent abuses in either the literature or its publication? If librarians take it upon themselves to address the (growing?) problem, how do they tackle it? When one voice crying in the wilderness has already become the hallelujah chorus and still not had any effect, what do we do?

Read the pages indicated and reflect for a moment. Decide what you think should be done, if anything. And take heart in the fact that publishers' agents rarely come visiting on horseback.

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The editor regrets that a French translation of the foregoing was not available for this issue. A more complete explanation will be found in the Postscript.

The president regrets that she is unable to prepare a report for this issue of the BMC due to conflicting commitments. She has faithfully promised the editor, however, that a complete and updated report of the activities of the Association will be published in our March issue.

ENTENTE BILATÉRALE ENTRE L'ASSOCIATION DES BIBLIOTHÈQUES DE LA SANTÉ DU CANADA (ABSC) ET LA MEDICAL LIBRARY ASSOCIATION (MLA)

Conformément aux politiques et lignes directrices approuvées par les représentants des deux associations susmentionnées, la présente entente bilatérale se rapporte aux préoccupations et aux intérêts professionnels communs aux deux organismes nationaux. Ainsi, les associations en question ont approuvé les activités suivantes jugées utiles et d'intérêt mutuel:

1. Echange de publications

En vue de tenir les deux associations au courant de leurs activités réciproques, elles doivent procéder à l'échange continu des publications renfermant des nouvelles et des dossiers officiels se rapportant à l'une comme à l'autre. Les publications canadiennes doivent être envoyées au bureau principal de la Medical Library Association et les ouvrages américains, au rédacteur de communiqué de l'Association des bibliothèques de la santé du Canada.

2. Accueil des visiteurs étrangers

Les deux associations doivent veiller à organiser les visites de bibliothécaires étrangers et déborder du cadre de la collaboration, officieuse existant actuellement entre les bibliothèques médicales des Etats-Unis et du Canada. Ainsi, le président de l'Association des bibliothèques de la santé du Canada doit identifier une personne avec laquelle il établirait un contact permanent, qui se chargerait d'accueillir les bibliothécaires qui souhaitent visiter les bibliothèques médicales du Canada. Le président du International Cooperation Committee, en collaboration avec le Subcommittee on visiting librarians, représentera le Medical Library Association.

3. Activités d'education permanente

L'ABSC peut utiliser, dans le cadre de ses propres programmes d'éducation permanente, le programme d'éducation permanente de la Medical Library Association, en plus d'une documentation canadienne appropriée, pour l'enseignement en contexte canadien.

De plus, L'ABSC peut accorder des crédits (d'éducation permanente), selon les critères établis par ladite association, pour les cours de la MLA offerts au Canada.

La MLA continuera d'accorder des crédits d'éducation permanente aux bibliothécaires canadiens suivant des cours subventionnés par cette derniere.

4. Délégués officiels

Un membre intéressé de la MLA sera invité à assister à la convention annuelle de l'Association des bibliothèques de la santé du Canada afin de représenter officiellement la Medical Library Association. De même, un membre de l'ABSC pourra participer à la convention annuelle de la MLA.

En guise de geste symbolique de reconnaissance et de collaboration, les délégués n'auront pas à verser de cotisation pour assister aux réunions susmentionnées, à la condition qu'ils n'en soient pas membres. Les délégués officiels prendront la parole au nom de leur organisation respective.

Selon les lignes directrices adoptées, on étudiera annuellement les ententes bilatérales en vue d'évaluer leur faisabilité continue et les nouveaux secteurs proposés de collaboration. Pour ce faire, les représentants principaux choisis des deux groupes doivent nommer des personnes compétentes qui devront présenter par écrit à leur conseil de direction des recommandations élaborées conjointment.

CANADIAN HEALTH LIBRARY PROJECT: WORKING NOTES

- M. A. FLOWER

(At the October meeting of the CHLA/ABSC Executive Committee in Ottawa, Mrs. Flower presented a working document on preparations for the CANHELP seminar. Since a proportion of our membership is still unclear as to the scope and nature of CANHELP, the editor prevailed upon Mrs. Flower to allow him to cannibalize her notes and present the following.

First Goal of CANHELP

- To mount a national seminar for the purpose of exploring ways and means of raising the general level of information services in hospitals across Canada;
- To attempt to provide the stimulus which came through the National Library of Medicine in the U.S.A.;
- To explore methods of communicating with other health workers concerning the information needs throughout the Canadian medical field.

- The seminar would be invitational with all expenses covered;
- It would bring together: hospital administrators, physicians, nurses, hospital librarians, government officials, academic health librarians, and CHLA/ABSC members.
- It would be based on a series of position papers;
- It would convene for 2½ or 3 days in either November, 1980 or March, 1981;
- It would conclude with proposals for the next steps to be achieved.

Participants in the CANHELP Seminar

- Participants would be chosen with the aid of the Advisory Group;
- One medium-sized hospital in each province would be designated, with probably an extra one in Ontario and Quebec;
- From this hospital would be invited: the administrator or his assistant, a physician member of the library committee, a nurse involved in in-service education, the library attendant. These would comprise a "team" coming from one region and one institution. Total: 48 people.
- Also invited would be the librarian in the academic medical library of that district, who is in charge of services to the hospital libraries there. It might be an extension librarian, an ILL librarian, or the Director of the library, depending upon circumstances. Total: 12 people.
- In addition, we would include a member of the provincial health department who has some jurisdiction over funding for libraries. Total: 10 people.
- And finally, representatives would be invited to attend from the: Canadian Medical Association, Canadian Hospital Association, Canadian Nurses Association, Canadian Council on Hospital Accreditation, Health and Welfare Canada, CISTI, CHLA/ABSC, etc. Total: approximately 10 people.

Programme for the CANHELP Seminar

- This should be a "working seminar". With the aid of the CANHELP Committee and the Advisory Group, appropriate individuals would be chosen to prepare background papers for each of the discussion areas;
- These papers would be circulated to all participants in advance of the actual

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- M A FLOWER IS NURSING LIBRARIAN, LIFE SCIENCES AREA, MCGILL UNIVERSITY AND PAST-PRESIDENT OF CHLA/ABSC.

seminar. In the sessions themselves, the authors of these papers would only comment;
- Prepared reactions by named individuals would follow;
- Then the floor would be opened for general discussion.
- The discussion would be fully recorded and developed into a Report of the suggestions and directions indicated. This Report would be given a fairly wide circulation after the seminar.
- Out of the Report, the CHLA/ABSC Board and the CANHELP Committee, with the support of the Advisory Group, would propose a series of concrete steps to take;
- The CHLA/ABSC should then proceed to work with other agencies to make these proposals realistically effective.

Papers for the CANHELP Seminar

1. Elements of a functional library in a hospital setting.
2. The role of the hospital administrator, the medical staff and the nursing staff in hospital information services.
3. If library personnel are the key, what are their problems?
4. Systematic continuing education for health library staff: is is a local responsibility? an academic responsibility? a national responsibility?
5. Sharing health information on an area basis: what is the role of the university?
6. Sharing health information on an area basis: what is the role of the government?
7. Health education for families and friends: the health library network and the community.
8. Cost efficiency of health information services: inflation, funding and value.

Questions:

1. Why an invitational seminar?

Because part of the aim is to educate key health professionals in the dynamics of hospital information services. A carefully chosen group of gatekeepers who can relay the message "back home" in an important form of leven. It is our experience that the people we want most to reach are not highly motivated toward familiarization with libraries. If left to an anonymous choice, most might very well pass up the opportunity.

2. Why cover expenses for the participants?

So they will come to the seminar, and at least encounter some of the ideas we would like to present to them. Libraries are not on the priority lists of most hospitals, and faced with a bill for expenses for four staff members, they simply would not send them. Neither would most individuals be willing to pay their own way, as they might to a conference in their own specialty which they perceived as more valuble to them.

3. Why invite "teams" from one hospital?

Part of the thrust is to develop groups of people who can work together to make things happen in their own area. In most cases, our "teams" will not perceive themselves as such when they arrive, but having worked and learned something together, they may see more opportunity and more reason to work cooperatively when they return to their hospitals, and their project can become a model for their area.

4. What kind of a budget would be required?

Travel and living expenses would probably average about $400.00 per person. A grant of $30,000 to $35,000 would make the programme possible, as well as allow for expenditures relating to organization and follow-up.

A formal proposal would have to be developed by the Finance Committee in cooperation with the CANHELP Committee, and a number of funding bodies explored.

In a preliminary survey, the Chairman of the Finance Committee found that one of the first questions asked was whether the organization was incorporated. This is the reason that the Executive Committee of CHLA/ABSC has moved in that direction during the last year.

Funding does not necessarily have to be managed directly by the CHLA/ABSC, however. If it seems more expedient, cooperation with another organization, such as a university or a hospital Council, could be arranged. As long as the CHLA/ABSC is the motivating force, it does not have to handle the finances. An organization involved in the programme, which as a more sophisticated accounting system, could accept the responsibility.

(The composition of the CANHELP Committee and the Advisory Group has not been finalized at this time. However, beginning with volume 2, the BMC will have a regular CANHELP Corner in each issue to keep the membership abreast of new developments in the planning of our seminar.)

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POSITION VACANT

The W.K. Kellogg Health Sciences Library, Dalhousie University, is seeking an individual to provide editorial services for Health Sciences at Dalhousie University. The position involves editing research manuscripts for publication or conference presentation, and assisting with the preparation of grant applications. Some instruction in technical writing for inexperienced authors is also required.

Candidates should have a strong background in written communication and a familiarity with medical/scientific terminology. Excellent interpersonal skills are essential.

Salary commensurate with experience and qualifications. Letters of application and resumes may be sent to:

Mrs. Ann D. Nevill
Health Sciences Librarian
W.K. Kellogg Health Sciences Library
Sir Charles Tupper Building
Dalhousie University
Halifax, Nova Scotia
B3H 4H7

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NURSING LIBRARIES: INTEGRATION OR DISINTEGRATION?

- BONITA A. STABLEFORD

Nurses throughout the world comprise the largest single group of health care workers.[1] The latest statistics prove that this generalization holds true for Canada also. More than 141,000 nurses were employed in active practice, either full-time or part-time, during 1976. Enrollment in schools of nursing at the diploma and degree levels totalled 10,669 for the same year; in addition, over 2,400 faculty members were employed by schools of nursing.[2] This compares with approximately 42,000 physicians and 7,300 medical students in Canada during 1978. Considering the sheer size of the nursing profession, nurses should represent a visible segment of the health sciences library's clientle. Instead, they are occasional library users at best. What is the problem and what, if anything, can be done to change this situation?

In the past, nurses have been well served by specialized libraries which were devoted exclusively to nursing; this trend has continued to the present.[3] However, separate nursing libraries in both educational and clinical facilities are quickly disappearing in favour of integrated health science libraries. The process of integration is a welcome change; medical literature resources are now readily available to nurses in one library. But nurses feel that something of significance may have been lost with integration. At the University of Ottawa, members of the nursing faculty have expressed concern that in an integrated library they will be provided with fewer resources and less service specific to the needs of nurses. Perhaps such reductions rather than improvements account for the fact that nurses are only a small minority of the library clientle in an integrated health sciences library.

At the University of Ottawa, the problems of providing service to nurses through an integrated library are being considered in preparation for the anticipated move to a new health sciences complex. The School of Nursing has traditionally been served by a physically and administratively separate branch library. Usage of the Nursing Library has been consistently high, with an average of over 15,000 circulation transactions per year over the last three years.[4] We want to ensure that the nursing students and faculty continue to use the proposed library at the same level. In addition, we would like to encourage the use of the medical literature among nurses. At the present time, very few nursing students use the Vanier Library (Science and Medicine) despite the fact that the two libraries are only two blocks apart.

In preparation for the proposed integration, some major administrative changes have been made in the past several months. The Nursing Library has become a section of the Vanier Library and now reports to the Director of the Vanier Library. The nursing collection will remain in a separate physical location until such time as the new complex is built. We hope that this will facilitate planning for the move and the eventual merger of the collections, files and staff.

1. Encyclopaedia Britannica. Macropedia, v.13, p. 395.
2. Nursing in Canada. 1977. pp. 19, 45, 63.
3. Loyer, M.A. and Morris, M.T.M.
4. Returned items were not included in these statistics. The School of Nursing offers a B.Sc.N. degree (basic and post-basic) and enrollment is approximately 400 students.

- BA STABLEFORD, REFERENCE AND NURSING LIBRARIAN, VANIER LIBRARY, UNIVERSITY OF OTTAWA.

From the nurse's point of view, one of the most serious problems with other integrated collections is the lack of a staff member concerned specifically with nursing. Collection development and reference service are both facilitated if there is one person familiar with nursing to serve as a resource person and/or subject specialist. In the present structure, the Reference Librarian at the Vanier Library has been assigned the responsibility for supervising and coordinating the activities at the Nursing Library and for collection development in the nursing subject areas. This librarian spends approximately two half-days per week at the Nursing Library. Both the nursing faculty members and the library staff are hoping that this arrangement can be continued after the libraries are actually integrated.

Another concern expressed by nurses at this university when faced with the planned integration was the lack of resources specific to nursing and/or the lack of their continued growth in the health sciences library in the future. They were concerned that a substantial portion of the budget now allocated to nursing might be reduced or spent on the other specialties within the health sciences. Total integration of budgets in some university libraries has meant that nursing resources have dwindled to the purchase of a few major textbooks and periodicals. Because nursing is an expanding discipline, with particular emphasis on the area of research in nursing, the literature is now growing at a faster rate. Publication in the field of nursing is now prolific; by and large, the new books and periodicals now on the market are scientifically oriented and of good quality. Basic textbooks are no longer sufficient to meet the needs of the university nursing student. Moreover, nursing has a special need for interdisciplinary materials, especially in the psycho-social aspects of health care. Unless these types of items are purchased from the nursing portion of the budget, they are usually not purchased. Collections policies for both health sciences and general libraries tend to consider this material as low priority. To ensure that nursing collections continue to be developed systematically, even in an integrated library, the budget for nursing acquisitions will remain separate from the overall budget for the other health sciences. The current acquisitions budget for nursing is divided as follows: monographs ($15,000), periodicals ($3,500), audiovisuals ($4,700), and binding ($950). Budgeting for nursing has proven to be difficult due to the previously low budgets ($6,000 total), the implementation of a new curriculum and the lack of information about other libraries' budgets for nursing. While the University of Ottawa budget may not be valid in other universities, particularly those supporting advanced research or programmes at the master's level, it may serve as an indicator or point of comparison.

Another problem which does arise when nursing collections are integrated into the health sciences library is the possible lack of specialized services which nurses require. These many not be provided by the health science library or may not be sufficiently developed to serve nursing's needs. One of the major differences between nursing and medical education (in some present institutions) is the extensive use of audiovisual programmes by schools of nursing for both lectures and self-study. The health sciences library may not be physically equipped with either sufficient or even the proper facilities for viewing all types of AV programmes. Storage of AV programmes under the proper conditions may present a significant problem for many health sciences libraries which are not already involved with audiovisuals. In addition, the audiovisual material can be very difficult to locate for rental or purchase due to the lack of bibliographic control. At this point, a librarian responsible for nursing develops some expertise in dealing with audiovisuals and may serve

as a valuble resource person for both library users and staff.

Another area which should be considered in an integrated health sciences library is the different library use patterns shown by the nursing clientle. Because medical librarians are accustomed to dealing with physicians and research scientists, it is very easy to overlook the fact that the first year nursing students are usually coming directly from high school, with little or no previous college or university experience. Whereas a tour of the library might suffice for some groups of first year medical students, nursing students often need very basic instruction in some of the library tools and resources. Many students in the orientation programme for first year nurses at the University of Ottawa were not sure of the difference between a book and a periodical and few of them had ever used any type of index to the periodical literature before entering university. Another facet of the different user patterns is the fact that nursing students may be working on a different clinical instruction schedule from medical students. At the University of Ottawa, this has affected such elementary matters as the hours of opening for the Nursing Library. At present, nursing students are in clinical areas for four days per week in fourth year; the remaining day is entirely devoted to classes. Accordingly, it was necessary for the library to increase its hours during the evening and on weekends.

While the solutions which have been devised at the University of Ottawa may not be ideal and certainly do not solve all of the problems of integrated health sciences collections, we hope that we have at least had the chance to take a fresh look at some long-standing problems for nursing collections. We also hope that other libraries may take a look at various specialties within the domain of the health sciences to see if the services we are all offering really match the needs of those small but highly specialized segments of our libraries' clientle.

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VERS UNE AMELIORATION DE LA COMMUNICATION ENTRE LE CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, L'ICIST ET SES UTILISATEURS: FAITS SAILLANTS DE LA DERNIERE REUNION DU COMITE CONSULTATIF

- FRANCES K. GROEN

Le 18 juin 1979, les membres du Comité consultatif du Centre bibliographiques des sciences de la santé se sont rencontrés à l'ICIST. C'était la quatrième réunion du Comité depuis sa création, en janvier 1978, par le directeur de l'ICIST. Le présent rapport décrit les questions qui ont été abordées à la réunion.

■MEDLINE et Son Accessibilite au Canada

Le directeur de l'ICIST avait demandé au Comité d'examiner la possibilité qu MEDLINE soit offert au Canada par des services de recherche documentaire autres qu l'ICIST. En tant que représentant d'un des 12 pays en dehors des Etats-Unis à utiliser MEDLINE comme "partenaire étranger", l'ICIST participe à une entente réciproque en vertu de laquelle l'Institut fournit des services d'indexation, d'analyse ou d'entrée par clavier moyennant l'accès direct aux bases de données de la National Library of Medicine. Le fichier MEDLINE n'est pas monté au Canada.

Jusqu'en 1979, la National Library of Medicine était le seul fournisseur de ses propres bases de données, à titre de producteur et de "vendeur" des fichiers MEDLINE. A ce moment, la compagnie Bibliographic Retrieval Service (BRS) a demandé et obtenu la permission de les distribuer aux Etats-Unis. Tout dernièrement, BRS a lancé une campagne de publicité au Canada et de nombreuses bibliothèques ont demandé des information sur la possibilité d'avoir accès à MEDLINE par l'entremise de BRS. Pour pouvoir négocier la double accessibilité de MEDLINE, l'ICIST aurait besoin de revoir son entente avec la National Library of Medicine et c'est pour cette raison que le directeur de l'ICIST a demandé l'opinion du Comité.

Au centre du problème, il y a le fait que l'utilisation de MEDLINE ne se limite pas à la communauté des bibliothèques des sciences de la santé. C'est cet usage non médical de MEDLINE qui attire l'attention du Comité en ce sens que, présentement, seuls les centres MEDLINE ont accès à MEDLINE. Si BRS offre MEDLINE au Canada, les autres communautés seraient desservies.

Les discussions du Comité soulignent fortement les avantages, pour la communauté des sciences de la santé, que ce soit l'ICIST par l'entremise du CBSS qui offre MEDLINE et les fichiers associés. Parmi ces avantages, on retrouve la valeur d'un service intégré qui offre une formation de base et avancée sur le système MEDLINE, qui assure le développement d'une riche collection nationale dans le domaine des sciences de la santé, et qui prepare des publications comme Dépôts canadiens. Le Comité insiste sur l'importance tant de la formation à MEDLINE et aux bases de données associées que de l'accès aux fichiers associés comme TOXLINE, CANCERLINE... BRS n'offre présentement qu l'accès au seul fichier MEDLINE.

Comme conclusion, le Comité appuie énergiquement le rôle de l'ICIST comme centre MEDLARS canadien. Toutefois, afin de garantir l'acces à MEDLINE aux communautés périphériques des sciences de la santé, le Comité recommande que MEDLINE soit offert par d'autres systèmes à la condition que l'ICIST demeure le centre MEDLARS canadien.

Cette questions accapare la majeure partie de la réunion. Le Comité consultatif est particulièrement reconnaissant envers le directeur de l'ICIST de

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- FK GROEN, UNIVERSITÉ McGILL, PRÉSIDENTE DU COMITÉ CONSULTATIF

lui avoir demandé de se prononcer sur cette question. Pour bien jouer son rôle, le Comité doit continuer à fournir des opinions éclairées et responsables sur les questions d'importance vitale pour la communauté des spécialistes de l'information en sciences de la santé.

■Nouvelles Publications

Les utilisateurs des services et de la collection du Centre bibliographique des sciences de la santé se réjouiront du lancement par le Centre de deux nouvelles publications. Comme suite à une recommandation du Comité consultatif, le CBSS est à préparer un sous-ensemble Catalogue collectif qui regroupe les documents de sciences de la santé, c'est-à-dire les revues indexées dans MEDLINE et Excerpta Medica. Cette publication améliorée remplacera Dépôts canadiens des revues indexées pour MEDLINE.

De plus, le Centre vient tout juste de publier Information en sciences de la santé au Canada, une première canadienne. Ce répertoire, qui recense plus de 400 bibliothèques des sciences de la santé, se vend $11.

■Perspectives d'Avenir

Le Comité continuera à s'interesser aux questions qui touchent les membres de la communauté des bibliothèques des sciences de la santé et à se prononcer sur les questions soulevées par le directeur de l'ICIST et le personnel du CBSS. Le Comité et le CBSS s'intéressent particulièrement aux résultats de l'enquête menée par l'Association des bibliothèques de la santé du Canada. Ces informations aideront le CBSS à identifier les besoins des petits bibliothèques des sciences de la santé. Si l'analyse de l'enquête est complétée a temps, ses résultats seront étudiés à la réunion du Comité en janvier.

Voici la composition du Comité et le mandat de chacun de ses membres:

Frances Groen (présidente)	:	1er avril 1978 au 31 mars 1980
Linda McFarlane	:	1er avril 1978 au 31 mars 1980
M.A. Flower	:	1er avril 1978 au 31 mars 1981
Pierrette Dubuc	:	1er avril 1978 au 31 mars 1981
William Fraser (président élu)	:	1er avril 1978 au 31 mars 1982

Afin d'assurer la continuité et de permettre au président d'exercer ses fonctions pour une période de deux ans, le Comité recommande au Directeur que le mandat des nouveaux membres soit porté de deux à trois ans.

M. William Fraser est élu président du Comité consultatif à l'unanimité. Il entrera en fonction à la réunion de juin 1980.

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TOWARDS IMPROVING COMMUNICATION BETWEEN THE HEALTH SCIENCES RESOURCE CENTRE, CISTI AND ITS USERS: HIGHLIGHTS OF THE RECENT ADVISORY COMMITTEE MEETING

- FRANCES K. GROEN

On 18 June, 1979 members of the Advisory Committee on the Health Sciences Resource Centre met at CISTI. This was the fourth meeting of the Committee since it was established by the Director of CISTI in January, 1978. Issues raised at this meeting are described below.

■MEDLINE and Its Availability in Canada

The Committee had been requested by the Director of CISTI to consider the availability of MEDLINE on bibliographic retrieval systems other than the service provided by CISTI. As one of twelve countries outside the United States using MEDLINE as a "foreign partner", CISTI participates in a quid pro quo agreement whereby the Institute provides indexing, abstracting or keyboarding in return for direct access to the National Library of Medicine's data bases. The MEDLINE file is not mounted in Canada.

Until 1979, the National Library of Medicine was the unique provider of its own data bases, being both producer and "vendor" of the MEDLARS files. At that time, the commercial firm Bibliographic Retrieval Services (BRS) applied for and was granted permission for distribution in the United States. Recently, BRS launched a marketing campaign in Canada, and several libraries have inquired regarding the possibility of accessing MEDLINE within the configuration of data bases offered by BRS. To negotiate the dual availability of MEDLINE, CISTI would need to review its existing quid pro quo agreement with the National Library of Medicine, and it was for this reason that the Director of CISTI asked the Committee to consider this issue.

At the heart of the discussion was the recognition that the use of MEDLINE was not limited to the health libraries community. It was this non-medical use of MEDLINE that concerned the Committee in that at present only MEDLINE centres may access MEDLINE. By allowing BRS to offer access to the MEDLINE files in Canada, this additional community would be served.

The Committee's discussions strongly emphasized the benefits to the health sciences community through the provision of MEDLINE and associated data bases through CISTI and HSRC. The value of an integrated service, which offers both introductory and advanced training specifically in the use of both MEDLARS and MEDLINE, the development of a collection of national significance in the health sciences, and related publications such as Canadian Locations are essential adjuncts to the provision of a bibliographic search service. The Committee emphasized most strongly the importance of the training on MEDLINE and its associated data bases provided by the Health Sciences Resource Centre. The Committee also felt strongly concerning the need to have access not merely to MEDLINE but to all the associated NLM data bases such as TOXLINE, CANCERLINE, etc. Currently, BRS offers on-line access to MEDLINE but not the associated data bases.

In conclusion, the Committee endorsed most emphatically that CISTI remain the Canadian MEDLARS Centre. However, to guarantee access to information to potential users peripheral to the health sciences community, the Committee felt that MEDLINE should be available on other systems, provided that CISTI remain the Canadian MEDLARS Centre.

This issue consumed most of the day-long discussion held at CISTI. The Advisory Committee was particularly gratified to be invited by the Director

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- FK GROEN, MCGILL UNIVERSITY, CHAIRMAN OF THE ADVISORY COMMITTEE.

of CISTI to address this topic. The continuity of the Committee as a viable advisory body requires that it provide responsible commentary on matters of vital concern to the health information community.

▪New Publications

Users of the services and collection of the Health Sciences Resource Centre may look forward to two new publications from the Centre. As previously recommended by the Advisory Committee, the Centre is preparing a subset of the ULSSCL for health sciences material, specifically all journals indexed in MEDLINE and Excerpta Medica. This enhanced health sciences list will replace the present Canadian Locations of Journals Indexed for MEDLINE.

More good news was the publication of Health Sciences Information in Canada, a first for Canada, and a much awaited event. This directory will include more than 400 health sciences libraries and was available on 1 July for $11.00.

▪Future Business

The Committee will continue to raise issues of concern to members of the health libraries community, and to provide input on questions raised by the Director of CISTI and the staff of the HSRC. Of particular interest to the Committee and to the HSRC will be the results of the present survey being conducted by the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada. This information should help the HSRC to more clearly identify the needs of the smaller health sciences library. If this survey analysis is completed in time, its findings will be discussed at the January meeting of the Committee.

Each of the past four reports on the Committee's proceedings published in this journal have reviewed the composition of the Advisory Committee. This present review is no exception. Again, the current appointed members and their terms of office are:

Frances Groen (chair)	:	1 April, 1978 to 31 March, 1980
Linda McFarlane	:	1 April, 1978 to 31 March, 1980
M.A. Flower	:	1 April, 1978 to 31 March, 1981
Pierrette Dubuc	:	1 April, 1978 to 31 March, 1981
William Fraser (chair-elect)	:	1 April, 1978 to 31 March, 1982

To provide for continuity and to allow the chairman to hold office for a two year period, it was agreed to recommend to the Director of CISTI that the term of office of new appointees be extended from two years to three years.

William Fraser was unanimously elected to Chair the Advisory Committee and will assume the Chair at the June, 1980 meeting.

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Motto for a secret anesthetists' convention: Numb's the word.

BIBLIOTHECA MEDICA CANADIANA - INDEX TO VOLUME 1.

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Index prepared by PJ Fawcett through the University of Manitoba Computer Services.

Castor's Christmas modifications by Barbara E. Henwood.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI
- EVE-MARIE LACROIX

An important adjunct to CISTI's Document Delivery Service (which was outlined in the last issue of BMC) is the "Canadian Index of Scientific Translations".

CISTI maintains a card index to the locations of completed translations in Canada, the United States, the United Kingdom and several other countries obtained through separate exchange agreements with these countries.

Translations produced in the United Kingdom are referred to us by the British Library Lending Division. United States translations include those listed in Technical Translations and Translations Register-Index. In addition, sources of translations locations from other countries are consulted. Included in the Index are all translations done through the Secretary of State, Health and Welfare Canada and the National Research Council of Canada.

The Translations index, now totallying approximately 800,000 entries, is filed by first author (or editor) and thus is not searchable by subject or source. If you have requested a foreign language document through CISTI's Interlibrary Loan, and have indicated that your would prefer a translation, ILL staff will check the Index for you.

You may also request locations by contacting this unit directly: Canadian Index of Scientific Translations, CISTI/NRC, Ottawa, Ontario K1A 0S2. Telephone: 613-993-3372, telex: 053-3115.

All location service is free of charge. Should CISTI hold the translation, a photocopy may be obtained at the ILL rate (minimum charge is $2.20, 1-10 pages; 22 cents per page for longer items).

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DE L'CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, L'ICIST
- EVE-MARIE LACROIX

Le Répertoire canadien des traductions scientifiques est un aspect important du Service du fourniture de documents de l'ICIST (voir le dernier numéro de BMC).

L'ICIST tient à jour un répertoire sur fiches des dépôts de traducation terminées du Canada, des Etats-Unis, du Royaume-Uni et de nombreux autres pays, en vertu d'accords d'échanges avec ces pays.

Les traductions effectuées au Royaume-Uni nous sont signalées par la British Library Lending Division. Les traductions des Etats-Unis englobent celles qui sont recensées dans Technical Translations et Translations Register-Index. De plus, d'autres sources de traductions sont consultées pour d'autres pays. Le Répertoire englobe toutes les traductions signalées par le Secrétariat d'Etat, par Santé et Bien-être Canada et par le Conseil national de recherches du Canada.

Les quelque 800 000 notices du Répertoire sont classées selon le nom du premier auteur (ou rédacteur), de sorte que les recherches par sujet ou par source sont exclues. Si vous demandez un document en langue étrangère par l'entremise du prêt entre bibliothèques de l'ICIST, et que vous indiquez que vous

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- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

préférez une traduction, le personnel de l'ICIST se charge de consulter le Répertoire.

Vous pouvez également vous adresser directement au personnel du Répertoire: Répertoire canadien des traductions scientifiques, ICIST/CNRC, Ottawa, Ontario K1A 0S2. N° de tél.: 613-993-3372. N° télex: 053-3115.

Ce service est offert gratuitement. Vous pouvez obtenir une photocopie des traductions conservées à l'ICIST au tarif ordinaire (minimum de 2,20 $ pour dix pages ou moins, 22 cents par page supplémentaire).

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LIGHTING IN THE LIBRARY

- PAMELA A. AVIS POLLOCK

It seems that eyestrain from glossy journals will always be an occupational hazard for library workers, but two years ago I thought that we finally had the problem solved.

As in most office situations today, our library was very nicely equipped with cool white fluorescent lighting. Complaints about the glare off journals, other printed materials and office furniture resulted in the experimental introduction of cool green fluorescent bulbs in conjunction with the whites. This experimental stage was soon over and we accepted the green bulbs wholeheartedly. Glare was reduced to an acceptable level and, aside from a barely noticeable green cast to the walls, there were no bad side effects.

Recently, the problem surfaced again when the building maintenance crew replaced all of the greens and whites with "day light" fluoresence bulbs, quoting lighting specifications that told of better production from workers under this "closest thing to daylight" bulb. This "better production" has not materialized in our setting -- the glare is once again phenomenal and has resulted in three people, at varying times and in different offices, complaining of headaches which they felt were due to the eyestrain.

Knowing that only a solid foundation of scientific backing would sway the administration, I called two noted ophthalmologists and asked for help. Unbelieveably, neither could report on any studies done and both merely resorted to saying that human comfort was the only criterion that should be used for setting light levels. Both sympathized and noted that high levels of light were often cited as problems in their practices, and that they personally disliked fluorescent lighting.

Next step, of course, was a review of the literature. Again, very little was found to be truly relevant, with much of what could be useful appearing in foreign languages. (A copy of the search is available from this office.) One article did stand out and was used as a basis for an appeal.[1]

I wish I could report a happy ending to this saga, but I am still awaiting a reply. Holidays and the usual bureaucratic network are holding things up. Meanwhile, if you visit our library, be prepared for an array of sick-looking library staff -- it's either a headache or the glow from these blankety-blank lights!

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[1]Taylor, W.G. Fluorescent lighting and eyestrain. Practitioner 218(1304): 295-297, Feb 1977.

- PA AVIS POLLOCK, LIBRARIAN, ONTARIO MEDICAL ASSOCIATION.

MHLA FALL MEETING

- BARBARA E. HENWOOD

The Fall general meeting of the Manitoba Health Libraries Association took place in Brandon on 29 September, 1979. The meeting was held at Brandon General Hospital and was hosted by MHLA President and Director of BGH Library Services, Kathy Eagleton.

The lively business meeting was followed by a double presentation on two views of library service in the rural health facility.

First on the programme was Ms. Joyce Woods, Health Education Coordinator at Tri-Lake Health Centre in Killarney, Manitoba. Library service and facilities were discussed and innovative ideas were shared on promotion of library services to the Centre's staff.

Sandra Langlands' presentation followed. She discussed some of her activities as Extension Librarian at the University of Manitoba Medical Library. The Extension Service is funded jointly by the University of Manitoba and the College of Physicians and Surgeons of Manitoba and promotes library service to rural physicians and rural health facilties.

This meeting was an important milestone for the Manitoba Health Libraries Association as it was the first ever held beyond the Winnipeg city limits. It is hoped that MHLA can visit other Manitoba cities and towns for future Fall meetings.

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MHLA IN MANITOBA HEALTH CONFERENCE

- BARBARA E. HENWOOD

On 30 October, 1979, the Manitoba Health Libraries Association took part in the Eleventh Annual Manitoba Health Conference, held this year at the Winnipeg Convention Centre. This year's Conference theme was "Meet Challenge with Innovation". Under the auspices of the Manitoba Health Organizations, an opportunity is given to health professionals to present and attend programmes of interest to some twenty-one specialty areas including: nursing, engineering, administration and health librarianship.

"Shared Services Meet the Challenge of Fiscal Restraint: Health Library Consortia and Networking in Manitoba" was the topic for MHLA's section of the Conference.

The first item on the day-long programme was a keynote address by Beatrix Robinow, Health Sciences Librarian, McMaster University. Mrs. Robinow gave a presentation on the Hamilton Wentworth District Health Library Network and the general principles of establishing a health library consortium. The Hamilton Wentwork Network is now in its twelfth year of service and links 14 health libraries. Through Coordinator Linda Panton, a variety of activities are undertaken: computer search services, document delivery, reference services, inservice instruction, etc. The effect of the Network on the services to each individual library user was discussed.

Next on the programme was a panel discussion on "Health Library Consortia at the Local and Provincial Level in Manitoba: Prospects and Possibilities". The panel was moderated by Barbara Henwood. Panel members were:

- BE HENWOOD, GENERAL CENTRE MEDICAL LIBRARY, HEALTH SCIENCES CENTRE, WINNIPEG.

Mrs. Robinow; Audrey Kerr, Head, University of Manitoba Medical Library; Renata Kroeker, Librarian, Rena's Library Consultant Services; Richard Paterson, Assistant to the Vice President, Medical at the Health Sciences Centre, Winnipeg; and, Judith Roik, Coordinator of Continuing Education at Meadowood Manor Personal Care Home.

Miss Kerr, Mrs. Kroeker, and Mrs. Roik began the discussion with a review of their libraries' present services and the degree to which their services depend on interlibrary cooperation. Mrs. Kroeker has found that hospital libraries with which she has been involved depend heavily upon the resources of other libraries. Miss Kerr reported that the U. of M. Medical Library depends on such national resource libraries as CISTI and, in balance, is also depended upon by smaller health libraries. The use of MHLA's union list of serials has alleviated the burden on the U. of M. Medical Library in that it promotes local loan among a number of health libraries throughout the province. The need to obtain books and journals through local and interlibrary loan has not been felt at Meadowood Manor but Mrs. Roik reported that inter-institutional cooperation for the use of AV materials, etc. is a current priority and that other types of cooperation would be important considerations for the future.

Mrs. Kroeker suggested a twinning network between neighbouring institutions such as hospitals and nursing homes. Such a network might be coordinated through the Manitoba Health Organizations.

All panel members agreed that health libraries in Manitoba are inadequately supported financially and philosophically and that a health library consortium might make great strides to improve the information available to health professionals using these libraries. Mr. Paterson stressed the importance of collecting and presenting appropriate data to support any new or expanded programmes; funding bodies require thorough documentation. Miss Kerr added that in planning a library consortia or any library service, users' genuine needs must be determined and given first consideration.

Mrs. Robinow reminded the audience that a consortium is as strong as its members. Good core libraries must still be maintained and nurtured in each member institution and qualified staff must be employed by member institutions.

In closing, the panel members look forward to improved health library services throughout the province and anticipate that a health library consortium will aid document delivery and reference services while making the best use of the health dollar.

An audience of around forty-five gathered for the afternoon session entitled "Professional Effectiveness Through Personal Development: Communication Skills". Communications Consultant J. Robert Gaul outlined the essentials of good communication and then encouraged exercise of same through audience participation. Also discussed were objectives in managerial communication and the "cycle of motivation".

Another MHLA contribution to the Conference was an information booth set up in the main concourse of the Convention Centre. Many delegates stopped by to express interest in the Association and carried away membership brochures and publications notices. The Manitoba Health Libraries Association was proud to participate in the Manitoba Health Conference and was gratified by the enthusiastic reception accorded its programme by both Conference planners and delegates.

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THE INFERNAL TRIANGLE: AUTHORS, PUBLISHERS, AND LIBRARIES

- THE EDITOR

More than one literary critic has blamed the eternal triangle as the basis for much of the world's great literature. The reason is that the triangle contains all the key elements -- love, greed, anger, power, lust, envy, ambition, jealousy -- from which masterpieces of fiction can be made. The eternal triangle, of course, is comprised of two men and a woman or two women and a man. (Although, given today's trends in morality and in tastes, perhaps even three of either.)

And then there's the infernal triangle.

It contains the same sort of stuff as its more classical and literary counterpart, yet certain emotions in the basic equation tend to predominate. Despite sharing what should be a commensalistic relationship, the three sides of the infernal triangle -- authors, publishers, libraries -- spend much of their collective energies in accursing each other of unethical conduct. And libraries, if the other two sides of the triangle are to be believed, are the worst of the trio, existing only to defraud publishers and authors of their rightful gains. Any conduct on the part of an author or a publisher which is less than admirable, we are led to feel, is more often the result of accident or change in plans.

Perhaps...

In March, 1978, a reputable journal in the medical sciences field published a paper entitled: "Variability in synergy patterns of leg muscles during climbing, descending and level walking of highly-trained athletes and normal males." Fair enough, but in November, 1978, another reputable journal in another European country published a paper entitled: "Variability and biomechanics of synergy patterns of some lower-limb muscles during ascending and descending stairs and level walking." Both papers were written by the same four scientists in Tennessee.

Since the standard practice of scientific journals forbids authors from submitting a paper which has already been published, accepted for publication, or submitted to another journal, it is interesting to compare more than just the titles of these two papers.

The March, 1978 paper has an abstract which reads, in full:

"Electromyographic patterns of selected leg muscles were investigated in male athletes and non-athletes during climbind and descending (stairs) and level walking. Significant variability is found between the individual patterns for climbing and descending, although primary patterns can be identified. Some of the primary patterns found are different than (sic) previously reported. The atypicalities did not appear related to athletic training nor to the incidenco (sic) fo (sic) knee injury/surgery among the athletes. All gaits appeared kinetically similar."

For the November, 1978 paper, the abstract reads, in full:

"Electromyographic patterns of selected lower-limb muscles were investigated in highly-trained male athletes and nonathletes (sic) during ascending and descending stairs and level walking. Significant variability is found between the individual patterns for ascending and descending, although primary patterns can be identified. Some of the primary patterns found are different from those previously reported. The atypicalities are not related to athletic training nor to the incidence of knee surgery/injury among the athletes. All gaits appeared kinetically similar and some general biomechanical observations are presented."

Allowing for corrections in syntax and spelling, and a few words being more carefully chosen, the only substantive difference between the two abstracts is the final phrase "and some general biomechanical observations are presented". This aroused our curiosity enough to read the papers.

Not surprisingly, the papers are almost word-for-word identical. The figures are identical, the tables are identical. One paper has a few brief paragraphs on biomechanical observations and a corresponding reflection in the bibliography that follows it. Otherwise, the more recent paper is a virtual reprint of the earlier one, which is supposed to never happen under the current rules of the game.

(An interjection for MEDLINE analysts: you might want to call up this pair of citations from the computer and compare the indexing terms applied to each. If, like us, you place a great deal of faith in the accuracy and reliability of the indexing processes, you'll likely share our distress at the way the NLM has indexed two virtually identical papers.)

The practice of authors republishing old material in segmented or reprinted form and overlooking acknowledgement of this fact is nothing new, apparently. What does seem remarkable is for publishers to reverse the situation. The following is the text of a letter sent to Pergamon Press, dated 1 October, 1979. At press time, no reply had been received. The letter quite effectively sums up the remaining corner of the infernal triangle, as viewed from the library.

"I am writing with regard to your publications: PHARMACOLOGY AND THERAPEUTICS and the INTERNATIONAL ENCYCLOPEDIA OF PHARMACOLOGY AND THERAPEUTICS both of which we receive on subscription. I would appreciate being advised as to the future of these titles.

"Section 70 of the IEPT, published in 1979, states on the title page verso that it is "published as supplement no. 1, 1978 to the review journal Pharmacology & Therapeutics", yet 118 pages of this 239 page book are a direct, but unnoted, reprint from v.1A, 1976 of PHARMACOLOGY AND THERAPEUTICS. Half of the volume, then, is over 3 years old. The cost to us was US $66 plus postage.

"Section 100, 1979 of IEPT states on the title page verso that is is "published as a supplement to the review journal..." The preface states "The individual chapters were originally published in the review journal Pharmacology and Therapeutics. Because there are inevitable delays from writing to publication, addenda have been added..." Other than 8 pages (a five page addendum to chapter 2, a 2½ page addendum to chapter 1, and a five line addendum to chapter 6), this volume is a collection of reprints of material originally published in 1976. Your 1979/80 catalogue does not indicate this duplication in any way. Including postage, the 8 new pages cost $46.20.

"Section 102 of IEPT, 1979, similarly states "published as a supplement to the review journal Pharmacology & Therapeutics" yet it is a complete reprint of volume 5, #1-3, 1979 of PHARMACOLOGY AND THERAPEUTICS. Its only difference is a six page index which, presumably, will also be supplied for the journal version. Again, your 1979/80 catalogue does not indicate this in any way. This identical reprint of material already purchased was invoiced at US $88, plus postage.

"I have discussed this with several health librarians and our concern is two-fold. First, we are wasting a great deal of money by unknowingly purchasing two copies of a publication, or publications which are largely outdated and/or reprinted. Secondly, the control and retrieval of information is being unnecessarily complicated by the introducttion of multiple bibliographic

citations to each unit of information.

"I would regret cancelling subscriptions that might deprive our faculty of what may be important information; however, I regret even more wasting our shrinking acquisitions' budget on unadvertised duplicate publishing and, by supporting such practices, on furthering the bibliographic nightmares which result.

"Your 1979/80 catalogue does not describe the duplication and I am therefore unclear on whether future sections of IEPT will contain new material. Would you please advise me on your future plans regarding this duplicate publishing so that I may more accurately decide whether or not to renew our subscriptions to both these publications.

"Thank you for your assistance in this matter.

Yours sincerely,
Audrey M. Kerr
Associate Professor and
Medical Librarian

As mentioned, no reply has yet been received. However, early in November, 1979, our library did receive volume 101 of the IEPT, which bears on the verso of its title page, the notation: "Published as Supplement No. 2 1979 to the review journal Pharmacology and Therapeutics." There are 29 chapters to this volume and, just out of curiosity, we compared these chapters with the first two volumes of Pharmacology and Therapeutics, C which were published two to three years ago. Not surprisingly, the results are:

IEPT Section	Pharmacol Ther C	IEPT Section	Pharmacol Ther C
1	?	16	2(2)1977 199-204
2	?	17	1(3-4)1976 331-350
3	1(1-2)1976 95-101	18	1(1-2)1976 149-160
4	1(3-4)1976 367-400	19	1(1-2)1976 161-170
5	?	20	1(1-2)1976 57-94
6	1(3-4)1976 401-422	21	1(1-2)1976 45-56
7	1(3-4)1976 431-444	22	1(1-2)1976 95-101
8	?	23	1(1-2)1976 171-182
9	1(1-2)1976 101-118	24	1(3-4)1976 445-458
10	1(1-2)1976 119-128	25	2(2)1977 215-238
11	1(1-2)1976 129-148	26	1(1-2)1976 183-200
12	1(3-4)1976 423-430	27	?
13	2(1)1977 95-112	28	2(2)1977 205-214
14	2(2)1977 177-196	29	1(3-4)1976 351-366
15	2(2)1977 167-176		

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PUBLICATION ANNOUNCEMENTS

DALHOUSIE:

The 1979 Dalhousie University Union List of Serials will be available on microfiche early in October. The list includes the serials holdings of the following libraries: Dalhousie University (Killam and MacDonald), Kellogg Health Sciences, Weldon Law, Maritime School of Social Work, Atlantic School of Theology.

Orders should be addressed to: Serials List, W.K. Kellogg Health Sciences Library, Sir Charles Tupper Building, Dalhousie University, Halifax, Nova Scotia, B3H 4H7.

OTTAWA:

The Health Administrator's Library. 1st Supplement. A 1979 update to the comprehensive bibliography of the materials available in the Canadian Hospital Association Library (published in 1978). Lists all CHA Library acquisitions over the past year: 458 new titles, 200 journals, plus journal publishers and their addresses (not included in previous edition), 52 new audio cassettes, 5 new films, expanded index includes authors, editors and associations, 9 new subject listings. Price: $7.00. Available from the Circulation and Sales Dept. of CHA. Suite 800, 410 Laurier Avenue West, Ottawa, Ontario, K1R 7T6. Both 1st Supplement and first edition of the Health Administrator's Library ($10) only $15.00 for both.

La Bibliographie de l'Administrateur de la Santé. 1er Supplement. Mise à jour 1979 de la bibliographie complète de la documentation disponible à la bibliothèque de l'Association des hôpitaux du Canada (parue en 1978). Indique toutes les acquisitions faites l'an dernier par la bibliothèque de l'A.H.C.: 458 nouveaux titres, 200 périodiques, et éditeurs des périodiques et leurs adresses (non dans l'édition précédente), 52 nouvelles cassettes enregistrées, 5 nouveaux films, l'index augmenté comprend: auteurs, rédacteurs et associations, 9 nouvelles rubriques de sujets. Prix: $7.00. A commander du Service Ventes et Tirage, A.H.C., 410, avenue Laurier-ouest, Bureau 800, Ottawa, Ontario, K1R 7T6. Le Supplement et le première édition de la Bibliographie de l'Administrateur de la Santé ($10) sont offerts, ensemble, au prix de $15.00 seulement.

WINNIPEG:

Libraries for Hospitals in Rural Manitoba, a fifty page guide to the organization and maintenance of a basic reference collection in a rural hospital, was prepared by the Extension Service of the University of Manitoba Medical Library.

Selected Books & Journals for Manitoba Health Care Facilities is a publication of the Manitoba Health Libraries Association. It consists of four sections, each of which includes key titles in a specific field of the health sciences: medicine, nursing, allied health, and long term care. An additional section lists basic reference tools. All sections were prepared with the advice and assistance of over 300 subject experts.

Both publications are available, at a cost of $5.00 each, from: Ms. Sandra Langlands, Extension Librarian, Medical Library, University of Manitoba, Winnipeg, Manitoba, R3E 0W3.

MONTRÉAL:

La McGill Medical and Health Librarians' Association annonce la publication prochaine du Catalogue Collectif des Périodiques dans les Bibliothèques de Santé de Montréal, 1980. Localisation et état des collections d'environ 8,000 périodiques dans 48 hôpitaux, organismes professionelles de Montréal, et les bibliothèques de l'Université McGill, Médecine, Art Dentaire, Sciences Infirmières et Botanique/Génétique. Prix: $30.00. Suel les commandes payées par avance seront honor. Les chèques doivent être payable à l'ordre de McGill Medical Library - Union List. Commandes doivent être adressées à: Union List, McGill Medical Library, 3655 Drummond Street, Montréal, P.Q., H3G 1Y6.

The McGill Medical and Health Librarians' Association announces the publication of the Union List of Serials in Montreal Health Libraries, 1980. Locations and holdings of about 8,000 journals in 48 Montreal hospitals, and professional associations, plus the McGill University Medical, Dentistry, Nursing, and Botany/Genetics Libraries. Price: $30.00. Only prepaid orders will be accepted. Cheques are to be made payable to McGill Medical Library - Union List. Orders should be sent to: Union List, McGill Medical Library, 3655 Drummond Street, Montreal, P.Q., H3G 1Y6.

CISTI:

Health Sciences Information in Canada: Libraries. (1979). Price: $11.00. ISSN: 0708-9465. A directory of over 450 health sciences libraries in Canada, prepared by the Health Sciences Resource Centre, Canada Institute for Scientific and Technical Information from data collected through a 1979 survey of more than 2,500 health-related organizations.

In addition to name, address and persons in charge, entries include information on services offered to external users, as well as collection size and specialty. Directory entries are grouped by province and an index is provided by subject, institution name and library name.

Prepayment or NRC deposit account is required. Orders should be addressed to: Publications Sections, NRC, CISTI, Ottawa, Ontario, K1A 0S2.

Information en sciences de la santé au Canada: Bibliothèques (1979). Prix: $11.00. ISSN: 0708-9465. Un répertoire de plus de 450 bibliothèques des sciences de la santé au Canada, préparé par le Centre bibliographique des sciences de la santé de l'Institut canadien de l'information scientifique et technique, à partir d'un recensement de plus de 2500 organismes effectué en 1979.

En plus du nom, de l'adresse et des responsables, on y trouve des renseignements sur les services offerts aux personnes de l'extérieur et sur la taille et les points forts de la collection. Les notices sont regroupées par province, et le répertoire englobe un index par sujets, par noms d'institutions et par noms de bibliothèques.

Les commandes doivent être prépayées ou portées à un compte de dépôt du CNRC. Prière d'adresser les commandes comme suit: Section des publications, CNRC / ICIST, Ottawa, Ontario, K1A 0S2.

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CHLA/ABSC MEMBERSHIP UPDATE

- SANDRA R. DUCHOW

According to the CHLA/ABSC constitution at this time, membership in our Association may be held only by individuals, not institutions. Individuals are classed as personal members and, as such, receive a subscription to the BMC, are entitled to attend general meetings, to vote, and are eligible for election to office.

Institutions applying for membership in CHLA/ABSC will be considered as subscribers only, and will receive the BMC. Institutions who are at present subscribers but who wish to be represented in the Association also as personal members are invited to submit the name of their Librarian or other appropriate person. Memberships will then be entered under the names submitted.

Pour devenir membre du CHLA/ABSC il faut presentez un nom propre. Autrement les institutions qui envoyent leurs demandes reçeveront un abonnement seulement.

As of 31 October, 1979, our membership stood as follows: 150 personal members, 22 institutional subscribers, 37 new members, 5 new subscribers, and 3 renewals for 1980-1981. A total of 111 members have not yet sent in their renewals for 1979-1980. To this latter group, I should point out that this may be the last BMC you'll receive unless you post-hastily send your membership renewal ($18.50) to me at the address on page 142.

CHLA/ABSC WELCOMES NEW MEMBERS AND SUBSCRIBERS:

CHLA/ABSC SOUHAITE LA BIENVENUE A CES NOUVEAUX MEMBRES ET SES ABONNÉS:

Iris Becker-Zawadowski, 945 Huron #12, London, Ontario, N5Y 4V5

Bernard Bedard, 5830 Place Decelles, Montreal, Quebec, H3S 1X5

Sharon E. Collins, 2744 West 36th Avenue, Vancouver, British Columbia, V6N 2P8

Shirley B. Cooper, Health Sciences Library, Memorial University of Newfoundland, St. John's, Newfoundland, A1B 3V6

Madeleine Dumais, C.P. 24, 1238 Jacques Cartier Sud, Tewkesbury, Quebec, G0A 4P0

Margaret Dunn, Hannah Institute for the History of Medicine, 11 Oakland Avenue, Ottawa, Ontario, K1S 2T1

Diana E. Fink, 212 Homewood Avenue, Willowdale, Ontario, M2M 1K6

Valerie Fortin, 102 Hurstwood Avenue, Pointe Claire, Quebec, H9R 1S1

Gratien Gelinas, Chef du Service du Bibliotheque, Central Hospitalier Christ Roi, 300 Bv. Wilfrid-Hamel, Ville-Vanier, Quebec, G1M 2R9

Jan Greenwood, 3 Rodarick Drive, West Hill, Ontario, M1C 1W3

Henriette Grenier, 505 Rue St-Olivier, Quebec, Quebec, G1R 1G8

Hazel M. Grigg, 1971 Forrester Street, Victoria, British Columbia, V8R 3G9

Lucie Grondin, Bibliotheque, Centre Hospitalier Ste-Marie, 1991 Boul. Du Carmel, Trois Rivieres, Quebec, G8Z 3R9

Simone Hamilton, 679 Emily Street Site 14, Hanmer, Ontario, P0M 1Y0

Kate Hughes, 61 Springfield Road, Ottawa, Ontario, K1M 1C8

- SR DUCHOW, TREASURER/TRESORIERE, CHLA/ABSC

Claire B. Kelly, Research Library, Merck Frosst Laboratories, Box 1005, Pointe Claire, Quebec, H9R 4P8

Elizabeth Kirchner, Hospital Library, Calgary General Hospital, 841 Centre Avenue East, Calgary, Alberta, T2E 0A1

Bellem Krishnamurthy, 101 - 478 Albert Street, Ottawa, Ontario, K1R 5B5

Joyce Kublin, Dept. of Health Library, Box 48, Halifax, Nova Scotia, B3J 2R8

Pat Lazowski, Alberta Hospital Association, 10025 - 108 Street, Edmonton, Alberta, T5J 1K9

Anne LeBrun, Beattie Library, Ontario Cancer Foundation, 1053 Carling Avenue, Ottawa, Ontario, K1Y 4E9

Louise Lin, Co-ordinator of Library Services, St. Joseph's Hospital, London, Ontario, N6A 4V2

Vivien Ludwin, Bracken Library, Queen's University, Kingston, Ontario, K7L 3N6

Merle McConnell, 62 - 200 Somerset St. West, Ottawa, Ontario, K2P 0J4

Claire McKeogh, Canadian Nurses Association, 50 The Driveway, Ottawa, Ontario K2P 1E2

Gale Moore, 107 Marlborough Avenue, Toronto, Ontario, M5R 1X5

Ann D. Nevill, 5959 Spring Garden Road #1604, Halifax, Nova Scotia, B3H 1Y5

Suzanne L. O'Neill, 105 Grand Avenue #12, London, Ontario, N6C 1M3

Yolande Plamondon, 2561 de la Canardiere, Beauport-Mastai, Quebec, G1J 2G2

Enid Scott, Medical Library, Kingston General Hospital, Kingston, Ontario, K7L 2V7

Glynis Sheppard, 308 West 2nd Street, Hamilton, Ontario, L9C 3H2

Shelley Squire, Staff Library, London Psychiatric Hospital, Box 2532, Terminal A, London, Ontario, N6A 4H1

John Tagg, Library, Ontario Hospital Association, 150 Ferrand Drive, Don Mills, Ontario, M3C 1H6

Mary Anne Trainor, 20 Turnbull Park Drive, Dundas, Ontario, L9H 6H4

Deborah Van Wyck, 4266 Clark Apt. E, Montreal, Quebec, H2W 1X3

Jean E. White, Scobie Memorial Library, Riverside Hospital, 1967 Riverside Drive, Ottawa, Ontario, K1H 7W9

A. Wong, Medical Library, St. Michael's Hospital, 30 Bond St., Toronto, Ontario, M5B 1W8

Library, Canadian Memorial Chiropractic College, 1900 Bayview Avenue, Toronto, Ontario, M4G 3E6

General Hospital, Health Sciences Library, 941 Queen St. Eaat, Sault Ste Marie, Ontario, P6A 2B8

Health Sciences Library, Queensway-Carleton Hospital, 3045 Baseline Road, Nepean, Ontario, K2H 8P4

Commandant LJ-236, National Defense Medical Centre, Ottawa, Ontario, K1A 0K6

Library, Sandoz (Canada) Ltee., C.P. 385, Dorval, Quebec, H9R 4P5

NEW MEDLINE COORDINATOR FOR CANADA

Ms. Bonita A. Stableford has accepted the position of MEDLINE Coordinator at the Health Sciences Resource Centre, CISTI and will assume her duties on 2 January, 1980. At present, she is Nursing and Reference Librarian at the Vanier Library, University of Ottawa.

In addition to the required competence in both offical languages, Ms. Stableford is also fluent in Spanish. She will begin her duties at HSRC by spending the first part of the new year at advanced training courses at the National Library of Medicine in Bethesda, Maryland.

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NEWS ITEMS

Ms. Margaret Darling was appointed as acting Technical Services Librarian at the Bracken Library, Queen's University for the latter part of 1979. She is substituting for Mrs. Biola Greer who is taking a short leave of absence because of illness.

A report on the new Bracken Library building and facilities will be appearing in the October, 1979 issue of the Bulletin of the Medical Library Association.

Joanne Marshall recently presented a paper entitled "The role of the librarian in patient education" to the Upstate N.Y. and Ontario Regional Group of the Medical Library Association. Her paper dealing with the role of the clinical librarian in an out-patient clinic, "The information needs of patients with Crohn's disease", was published in Patient Counselling and Health Education 1(4):142-145, Summer/Fall, 1979.

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We were saddened to learn of the death last month of Ms. Jeanette Rudolph , a long-time member of the health library community in Canada. She was in charge of acquisitions at the Health Sciences Library, University of Western Ontario from 1970 to 1973, and was Head of Technical Services at McGill Medical Library from 1973 to 1976. Subsequent to her retirement from McGill, Jeanette was actively involved in the library community in the Montreal area.
Our Association is poorer for its loss.

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Mrs. Martha B. Stone (President)
Departmental Library Services
Health and Welfare Canada
Ottawa, Ontario K1A 0K9

Ms. Eileen Bradley (Vice-President)
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Toronto, Ontario M5S 1A5

Mrs. M.A. Flower (Past-President)
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McGill University
3506 University Street
Montreal, P.Q. H3A 2A7

Mrs. Eve-Marie Lacroix
Health Sciences Resource Centre
Canada Institute for Scientific
and Technical Information
National Research Council
Ottawa, Ontario K1A 0S2

Ms. Sandra Duchow (Treasurer)
Medical Library
Royal Victoria Hospital
687 Pine Avenue West
Montreal, P.Q. H3A 1A1

Mrs. Shiela Swanson (Secretary)
William Boyd Library
Academy of Medicine
288 Bloor Street West
Toronto, Ontario M5S 1V8

Mr. Germain Chouinard
Bibliotheque Medicale
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Sherbrooke, P.Q. J1H 5N4

Ms. Barbara E. Henwood
General Centre Medical Library
Health Sciences Centre
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Editor (Ex-officio)

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POSTSCRIPT

- THE EDITOR

Often accused of writing in a style which people charitably call unique, I am always amazed that my prose can be transformed into phrases in a language which is completely foreign to me. (Even more so after spending a few pathetic years studying other languages.) This time, however, it seems I have pushed not only my luck but my prose too far. Instead of a French editorial for this issue, I received a plaintive apology from Pierrette Dubuc, my volunteer translator, to wit: "This is to say that I am sorry but I cannot send you any decent translation this time... I have read four times your editorial without succeeding... Your style (has) refinements which are difficult to translate". I almost grabbed my telephone to call and say that I would accept an indecent translation, or else write another editorial, but time did not permit. Besides, anyone who has been reading something of mine four times is likely in no shape to do anything else.

Pierrette also concluded her understatement with the suggestion that I offer her as the excuse for the lacking French version of the editorial. Such a noble offer should not go unnoted, but the blame lies entirely with me. A national newsletter should have editorials (at least) in both our languages and it's the editor's job to either write more sensibly or start arrangements even earlier to assure a translation. I shall endeavour to do better in the future.

In the same letter, Pierrette also wrote one paragraph entirely in French, posing a considerable mystery to those of us who, by Canadian definition, are unilingual. Recalling that one of our circulation staff once worked in the province of Quebec, however, I sallied forth with the letter and asked for help.

None was forthcoming. Said staff member wanted no part of it. I pointed out to her that this very nice lady in Quebec had written me a note and I, beweeping my fate of being surrounded by miserable anglophones, wanted to know what she was saying to me.

The girl on the circulation desk slowly relented. "Vous etes vraiment tres spirituel, mon cher," she carefully read.

"Yes, that's it," I cried. "What does it mean?"

"Well, I think she's saying you're full of it."

Now I know what is meant by the old phrase: it loses something in the translation.

My other anglophonic idiocy for this issue was the index. I am a great believer in publishing an index with the last number of each volume, yet in our case the work involved in producing an index also precludes getting it ready in time. Since the page numbers are usually the last step in preparing the copy, the logistics of finishing the issue, then doing up an index, then getting the whole mess printed and in your mailbox before Christmas seemed a little precarious.

But your editor, in his supposed wisdom, decided to outwit (cf: nitwit) the system by building most of the index ahead of time in a computer file. Then, by writing a simple utility programme and throwing in the last few data at the final moment, it takes only a matter of seconds to produce a complete index.

You can imagine my delight late one evening when, having slaved over a hot computer terminal, I tapped the appropriate key and watched the index being merrily printed out letter by letter.....each of them stripped of their French accents.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

Vol. 2, No 1 1980

Bibliotheca Medica Canadiana est publié cinq fois par année par l' Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l' opinion de leurs auteurs ou de la rédaction et non par celle de l' Association.

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor, and not the CHLA.

AVERTISSEMENT AUX AUTHORS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 18 April, 1980.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 18 avril 1980.

MOT DE LA RÉDACTION

J'écoutais récemment un sénateur américain discutant de la situation à Téhéran, invectivant sans vergogne l'islamisme et pratiquement tout ce qui n'était pas américain. Je l'avais déjà étiquetté "sale raciste" quand il s'interrompit soudain pour déclarer, dans le plus pur style nixonien: "je ne suis pas un fanatique!"

Il a raison, bien sûr.

Personne n'est fanatique à ses propres yeux. Ce sont les autres qui s'égarent, pas nous. Nous avons des opinions éclairées, les autres ont des préjugés. Nous sommes fermement convaincus. Les autres sont des fanatiques. En tant que bibliothécaires, nous desservons également bien tous les milieux sans préjudice de sexe, de race, de religion ou de statut professionnel.

Est-ce bien vrai?

Je n'ose compter le nombre de fois où j'ai marmonné ou entendu marmonne des commentaires qu'on ne saurait dire à haute voix sur les origines, l'intelligence les moeurs ou l'avenir réservé à des personnes relevant de certaines disciplines... Evidemment, ces remarques empoisonnées se justifient aisément du fait que nous venons tout juste de rencontrer le personnage en question! En fait, nous nous excusons du préjugé parce qu'il est "post-jugé!". Comment, après qu'il m'eut fallu trente minutes pour faire compredre à une infirmière pourquoi le mot "pain" ne s'applique pas dans le cas d'une recherche MEDLINE, ou après avoir observé avec une joie machiavélique deux psychiatres en venir aux coups (ou preaque) faute de s'entendre sur lequel des termes il fallait choisir, ne pas conclure que tous les psychiatres et les infirmières sont des imbéciles?

Mais, encore une fois, en jargon nixonien: ce serait une erreur!

Et pourtant, tout bibliothécaire ou employé de bibliothèque se laisse aller, tôt ou tard, à typer ses lecteurs à partir de la profession qu'ils exercent. On doit constater non sans ironie que, nous, les bibliothécaires, tout en protestant avec véhémence contre les stéréotypes dont on nous affligent, n'hésitons pas à exercer le même violence verbale à l'égard de nos usagers. (A preuve: la plupart des bibliothécaires médicaux vous diront que les pédiatres sont habituellement des personnes courtes aux cheveux bouclés qui ont tendance à sautiller en marchant.) Les stéréotypes mènent droit aux préjugés ce qui fait qu'on rejette un individu à cause de groupe auquel il appartient plutôt que de le juger à ses propres mérites.

Il n'est pas question de faire disparaître le fanatisme dans les services aux lecteurs, par plus qu'il n'est possible de la contrôler dans le monde entier. Il vaut la peine, cependant, de réfléchir sur notre motivation dans nos rapports avec chaque individu. Sommes-nous d'abord préoccupés de lui fournir l'information dont il a besoin ou ne réagissons-nous pas d'abord en fonction des préjugés que sa profession suscite chez nous?

Je vais y réfléchir et essayer d'y penser la prochaine fois qu'une infirmière ou un psychiatre viendra s'adresser à moi.

Traduction gracieusement fournie par: Pierrette Dubuc.

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FROM THE EDITOR

I was listening to an American senator recently, speaking on the situation in Teheran, and he was spewing all sorts of vicious invective about Iranians, Islamism, and practically everything else non-American. I had already dismissed the man as a blatant racist when he suddenly interrupted himself to declare, in best Nixonian fashion, "I am not a bigot".

He's right, of course.

No one is a bigot in their own eyes. Prejudice is a label for the other fellow's opinions, not ours. We have firm views, someone else has a prejudice. We display strong judgement, someone else displays bigotry. And as librarians, we serve all areas of our user community equally well without prejudice to sex, race, religion, or health speciality.

Or do we?

I could not begin to count the number of times I have heard either myself or those around me muttering something unprintable about the parentage, intelligence, sexual habits, or future prospects of people working in a particular health discipline. Usually, we tend to justify these opinions on the grounds of a recent encounter with some representative of the group in question. In essence, we try to justify prejudice as a post-judice. So, after spending thirty unsuccessful minutes trying to explain to a nurse why the word "pain" is not suitable for a MEDLINE search, or watching with macabre fascination as two psychiatrists sitting in my office almost come to blows over which jargonistic expression best suits their particular tale, I feel justified in dismissing all nurses and psychiatrists as idiots.

But, to resort to another Nixonian phrase: that would be wrong.

And yet, all library staff members are guilty to some degree of typecasting people by virtue of their professional affiliation. Ironically, for a profession which has often screamed long and loudly at being unfairly stereotyped, we are frequently caught casting our own stereotypes upon the people we serve. (Case in point: most medical librarians will tell you that paediatricians are usually short fellows with curly hair who tend to skip a little when they walk.) Stereotypes lead to prejudice, and that leads to dismissing or disliking an individual because of the group he belongs to rather than judging him upon his own merits and demerits.

No one is going to outlaw bigotry in the provision of library services, any more than we are capable of controlling the same in the world at large. But it might be interesting to reflect upon our rationale for providing service to an individual. Is it being given to satisfy his needs as a single library user, or do we slant it according to our prejudice towards the group to which that person belongs?

I'm going to try and keep that thought in mind the next time a nurse or psychiatrist comes to see me.

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THE PRESIDENT'S REPORT

- MARTHA STONE

The first year of my being President of CHLA/ABSC is now half completed. In a way, it is a good time to reflect upon some of the accomplishments to date as well as tasks to be completed and undertaken.

In October, 1979 the Board of Directors held its first meeting in Ottawa. The enthusiasm and interest exhibited by the Board was just one indication of their dedication to the development and growth of our organization.

I am very pleased to report that on 5 December, 1979 CHLA/ABSC was formally incorporated at the federal level. Apart from the legal niceties of this act, the incorporation allows us, as a non-profit organization, to apply for grants in support of our internal activities and programmes and in support of external projects which we would like to sponsor.

Toward this end, CHLA/ABSC is negotiating with CIDA for financial support to send three librarians, from developing countries, to the 4th International Congress on Medical Librarianship to be held in Belgrade, Yugoslavia this September.

As we are aware, due to the energies of our past Board, last year we made great strides towards formalizing the relationship between MLA and CHLA/ABSC. This liaison was realized by the signing of a Bi-lateral agreement on 5 June, 1979 by the Presidents of the two associations. This momentum has been continued by the appointment of official representatives from the two associations. From CHLA/ABSC, the representative is Eve-Marie Lacroix, Head, Health Sciences Resource Centre, CISTI and from MLA, Gerald J. Oppenheimer, Director, Health Sciences Library, University of Washington. Due to the nature of the Bi-lateral agreement, areas of concern and the issues that must be addressed, an advisory committee has been formed to assist Eve-Marie in her deliverations with MLA. The members of the Advisory Committee are M.A. Flower, Frances Groen, William Fraser, and David S. Crawford.

News from Bill Fraser, Programme Chairman for the 1980 Conference. In the coming weeks, you will be receiving information about the annual meeting of CHLA/ABSC in Vancouver, 10 and 11 June. I would like to say, only at this time, that the plans are well in place and that the conference should be exciting and informative. The theme of the conference is Information Needs of the Health Sciences. CE courses are planned, with at least one emphasizing the Canadian perspective. I do hope that as many of you as possible will be able to come to Vancouver and participate in what is developing into a terrific programme.

One of the activities which must be carried out before the annual meeting is the election of Board members. To accomplish this, a nominating committee under the chairmanship of David S. Crawford was formed on 1 December, 1979. The members are Ann Neville of Dalhousie and Anna Leith of UBC. Soon you will be receiving a call for nominations in addition to an up-to-date membership list. I urge you to participate fully in the election process for only by your involvement will the association continue to grow and prosper.

My final word, at this time, is to advise you of a change in my professional address as well as a change in my career. As of mid-February, I will hold the position of Associate Director of Information Sciences at IDRC (International Development Research Centre). To assume this position, I have

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- M STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

been granted a leave of absence from Health and Welfare Canada as their Department Librarian. For those of you who will be receiving correspondence from me on strange letterhead, you will now understand why.

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RAPPORT DE LA PRÉSIDENTE
- MARTHA STONE

Cela fait maintenant presque six mois que je préside l'ABSC et je crois qu'il serait bon, à ce stade, de faire le point sur certaines de nos réalisations et d'examiner ce qui nous attend.

Le Conseil d'aministration s'est réuni pour la première fois à Ottawa, au mois d'octobre 1979 et l'enthousiasme et l'intérêt qui qniment les membres du Conseil marquent leur dévouement à l'égard de l'essor de notre organism.

Le 5 décembre 1979, l'ABSC a officiellement été constituée en corporation au niveau fédéral et il s'agit pour nous d'un événement saillant. En effet, outre les avantages que ce changement nous apporte sur le plan légal, il nous permet maintenant, à titre d'organisme à but non lucratif, de demander des subventions destinées à financer nos activités et programmes internes, de même que les projets externes que nous aimerions parrainer.

A cette fin, l'ABSC a entamé des pourparlers avec l'ACDI dans le but d'obtenir les fonds requis pour envoyer trois bibliothécaires de pays en dévelloppement au 4e Congrès international des bibliothécaires médicaux, qui se tiendra en septembre prochain en Yugoslavie, à Belgrade plus précisement.

Comme vous le savez, les efforts déployés par les membres de l'ancien conseil, l'an dernier, ont grandement contribué à rendre officielles les relations entre l'ABSC et la MLA, grâce à un accord bilatéral, signe le 5 juin 1979 par les présidents des deux associations. Cette première initiative a été suivie de la nomination de représentants officiels de nos deux organismes. La représentante de l'ABSC est Mme Eve-Marie Lacroix, Chef du Centre bibliographique des sciences de la santé (ICIST) et c'est M. Gerald J Appenheimer, Directeur de la Health Sciences Library de l'Université de Washington, qui représente la MLA. En raison de la nature de l'accord bilatéral, des questions qui nous intéressent et des difficultés à résoudre, un comité consultatif a été formé pour aider Mme Lacroix dans ses délibérations avec la MLA; les membres de ce comité sont Mmes Flower et Groen et MM. William Fraser et David S. Crawford.

Voici quelques nouvelles de M. Fraser, Président des programmes de la Conférence de 1980. Au cours des prochaines semaines, vous recevrez des renseignements sur la recontre annuelle, qui se tiendra à Vancouver les 10 et 11 juin.

Tout ce que j'ai à vous dire à ce sujet, pour le moment, c'est que les plans sont prêts et que la conférence, qui s'avèrera certainement des plus intéressantes, sera centrée sur le thème des "Besoins en information dans la domaine des sciences de la santé". Des cours de perfectionnement sont aussi prévus et au moins l'un d'entre eux mettra l'accent sur la perspective canadienne. J'espère que vous viendrez nombreux à Vancouver et que vous pourrez prendre part à ce qui est en voie de devenir un programme extraordinaire.

L'élection des membres du Conseil est l'une des activités qu'il nous faut entreprendre avant la rencontre annuelle. Un comité de nomination, présidé par M. David Crawford, a été établi à cette fin, le 1er decembre 1979; les membres de ce comité sont Mme Ann Nevill, de l'université Dalhousie, et Mme Anna Leith, de l'université de Colombie-Britannique. Vous recevrez bientôt un avis de nomination, de même qu'une liste mise à jour des membres. Je vous incite à participer

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- M STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

à cette élection, car la croissance de notre association repose sur votre engagement.

Avant de terminer, je voudrais vous annoncer un changement au niveau de ma carrière et de mon lieu de travail. A compter de la mi-février, j'occuperai le poste de Directeur adjoint des sciences de l'information, au Centre de recherche pour le développement international (CRDI). Afin de remplir ces nouvelles fonctions, le ministère de la Santé nationale et du Bien-être social m'a accorde un congé spécial. Ceux d'entre vous qui recevrez une lettre de ma part compredront donc pourquoi l'en-tête est different.

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WELCOME TO VANCOUVER

- BILL FRASER

Inserted with this issue of the BMC are the registration form and preliminary programme for CHLA/ABSC's fourth annual meeting in Vancouver, 9-11 June. Members of the Association's B.C. chapter extend a warm welcome to all of you in other parts of the country.

We can guarantee that it will be warm (not hot) on the West Coast in June. Hopefully, we will give you sunshine and a sea breeze but it may (as you know) gently rain.

No formal tours of libraries are planned during the CHLA/ABSC meeting, but anytime while you are in Vancouver you will be welcomed at UBC's Woodward Biomedical Library, the B.C. Medical Library Service, Vancouver General Hospital Library and, in fact, any other local health library which might catch your interest.

There is much to see and do in downtown Vancouver. A block south of the Hotel Georgia is the new Robson Square, worth a browse. Head north and then east and in a few minutes you will be in Gastown, old Vancouver with its honky-tonk atmosphere and tourist shops. If you really want to stretch your legs, head west from the hotel along Georgia Street to Stanley Park.

Public transportation or a taxi will take you to Granville Island with its large public market, small theatres and restaurants. You might want to walk from there along by the seawall through new housing developments on the shores of False Creek.

Art lovers may be able to step across the street from the Georgia Hotel if the art gallery is moved to the old Courthouse by then. A must for anyone who enjoys West Coast Indian art is the Museum of Anthropology on the UBC campus.

In addition to Stanley Park, outdoor enthusiasts will enjoy the mountain splendors of the north shore of Burrard Inlet. Views from Grouse Mountain, Mount Seymour and Cypress Bowl can be spectacular. Pack a sweater for it can be cool in those altitudes. And then there's the sea. A short taxi ride from the hotel will take you to the dock where harbour cruises leave regularly. Swimming and sailing are a little farther away.

As for entertainment, there should be much to choose from: plays, symphony concerts, jazz performances, night clubs and dancing. Vancouver is a great city to visit. We look forward to seeing many of you in June -- rain or shine!

- W FRASER, PRÉSIDENT DES PROGRAMMES DE LA CONFÉRENCE DE 1980.

CANHELP CORNER

- M. A. FLOWER

THE CANHELP COMMITTEE

The CANHELP Committee will function as the central decision-making body for the CHLA/ABSC CANHELP Project. Participants will all be active members of CHLA/ABSC. Each individual member of the Committee will bring to the project as broad an understanding of the national health library scene as possible, as well as practical knowledge in a specific area, such as: regional familiarity, work experience in a particular type of health facility, or a history of participation in health library activities in Canada. Currently, there are five members who have accepted the opportunity: Bill Fraser, Vancouver (hospital libraries, library education); Frances K. Groen, Montreal (funding, academic libraries, library education); Sheila Swanson, Toronto (hospital library standards, Ontario health libraries); Martha Stone, Ottawa (CHLA/ABSC President, government activities); and M.A. Flower, Montreal (sundries), Chairman. Others are being recruited to represent other sections of Canada and other types of knowledge.

In order to make the national seminar proposed by the CANHELP Project a reality, there are three fundamental resources which the CANHELP Committee must cultivate. We need knowledgeable prople, adequate funding and friendly hosts. Proposals for financial assistance will be one immediate concern. For, due to the vigorous approach of our President, Martha Stone, to the Constitution this summer, the CHLA/ABSC is now formally incorporated under the Canada Corporations Act and the stage is set for us to begin. The choice of a site at which the proposed seminar can best be held will be another early decision made by the Committee. This choice should probably fall on a university in any one of the Canadian provinces, where an open forum can be provided for our discussions of health libraries and their role in the Canadian health system.

Contacting people who know about health libraries in Canada will be an on-going concern. CANHELP Committee members will be assisted in this by the Advisory Group which is being drawn from among Canadian health professionals outside the CHLA/ABSC. In reality, members of the CANHELP Committee will have the chance to play more than the planning role in our national seminar scenario. During the seminar, many of them can be expected to be noticeably active. And, after the spotlight has vanished, it will be in the CANHELP Committee that the proposals outlined in the Seminar Report will first be transformed into a Design for Action, which can be presented to the CHLA/ABSC membership as a whole.

Every member of CHLA/ABSC has a stake in the CANHELP Committee. The members represent YOU. When they turn to you for assistance, they will be counting on you to respond.

- MA FLOWER IS CHAIRMAN OF CHLA/ABSC'S CANHELP COMMITTEE.

REPORT OF THE CANADIAN HEALTH LIBRARIES SURVEY

- M. A. FLOWER

The questionnaire entitled What Do Canadian Health Libraries Need? is the first attempt which the CHLA/ABSC has made to document some of the limitations which many of the membership have experience in labouring to deliver professional information in the health field. In a sense, it is the first tentative step towards autonomy or, in another metaphor, the first freehand outline of our own face. It is not, however, a great stride forward, nor is it a distinct picture of ourselves. The questions asked were not many, and they were worded broadly to allow as much as possible for individually interpreted responses to the situation at hand. Responses came from 36% of the membership, a little over one-third. This was in spite of a snarl in the mailing which confused the timing of the returns.

Profile of the Participants

60% of the answers came from hospitals, 25% from universities. Government libraries and health association libraries accounted for 7% each, and, stretching across these, our francophone members accounted for 7% of the total. The largest number of responses came from the Montreal area, which was the point of mailing; and the central triangle of Toronto/Ottawa/Montreal accounted for 35%. The four western provinces were not far behind with 30% of the responses, and the Maritimes came through with 11%. There was a considerable number of responses from outside the main urban areas in all of the provinces, but Ontario accounted for the highest percentage of these with 7%.

The majority (63%) of our respondents were trained librarians and this reflects the circumstance that many of these were founding members of the Association. 20% of them, the number of professional librarians responding from Ontario with its multiplicity of university centers, equalled the number of professionals responding from all the western provinces together. Another 16% responded from Quebec and 7% from the Maritimes.

Ontario led the way also in the number of library technicians and library assistants who responded. Of the 13% of the respondents who belonged to these two categories, and also came from Ontario, exactly half had completed technicians' courses. The same split appeared in Manitoba and Quebec whence came another 10% of the answers which fell into these two categories. There were no library technicians responding from the Maritimes, and only one each in British Columbia and Alberta. Altogether, 14% of the respondents had earned library technician certificates; 16% of them had come into health libraries from a variety of backgrounds which contributed to their ability to learn on the job.

Topics Under Review

Basically, three multiple-part questions were addressed in the CHLA/ABSC questionnaire, all parts of them concerning some aspect of interaction among health library personnel on a local, regional or national basis. This was an attempt to deal with the one hard reality which affects virtually all health libraries in Canada: the almost insurmountable isolation within an institution, or a community, or a province. The hope was that the membership of the Association could perhaps see, from where they are, which programmes might make the most effect difference -- in other words, where to begin.

As might be expected, the most revealing comments were the voluntary inserts. A lonely librarian in a psychiatric hospital wrote out her frustrations

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- MA FLOWER IS THE IMMEDIATE PAST PRESIDENT, CHLA/ABSC.

in the margins, and university librarians all across the country included trenchant comments, itemized a, b and c. These were the imaginative suggestions, many of them excellent solutions to real problems.

Existing CHLA/ABSC Programmes

It is evident from many of these comments that the CHLA/ABSC has already anticipated one of the major requirements of health libraries throughout Canada: the need for information about health resources that are specifically Canadian. This need was expressed in many forms: requests for lists of Canadian periodicals, government documents, bibliographic services, directories, health-related organizations, manuals and core lists. The need for materials oriented to the Canadian health field was endorsed by 99% of the participating members, 60% of them from hospitals, 24% from universities and 15% from other types of libraries. We hope our forthcoming publication, Canhealth/santé Canada, will supply these needs.

The hope that CHLA/ABSC annual conferences might become a major form of professional orientation for library personnel in the Canadian health community was also heartily endorsed. Support came from 79% of the respondents, representing all types of health libraries and all levels of training. From the individual comments in the margins it was apparent, however, that some members responded wistfully, being very much aware that support from their institutions for travel to conferences in this broad land could not be taken for granted. This knowledge may have added considerable impetus to the enthusiasm these CHLA/ABSC members also showed for encouraging workshops and seminars in their own districts.

Expression of General Needs

Continuing education courses drew a 99% response from CHLA/ABSC members who responded to the questionnaire, of which 48% considered them "very important", and another 48% considered them "important". Only six people indicated that they would not participate in a continuing education programme, even if it were parked on their doorstep. 21% of the responses came from the western provinces, and 14% from the Maritimes; Ontario accounted for 33% and Quebec for 23%. One of the requests that surfaced was for CE credits in Canada.

The topic most often referred to in notes, after Canadian content, was workshops and seminars, especially on the many aspects of library management in a health setting. The question on this subject drew an 82% response. Of these answers, 33% indicated that management workshops were available in their area, but only five people gave these a rating. Of those who did not have ease of access to management workshops or seminars, 59% rated them 1 to 3 in the value they felt could be gained from such study sessions. Only two people saw no value in them at all. Workshops of this kind could be satisfactorily presented at almost any level and in almost any setting. They could be designed as nationally set continuing education courses, or more modest regional programmes. One request was that local workshops on these topics be run by CHLA/ABSC Chapters. This letter request should be coupled with the indication that came through in connection with annual conferences, that in many cases travel to the site of the meeting was a prohibiting factor.

In addition, 23% of the respondents asked for manuals as well, the most such requests coming from Alberta, Manitoba, Quebec and Nova Scotia. Another suggestions was a series in the BMC on management topics. Hospital library management was not the only topic suggested. A government librarian wanted something much broader than that, and several people mentioned training in online

searching. One request from outside the main urban areas was for a seminar on medical references.

Interaction with Colleagues

One activity which is viewed with exceptional interest by the membership of CHLA/ABSC is the possibility of interaction with colleagues at all sorts of levels. Although there were two questions on two different aspects of this idea, to which the combined response was 91%, more than a third of the free comments also referred to it. Some reported their satisfaction at belonging to a local group; others wished they had one; some people just wanted to know others' solutions to the problem they were facing; and some librarians, isolated in a special facility, such as a provincial government or association health library, yearned for contact with colleagues in a similar facility elsewhere in the country. Predictably, hospital librarians were the most enthusiastic about getting together, in groups or just over coffee. In Ontario and Quebec, 77% of the enthusiasm came from the hospitals, and the majority of such respondents in both provinces were trained librarians.

In seeking for working arrangements with the health librarian at the nearest university, 70% of those in favour were in hospitals in all the provinces, with the largest concentration again in Quebec and Ontario. 48% rated this kind of professional association in first place. And one put it more succinctly by calling it an opportunity to "dial an expert".

Local and Regional Cooperation

The response from across Canada concerning the importance of the large biomedical research collections to the hospitals as a resource for interlibrary loans left little room for argument. 61% of the answers came from hospitals which rated this service not only "important" by overwhelmingly "very important". Responses from the universities amounting to 16% confirmed that this capability was important to the health community in their areas. Reference assistance from the universities was also acknowledged by a significant number of Canadian hospitala as a highly valuble support for their information services. 56% of the answers on this topic came from hosptials, and they divided almost evenly between "important" and "very important".

The local union list of biomedical serials was also universally acclaimed as an important tool for library administration in Canada. 80% of the respondents answered this question and, of these, only 16% had no access to a union list of this sort. Such members tended to be isolated in the smaller communities. 70% of the respondents rated regional union lists as of number one value, whether they had access to them or not, and the combined ratings of one and two covered 90% of the answers to this question. Somewhat surprisingly, considering all the effort that has gone into developing these lists in most regions, all those who indicated that they held union lists in low esteem were, without exception, librarians who had them at their disposal.

50% of the CHLA/ABSC members who answered the questionnaire responded to the idea of a union catalogue of biomedical books. Of these, 24% were already involved in such an arrangement, mostly in Ontario and Quebec where the UNICAT/TELECAT system is being put into effect. 35% of the respondents rated such a list as a number one priority, another 30% rated it number two, and 31% gave it a middle rating of three or four. The most enthusiastic about this possibility on a community basis were hospital librarians in Ontario and Quebec who are perhaps closer to achieving cooperative interaction than those in some other areas. This is a potentially massive and expensive project which would be most effective online, and should therefore probably be treated

as national in scope.

Cooperative book buying drew a 56% response from CHLA/ABSC participants in the questionnaire. Of these, 18% had some form of cooperative planning for acquisitions already functioning. This included universities, hospitals, government libraries and community colleges. In fact, 64% of these responses came from universities in Ontario, Quebec and Nova Scotia, but it was not clear whether their cooperative buying referred to on-campus rationalization or regional cooperation.

The Role of the Health Sciences Resource Centre

One question in particular concerned the Health Sciences Resource Centre at CISTI. The question concerning a visit from an HSRC representative was answered by 59% of the respondents and, of those, 86% rated such a visit at 2nd, 3rd, or 4th on their list. In the centre of the country, through Manitoba, Ontario and Quebec, 57% of the responses came from hospitals. Combining the west and east, 67% of the responses came from hospitals. Of this group of hospital librarians, 33% were trained librarians and 35% were library technicians, trained both in school and on the job. They want to know what HSRC is all about and what it can do for them.

From the independent comments that were made, there seems to be considerable speculation about CISTI. Some librarians just want more information about its activities; others suggest that it might provide local workshops on online searching, and that it might also inform the health library community on national and international information developments in the health field. A government library in Ontario is looking for a back-up resource collection in basic medical science and is wondering whether an arrangement with CISTI would be more beneficial than one with the University of Toronto. A government librarian in the Maritimes hopes that the BMC may carry an article on government libraries across Canada and outline the services they supply to public health staff and the resources they find most useful. The question is: who has the resources to produce such a report? Does the HSRC staff?

Funding Grants

The final question put to CHLA/ABSC members concerned extra grants for collection development. It drew responses from 64% of those who answered the questionnaire. Of these, only 9 librarians had access to extra grants, of which four were university librarians in Quebec and one in Alberta. Three hospital librarians said they had grants, two in Quebec and one in Ontario. And an association librarian in Ontario has a foundation grant for a special collection. 42% of the respondents rated extra funding as a number one priority for improving their collections. 28% rated it as number two in importance and these combined figures stretched right across the country into all types of health libraries. All respondents from Nova Scotia who answered this question rated the funding number one, and from Ontario 46% of those who answered rated it also number one. In Quebec, 42% of the respondents rated extra funding as a number two priority and in Manitoba 57% rated it the same. Some correspondents listed specific needs for extra funding on a limited basis apart from collection development, such as computer time to update a union list, or development of a set of courses for health workers in library use. One particular hospital librarian in Quebec wants a study done on methods to speed up the acquisitions process. Other hospital librarians listed support for staffing or alleviation of budget cutbacks as essential financial needs.

From the Maritimes came a plea for travel funds in order to facilitate interaction and professional enrichment. Also from the Maritimes came a

suggestion, which has been heard before, for an interlibrary loan subsidy to keep down the lending fees of the larger institutions. Support of the larger resource collections was also suggested, along with access to new data bases and rationalization of a union catalogue of biomedical books in Canada. Many of the local cooperative efforts need priming money as well. Developing union lists, setting up courier services or professional development courses, even producing self-development packages that could be used as correspondence courses in health library management; all these require primary funding. It is hard to repress the notion of a federal health libraries resource fund.

Summary

Although the CHLA/ABSC survey is only preliminary and should not be overemphasized, it does point to some of the major concerns of health librarians currently working in the various provinces in Canada. These are continuing education, local cooperation and certain specific projects which will improve health information services in a given area. The needs are for resource people who can develop continuing education materials, consult and teach, technological resources to augment regional projects, and funding to bring local cooperative ventures into reality. The CHLA/ABSC accepts all these goals as well worth striving for. It must now go out and find support throughout the health community in Canada to get the jobs done.

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RAPPORT DE L'ENQUÊTE SUR LES BIBLIOTHÈQUES DE LA SANTÉ DU CANADA; RÉSUMÉ - M. A. FLOWER

Une enquête auprès des membres de la CHLA/ABSC a été menée en utilisant un questionnaire intitulé: Quels sont les besoins des Bibliothèques du Canada? Ce questionnaire a été envoyé aux membres au mois de mai 1979. Il y eut 36% de répondants. De ceux-ci, 60% viennent des hôpitaux, 25% des universités et 7% viennent soit des gouvernements ou d'associations de bibliothèques de la Santé. Le triangle central Toronto/Ottawa/Montréal compte pour 35%, les quatre provinces de l'Ouest pour 30% et les Maritimes pour 11%. 63% des répondants sont des bibliothécaires d'expériences, 14% sont des bibliotechniciens et 16% n'ont aucune formation particulière en bibliothéconomie des sciences de la santé.

L'éducation permanente est un des points majeurs qui ressort de cette enquête et 79% des répondants favorisent l'assemblée annuelle de la CHLA/ABSC pour réaliser cet objectif. 99% veulent que des cours de perfectionnement soient organisés et que ceux-ci comportent des crédits attribués par un organisme canadien. 82% veulent des journées d'études sur la gestion des bibliothèques et seulement 33% de ceux-ci en ont déjà eues, dans leurs régions. 23% désirent des manuels de travail et 99% cherchent des publications canadiennes qui portent sur la santé.

Les occasions d'échanges avec les collègues sont un des éléments très importants de ce questionnaire car 91% des répondants ont hâte de pouvoir participer à un groupe de travail local. 70% tentent d'établir des ententes de travail avec le bibliothécaire des sciences de la santé de son université locale et l'accès, à une grande collection portant sur les sciences biomédicales pour

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- MA FLOWER IS THE IMMEDIATE PAST PRESIDENT, CHLA/ABSC.

obtenir des prêts-entre-bibliothèques, est favorisé par 61% des répondants des hôpitaux. L'importance de cet aspect est reconnu également par 16% des répondants des universités.

Des 80% des répondants qui souhaitent la création d'une liste collective locale des périodiques biomédicales, seulement 16% de ceux-ci n'ont pas accès à une telle liste. 24% sont également impliqués dans le développement d'un catalogue collectif des livres biomédicales et 56% des participants sont intéressés par les coopératives d'achats de volumes tandis que 42% aimeraient recevoir des subventions supplémentaires pour améliorer le développement des leurs collections.

Finalement, 59% des répondants espèrent être visités par un représentant du Centre Bibliographique des Sciences de la Santé et, la plupart de ceux-ci sont des bibliothécaires d'hôpitaux; ils désirent savoir ce qui retourne de cet organisme.

Même si l'enquête de la CHLA/ABSC est une enquête préliminaire, qu'il ne faut pas surestimer, elle fait ressortir des préoccupations majeures des bibliothécaires des sciences de la santé qui travaillent dans les différentes provinces canadiennes. Celles-ci sont l'éducation permanente, la coopération locale et des projets spécifiques qui mettront à l'épreuve les services d'informations biomédicales d'une région donnée. Il en ressort donc que les besoins les plus importants sont: d'avoir des personnes ressources qui peuvent créer des outils d'éducation permanente, être des consultants et des professeurs, et d'avoir également les ressources technologiques pour optimiser les projets régionaux et les fonds qui vont permettre la réalisation des projets coopératifs locaux. La CHLA/ABSC accepte tous ces différents objectifs comme étant très importants à réaliser. Il faut maintenant trouver un support dans le milieu de la santé au Canada afin que ce travail se fasse.

Traduction gracieusement fournie par: Bernard Bédard.

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NURSES CURRENT AWARENESS SERVICE IN NEWFOUNDLAND-LABRADOR

- ISABEL HUNTER

A Current Awareness service for nurses in Newfoundland-Labrador was started in May, 1979 at Memorial University Health Sciences Library in St. John's, Newfoundland. The service is directed mainly to nurses practicing in Cottage Hospitals and Nursing Stations, although some Public Health Nurses are also included. The service was instituted in response to a need which had been expressed both directly, by some of the Nursing Faculty and students of the Outpost Nursing Graduate course at MUN, and indirectly in the way in which the practicing nurses requested material suggesting that they were not fully aware of the range of library services and materials that was available to them from the University.

A mailing list of 87 names was compiled from a previous general mailing list and from the 1979 Canadian Hospital Directory. The common denominator among the nurses is that they practice nursing and/or midwifery in circumstances which may best be described as isolated, either geographically or professionally, or both. A letter was sent in April to all of these women (there are at present no male nurses working in these areas) introducing the service and explaining how it would work. After four months, a questionnaire was mailed in order to assess the service, to find out if it was serving its intended purpose, and what faults the nurses found with it. A follow up letter corrected some misunderstandings which had become apparent when the survey results were tabulated, and served also to keep communication lines open between the Library and the nurses.

This is the way the Current Awareness service works: Each month the library ataff photocopies the pages of contents of five journals, which are mailed to each nurse on the list. The nurse in turn checks off articles which seem to be of interest to her and returns the pages to the Library. The requested articles are then mailed to her, usually within a week. (For the first few months, a library-addressed enveloped was included, which may be construed as "spoon feeding", or "providing complete library service", depending on your viewpoint and budget.) Journal titles were arbitrarily chosen in the beginning by the librarians and announced in the preparatory letters sent in April. At that time, it was requested of the nurses that they let us know whether or not these titles were of interest and of use to them. It was also asked that the nurses suggest other titles in lieu of or in addition to these. The journals chosen were: American Journal of Nursing, Journal of Obstetrical and Gynecological Nursing, Maternal and Child Nursing Journal, Nursing Forum, and Patient Care.

The Canadian Journal of Nursing was omitted because most nurses would receive it as part of their membership in the Canadian Nurses Association. No alternate titles were submitted to us so we proceeded with the original five. Thus far, the nurses seem happy enough with these choices.

Since the service began, six tabulations have been made of the total number of requests each month, the total number of pages photocopied and the number of requests from each journal.

The number of articles requested rose from 249 in the first mailing to a high of 778 in the August-September mailing. (Because of the differing publication dates of the journals, sometimes two months' worth are sent in one mailing.) A drop in the number of requests occurred in December, and it will be interesting to see whether this was a result of the approaching Festive

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- I HUNTER, HEALTH SCIENCES LIBRARIAN, MEMORIAL UNIVERSITY OF NEWFOUNDLAND.

Season, or a waning interest once the novelty of the service had worn off.

The most popular journal by far was Patient Care, with 1250 requests since the service began. American Journal of Nursing had the second largest number of requests, 862, with JOGN, Nursing Forum, and Maternal Child Nursing Journal following. No attempt was made to enumerate or analyze the types of articles requested, although this will be done when the second year of the service begins.

A minor benefit to the library occurred during the slack summer season when normal photocopying decreases: a new photocopier had just been added and the additional pages copied for the Current Awareness service helped maintain our minimum requirement until "business as usual" resumed again in September.

In September, a questionnaire was sent to all those on the mailing list, asking that they respond to it whether or not they used the service. We received 52 replies, a response rate of 60%. As expected, very few answers were received from non-users (although there may have been some curses at their end at getting another survey in the mail!). The questionnaire was designed primarily to find out how we are serving our population and how we can better serve them, and also to glean a bit of information about the nurses themselves.

The group of nurses to whom the service is directed is composed for the most part of diploma graduates, although many of these have completed post-graduate work in midwifery and/or outpost nursing. They practice in Cottage Hospitals and Nursing Stations, which range in size from Black Tickle Nursing Station in Labrador (one bed, one nurse) to Botwood Cottage Hospital with 53 beds and many nurses. In many, if not most, instances, budgets of these facilities do not allow for the purchase of journal subscriptions or books, much less the establishment of libraries. In their replies, a number of nurses expressed gratitude for the service; several said they were unaware of being able to use the University Health Sciences Library services, although this fact has been publicized on a number of occasions.

A great many requests were made for a list of available AV materials; this is currently in preparation and will be sent out in early Spring. A few personal notes asked for improvements which the library, alas, cannot provide such as nursing inservice programmes, administration workshops, and so on.

One question asked the respondents' chief areas of interest with a view to more specific tailoring of the service to individual needs and interests. Nearly half of the replies mentioned community medicine and/or public health, with obstetrics, pediatrics, and emergency medicine also frequently mentioned.

It is perhaps not too early to judge the service a success, nor to plan for further refinements. Many SDI searches are performed each month for faculty physicians, so there seems no reason why this could not be offered to the outpost nurses as well.

The only thing lacking, in fact, seems to be a really good acronym. CAN-CAN (Current Awareness for Nurses in Canada) was discarded as being both frivolous and inaccurate unless we intend to really expand. CASON (Current Awareness Service for Outpost Nurses) somehow doesn't sing. Suggestions, anyone?

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NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ (CISTI)

- EVE-MARIE LACROIX

Dans ce premier numéro de 1980, je passerai en revue quelques-uns des services offerts aux bibliothèques des sciences de la santé par l'entremise de notre centre. Je reprendrai dans le prochain numéro la série de descriptions des services de l'ICIST.

Le réseau MEDLINE du Canada continue de grandir : il comptait 78 centres actifs au 1er janvier 1980. Le programme de formation du CBSS prend lui aussi de l'ampleur : séminaires spécialisés par groupes de fichiers, comme TOXLINE/CHEMLINE/RTECS, les fichiers sur le cancer et les fichiers de services techniques. On trouvera ci-dessous le calendrier des cours d'introduction de 3 jours organisés à l'ICIST. Ces séminaires portent sur le logiciel, les principes d'indexation, le vocabulaire MeSH et les nombreux fichiers offerts par la National Library of Medicine des Etats-Unis. Tous les intéressés peuvent y participer, le droit d'inscription étant de 30 $.

28-30	janv.	en anglais	7-9	juillet	en français
25-27	févr.	en français	28-30	août	en anglais
24-26	mars	en anglais	22-24	sept.	en anglais
5-7	mai	en français	20-22	oct.	en français
28-30	mai	en anglais	24-27	nov.	en anglais

On peut obtenir du CBSS une nouvelle brochure qui décrit le service MEDLARS canadien, y compris l'accès, la formation, le tarif et la gamme des fichiers.

L'édition de 1980 de Dépôts canadiens des revues indexées pour MEDLINE sera prête d'ici la fin de février. On y trouvera les dépôts et l'état de tous les périodiques indexés en vue de l'Index Medicus, ainsi que des titres supplémentaires en sciences infirmières, en art dentaire, en reproduction et en communication recensés dans le fichier MEDLINE. Ont été ajoutés cette année les titres indexés pour le Hospital Literature Index et Health Planning and Administration et relevant des directives du catalogue collectif de l'ICIST en ce qui concerne les sciences, les techniques et la médecine.

Périodiques commandés traitant des sciences de la santé dans les principales bibliothèques médicales du Canada sera publié tous les deux mois en 1980. Le tarif d'abonnement annuel de 6 $ reste inchangé.

Pour tous renseignements complémentaires, communiquer avec le CBSS, ICIST/CNRC, Ottawa (Ont.) K1A 0S2 (n°. del tél. 613-993-1604).

- E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, L'ICIST

LETTRE À LA RÉDACTION / TO THE EDITOR

le 17 decembre 1979

Par l'intermédiaire du journal Bibliotheca Medica Canadiana je désire faire appel aux membres de l'Association afin d'avoir des renseignements sur le cours de Clinician Librarian. Existe-t-il un tel cours au Canada? Si oui, où se donne-t-il?

Through our Journal, I would like to ask the members of CHLA/ABSC if they know anything about the following course: Clinician Librarian. Is there a course like this in Canada? If so, where?

Merci beaucoup de votre collaboration; thank you very much for your help.

Line Crête
bibliothèque médicale
Hôpital St-Vincent
Ottawa, Ontario

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NEWS ITEMS

Pat Goddard, Dental Librarian at the W.K. Kellogg Health Sciences Library, Dalhousie University has left this position to become a reference librarian at the Health Sciences Library, University of Alberta. And Barbara Prince, Kellogg's librarian in charge of Circulation and External Services has now become the Head of Reference at the Dartmouth Regional Library.

Valerie Fortin, previously Assistant Catalogue Librarian at McGill Medical Library, is now head of Technical Services at the Macdonald College Library (Agriculture) of McGill University.

Dallas M. Bagby has accepted the position of Medical Librarian at St. Boniface General Hospital in Winnipeg. Previously, she worked on the clinical librarian project at the Health Sciences Centre, McMaster University. Shiela Lethbridge, a research assistant on the clinical librarian project, is now in charge of the library at the Orthopaedic and Arthritic Hospital in Toronto.

Barbara Greeniaus is the recently elected Anchor Chairman of the McGill Medical and Health Librarians Association, replacing outgoing chairman Ruth Stillman. Barbara is the Medical Librarian at the Montreal General Hospital.

Elizabeth Uleryk, previously Computer Services Librarian at the McGill Medical Library, is now residing in the sunnier climes of Missassauga, Ontario.

Miss Dorothy Fitzgerald, Librarian, Canadian Library of Family Medicine has been appointed Honorary Lecturer in the Department of Family Medicine at the University of Western Ontario, London, Ontario.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- EVE-MARIE LACROIX

In this, the first issue of 1980, I would like to review some of the services offered to health science libraries and librarians through our own centre. For those readers who are awaiting the next installment of the CISTI service-of-the-month feature, this will be found in the very next issue.

The Medline network in Canada continues to grow, with 78 active centres as of January 1, 1980. HSRC's training program is expanding as well, with the addition of specialized training seminars in database sets, such as TOXLINE/CHEMLINE/RTECS, the Cancer databases, and the technical services files. The schedule for the 3-day introductory courses offered at CISTI is presented below. The seminars cover the software system, principles of indexing, use of the MeSH vocabulary, as well as an introduction to the many databases available on the National Library of Medicine system. Seminars are open to all who wish to attend, at a cost of $30.00 per registrant.

Jan 28-30	English	Jul 7-9	French
Feb 25-27	French	Aug 28-30	English
Mar 24-26	English	Sep 22-24	English
May 5-7	French	Oct 20-22	French
May 28-30	English	Nov 24-27	English

A new brochure describing MEDLARS in Canada is now available from the HSRC. Details on access, training, costs and databases available are included.

The 1980 edition of Canadian Locations of Journals Indexed for Medline will be available by the end of February. This edition will contain locations and holdings for all titles indexed for Index Medicus, as well as the supplementary titles in nursing, dentistry, reproduction and communication included in the Medline database. New this year are those titles indexed for the Hospital Literature Index and/or the Health Planning and Administration database which fall within the boundaries of CISTI's Union List guidelines of science, technology and medicine.

Health Science Serials on Order in major Canadian medical libraries will be published bimonthly in 1980. The annual subscription cost will remain at $6.00.

For information on these and other services, seminars and publications, please write: HSRC, CISTI/NRC, Ottawa, Ontario K1A 0S2, or phone (613) 993-1604.

- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

PUBLICATION ANNOUNCEMENTS

OTTAWA: CANADIAN NURSES ASSOCIATION

Index of Canadian Nursing Studies (1979) Complied by Margaret L. Parkin, former CNA Librarian. ISSN 0-919108-00-8. A cumulation of the 1974 edition, Index to Nursing Studies, the addenda for 1975-1977 and the data collected through 1978 to 31 January, 1979.

This is a master printout of all studies in our data bank and is not for sale.

Individual requests for data retrieval either by author or by subject are readily available to the following pricing schedule: 1-10 pages $3.00, 10-20 pages $5.00. Extra copies of each order, 50% of the above.

Nursing programs offered at Canadian universities, 1979-1980. ISSN 0706-3873.

General entrance for schools of nursing and schools of practical nursing, 1979/80. ISSN 0319-4787.

Outline of general academic entrance requirements for programs in nursing at Canadian universities, 1979-80, will be available about the end of February.

Orders should be sent to: Canadian Nurses Association, Library, 50 The Driveway, Ottawa, Ontario, K2P 1E2.

OTTAWA: ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Répertoire des études canadiennes sur les soins infirmiers (1979) Compilé par Margaret L. Parkin, ancienne bibliothécaire de l'A.I.I.C. ISSN 0-919108-00-8. Cette édition des études canadiennes sur les soins infirmiers regroupe l'édition de 1974 du Repertoire des études canadiennes sur les soins infirmiers, l'addenda de 1975 à 1977, ainsi que les données recueillies depuis le début de 1978 jusqu'au 31 janvier 1979.

Cette édition originale, qui comprend toutes les études emmagasinées dans notre banque de données, n'est pas destinée a la vente.

Les particuliers peuvent toutefois obtenir le prélèvement de données par auteur ou par sujet moyennant les tarifs suivants: 1-10 pages $3.00, 10-20 pages $5.00. Exemplaire supplémentaire de chaque commande: 50% du prix de celle-ci.

Programmes d'études en sciences infirmières offerts par les universitées canadiennes, 1979-80. ISSN 0706-3873.

Niveau d'instruction générale exigé des candidates aux cours d'enseignement infirmier et d'auxiliaire en soins infirmiers, 1979/80. ISSN 0319-4787.

Niveau d'instruction exigé des candidates aux cours d'enseignement infirmier dispensés dans les universités canadiennes 1979-80 sera disponible vers la fin de février.

Prière d'adresser les commandes à L'association des infirmières et infirmiers du Canada, Bibliothèque, 50, The Driveway, Ottawa, Ontario, K2P 1E2.

NEW CANADIANA (MICROFICHE)

Canadiana (Microfiche) has undergone a major redesign and will appear in a new register/index in January, 1980. The new microfiche is a continuation of Canadiana. Microfiche published by the National Library of Canada since 1978, but will feature several enhancements and improvements over the earlier version.

In content, Canadiana (Microfiche) will remain a COM (42:1 reduction) version of the monthly printed Canadiana, but will differ considerably in format and presentation. It will be published eleven times a year in two registers, each containing full bibliographic records of separate numerical sequences. Register 1 will include Canadian imprints and Register 2 foreign imprints of Canadian interest. The registers will be accompanied by six indexes which will provide access to the entries in both registers by authors, titles, and series, English and French subject headings, ISBN, ISSN and Dewey Decimal Classification. In most cases, the index entries will be sufficiently detailed to permit bibliographic verification without reference to the full record in the registers. Other special features include a continuous column or scroll format which is compact and easy to scan, and extensive use of separate analytical entries in the registers for monographic series and multivolume works, instead of listing them in contents notes.

Canadiana (Microfiche) is distributed six to eight weeks before the corresponding printed issue of Canadiana.

The subscription price for 1980 will remain unchanged from previous years at $80.00 in Canada, $96.00 in other countries (including the annual cumulation), payable in advance to the Receiver General for Canada. Enquiries, subscription orders and renewals for the new Canadiana (Microfiche) should be addressed to Canadiana Editorial Division, Cataloguing Branch, National Library of Canada, 395 Wellington Street, Ottawa, Ontario, K1A 0N4. Telephone: (613) 996-7275

NOUVELLE VERSION DE CANADIANA (MICROFICHE)

Canadiana (Microfiche) a été modifiée en profondeur et paraîtra sous la forme de registres et d'index en janvier 1980. Le nouveau service de microfiches, qui est le prolongement de Canadiana. Microfiche, publié par la Bibliothèque nationale du Canada depuis 1978, comprendra plusieurs améliorations.

Canadiana (Microfiche) continuera d'être une version COM (échelle de réduction 41:1) de la version imprimée de Canadiana, publiée mensuellement. Le contenu restera le même mais sera présenté sous une forme tout à fait différente. Les microfiches seront publiées onze fois par année en deux registres qui contiendront des notices bibliographiques complètes en séquences numériques distinctes. Le Registre 1 portera sur les éditions canadiennes et le Registre 2, sur les éditions étrangères d'intérêt canadien. Ils seront accompagnés de six index qui permettront de consulter les notices par auteur, titre collection, vedettes-matières française et anglaise, ISBN, ISSN et indice de classification décimale de Dewey. En général, les rubriques d'index seront suffisamment détaillées pour permettre de faire une vérification bibliographique sans avoir à consulter les registres pour obtenir la description bibliographique complète du document. La nouvelle microfiche comportera également une colonne continue ou format "rouleau" compact et facile à lire et des notices analytiques distinctes dans les registres pour les collections de monographies et les ouvrages à pluaieurs volumes énumérés jusqu'à présent dans les notes de dépouillement.

Canadiana (Microfiche) est livrée six à huit semaines avant la

version imprimée de Canadiana.

L'abbonnement annuel à Canadiana (Microfiche) est toujours de $80 au Canada et de $96 à l'étranger (y compris la récapitulation annuelle). Toute commande doit être accompagnée d'un chèque ou mandat-poste établi à l'ordre du Receveur général du Canada. Les demandes de renseignements sur Canadiana (Microfiche), ainsi que les demandes d'abonnement et de réabonnement doivent être faites à l'adresse suivante: Division de la rédaction de Canadiana, Direction du catalogage, Bibliothèque nationale du Canada, 395, rue Wellington, Ottawa (Ontario) K1A 0N4. Téléphone: (613) 996-7275.

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THE INFERNAL TRIANGLE: UPDATE

- THE EDITOR

The last issue of the BMC (I, 159-161) reprinted a letter written to Pergamon Press. That letter, dated 1 October, 1959, had sought explanation of their policy of reprinting their journal, Pharmacology and Therapeutics, virtually unchanged as their monographic series: International Encyclopedia of Pharmacology and Therapeutics. In each case there was a lack of significant editorial emendation or clarification to warn subscribers to the latter title that they may be buying duplicated -- and often outdated -- material.

The October letter was followed up by a second letter, dated 11 December. Pergamon Press has still not replied. However, we have received a printed advertising sheet for the IEPT series which has, on reverse, a short subscription promotion for Pharmacology and Therapeutics. After the usual description of the journal is the note:

"When all the manuscripts covering a certain topic have been publisted, they are revaluated (sic) and, if necessary, updated, and then published as a definitive hard bound volume in the International Encyclopedia of Pharmacology and Therapeutics. This policy ensures that each article is published immediately and is not delayed by the late arrival of other manuscripts for the Encyclopedia volume."

Now, maybe I'm a little slower than the average librarian, but I have studied both sides of this advertising sheet at some length and I can't help forming the opinion that someone wants me to believe that the IEPT is more substantially current and comprehensive than what originally appears in Pharmacology and Therapeutics.

But is it really?

Section 102 of the IEPT contains 620 pages. Except for a six page index, the entire volume is a direct reprint of volume 5 of the journal.

Under the heading "new & forthcoming volumes" is advertised the 29 chapter volume of Section 101 of the IEPT. Nowhere does it state that at least 24 of these chapters were published in 1976-1977 and are reprinted unchanged.

A current subscription to the journal costs US$550. Each of the current volumes of the IEPT costs over US$100. Can libraries afford the costs of this duplicate publishing?

I don't think so. Neither does the New England Journal of Medicine which is approaching Pergamon Press to comment on this situation. An upcoming issue of that journal may shed more light on the problem of duplicate publishing.

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POSTSCRIPT

- THE EDITOR

I think I'm suffering from déjà vu. Déjà vu is the feeling that what is happening around you has all happened before (it's also the name of one of the more interesting ecdysiasts who frequent Winnipeg's watering-holes -- but that's another story). I'm sitting here, looking at a blank sheet of paper, listening to an unending stream of political commercials cascading forth from my radio. Even during a hockey broadcast yet! Somewhere, a little voice keeps asking: "Haven't we done all this before?"

Like last time, you have the advantage (?) over the writer in knowing the outcome of the election. Unlike last time, I'll refrain from making any apolitical comments about the futility of it all. I drew a few disgruntled responses for my remarks last April from people who didn't realize that my disdain for the electoral process stemmed from my being a nasty foreigner from across the pond who lacks the franchise rather than from any sage social insight. (I do also possess sage social insight but the pun lurking there is so awfully atrocious that I won't use it here.)

As this issue goes to press, both the editor and the publisher are busily fleeing the country. Purely coincidence, I assure you, and you won't find anything in these pages to justify both of us taking it on the lam. Mr. Crawford is off to Ireland whilst I'll be spending most of March as a library consultant in Israel. This is not to be taken as an excuse for all of you who are feverishly polishing off that magnum opus (that's an article, not a large bottle) for publication in the BMC. I shall be back at my desk, tanned hopefully, by 24 March and eagerly awaiting all the excellent submission which I'm sure will come pouring in. And if they don't, the result will be another issue as slender as this one.

In actual fact, I doubt that I'll be doing anything "eagerly" once I return to Winnipeg. Rumour has it that I will be checked into a rest home to recover from a 23 hours/9 time zones flight. Winnipeg is not overly blessed with ideal flight connections, meaning that by the time I made my arrangements I was stuck with flying to/from Tel Aviv via such cities as Zurich, Geneva and Athens, to say nothing of such exotic places as Toronto and Montreal.

Regular readers of the BMC will know of my unending struggle with being ignorant in one of Canada's official languages. (Hint: it's the other one.) One of the more intriguing aspects of this job is the unique delight of writing the editor's page, sending it off for translation, then "reading" the translation a month later and trying to guess what the english version was about. The excitement is hightened by the fact that I rarely remember anything I've written for more than a few days (originally, this was an essential survival technique but I've found it plays hell with the plots of some of my scripts). For this issue, I wrote page 4 in December (on the 26, if you're remotely interested) and received the translation on 5 February. Whilst I was scanning the French text, I discovered my boss peering over my shoulder (it's not that she supervises closely -- she's just short-sighted and always on the lookout for stray chocolate bars on my desk). As we muttered through the French together, I came across the phrase "avec une joie machiavelique" whereupon El Bosso cackled gleefully: "Gee, they know you as well as I do!"

Is it any wonder I'm leaving the country?

PS: Aren't you glad that my New Year's resolution (for 1980) was to use fewer parentheses in these pages?

Peace.

BIBLIOTHECA MEDICA CANADIANA

VOL. 2 NO. 2 1980 ISSN 0707-3674

BIBLIOTHECA MEDICA CANADIANA

Vol. 2, No 2 1980

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor, and not the CHLA.

Bibliotheca Medica Canadiana est publié cinq fois par année par l' Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l' opinion de leurs auteurs ou de la rédaction et non par celle de l' Association.

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTHORS

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 27 juin 1980.

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The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 27 June, 1980.

FROM THE EDITOR

Let me preface my remarks with two comments.

First, what appears here is the opinion of the editor and not the Association. Second, while it's traditional for the editor to write an enthusiastic anticipation about the upcoming annual meeting, I'm not going to. Partly because my schedule requires me to write this in February when I still know nothing about the programme, and partly because I'd much rather write about the meeting I'm NOT going to attend.

I am NOT going to attend the Medical Library Association meeting in Washington this summer. In fact, unless I have a change of heart in the next ten months, I don't plan on renewing my MLA membership either.

Mine is not a new or temporary pique against the MLA; this is something that has been growing for the last several years. I joined what I thought was an international organization which would act as the voice for health sciences librarians everywhere. The MLA was international in that it addressed not only those concerns which normally extend beyond national boundaries, but also those problems and solutions which would be of interest to more than one country. This was only appropriate for an organization founded by two Canadians and one American back near the turn of the century.

Now, however, I think MLA needs a change of name. It should be called the American Medical Library Association.

My suspicions about the "international" quality of MLA began in 1974 with a CE course in San Antonio. The subject matter was library design and planning -- a fairly non-political topic with universal applications -- yet much of the instructor's time was spent expounding upon sources of federal assistance, NLM building programmes, state agencies for funding, and the like. In short, despite the lack of warning in the course description, I found much of the instruction and advice to be of use to only Americans.

Since then, over muttered imprecations from many sources, the trend has continued. Now the MLA, using fees from its members around the world, has developed courses on American copyright laws, on American government publications, and on American reference sources. Using fees from its members around the world, the MLA has developed an American certification code. And using fees from its members around the world, MLA has staged an annual meeting for June, 1980 with the theme: National Issues and Health Sciences Libraries.

(And to whet our interest in the convention, they have announced that the banquet speaker will be satirist Mark Russell, touted as the ideal speaker with "our upcoming fall election". I think someone should tell the MLA that we had OUR election last February.)

Sour grapes? Not really. I do not expect the MLA to avoid any issue or topic tinged with nationalistic applications, especially while a larger and more vibrant space in librarianship must be awarded to political action and funding needs. But, for example, how would the CHLA/ABSC members feel if we gathered in Vancouver this June and heard nothing but librarianship from the local viewpoint? Would we think our time and money well spent?

With its 1981 meeting scheduled outside the United States for the first time in decades, it will be interesting to see if the MLA displays any direction other than American.

Oh, by the way, I WILL attend the meeting in Vancouver.

MOT DE LA RÉDACTION

Avant d'attaquer le vif de mon sujet, j'ai deux remarques à faire.

Premièrement, cet éditorial exprime l'opinion de l'éditeur et non celle de l'Association. Deuxièmement, bien qu'il soit d'usage pour l'éditeur de commenter chaleureusement le programme de la prochaine assemblée annuelle de notre association, je n'en ferai rien. D'abord, parce que l'échéancier de la revue m'oblige à rédiger cet éditorial en février alors que je ne sais rien encore du programme, ensuite parce que je veux surtout discuter d'une autre réunion à laquelle je ne participerai pas.

Je ne participerai pas à l'assemblée annuelle de la Medical Library Association, qui se tiendra à Washington cet été. En fait, à moins d'un revirement subit d'ici les dix prochains mois, je n'ai par l'intention de renouveler ma cotisation à la MLA.

Il ne s'agit pas d'une irritation soudaine ou momentanée; c'est un ressentiment qui grandit chez moi depuis plusieurs années. Je suis devenu membre d'une association internationale que je croyais être la voix de tous les bibliothécaires de la santé. La Medical Library Association était internationale non seulement parce qu'elle discutait des problèmes de la profession qui dépassent normalement les frontières régionales, mais aussi parce qu'elle étudiait des questions qui intéressent plus d'un pays en particulier. Ceci n'était que normal puisqu'elle avait été fondée au détour du siècle par deux canadiens et un américain.

Aujourd'hui, cependant, je crois que la MLA mériterait de changer de nom. On devrait plutôt l'appeler: The American Medical Library Association.

Mes inquiétudes concernant la nature "internationale" de la MLA out commencé à l'occasion d'un cours d'éducation permanente qui se donnait à San Antonio en 1974. Le cours s'intitulait: "Planification et design des bibliothèques" - sujet a-politique aux applications universelles - mais le professeur consacra pourtant la majeure partie de son temps à nous expliquer les sources de financement qu'offrait le gouvernement fédéral américain, les programmes d'assistance à la construction de la National Library of Medicine, les agences des divers états susceptibles d'offrir des subventions, etc. etc. Bref, bien que le titre du cours n'en ait rien laissé prévoir, les informations et les conseils reçus étaient surtout pour l'usage des citoyens des Etats-Unis.

Dupuis lors, sourde aux protestations exprimées par le milieu, la MLA a continué dans la même direction. Actuellement, utilisant pour ce faire les cotisations de ses membres qui viennent d'un peu partout à travers le monde, on a développé des cours sur les lois américaines du droit d'auteur, sur les publications du gouvernement américain, et sur les ouvrages de références des Etats-Unis. Toujours au moyen des cotisations que fournissent les membres de l'association, la MLA a mis au point une certification américaine de la profession. Utilisant encore ses cotisations de toutes origines, la MLA annonce une assemblée annuelle de ses membres en juin 1980 avec pour thème: Les Problèmes nationaux et les bibliothèques de la santé.

(Pour mieux exciter votre intérêt à joindre la convention, elle annonce que le satiriste Mark Russell a été jugé le conférencier idéal pour le banquet annuel "vu les élections annoncées pour l'automne". Je crois qu'il serait bon d'avertir la MLA que NOUS AVONS EU NOS ELECTIONS en février dernier!)

Les raisins sont trop verts? Pas vraiment. Je ne demande pas à la MLA d'éviter systématiquement tout sujet d'intérêt national car je crois important pour l'avenir de la bibliothéconomie qu'on s'intéresse à l'action politique et aux sources de financement possibles. Mais, par exemple, que

penseraient les membres de CHLA/ABSC si nous devions nous réunir à Vancouver pour n'entendre discuter que des sujets d'intérêt locaux? Pourrions-nous en conclure que notre temps et notre argent ont été bien dépensés?

En 1981, pour la première fois dupis des années, l'assemblée annuelle de la MLA aura lieu hors des Etats-Unis. Ce sera l'occasion de vérifier si la MLA s'ouvre à des intérêts qui dépassent les frontières américaines.

Oh, en passant, je vais assister à la réunion de Vancouver.

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EDITOR'S NOTE:

For those of you who have been faithfully following the slow growth and development of the BMC, two things should now be obvious: first, the quality of the proofreading is atrocious and, second, we sorely need a bilingual editor. While I'm still working on the first point, albeit without evident success, I can report some delightful news on the second point.

At the CHLA/ABSC Board meetings last October, I submitted my resignation as editor effective this summer and stressed that the next victim chosen for this post should be literate in both English and French. With several months in which to coax another sacrifical lamb out of the forest, I was confident that the Publications Chairman, David S. Crawford, would secure the talents of an enthusiastic bilinguist. Instead, David has done even better: beginning with the October issue, the BMC will be the responsibility of two editors!

The new editors will be Pierrette Dubuc and Arlene Greenberg, both of Montreal. I recently extorted a brief, bilingual biographical note from each of them to serve as their introduction to the rest of the country.

PIERRETTE DUBUC

Pierrette Dubuc est actuellement chef du Centre d'Information sur la Santé de l'Enfant (CISE) à l'Hôpital Sainte-Justine. Pierrette est revenue à la bibliothéconomie en 1966 après plusieurs expériences en milieu communautaire. Au Département de Psychiatrie de l'Hôpital Sainte-Justine, elle a organisé la documentation imprimée et audio-visuelle et développé un modèle pour l'organisation du matériel thérapeutique ou didactique utilisé dans le traitement des enfants, dans le cadre d'un projet d'information provincial: C.I.E.A.I. (Centre d'Information sur l'Enfance et l'Adolescence Inadaptées).

En 1975, le service de bibliothèque médicale et le C.I.E.A.I. sont devenus le Centre d'Information sur la Santé de l'Enfant (CISE).

Pierrette Dubuc a participé à la fondation de l'Association canadienne des sciences de l'information dont elle a été la présidente en 1974/75. Elle a travaillé au sein de plusieurs comités de la Special Library Association (Montreal Chapter) de la section de la santé de l'ASTED dont elle fut la présidente en 1970/71. Actuellement, elle est membre de l'ASTED, de CHLA/ABSC, de l'ACSI/CAIS, de la Medical Library Association et de l'American Society for Information Science, et de l'Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM).

Elle agit aussi comme coordonnatrice des bibliothèques de la santé de la région de Montréal pour la section Santé de l'ASTED.

Plusieurs communications et articles témoignent de ses activités professionnelles.

Pierrette Dubuc is presently head of the Centre d'Information sur la Santé de l'Enfant (CISE) at St-Justine Hospital, Montréal. She came back into the field of library science in 1966 after many years of community work. In the Department of Psychiatry at St-Justine, she organized documents and audio-visual material and developed a model for the organization of therapeutic material and teaching aids used for child treatment and therapy. This project, made possible by provincial funding, became officially known as the Centre d'Information sur l'Enfance et l'Adolescence Inadaptées (CIEAI).

In 1975, the Medical Library and the CIEAI merged to form the Centre d'Information sur la Santé de l'Enfant (CISE).

Madame Dubuc participated in the formation of the Canadian Association for Information Sciences (CAIS) and was president of that association for 1974-1975. She worked on several committees of the Special Library Association (Montreal Chapter) as well as of the Health Section of ASTED (Association pour l'avancement des sciences et techniques de la documentation) of which she was president for 1970-1971. Presently, she is a member of ASTED, CHLA/ABSC, ACIS/CAIS, MLA and the American Society of Information Science. In Montréal, she belongs to the Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM) and she acts as coordinator for the health libraries of the Montreal region for the Health Section of ASTED.

ARLENE GREENBERG

Allow me to introduce myself...

I am presently Chief Medical Librarian of the Sir Mortimer B. Davis Jewish General Hospital. I came to this position in January, 1978 after spending eight years as Librarian of the Lady Davis Institute for Medical Research of the Jewish General Hospital. The Lady Davis Institute was founded in 1969. I started my career there working part-time during my last year of library school (MLS, McGill University, 1970). My responsibilities were to set up the library and build the collection to meet the needs of the research staff. We started with a small collection that had been kept in the Medical Library. Today, the collection consists of 5,500 bound journals and monographs and 70 current journal subscriptions. I moved over to the Medical Library in January, 1978. With a staff of 3 full-time library technicians, 1 part-time evening assistant and 2 volunteers we handle all internal functions both for the LDI and the Medical Library; i.e., ordering, selection, cataloguing, processing, interlibrary loans, binding, etc. The Medical Library has a collection of 17,500 bound journals and monographs and 350 current subscriptions. I enjoy all the joys and sorrows that go along with being an administrator. The JGH became an official MEDLINE centre in February, 1979 and now my favourite work is "Medlining".

I hold memberships in MLA, CHLA/ABSC and MMHLA (Montreal and McGill Health Libraries Association). MMHLA is our local group of Montreal Health Libraries and the McGill Medical Library. I was Chairman of this Association from 1976-1978. I have been a Member of the Union List Committee since its inception with the first edition in 1978. We have just put out the second edition (1980) of the Union List of Serials in Montreal Health Libraries/ Catalogue Collectif des Périodiques dans les Bibliothèques de Santé de Montréal ...a grand achievement listing 8,000 journal holdings of 48 Monteal hospitals and professional associations including the McGill Medical, Dental, Nursing and

and Botany/Genetics Libraries. The list is of tremendous value in the daily hunt of interlibrary loans. I am a member of the Local Arrangement Committee for MLA '81, to be held in Montreal. I will be handling banquet arrangements.

My colleague, David Crawford, ensures that I be kept busy. When he asked me if I would like to be co-editor with Pierrette, I hesitated, and then accepted with mixed feelings of fear and excitement. It's a challenge I couldn't refuse. I have always looked forward to hearing what you have to say, and more importantly, how you say it. I can assure you that there will always be space for you to 'air' your views.

I hope I have given you enough information...please edit as you like!

Arlene Greenberg est bibliothécaire en chef a la bibliothèque médicale de l'Hôpital Général Juif - Sir Mortimer B. Davis depuis 1978.

A peine avait-elle obtenu sa maitrise en bibliothéconomie de l'Université McGill en 1970, qu'elle relevait le défi de mettre sur pied la collection médicale du Centre de Recherche du Lady Davis Institute, lui-même rattaché à l'Hôpital Général Juif. Mademoiselle Greenberg fait partie de l'Association des Bibliothèques de la Santé du Canada/Canadian Health Libraries Association depuis ses origines. Elle appartient aussi à la Medical Library Association et à la Montreal and McGill Health Libraries Association dont elle fut la présidente de 1976-1978.

Membre du Comité chargé de la préparation et de la publication du Catalogue collectif des Périodiques dans les Bibliothèques de la Santé de Montréal dont la deuxième édition vient de paraître, Arlene Greenberg fait également partie du Comité d'organisation du prochain congrès de la Medical Library Association qui se tiendra à Montréal en 1981.

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CANHELP CORNER
- M. A. FLOWER

THE ADVISORY GROUP

In addition to the CANHELP Committee of health librarians, which I talked about last time, the other administrative group we have been planning is an Advisory Group of health professionals. This Advisory Group has been recruited by letter over a long period of time, although we would have preferred to make the proposals by way of personal interviews. Designing that letter was hard work. To our surprise, people have been very good about responding, although very slow. The first response took five months to come back. The day it came in was the day we knew the CANHELP Project would become a reality, and we settled in to the understanding that at least two months' turn-around time was to be expected. Our rejection record has actually been minimal; ninety percent of those we have contacted have shown considerable interest.

The first hope was to find at least six people across Canada who would be interested enough in hospital libraries to act as a sounding board for our ideas: two hospital administrators, two physicians and two nurses. We are now on our third round and we expect the participants will finally number ten. We have searched out individuals who are aware of some of the professional information resources in Canada, as well as of the information needs of their colleagues. We have also chosen people we suspect may have some vigorous ideas about how the resources might be exploited to serve those needs most adequately. We hope they will help us explore and define viable educational and political goals on which to build our self-help program.

Those who have consented to participate to date are:

Laura W. Barr, Assistant Executive Director of Patient Services at Sunnybrook Medical Centre in Toronto, and Past Executive Director of the Registered Nurses Association of Ontario.

Norman Barth, Administrator of the Burnaby General Hospital in Vancouver.

Dr. Oliver E. Laxdal, Director of Continuing Medical Education at the University of Saskatchewan in Saskatoon, who is well-known for his interest in small hospital libraries.

R. Kenneth McGeorge, Executive Director of the Halifax Infirmary, and President of the Canadian College of Health Service Executives.

James Nichol, Administrator of Wellesley Hospital in Toronto.

Beatrix Robinow, Health Sciences Librarian at McMaster University, who was appointed as their representative by the Administrative Advisory Committee of the Hamilton District Hospitals Joint Action Group.

Dr. Shirley M. Stinson, Professor in the Faculty of Nursing and the Division of Health Sciences Administration at the University of Alberta, and currently President of the Canadian Nurses Association.

Helen D. Taylor, Director of Nursing at the Montreal General Hospital, and Past Chairman of the Board of the Canadian Council on Hospital Accreditation.

Dr. J. H. Whiteside, Director of the Department of Laboratory Medicine at the Peterborough Civic Hospital in Peterborough, Ontario and longtime Member of

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- MA FLOWER IS CHAIRMAN OF CHLA/ABSC'S CANHELP COMMITTEE.

the Committee on Medical Library Services of the Ontario Medical Association.

Our target date for the invitational seminar is now the Fall of 1981. We are looking forward to a stimulating venture in the company of these, our busy advisors.

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CIDA GRANT FOR LIBRARY CONGRESS

- FRANCES K. GROEN

The Canadian Health Libraries Association/ Association des Bibliothèques de la Santé du Canada has received a grant of $12,000 from the Canadian International Development Agency to promote the attendance of medical librarians from the developing world at the meeting of the Fourth International Medical Library Congress to be held in Belgrad, Yugoslavia from 1-4 September, 1980. The Congress has two intergovernmental sponsors: the World Health Organization and UNESCO, as well as a governmental and a local sponsor in Yugoslavia.

The theme of the Congress is "Health Information for a Developing World". To emphasize the importance of health information in socio-economic development, the programme is being organized with the help of an International Committee working along three sub-themes: 1) the Role of Health Sciences Libraries...Infrastructure for Information Services; 2) New Technology Applied to Health Information Services; 3) Cooperation through Health Information Networks.

Three continuing education courses, each a day in length, will be held immediately before the opening of the Congress, 1 September, 1980. These have been selected from a curriculum of over 50 courses developed by the Medical Library Association for their particular relevance to developing countries. Experienced teachers will be aided by teaching assistants from developing countries in adapting these courses. The language of instruction will be English, and a ceiling of 35 registrants has been set for each course, for a total of 135.

A fundamental purpose of the Congress is to assist in strengthening health library and information services in the developing world. Competition for scarce resources in developing countries makes it difficult for librarians and health information specialists to obtain funds from their governments and other indigenous sources, despite the fact that the educational experience described above is an inducement. Of the estimated 800 registrants, it is hoped that 300 will be from developing countries.

Funding made available through the Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada will be distributed by the Congress Secretariat according to criteria proposed by the World Health Organization. Criteria include consideration of national need, professional aptitude, local circumstances and personal qualifications.

The contribution made available by Canadian sources will be used exclusively to assist librarians from the developing world.

- FK GROEN, BIBLIOTHÉCAIRE, SECTEUR BIOMEDICAL, UNIVERSITÉ McGILL.

FREE DELIVERY

- MARILYN MATHEWS

If you can't come to the Library, the Library will come to you.

I included the above message is a small bulletin sent out to the users of this Library about eight months after I started working here. It sums up a lot of what I learned in my first few months in this job and the role I have structured for the Library within this hospital.

St. Mary's is a 354 bed general hospital located in Kitchener, Ontario, a community of about 115,000 people. There are actually two hospitals located very close together serving this area. Kitchener-Waterloo Hospital is about seven kilometers away. Both hospitals have libraries and between the two of us we have an excellent collection of medical journals, monographs and reference sources.

My own background was as a "cog-in-the-wheel" librarian at the Science and Medicine Library, University of Toronto. At the U of T it was rarely difficult to define one's role. We each had a specific job to do: we manned the Reference Desk on a rotating schedule, we had every possible tool at our fingertips, and a "captive" clientle who needed our assistance daily.

My introduction to "skateboard" librarianship at St. Mary's was a real eye-opener. The collection here consists of approximately 1,800 books and 125 periodical subscriptions. I am employed on a part-time basis and work about five hours per day. In the beginning, I was occupied a good part of the time carrying out what might be termed the passive functions of a librarian: cataloguing, weeding the collection, moving things from this shelf to that and back again. I bought new editions of some standard books; I added Abridged Index Medicus; I dusted every book and washed down every shelf. On the whole, I spent the better part of a very lonely year this way, all the time watching people walk past my door. Past -- not through. It appeared that I could sit there in my little library day after day and grow a root if I wished.

The medical staff, with privileges in both hospitals, had long since grown accustomed to using K-W Hospital with its full-time staff for their reference needs and they were not about to change their habits -- nor should they. The hospital staff, especially in this non-research, non-teaching hospital, had little overt need for my neat rows of books and my up-to-date card catalogue. They seemed too busy in their own jobs to spend time browsing through the Library. I have it on good authority that "if it's important, they'll always find the time", but in my early experience here, coming to the Library for most of the staff was just before prayer on their list of last resorts. Unfortunately, those people who did come usually headed straight to the place on the shelf where "their" book had been before only to discover that I had moved it to another spot. Not a great introduction.

Now, this article is supposed to be a "how-I-do-it" and not a "how-to-do-it". I would like to share with the readers of the BMC -- especially those of you in similar positions -- how I set about to convince the hospital staff that they cannot get along without the Library. It has been a sort of make-work project.

The real beginning for me was the bulletin mentioned at the head of this article. This consisted merely of two pages stapled together and folded. I designed it, typed it and did the layout myself. The intent was twofold: to let the staff know what books and services were available in the Library and to give a shot of humour and lightness to the standard dull, dry (yawn) library

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- M MATHEWS, LIBRARIAN, ST. MARY'S GENERAL HOSPITAL, KITCHENER, ONTARIO.

image. I have distributed two more similar bulletins since that first one and another is in the works. They have all been extremely well received although I was certainly not immediately flattened by a sudden stampede of turned-on book borrowers.

When I first started to work here I found it difficult to get to know people. Like a turnip in a barrel of apples, the library doesn't naturally blend into the hospital setting -- not a nurse, not a doctor, not a secretary -- I wasn't even full-time. But I have found that the old adage is very true: people like to talk about themselves. If you find out what really interests a person and then hand him something to read on that subject, it breaks a lot of ice. One way I have accomplished this is by providing short Inservices on library use. I gear the talk to the specific department I visit, take along a few new books and pertinent journals and show them how to use a periodical index. I encourage the staff to indicate where their interests lie and to talk about the courses they are taking. This provides me with information that I can put to good use later on.

THE LIBRARY WILL COME TO YOU is not just a slogan around here. I do a lot of moving around the building. When someone wants a book, I often try to take it to them instead of telling them to come to the Library. I do realize that this kind of moving around is not possible for every hospital librarian but I have found that it puts me in touch with the people who need my services and may not yet know it.

I have developed a current awareness system that has been very successful. I scan every new journal that crosses my desk, looking for any articles of interest to both whole departments or to individuals. I have a growing card file of people matched with subjects. I photocopy the journal's contents page, indicate the pertinent article and send it off to Pediatrics or Pharmacy or Dietary or wherever. These contents pages inform the individual of what is available right here in the hospital for him to read. He can then request the entire journal or a photocopy of the article or he can file the page for a later date. This idea has been particularly useful on the various nursing floors. Often the head nurse wants to buy her own books or keep the library's copy on her floor indefinitely so that her staff can read when they have a few spare minutes -- usually at night. Instead, many floors are now building up collections of journal articles on various topics. These are usually more current than books, better illustrated, less costly, easy to replace if lost and easier to read in short snatches.

Although I teach people how to use the Library and the indices, preparing bibliographies and gathering information for the staff is a large part of my job. I encourage people to call in or write down their reference questions if possible. This gives me time to collect material without keeping them standing around waiting. Here at St. Mary's, I have rarely been asked for information that requires a MEDLINE search. Most requests are for current articles concerned with present day nursing care or hospital administration issues. When doing a literature search, I usually list only articles in those journals available in this hospital. Often this provides me with more than enough material. If necessary, I then add articles available at K-W Hospital and, if still more is required, only then do I include material requiring an interlibrary loan. On occasions, I make copies of all the articles I find, place them in a small binder and -- presto! -- a new "book" on that particular subject is available for loan.

One interesting function of the Library here concerns book buying. During the past six months, the Library has become the control point for all media purchased by the hospital. Any requisition for books, journals,

tapes, etc. received by the Purchasing Department is automatically routed to the Library before being processed. Also, all such items received are sent first to the Library upon arrival. Thus, a master catalogue of all material in the hospital is being kept. This procedure is still fairly new, but it should help to avoid needless and costly duplication and, specifically with nursing books, it augments considerably the collection of books available in the Library. Each department still selects its own books and handles its own book budget.

I have a passionate dislike of statistics in general. The only only one of interest at St. Mary's is that, despite the fact that this library is unmanned (unpersoned?) for two to five hours every day (and accessible by key after hours), I have recorded the loss of only one book in the two years that I have worked here. I have no explanation for the above phenomenon. (Maybe none of my books are worth stealing.)

As with all libraries, this one lacks money, space and luxuries. (No free beer, PJ, but all the chairs have four legs!) Most of the people at St. Mary's don't feel deprived, however. On the contrary, they are usually amazed at how much information can be gleaned from such a small room. I have always emphasized to them how much we can do with what we have. Still, you just can't keep everything forever. I have established a shelf-life of about ten years. Older journals go into storage. Older books are a problem. I still hate the sound of a book hitting the wastebasket.

Enough already! There are many practical ways to deal with the limits imposed on a small hospital library. Every situation has its own unique tempests and tides but we are all more or less in similar rowboats. I am now hoping that the presumptuous sharing of some of my experience here at St. Mary's may prompt other one-man-band librarians out there to use the BMC as a medium for your own particular story.

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HEALTH AND SAFETY LIBRARIANS TO FORM GROUP

The founding meeting of the Ad Hoc Committee of Canadian Occupational Health and Safety Librarians (a forum for librarians and information specialists) will be held during the Canadian Library Association Conference in Vancouver in June, 1980.

Notice of the location and date of the Ad Hoc Committee meeting will be announced at a later date.

Librarians in this field are requested to forward their name, address and phone number to:

W. Keith McLaughlin (403/427-4671)
Librarian
Occupational Health and Safety Library
Alberta Workers' Health, Safety and Compensation
3rd Floor, 9820- 106 Street
Edmonton, Alberta T5K 2J6

You will be notified by mail before the C.L.A. Conference. It is hoped to have representation from all across Canada.

HOW TO GET STARTED IN MEDLINE

- LINDA MCFARLANE

Sunnybrook Medical Centre is a teaching hospital affiliated with the University of Toronto. It has 1100 beds, 2200 staff and about 1,000 students who spend all or part of their academic year on the premises. These students are enrolled in courses such as medicine, nursing, pharmacy, physiotherapy, and the like. The library has a collection of approximately 5,000 books, 475 current subscriptions, and over 1,000 audiovisual items. Over a year ago, in February, 1979, Sunnybrook Medical Centre became one of the first hospitals in Canada to become a MEDLINE centre. This was my first venture into the world of computers and in the past few months I have received phone calls from several other librarians wanting to know what to do to get started. So, although our editor tells me he cannot even conceive of a library without a MEDLINE code, let alone remember what went into acquiring one, it may be quite helpful to some of you, particularly in hospitals or small research centers, to share in what I have learned. Since this article is based on my personal experiences, it certainly cannot be definitive, exhaustive or infallible, but it may save some of you a lot of time, or headaches, or both.

The basic steps in getting started are:

(a) convince yourself that being a MEDLINE centre will help you,
(b) assure yourself that you can meet the requirements of being a MEDLINE centre,
(c) work out a budget,
(d) convince your boss to approve and fund the service,
(e) apply to CISTI for a MEDLINE code,
(f) acquire the necessary equipment,
(g) acquire the necessary training,
(h) set yourself up in business.

A. Deciding if MEDLINE is for you.

This should not be too difficult. There are lots of sources of information describing MEDLINE's scope and capabilities,[1] a tape-slide from NMAC that shows how it works,[2] a Medical Library Association continuing education course, etc. If you find it useful to have the Index Medicus, you will probably find it more useful to have MEDLINE.

MEDLINE's primary advantages over the Index Medicus are four-fold: speed (helpful when a clinician wants an answer in a few minutes); a larger selection of journals covered (the various files available and their scope are described in the literature[1]); more points of access (key words, journal titles, dates of publication, etc.); and greater flexibility (you can ask for combinations of various search elements and even change your mind in mid-search).

Anyone interested in receiving a description of the services which are available to a MEDLINE centre should write to: Mrs. B. Stableford, MEDLINE Coordinator, Health Sciences Resource Centre, CISTI/NRC, Ottawa, Ontario, K1A 0S2.

B. Assure yourself that you meet the requirements.

If you are granted a MEDLINE code, you will be required to sign a contract which outlines the rights and responsibilities of both CISTI and the MEDLINE center. Through the Health Sciences Resource Centre, CISTI coordinates and directs MEDLINE services in Canada, issues ID codes, and provides training and updating information for searchers. HSRC staff are continually on call to help with any problems and also act as a clearinghouse for all information about

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- L MCFARLANE, HEALTH SCIENCES LIBRARIAN, SUNNYBROOK MEDICAL CENTRE, TORONTO.

MEDLINE. As a MEDLINE user, you will be required to provide your own terminal and staff to formulate and run searches. You must also agree not to copy any information in machine-readable form.

It is best if you are in a position to provide hardcopy, either from your own collection or through interlibrary loan arrangements with local libraries, in support of the citations retrieved through MEDLINE. You should also give some thought to the impact that introducing a computer search service will have on your workload and whether you will be adequately staffed to handle it. In our own case, use of our collection went up by 25% in 1978-1979, and our interlibrary loans increased about 6%. It is not possible though for us to determine how much of this increase can be attributed to the introduction of MEDLINE. As each institution is unique, the impact of introducing MEDLINE will vary considerably.[6]

C. Work out a budget.

If you have always thought of computer systems as being prohibitively expensive, you may be in for a pleasant surprise.

Some of the costs that you must meet are one-time only and some are recurring, some are fixed and some will vary from month to month. Figures given here should be treated as estimates only since actual costs will also vary in different areas of the country.

<u>One-time charges</u>

Training costs	$ 30
Transportation to/from Ottawa	varies
Accommodation (3-4 nights) in Ottawa	varies
Installation charge for terminal	$ 25-50
Cost of terminal (if purchased)	$ 1,500-3,700*
Cost of acoustic coupler (if purchased)	$ 300*

*for 300 baud equipment; 1200 baud will be higher

<u>Recurring charges</u>

Fixed:

Cost of terminal (if leased)	$ 100-125/mo*
Telephone line (if required)	$ varies
Modem (if required)	$ 20/mo*
Annual updates of searching tools	$ 50
Update seminars	$ 30**

*for 300 baud equipment; 1200 baud will be higher

**plus transporation, where required

Variable:

Connect time with the computer; Telecommunications charges; Miscellaneous charges for files searches and pages of printout; Royalty charges for some of the data files.

There are some ways to pare costs. A common one is to pass on all or part of the costs to the end user. There are several articles debating the advantages and disadvantages of this.[3-6] HSRC can provide information on the formulae currently in use at other Canadian MEDLINE centres. Another way to reduce the costs to the library is to take maximum advantage of the prime and non-prime access hours. In order to spread the demands on the computer, the NLM offers reduced rates for connect time at certain hours of the day. Smaller centres may often get a greater proportion of their work done in these non-prime hours than the larger ones because they have a smaller number of searches to run.

Also, before you go shopping for a terminal, check to see if a compatible machine isn't already available in your institution that you can borrow as you need it. Ask your purchasing agent or your systems analyst.

You can, of course, be as extravagant as you please, but you can probably provide a reasonable service in your centre for between two and three thousand dollars annually.

D. Get approval.

To convince your administrator to approve your request for a MEDLINE code, you should be able to give a clear statement of the anticipated costs and benefits of the system to your particular institution. If your administrator is concerned about cost overruns, it may help to point out that most of the costs of a computer-related installation involve creating the database and writing the programmes to manipulate this database. You are in no way involved in these activities; you are required to pay merely for the use you make of the system.

Make sure that your administrator is aware that you do not have to store the database in-house; you only require a terminal the size of a typewriter to connect with the database, which will be hundreds, or perhaps thousands, of kilometers away. If there is a centre near you which already has MEDLINE, it may help to arrange a demonstration of the system for your administrator. If you have records of the time it took you to do the same sort of searches manually, work out how much this cost in terms of your salary and compare this to some of the published figures for online MEDLINE costs.[6]

E. Apply to HSRC.

With your administrator's approval, write a letter of application to the Health Sciences Resource Centre of CISTI. Tell them who you are, whom you serve, how large your collection is, what services you offer, how you are supplementing your own resources, and give an estimate of how much use you are expecting to make of MEDLINE. How I arrived at this latter estimate was to:

- ask the University of Toronto how many searches they had done for SMC people in the preceding year (U of T provides service for its teaching hospitals)
- add the number of searches I had done manually
- multiply this total by an estimated 20 minutes per search
- double the result, assuming business would go up if we were able to offer the service on the premises.

I underestimated.

F. Acquire equipment.

If you have never been involved in evaluating or selecting a computer terminal before, you will be relieved to know that help is available. The HSRC will tell you the mandatory technical requirements for your terminal; they also told me of an excellent article which outlines all the choices you have to make, noting the advantages and disadvantages of each option.[7,9] The HSRC is also willing to give advice if requested. You might also keep your Purchasing Department or Systems Department informed of what type of machine interests you, since they may wish to standardize machines within your institution.

Where possible, deal with a local firm who will be able to provide service relatively promptly. You might ask prospective suppliers to give you the names of other clients in your area who are using the terminal which you are considering. You could then check to see how satisified they are with that particular piece of equipment.

A point to bear in mind is that you will need some way of connecting your terminal to the telephone. I was surprised to discover that only portable terminals have a coupler built-in to them. Read carefully the section about how to select couplers and modems.[8]

Another equipment question to be settled is whether or not you will need a separate telephone line. Your answer will probably be yes if:

- your calls go through a switchboard,
- you are a high-volume user and will use one line almost exclusively for MEDLINE, or
- telephone lines in your area are rather elderly and inclined to feed you a lot of noise and static.

I am managing quite well without a separate line. On the advice of our telephone company, I had a button installed which enables me to prevent anyone from dialling in on my search from another extension; this costs $1.00 per month.

G. Take the training course.

You are responsible for registering with the National Research Council for the course, and for booking your own transportation and hotel accommodation. HSRC will send you a map of downtown Ottawa and information on bus routes to CISTI, where the courses are taught.

H. Set yourself up in business.

(a) Publicity

Once you are sure that your programme is going to go ahead, you need to launch a publicity campaign. Make sure that your staff have accurate information about what is going on. Use any available in-house publication to tell your users (both present and potential) about what is coming. If you have an Art or Publicity Department, they may be persuaded to make a poster or two. Design a brochure giving basic information about what MEDLINE is, what it can do, who can use the service, what it costs and how long it takes. Arrange some seminars and demonstrations. I have been amazed at the number of people who were bashful about asking for a search because they thought that they would have to talk to the computer over the telephone. Let them see what a MEDLINE search really looks like.

(b) Records and forms

The principal forms to consider are: a request form, a billing form, and a daily log of activity. The easiest way I know of to design these forms is to get samples from other MEDLINE centres and, with their advice on the usefulness of each form, modify them for your own circumstances.

What you keep in your daily log will depend to some extent on whether you decide to charge and on what basis, for example, a flat fee or a variable fee dependent upon connect time, pages generated, files searched, etc. The billing information which you will receive each month from NRC will give you the total prime hours, total non-prime hours, total hours of communication, total offline prints (number of pages), total offsearches (number of files), royalty charges for CHEMLINE or TOXLINE, plus the conversion factor for the Canadian dollar. If requested, HSRC can also supply a log of charges incurred daily and a summary by file. There is usually over a month's delay in the NRC billings so that, for example, the January invoice arrives in March.

The information which I have decided to keep in my log for the present time is:

- date
- name and status of user
- search number (which I assign sequentially)
- file(s) searched
- logon and logoff time, and the total elapsed time (these are provided for you by the system)
- time spent formulating the search strategy.

Since we bill on the basis of connect time plus total number of citations generated, I keep track of:

- the citations generated online and offline,
- the charges and billing date,
- date when the offline printout arrived.

I also have a column for comments where I record things like "technical difficulties". I wish I had devised a way to keep track of things like: how those citations generated by MEDLINE searches which were then actually used by the requestor added to our workload, what proportion of requests we could meet from our own collection and what proportion we had to borrow. Because there is often a time lag between the time when users receive their printout and when they get around to reading, and because these requests are not always identifiable as relating to a previous search request, we have not been able to compute these figures.

However, the data I do keep has enabled me to work out:

- searches run per month
- the more "popular" databases
- which groups of users ask for the most searches
- which individual users bring us repeat business
- the average number of citations retrieved per search with the range and median
- the average cost of a search with range and median

(c) Backup

To cover time when you are unavailable (vacations, illness, etc.) you should either have a second person in your organization trained or arrange for assistance from a nearby centre.

(d) Supplies

Depending upon the type of terminal you are using, you are going to need paper and possibly also ribbons. Your machine vendor will likely supply these; if not, ask him to recommend a supplier.

(e) Machine trouble-shooting

Many different agencies are involved in providing MEDLINE service through your institution: your machine vendor, DATAPAC, TELENET, your telephone company, the NLM, etc. There can be a mechanical failure anywhere along the line and there is a temptation for each supplier to try to persuade you that it is someone else's fault. Reach your machine manual thoroghly and make notes on every bit of trouble that you encounter so that you can begin to make out a protocol for yourself. Hospitals in particular are full of heavy duty equipment that draw lots of power. If every now and then your machine prints out a line of profanities at you, it may be because of power surges. You might ask your engineers to test these and to build a little box to filter them out.

Things To Do; A Brief Summary

Your editor suggested a checklist of things to remember if you're embarking on the MEDLINE road. If have not tried to give time intervals since there will be varying degrees of delay (for example: between writing to your administrator and getting an answer). Also, the order is not inflexible.

1. Write proposal to your administrator.
   Describe - nature of MEDLINE
   - advantages of the system
   - obligations of MEDLINE centres
   - estimates of usage and costs

2. When permission is granted, write a letter of application to

Eve-Marie Lacroix, Head, Health Sciences Resource Centre.

Describe - your library organization
- your user community
- your library's collection
- ILL arrangements to supplement your collection
- estimates of your MEDLINE usage

3. Gather information from the literature about data terminals and their library applications.

4. When you receive approval from the HSRC and are awarded a MEDLINE code, you have a lot to do:

- sign and return the contract
- register for the training course
- arrange transportation and accommodation for your course
- set up a deposit account with the National Research Council (it is optional, but highly recommended)
- prepare a tender request with your Purchasing Department for a data terminal for the library
- discuss possible modifications to your telephone equipment with both your telephone company and your institution's engineers
- begin planning a publicity campain
- work out details of your charging policy and have these approved by your administration
- discuss with Accounting the mechanics of charging for services: which forms are required, who collects the money, where it is deposited, etc.
- interview salesman and view terminals
- design descriptive/informational brochures for MEDLINE
- select terminal and order supplies for it, if required
- design forms and internal recording systems
- attend training sessions
- supervise installation of data terminal
- run several trial searches
- schedule seminars and demonstrations

If you still do not think that you can have your own MEDLINE terminal, do not despair. It is possible to submit joint applications on behalf of more than one institution. HSRC will also run searches for you (present cost is $30.00 each) or will be able to refer you to a MEDLINE centre closer by that will do them for you.

Notes

1. See, for example: East, Mary Lynne. Bluffer's guide to MEDLINE. Bibl Med Can, 1:45-47, 1979.

2. National Medical Audiovisual Center. On-line MEDLARS searching. 1 audio-tape, 55 slides. 20 min. 1973.

3. Blake, Fay M. and Perlmutter, Edith L. The rush to user fees: alternative proposals. Libr J, 102:1005-1008, 1977.

4. Linford, John. To charge or not to charge: a rationale. Libr J, 102: 2009-2010, 1977.

5. Calkins, Mary L. On-line services and operational costs. Spec Libr, 68: 12-17, 1977.

6. Werner, Gloria. Use of on-line bibliographic retrieval services in health sciences libraries in the United States and Canada. Bull Med Libr Assoc, 67:1-14, 1979.

7. Radwin, Marks. The intelligent person's guide to choosing a terminal for on-line active use. Online, 1:11-19, 64-66, 1977.

8. I have since discovered a similar article: Selecting teleprinters for library applications: an introduction. Libr Comput Equip, 1:4-21, 1979.

9. A revised version of #7 is included in: Online terminal guide and directory, 1979-80. 2d. Weston, Ct, Online Inc., 1978. pp. 3-11.

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HEALTH AND WELFARE APPOINTMENT

The Departmental Library Services Division is pleased to announce that Miss Monique Marchand has recently joined the Department of National Health and Welfare as Head, Collection Development and Organization within the Departmental Library Services Division.

Miss Marchand's main responsibilities will be to develop and implement the selection and acquisition policy for the library; to direct the selection and weeding programme; to direct and organize the preparation of in-depth literature searches. In the areas of collection and development and rationalization, Miss Marchand will serve as liaison among the various components of the Departmental library network and between the Departmental Library System and the library community, national and international.

Prior to this appointment, Miss Marchand held a number of library and related positions, the most recent of which was Chief Librarian at the Public Service Staff Relations Board. She has also worked at the Vanier Institute of the Family, and as Librarian at Expo '67.

La Division des services de la bibliothèque du Ministère est heureuse d'annoncer que Mlle Monique Marchand s'est récemment jointe au personnel du ministère de la Santé nationale et du Bien-être social en acceptant le poste de Chef, Développement et organisation des collections, de la Division des services de la bibliothèque du Ministère.

Mlle Marchand aura pour tâche principale d'élaborer et de mettre sur pied une politique de sélection et d'acquisition pour la bibliothèque; de plus elle assumera la direction du programme de selection et d'émondage; organisera et dirigera la préparation de recherches documentaires approfondies. Enfin Mlle Marchand jouera le rôle d'agent de liaison au sein du réseau des Services de bibliothèque du Ministère, et entre la Division des services de la bibliothèque du Ministère et le milieu bibliothécaire à l'échelle nationale et internationale en ce qui touche le développement et la rationalisation des collections.

Avant sa nomination, Mlle Marchand a occupé de nombreux postes de bibliothécaire ou des emplois connexes, le plus récent étant celui de bibliothécaire en chef à la Commission des relations de travail dans la Fonction publique. Elle a aussi travaillé à l'Institut Vanier de la famille ainsi qu'en tant que bibliothécaire à Expo 67.

NEWS ITEMS

The Sudbury General Hospital Library through HASEPS 679-171 has published a list of journals, indexed in the Index Medicus, which are held in local hospitals and related institutions. A limited number of this union list is available, plus a few copies of the report of interviews of health agencies in the District of Sudbury. These can be obtained by writing to: Sudbury General Hospital, Hospital Library, 700 Paris Street, Sudbury, Ontario.

The Toronto Medical Libraries Group, one of the largest chapters of CHLA/ABSC, may also be its fastest growing. Since October, 1979, 86 paid members have joined the Group.

The OMA/OHA/RNAO Workshop for Health Sciences Library Personnel will be held 2 June, 1980 at the Ontario Hospital Association Educational Centre in Toronto. The theme of the workshop is: The Library Within the Organization. Speakers will be dealing with the financial management of the library (budgeting and accounting) and the profile (selling) of the library.

The Ottawa/Hull Chapter of CHLA/ABSC has elected a new Executive for 1980-1981. Margaret Taylor, Children's Hospital of Eastern Ontario is the new President; the Vice-President is Dianne Kharouba from CISTI; and the new Secretary-Treasurer is Sheila Dyne of the Queensway-Carleton Hospital.

The Ontario Medical Association's 1979/80 Suggested List of Basic Books and Journals; Supplement One: Medical Books and Journals and Supplement Two: Health Sciences Books and Journals are now available. Write to: The Library, Ontario Medical Association, 240 St. George Street, Toronto, Ontario, M5R 2P4.

Effective 1 May, 1980, J. Claire Callaghan, formerly Information Services Librarian at the Health Sciences Library, McMaster University became the Director of the Canadian Memorial Chiropractic Library in Toronto. She will be busy planning a large library addition this summer and then expanding the collection from 3,000 to 11,000 volumes in two years. In time, she will also become involved in clinical librarianship activities.

Ms. Denise Hodge has replaced Mrs. Michele Running as the Serials Assistant at the Bracken Library, Queen's University, Kingston.

A course designed specifically for hospital librarians is now in the planning stages at the Faculty of Part-time and Continuing Education, University of Western Ontario, London, Ontario. It is hoped that the course will be offered for the first time in September, 1980. For further details, write to: Dr. Geoffrey Pendrill, School of Library and Information Science, University of Western Ontario.

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A LIRE / CURRENTLY READABLE

Parker V
Casting light on Darwin's Ape at Queen's University.
Can Med Assoc J 122(6):708-709, 22 Mar 1980.*

Fawcett PJ
International Encyclopaedia of Pharmacology and Therapeutics: duplication or updating?
N Engl J Med 302(12):697-698, 22 Mar 1980.

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Thompson JA, Kronenfeld MR
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Bull Med Libr Aasoc 68(1):47-52, Jan 1980.

Key JD
Thomas E. Keys...Medical librarian, historian, acholar, and author -- extraordinarius.
Minn Med 62(12):883-886, Dec 1979.

Quigley PA
National Health Service information and planning systems -- Help or hindrance to health?
Public Health 93(6):344-349, Nov 1979.

Chesley RE
The educational resources information center.
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McKee AM, McKee JD
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J Md State Dent Assoc 22(2):91-98, Aug 1979.

Tonkery D, McIlvane ME
Bibliographic control of nonprint educational material.
J Biocommun 5(2):28-30, Jul 1978.

Arsenault A
Informatique et sante.
Union Med Can 108(6):736-742, Jun 1979.

McBride MM
Children's literature on death and dying.
Pediatr Nurs 5(3):31-33, May-Jun, 1979.

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*the inside pages of this issue incorrectly label it as volume 120, number 6.

Olaleye CA
The organization and administration of libraries including library resources.
Niger Nurse 10(2):33-36, Apr-Jun 1978.

Martin JC
The need for a national framework for hospital management information systems.
Dimens Health Serv 56(3):6-7, Mar 1979.

Huesing S
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Mills GC
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Am J Nurs 79(2):291-295, Feb 1979.

Maury-Hess S, Crancer J, Brester M
Textbook selection for associate degree nursing programs (an evaluative study).
JNE 18(1):11-16, Jan 1979.

Mason F, Kopel HM
A dental library current awareness service.
J Dent Educ 42(4):202-205, Apr 1978.

Clark JM, Stodulski AH
How to find out: a guide to searching the nursing literature.
Nurs Times 74(8):suppl 21-24, 23 Feb 1978.

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HUGH THE FLORIST: A FABLE

There's a story making the rounds of the electronic innards of the University of Manitoba computer about a very shy man who grew flowers and sold them for a living. They were the most beautiful flowers one would ever want to see. His florist shop was known far and wide and his fame, along with his flowers, grew and grew. His name was Hugh and everyone knew him as Hugh the Florist.

One day, a group of monks moved into the district and, besides their church activities, they also began to grow and sell flowers. This flower activity by the monks greatly worried the members of the influential Business for Businessmen Society who feared for the livelihood of Hugh the Florist. Several tried to discourage the monks with tax threats and so on, but to no avail. Finally, after great prodding by the townsfolk, shy Hugh went to the brothers and explained that his flowers were his only support and asked that the monks discontinue selling flowers.

To everyone's surprise, the monks stopped immediately, which only goes to show that...only Hugh can prevent florist friars.

MORAL: If you want to prevent this kind of thing happening in the BMC again, please send in your library-related submissions promptly.

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The Editor (Ex-officio)

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POSTSCRIPT

- THE EDITOR

When I received the source copy for the CANHELP Corner which appears in this issue, it bore a short note from Mrs. Flower apologizing for the delay but pleading the spring weather as an excuse. I'm in total sympathy with her. With weather like this, who can concentrate on working in a library?

By the time you're reading this, you may well be quite blase and more than acclimatized to summer, but at the time that I'm writing this the strange, warm air outside is a delightfully new, seductive phenomenon. If you have a strong memory and a keen affection for regions other than your own, you may recollect that in late April Winnipeg was being blessed with an overpowering burst of very high centigrades. Not only does this lead to the sudden disappearance of the few remaining banks of snow, but also results in the rapid blossoming of innumerable young ladies in brief shorts and briefer halter tops, proof indeed that spring is busting out all over.

I know, I know, this is supposed to be a library journal and not a weather report. I must retrieve my thoughts from their sylvan frolic in the spring (concentrating on weeding, raking, and those other nasty things my wife expects me to do in the backyard helps immeasurably) and think about library matters instead. But it's very difficult...

The most important library matter on the horizon is the upcoming annual meeting in Vancouver. I always enjoy annual meetings despite the fact that they tend to highlight my inability to match names and faces. Once you get over the awkward stages of remembering who is who and what name they go by (initials are so much easier to remember -- I rarely forget mine) and then get on to the serious business of drinking, you can find out what really goes on in this country. I've learned far more about the library scene in Canada from sitting in bars with the right people than from reading copious library literature. Whether that's a commentary on library literature or librarians' livers remains a moot point. I'd be happy to set up a research project to examine this, and other, moot points if someone else would volunteer to pay for all of the drinks that would have to be consumed. (Hence the old research expression: getting a moot-full.)

The other nice thing about the conference is that it gives me a chance to get out to Vancouver, something I don't do nearly often enough. Vancouver is a beautiful city with nice, warm -- whoops, I'm drifting back to the weather again.

Another important library matter is the pair of feature articles in this issue by Mathews and McFarlane. While trying to slant itself towards the smaller-health-library worker, the BMC often tends to fill its pages with material more of interest to the larger academic libraries. Part of this reflects the fact that the editor works in one of those ivory towers (and I bet you thought I worked in a library), but largely it stems from the fact that I don't receive a whole lot of material from the smaller libraries. I was very pleased to get these two submissions and, as Marilyn Mathews notes at the end of her paper, we're hoping more people will be encouraged to set pen to paper and write of their own experiences. Try it and see. It'll give you a nice warm feeling all over.....not unlike the weather outside right now.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

Vol 2, No 3 1980

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AVERTISSEMENT AUX AUTHORS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 05 September, 1980.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 05 séptémbre 1980

FROM THE EDITOR

As I start to write this page, I'm still not sure whether I'm glad or sad that this is my last issue as editor of the BMC. For several months now I've been looking forward to the day when I would be free of this responsibility and could devote my sporadic and lethargic talents to something more enjoyable and/or lucrative. With that day almost in sight, I'm now realizing how much I will miss putting this thing together.

I was surprised at some of the reactions I drew after I had submitted my resignation to the Board. I got the feeling that some people felt that editorship was a form of monkish vow which, once taken, should never be set aside. The most common response was some variation on "You're doing fine, why quit now?". It got to the point where I really envied Dick Fredericksen (CHLA/ABSC's first and finest editor) for his alibi for resigning: he left the country. Since I'm remaining in Canada, perhaps I should offer a few reasons why I'm removing the mantle of editor and running off into the Manitoba sunset, chortling loudly.

Firstly, putting the BMC together is a helluvalot of work and I'm tired of carrying it. While I believe strongly in the CHLA/ABSC and want to lend my efforts in support of its aims, I think I've done close to my share. After some 2 years and 9 issues, I'd like to drop the burden and spend my time on other things, such as doing whatever my wife tells me to do.

Second, I've been a little bothered by the number of well-meaning people who say how much they enjoy my pieces or who claim to always read the last page first. As a writer, I have the vanity to like such comments; as the editor, I find it depressing. It is very unhealthy for one personality to dominate a publication, even under the excuse of needing to fill up the pages in a hurry. The BMC must remain a reflection of and a forum for the entire membership, even if at times the membership appears reluctant to write.

Third, I think I've accomplished all I had orginally hoped to do with the BMC. I wanted a recognizable structure, a format and precedence to the flow of these pages, and a distinct tone in the articles. Having now established all these, at least to my own satisfaction, it's time to turn the job over to new people with new ideas. In the last decade, I've served as editor for several publications and, in every single instance, the publication improved considerably after I left it. That's an enviable record and I'm hoping Pierrette and Arlene will keep it intact for me by adding their improvements to the BMC.

Lastly, serving as editor is a unique experience, giving a view of the organization that now many see. It's an experience that should be permitted to as many people as possible. That, if for no other reason, is sufficient cause to change the editorship at regular intervals.

Despite his reluctance to have me do so, I must mention here the tremendous support I have received from the Publication Chairman, David S. Crawford. David has not only lent vast moral support (on his phone bill, not mine) but has also handled all the headaches involved in the publication and distribution of the BMC. Far more credit should be awarded David, especially since he will be continuing to act as Chairman for the new editors.

Finally, I wish to express my thanks for having had the privilege of serving this Association as editor. My tenure has been both delightful and trying, enriching and infuriating, but mostly a lot of fun. I have grown from this experience and am grateful for the opportunity.

MOT DE LA RÉDACTION

Depuis plusieurs mois déjà, je rêvais du jour où je serais libéré de mes responsabilités à l'égard du BMC et pourrait enfin réveiller ma muse endormie et capricieuse pour réaliser des projets plus agréables et/ou plus lucratifs. Maintenant que le jour est venu, je réalise à quel point l'exercice va me manquer.

J'ai été surpris des réactions de certains lorsque j'ai remis ma démission au Bureau. J'ai cru comprendre qu'accepter d'être éditeur c'était prononcer une sorte de voeux qui ne pouvaient être révolus. D'un commun accord, on m'a dit à peu près ceci: "mais vous faites un excellent travail, pourquoi l'abandonner déjà?" J'en vins à regretter de n'avoir pas un alibi à toute épreuve comme celui de Dick Fredericksen (le premier et le meilleur des éditeurs du bulletin) qui devait quitter le pays. Comme je restais au Canada il me fallait donner les raisons que j'ai de secouer le joug pour m'évader ainsi sous le soleil du Manitoba!

D'abord, disons que la préparation du BMC demande beaucoup de temps et d'efforts et que j'en suis fatigué. Il est vrai que j'adhère profondément aux buts que poursuit CHLA/ABSC et que je veux bien aider à les réaliser, mais je crois avoir fait ma part. Après deux ans et neuf numéros, j'aimerais abandonner la partie et employer mon temps à d'autres tâches comme, faire ce que ma femme me demande.

Deuxièmement, je reste préoccupé par le nombre croissant de collègues qui me disent combien ils éprouvent de plaisir à me lire ou bien qui avouent lire d'abord la dernière page. En tant q'écrivain, ces remarques me flattent; en tant qu'éditeur, je les trouve déprimantes. Il est malsain qu'une personnalité domine une publication, fut-ce sous le eouvert de "completer" la mise en page au plus tôt. BMC doit réfléter les intérêts de se membres et leur offrir un forum pour l'expression de leur pensée même si les membres semblent parfois peu enclins à l'écriture et à la communication.

Troisièmement, je pense avoir atteint mon but en ce qui concerne mes projets mes projets pour le bulletin. Je voulais lui donner une structure familière et un format uniforme pour la présentation en même temps qu'un certain ton quant au style adopté pour les articles de fond. Je pense qu'il est temps de passer le flambeau à de nouveaux éditeurs qui auront la tête remplie d'idées neuves. Depuis dix ans, j'ai eu l'occasion d'éditeur plusieurs plublications et à chaque fois, la publication s'améliorait énormément lorsque je quittais le pupitre! C'est tout un dossier et j'ose croire que Pierrette et Arlene vont poursuivre la tradition en y allant de leur imagination pour faire progresser BMC.

Enfin, être éditeur est une expérience unique qui offre un coup d'oeil sur l'organisation que bien peu de ses membres peuvent avoir. C'est une expérience qui devrait être offerte au plus grand nombre possible. Voilà qui prouve cinbien il serait valable de changer d'éditeur à intervalles réguliers.

Malgré les protestations de David S. Crawford, il me faut dire ici l'énorme support qu'il m'a apporté tout au long de mon mandat. Il ne m'a pas seulement encouragé verbalement au téléphone (et à ses frais), mais il a assumé tous les maux de tête qu'impliquaient la publication et la distribution de BMC. C'est à lui que doit aller toute notre reconnissance car il continuera d'apporter son appui à la nouvelle équipe de BMC.

En dernier lieu, je veux ici remercier l'Association qui m'a accordé le privilège d'être son éditeur. Mon mandat a été à la fois plaisant et exténuant, enrichissant en même temps qu'exaspérant, mais d'abord et avant tout très agréable. Cette expérience m'a beaucoup appris et je suis reconnaissant qu'on m'aie donné l'occasion de la faire.

THE PRESIDENT'S REPORT

- MARTHA B. STONE

As I reflect on the accomplishments of CHLA/ABSC for the year 1979-80, I realize that we have had a most successful year! As a young Association, our history to date has reflected the enthusiasm, dynamism and excitement of those who were concerned with the role and status of health sciences librarianship in Canada. From my own perspective, having thought about the development of the Association for such a long time and having just recently participated in the Fourth Annual Conference, I realize that this year has been one of developing the infrastructure and formal interaction between the many levels of the Association.

For those who did not attend the Vancouver meeting, a rather interesting process was observed. I can only hope that by reading the committee and regional reports you will achieve the same awareness and understanding as those who participated in the Annual Meeting. The activity and achievements at the chapter level can only be described as exciting. Each region seems to have identified for itself a particular direction and area of emphasis. Having been aware of the state of the art of health librarianship in Canada ten years ago, it is heart-warming to see the energy and excitement generated at the local chapter levels in the name of health librarianship and, equally important, the CHLA/ABSC.

This year also witnessed the development of special project activities. Reference is made with pride to CHLA/ABSC involvement with the sponsorship of librarians from developing countries to the Fourth International Congress on Biomedical Librarianship to be held this September in Belgrade, Yugoslavia. That Canada, through our Association, can support the participation, in the exchange of information within the health sciences, by Third World librarians is an accomplishment and certainly one of which the health sciences library profession can feel proud. To this end, thanks must be given not only to CIDA but to the hard work and dilligent efforts of Mrs. Frances Groen, Life Sciences Area Librarian of McGill University.

A new project to which the membership gave support at the meeting in Vancouver is the History of Health Science Libraries and Librarianship in Canada. This publication will be edited by Doreen Fraser, Professor of Librarianship, Dalhousie University, and co-published by Dalhousie University's School of Library Service and CHLA/ABSC. The publishing aspect, i.e. financial support, production and distribution, will be handled by Dalhousie University through the Library School's Occasional Paper Series. The role of CHLA/ABSC will be the responsibility for ensuring the quality of content. Toward this end, an Advisory Committee has been formed to assist Doreen Fraser in establishing the subject parameters and time scheduling of the publication, as well as liaising with the Board of Directors. A most informative presentation was made to the membership at the Annual Meeting in Vancouver and the membership voted total support to this activity.

The third and final area of achievement and accomplishment was in the development and enhancement of the infrastructure of the Association. It was reported in the BMC some months ago that our Association was incorporated at the federal level in December, 1979. At the Annual Meeting the constitution, which had been ratified last May, had the amendments which were required for incorporation purposes approved. Our Association is now functioning under a constitution that has been legally accepted by the Department of Consumer and Corporate Affairs. Continuing with her position as Chairman of the Constitution

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- MB STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

Committee, Eileen Bradley of the Univerity of Toronto welcomes any comments, questions or recommendations for changes to the new Constitution (correctly referred to as Set of By-Laws). These changes will be incorporated into our By-Laws at the next Annual Meeting.

For the purposes of incorporation, a legal post office box had to be acquired in the name of the Association. Please note that for all correspondence to the Association, it is recommended that all members use this post office box. Arrangements have been made to ensure that it is emptied on a regular basis. The address is: Box 983, Station B, Ottawa, Ontario, K1A 5R1.

Other administrative activities and achievements speak for themselves in the committee reports that follow. It is important that they be read carefully as they reflect the business of your Association. It was while I read and/or listened to the reports being presented at the Board meeting and the Annual General Meeting that I became overwhelmed by the amount of work that had been done by those who represent you in their elected offices. I could not make my comments to the membership without applauding the hard work and energies expended by the Board members.

Finally, a strong vote of thanks must be given to the Programme Committee for the Fourth Annual Conference held in Vancouver. Bill Fraser and his committee (Linda Einblau, BCMLS; Diana Kent, Woodward Library; Deborah Newstead, Shaughnessy Hospital; David Noble, Cancer Control Agency) worked tirelessly in the achievement of a truly successful conference. The programme was stimulating and addressed many levels of concern of our membership. In this issue and future issues of the BMC I am sure that we will be reading some articles which have been generated from this very dynamic programme.

This year was very difficult for me. As many of you know, I changed my position in February. The impact of this change has yet to be fully realized. Had it not been for the support of the Board members as well as the support from my host organization, IDRC, I would not be able to say that 1979-80 was a truly successful year.

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MLA CANADIAN GROUP DISBANDS

- DAVID S. CRAWFORD

At a luncheon meeting on Tuesday, 17 June, 1980, about fifty members of the MLA Canadian Group met in Washington D.C. to hear reports from colleagues across Canada and a report on the CHLA/ABSC annual meeting in Vancouver.

At our meeting, the Canadian Group of MLA unanimously passed the following motion, proposed by Doreen Fraser of Halifax and seconded by Beatrix Robinow of Hamilton:

> "That the Canadian Group of MLA be disbanded and that the Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada be requested by the Chairman to organize informal social functions at future MLA Annual Meetings."

As Chairman of the Canadian Group, I have informed Martha Stone, President of CHLA/ABSC, of the motion and she will be contacting MLA to discuss augmenting the Bilateral Agreement to ensure that these social functions will be able to be listed in future MLA Annual Programmes.

FINANCIAL REPORT
- TREASURER: SANDRA DUCHOW

STATEMENT OF FINANCIAL POSITION
AS AT 31 MAY, 1980

Assets		Liabilities & Equity	
Cash in Bank	2054.98	Accrued Expenses	505.00
Advances re CLA Conference	800.00	Total Liabilities	505.00
		Equity	2349.98
Total Assets	$ 2854.98	Total Liabilities & Equity	$ 2854.98

STATEMENT OF EQUITY
AS AT 31 MAY, 1980

Balance 31 May, 1979	$ 2831.37
Excess of Expenditure over Income	31.39
	2799.98
Adjustment in Respect of Prior Years	450.00
Balance 31 May, 1980	$ 2349.98

STATEMENT OF INCOME & EXPENDITURES
FOR THE YEAR ENDED 31 MAY, 1980

Income		Expenditures	
Membership Dues	4464.00	Printing	3614.70
Sundry Income	32.97	Postage	404.70
Interest Income	90.22	Translations	254.00
Conference Income	791.01	Meetings	64.63
		Sundry Expense	104.34
Gross Income	$ 5378.20	Legal Fees	817.22
		Audit Fees	150.00
		Total Expenditures	$ 5409.59
Excess of Expenditure Over Income	$ 32.39		

Notes to Financial Statements:

1. In January, 1980, the Association received Letters Patent issued under the Canada Corporation Act.

2. In May, 1980, the Association was in receipt of a Government of Canada grant of $12,000. These funds were immediately turned over to the World

Health Organization to be administered by them in connection with the forthcoming conference in Yugoslavia. (International Conference on Medical Librarianship).

To the Directors
Canadian Health Libraries Association

We have examined the Statement of Financial Position of the Canadian Health Libraries Association as at 31 May, 1980 and the Statements of Equity and Income for the year then ended. Our examination included a general review of the accounting records and other supporting evidence as we considered necessary in the circumstances.

Our examination of revenue which, because of its nature cannot be verified completely, was limited principally to tests of the deposits of recorded receipts in authorized depositories.

In our opinion, subject to the preceeding paragraph, these financial statements and accompanying notes present fairly the financial position of the Association as at 31 May, 1980 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceeding year.

Signed:
Donald N. Charness
Chartered Accountant

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NOMINATION AND ELECTION COMMITTEE REPORT
- CHAIRMAN: DAVID S. CRAWFORD

The Committee was appointed in early 1980 and consisted of David Crawford, Anna Leith and Ann Nevill. A call for nominations was sent out, instructions for voters and ballots were prepared and the election for the post of Vice-President and for one vacancy on the Board of Directors was held.

The votes in these two elections were counted at McGill University by Margaret Farmer and Berti LeSieur to whom the Committee expresses their thanks.

The results were as follows: President Adjoint/Vice-President, Anitra Laycock and Board of Directors/Comite Executif, Bonita Stableford.

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ADVISORY COMMITTEE ON H.S.R.C. REPORT
- CHAIRMAN: C. WILLIAM FRASER

The CHLA/ABSC representatives on this committee are M.A. Flower, Anna Leith and me. Pierrette Dubuc represents ASTED and Ann Nevill is the ACMC representative. Eve-Marie Lacroix is ex-officio. The Advisory Committee will meet with Elmer Smith, Director of CISTI, on Friday, 13 June.

Topics before the meeting at that time include a proposal relating to Canadian health statistics; the involvement of CISTI/HSRC in some

new regional developments, specifically the creation of local union lists and a possible CISTI outreach programme; and the recent report on the future of the National Library of Canada.

The Committee meets twice a year, once in conjunction with CHLA/ABSC and again at CISTI in January. Members of the Committee welcome any input from members of CHLA/ABSC.

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PROGRAMME COMMITTEE 1980 ANNUAL MEETING PRELIMINARY REPORT

CHAIRMAN: C. WILLIAM FRASER

The programme committee (consisting of Linda Einblau, Diana Kent, Debroah Newstead, David Noble, Bill Fraser) was formed in November and has met regularly since. David Crawford might also be considered a member of the committee since he arranged for the translating and printing of the preliminary programme, the pre-registration forms and the final programme.

Fourteen people were registered for the first-ever Canadian content course on Gerontology/Geriatrics. Seventeen people attended the MLA CE course on planning.

Total registration for the conference was sixty-two.

The following breakdowns of registrants may be of interest:

Maritimes	- 4	Academic	- 21
Quebec	- 9	Hospitals	- 17
Ontario	- 14	Societies	- 12
Manitoba	- 4	Government	- 6
Alberta	- 4	Other	- 3
B.C.	- 23		
Washington	- 1		

It is too early to give a detailed financial accounting of the conference but it looks as though we will be in the black.

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MEMBERSHIP RECRUITMENT COMMITTEE REPORT

CHAIRMAN: EVE-MARIE LACROIX

Members of the Committee are: Germain Chouinard, Sandra Duchow, Barbara Henwood and Eve-Marie Lacroix.

As of 31 May, 1980, membership stands at 234 personal members and 33 subscribers, for a total of 267. This is a decrease of 19 members over the last year.

During the year, the Committee developed a bilingual brochure and membership application form which will be inexpensive to print and mail, and easily updated for each new year. The brochure was typeset in Winnipeg and a sample printing completed, making it a subscription tool for 1980/81. Many thanks must go to Barbara Henwood for her work both in copy development and coordination of the printing details and to Germain Chouinard who provided the French version of the brochure and a comprehensible membership application form.

An address file and mailing labels have been generated using HSRC's data base of health sciences related organizations. A fairly large but selective mailing of the new brochure will be carried out next month. Brochures will also be made available to the CHLA/ABSC Chapters and other regional groups upon demand. It is thus expected that membership will expand markedly in the coming year.

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PUBLICATIONS COMMITTEE REPORT
- CHAIRMAN: DAVID S. CRAWFORD

No formal meetings of the Committee have been held this year but contact has been maintained. The main activities have been the BMC, (the report of the Editor is attached), and the discussions on the CanHealth/Santé Canada guide.

On the question of the latter, it is unfortunate that the guide is not yet available but the delay is unavoidable and it is understood that a final draft will be circulated prior to the Annual Meeting and that publication will occur this summer.

Once the exact size is determined, recommondation regarding price will be sent to the Board.

The report from the Editor is full and self-explanatory. I would like, however, to add my voice to his concerning the lack of contributors to BMC from both Members and Officers. For many Members, the BMC is the only link with CHLA/ABSC and it is, in my mind, imperative to continue to produce a meaningful, meaty and regular publication. It is to be hoped that the regular HSRC and President's pages will reappear in the future.

In concluding this report, I must express my gratitude to and admiration of PJ Fawcett for his editorial ability. The task of the new editors will be made easier by the sound foundation which he has laid.

BIBLIOTHECA MEDICA CANADIANA: Annual Report, 1979-1980

I can only approach a report on the activities of the BMC for this membership year with mixed feelings: being the most visible aspect of CHLA/ABSC, a report on its activities is somewhat superfluous. Also, the publication, like the proverbial duck which manages to appear calm and unruffled on the surface while paddling furiously underneath, is suffering. While the BMC continues to garner international recognition (Journal Notes, BMLA, Apr 80) and approval from the membership, the duck in charge is paddling harder to achieve even less.

Last year we published 5 issues with a total of 181 pages. This year we have published 4 issues with 112 pages in total. Each issue has been growing progressively smaller. At one time, writing to a pair of members would solicit at least one item for publication; recently, my last eleven requests to members to write for the BMC resulted in a total return of absolutely nothing. More significantly, six of those eleven never bothered to even reply. I am also saddened to see that two regular features of the BMC, the responsibility of two of our own Board members, failed to appear in the last issue. As always, time and conflicts of workload are a problem, but if our own Board cannot make the BMC their first priority, can we expect more of

our membership?

Nothing will kill the BMC faster than apathy.

An editor has two immediate solutions to the problem of lack of material: either postpone publishing or fill in the pages with garbage. The former is self-defeating and the latter is distasteful (but has been the solution of choice in the past). The long-range solution is to line up more substantial copy for the printed page: that requires an involvement from the membership which seems to be on the decline.

On a more cheerful note, the past year has consolidated some progress. After 7 issues, the BMC has established a fixed periodicity, a recognizable format, a tone and level of content, and has provided a forum for small Canadian health libraries. Roughly one-fifth of its pages have appeared in French, a remarkable fact given the editor's inability to read (or type) anything in that tongue beyond what appears on the average wine label. This latter achievement is largely due to the volunteer translation efforts of Pierrette Dubuc. And by far the best new this year concerning the BMC is that the editor is being replaced: after vol. II, no. 3, the BMC's editorial side will be the joint responsibility of Pierrette Dubuc and Arlene Greenberg.

Compiling a periodical is one task, having it professionally printed, bound and promptly dispatched is another. For the latter efforts, David S. Crawford and Sandra Duchow have ably collaborated in Montreal to ensure that the BMC has reached the membership. I have relied extensively on David to manage the myraid details of production and distribution and most greatfully acknowledge his support.

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MLA - CHLA/ABSC LIAISON COMMITTEE REPORT
- CHAIRMAN: EVE-MARIE LACROIX

During the MLA meeting in Hawaii in June, 1979, the presidents of CHLA/ABSC and MLA signed a bilateral arrangement, agreeing to work and share in activities of mutual interest. The agreement specifically addresses:

- exchange of publications
- cooperative efforts in hosting visitors from abroad
- continuing education activities
- official representation from each association to the annual meeting

In order to being working in areas defined by the agreement, Mr. Gerald Oppenheimer was appointed by the MLA and Eve-Marie Lacroix was appointed by the CHLA/ABSC as liaison with a Committee of Frances Groen, David Crawford, M.A. Flower, and C. William Fraser.

For the forthcoming MLA meeting, I was invited by Lois Colaianni to bring the greetings from foreign centres to the annual business meeting. As the official representative, I was also invited to attend the meetings of the International Cooperation Committee. Unfortunately, I will not be able to attend the meeting; however, Bill Fraser has agreed to act as official delegate to the meeting, thus CHLA/ABSC will be well represented.

The Committee has identified 3 areas for discussion and activity:

1. The conflict resulting from the new MLA by-laws requiring discrete boundaries for geographic areas of chapters. Specifically, the Canadian group

overlaps several regional chapters extending into Canada.

2. Joint projects to help developing countries in the spirit created by the International Congress forthcoming, it has been suggested that we discuss areas where MLA and CHLA/ABSC might cooperate in assisting developing countries.

3. Continuing education:
   (a) The bilateral agreement specifies that: CHLA/ABSC may use MLA syllabi as a basis for its own CE courses.
   (b) CHLA/ABSC may grant CEU's for these courses.
   (c) MLA will continue to grant credit to Canadians taking MLA courses.

A committee of myself, Barbara Henwood, Germain Chouinard and Bonnie Stableford has begun to review syllabi with a view to developing such MLA-based courses.

Input from you, the members of CHLA/ABSC, is vital to our efforts, and thus I would welcome your suggestions now or at any time during the year.

In addition, to ensure that all members have an opportunity to be heard, we will be surveying the membership during the coming year.

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HEALTH SCIENCES RESOURCE CENTRE ANNUAL REPORT

Please see page 75,79.

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MLA REGIONAL GROUP MEETING

The 1980 annual meeting of the Upstate New York and Ontario Regional Group of the Medical Library Association will be held in Rochester, New York Thursday through Saturday, 2-4 October, 1980 at the Hilton Inn on the Campus, 175 Jefferson Road, Rochester, New York 14623.

The theme of the meeting will be Library Management. The keynote speakers will be Shirley Echelman, Executive Director, Medical Library Association and Evelyn H. Daniel, Associate Professor, Syracuse University School of Information Studies.

The following CE courses will be offered on Saturday, 4 October, 1980: MLA CE 46: Library Management/Budgeting; MLA CE 54: Neoplasia; and UNYORG CE: Law and the Medical Librarian.

For further information, contact Janet Brady Berk, History of Medicine Librarian, University of Rochester School of Medicine and Dentistry, 601 Elmwood Avenue, Rochester, New York 14642, phone (716) 275-2979.

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REPORTS FROM THE CHLA/ABSC CHAPTERS

One of the constitutional requirements for maintaining chapter status in the CHLA/ABSC is that each chapter must table an annual report with the Board of Directors. Following are the reports from the six chapters of CHLA/ABSC which were tabled at the Annual Meeting in Vancouver.

BRITISH COLUMBIA HEALTH LIBRARIES ASSOCIATION

The B.C. Health Libraries Association with a membership of 45 from 15 health institutions has emphasized the importance of communication and interaction in its first full year of operation. Four well-attended meetings during the year have brought members together and given them a far better understanding of each other and their libraries.

The first meeting, held at the Workers' Compensation Board, featured a speaker and slides on British Columbia medical history. Four speakers at the second meeting discussed cancer information for the lay person. The third meeting, held in Victoria, heard Dr. Abraham Hoffer speak about megavitamin therapy. The final annual meeting at the B.C. Medical Library Service was a supper and social evening.

The Hospital Libraries Committee has prepared and distributed a questionnnaire sent to all hospitals in the province. With the results of this, we hope to prepare a brief to present to B.C. Hospital Programmes in September. Methods of budgeting and the staffing of B.C. hospital libraries are two areas the Committee hopes to influence.

Respectfully submitted,
C. William Fraser
President

MANITOBA HEALTH LIBRARIES ASSOCIATION

1. Meetings

1979/80 has once again been a buy year for MHLA. In addition to the regular meetings held in September, 1979 and February and May, 1980, MHLA participated in the Manitoba Health Organizations annual conference and, with their financial assistance, sponsored a seminar on "Shared Services Meet the Challenge of Fiscal Restraint: Health Library Consortia and Networking in Manitoba", with Beatrix Robinow as guest speaker. An afternoon session was devoted to "Professional Effectiveness through Personal Development: Communications Skills" with a well-known Winnipeg facilitator directing the programme.

The 1980 MHO/MHLA Conference Session is presently being planned and will centre around "Nursing and Nursing Libraries" with particular reference to continuing education and the lead speaker will be Bonita Stableford.

2. Committees

Publications Committee. The Publications Committee has this year brought to fruition several plan indicated in last year's report. The MHLA News appears irregularly and is distributed to all members, and other interested persons as the need arises. An orientation package for new members is now complete. The Committee has prepared and sold out all copies of the first edition of Selected Books and Journals for Manitoba Health Care Facilities. It has been decided that the initiative for a new edition will come from the Extension Service of the University of Manitoba with MHLA as active participants. Work on the second edition is to start Fall 1980.

Serials Holdings Committee. The second edition of Serials Holdings

of Member Libraries and its accompanying Directory was prepared and distributed to member institutions following many continuing hours of work by members of this committee.

Two local loan surveys have been conducted; preliminary findings indicate that this information is useful and further refinement to questionnaires is to be undertaken with a view to gathering more permanently useful statistics.

Programme Committee. Arranged programmes for all regular meetings were the responsibility of this Committee. Topics covered were: the problems of rural hospital library service by a rural member of MHLA, at the first meeting of MHLA to be held outside Winnipeg; membership panel on Shared Services in Manitoba Health Libraries--What is Possible? to continue discussion started at the MHO/MHLA Conference: health-related government documents by June Dutka, Documents Librarian at the University of Manitoba.

Executive Committee. The Executive had a particularly busy year since they undertook the responsibility of drawing up a revised constitution. This task was successfully completed and adopted by the membership in a mail ballot in early 1980. The new constitution sets out both to allow more latitude and to give more specificity in areas where the previous one was lacking.

The Executive this past year consisted of: Kathy Eagleton, President; Jill Brown, Vice-President: Doris Pritchard, Secretary-Treasurer; Sandra Langlands, Past-President. The Executive for 1980/80, under the revised constitution, is: Kathy Eagleton, President; Marilyn Hernandez, President-Elect; Bea Zwiep, Secretary; Rita Schreiber, Treasurer.

3. Membership

Membership remained roughly the same as in 1978/79 with 27 institutional and 15 personal members, although the composition did change somewhat.

4. Other Activities

The Health Manpower Provincial Report now contains on an annual basis, figures on the numbers and types of personnel employed in health libraries known to MHLA.

The Current Awareness Programme has continued in 1979/80 and in the upcoming year the contents pages chosen in this programme will be increased to include more specific health librarianship related journals.

Our major project for 1980/81 will be the Task Force on Shared Services in Manitoba Health Libraries. The Task Force is charged with evaluating the membership discussion on shared services held at a recent general meeting and further charged with making recommendations on future action to be taken by MHLA with regard to the creation of a formal health consortium in Manitoba. Their report is expected by 31 January, 1981.

Respectfully submitted,
Kathey Eagleton
President

WINDSOR AREA HEALTH LIBRARIANS ASSOCIATION

The year started off well with two of our members journeying to Ottawa in June, 1979 to attend the Annual Meeting of the CHLA/ABSC. At this meeting, we were pleased to receive our certificate as a charter Chapter in the Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada.

Meeting Activities

W.A.H.L.A. members met once a month (excluding July, August and March) and participated in the following activities.

1. Revision, printing and distributing of the third edition of the W.A.H.L.A. Serials List.
2. Initiation of distribution to all member agencies of the literature searches carried out in each agency.
3. Purchase of U.L.O.S.S.O.M. (Union List of Special Serials of Michigan) interlibrary loan membership by one hospital with cost sharing use by all others.
4. Cooperative purchasing of serials.
5. Distribution of accession lists.
6. Review of MLA courses on Biomedical Reference Tools and Literature of Health Care Administration.
7. Arrangements made for computer literature searches in Detroit, through one Windsor hospital with the other participating.

Guests from the libraries of Sarnia General Hospital and Lambton County Community College were welcomed. During the year. all the agencies were visited, new improvements were seen and mutual problems were discussed.

Outside Activities

Members of W.A.H.L.A. were invited to attend the bimonthly meetings of M.D.M.L.G. (Metropolitan Detroit Medical Library Group) and participated at these meetings in July, September, January, March, and May. Topices at these meetings were: L.A.T.C.H., Circuit Librarian, National Library, History of M.D.M.L.G., Visit to GM Technical Centre and Library, and Problems in Medical Libraries.

Two members of W.A.H.L.A. attened the annual CHLA/ABSC meeting in Ottawa in June, 1979 and received the chapter certificate. Visits were also made to the Public Library and CISTI.

Several members of W.A.H.L.A. attended the Michigan Health Libraries Association Conference in Ann Arbor, 3-5 October. Among the many sessions attended were those on: Biomedical reference tools, MEDLINE search interviewing, Public relations in the library.

Two members attended an afternoon session in April at Wayne State University on Excerpta Medica On-line.

Requirements for Chapter Status

The Windsor Area Health Libraries Association continues to meet the requirements of chapter status in that: the majority of members attend the meetings, our group consists of five hospitals (seven hospital libraries) and one public health agency, and the majority and executive are CHLA/ABSC members. All other criteria for chapter status are being met.

Respectfully submitted,
Anna Henshaw
Co-ordinator

TORONTO MEDICAL LIBRARIES GROUP

The Toronto Medical Libraries Group elected its new officers on 15 May, 1980 but I have been asked to submit the annual report since it covers the period when I was chairman. Our new chairman is Loraine Spencer-Gary, Registered Nurses' Association of Ontario: chairman-elect is Edna Allen, Warner-Lambert Canada Ltd. Irene Jeryn of the Hospital for Sick Children continues as treasurer.

This year, from September 1979 to May 1980, we held a total of five meetings. At our first meeting, Professor Nancy Williamson of the Faculty of Library Science, University of Toronto, gave us an introduction to AACR2. Geraldine Hughes, Co-ordinator of Library Techniques Program at Sheridan College, acted as discussant. The meeting was held at Toronto Western Hospital so that our members could visit the new library after hearing the guest speakers.

In December, we held our annual Christmas party. This year, thanks to the unbelievable energy and enthusiasm of Edna Allen (our chairman-appointed but unconstitutional programme coordinator), we managed to provide a free buffet supper to members, with only a nominal charge for guests. We even threw in some door-prizes. Dr. Dale Dotten of the Wellesley Hospital presented his popular slide-show on wine-making; this provided an academic but festive note to the evening. We have never attempted such an ambitious party before, but the attendance was excellent, everyone enjoyed themselves, and the extra effort was well rewarded by the increased socializing that resulted.

In January, Warner-Lambert Canada Ltd. hosted a meeting on their premises. Dr. Andrew Diosy, Medical Director, and Mr. Alberta Lam, Medical Services Officer, gave the Group an interesting account of how new drugs are researched, with particular attention to government submissions and regulations.

In March, Carr McLean Ltd., a library supplier, also hosted a meeting. A demonstration was given of minor book repairs and a very useful booklet was distributed to accompany the talk. The company showroom was open for browsing after the meeting so that we could examine various products and talk to company salesmen.

Our final meeting of the year was a dinner meeting, the first one the Group has held. Our guest speaker was Robert Boyd, Personnel Manager, Warner-Lambert Canada. The subject for the evening was assertiveness, and we were given a two-hour condensed version of what is usually a full-day program. The speaker was excellent and the meeting was a great success.

Business items this year included the publication of the third edition of A Union List of Periodicals Currently Received in Cooperating Health Sciences Libraries in Toronto and Vicinity. Forty-three libraries are included in this list and copies sell for $15.00. Sales for this edition are being handled by the Academy of Medicine, Toronto, and to date 65 copies have been sold.

The Group also responded by letter to the revised Guidelines for the Education of Library Technicians, prepared by the Ontario Association of Library Technicians' Instructors. This led to the appointment of Pamela Avis Pollock of the Ontario Medical Association as our representative to the Ad Hoc Provincial Advisory Committee which will review the comments that have been received on the guidelines.

We are still exploring the feasibility of automated cataloguing systems. Linda McFarlane, Librarian at Sunnybrook Medical Centre, applied to the Summer Youth Employment Programme for an automation feasibility study to determine if a computerized union catalogue would enable the Toronto area health sciences libraries to work together more effectively by enabling them to locate monographs more easily, by eliminating unnecessary duplication of resources and by eliminating the need for each library to catalogue the same book. Another objective of the project would be to determine the cost of implementing a computerized system compared to the cost of current practice.

Another item of business this year was to establish a source of

revenue to cover the cost of mailings and meeting expenses. In the past, anyone who expressed an interest in the Group was added to the mailing list and notified of all meetings. This resulted in a very long (and expensive) mailing list, but many of the individuals never attended meetings. It was also becoming increasingly difficult to find free meeting places or to cover the cost of coffee. After considerable discussion of how to raise money for basic expenses, it was decided to introduce a $5.00 membership fee. We continued to scrounge as much as possible, but with the membership fees we were able to offer a much more elaborate type of programming. We also splurged on name-tags (which are recycled each meeting) and this has made it much easier for members to strike up conversations. We now have eighty-nine members and several new people have indicated they plan to join the coming autumn.

Respectfully submitted,
Verla Empey
Past-Chairman

OTTAWA-HULL CHAPTER

1. Membership and Executive 1979-1980

In 1979-80, the CHLA/ABSC Ottawa/Hull Chapter mailing list included 55 names of individuals representing 25 separate institutions. Of these, 36 medical librarians representing 16 institutions attended the CHLA/ABSC Chapter meetings. More than ever before, hospital librarians participated in these meetings and at the same time a strong relationship developed between the Chapter and the Ontario Hospital Association, Region 9 Hospital Libraries Group. Highlights from each other's activities were presented at their respective meetings.

The executive of the Chapter for 1979-80 demonstrated the excellent blend of government, university and hospital libraries represented in the group. The 1979-80 executive were: Margaret Taylor, President, from Children's Hospital of Eastern Ontario; Bonita Stableford, Vice-President, from University of Ottawa until December, 1979 and from CISTI after January, 1980; Philip Allan, Secretary/Treasurer, from National Defence Medical Centre. The executive worked very hard during this past year and the entire Chapter thanks them for their efforts.

2. Meetings

In 1979-80, six meetings were held. This year, on a trial basis, evening meetings were alternated with afternoon meetings to try to accommodate those members who found it difficult to leave their libraries during the day. However, a decision was made at the AGM on 30 May to discontinue this practice as attendance at the evening meetings was even lower than at the afternoon meetings.

3. Business Discussed

Change of Name. After the CHLA/ABSC AGM in Ottawa in June, several members of the Ottawa/Hull Chapter wanted the Chapter to revert to being a uniquely-named group as opposed to being identified solely as a Chapter of CHLA/ABSC. They pointed out that all other chapters also have a unique name, eg: Toronto Medical Libraries Group, Manitoba Health Libraries Association, etc. They also pointed out that in order to 'incorporate' at a later time, our Chapter would need to have a name distinct from the parent group. The matter of the name change was discussed at every meeting beginning with the September meeting. At the November meeting, it was moved that the

group adopt a unique name and various suggestions were put forward at the next two meetings. At the AGM on 30 May, a ballot was distributed to the members with all suggestions and these ballots have yet to be tabulated. The final choice will be sent to the national executive and to all other Chapters later this summer.

Cancellation of Journals. Rising journal prices had forced many libraries in the area to reduce their total number of subscriptions. It was decided at the September meeting that proposed cancellations would be discussed by the entire group at a special meeting in the late Spring or early Summer so that changes in planned cancellations could be made. This would help avoid problems such as all local holders of a title cancelling the title at the same time. It would also allow some libraries to start new subscriptions in time if they discovered that the library they used to borrow the journal from was planning to cancel.

AACR2. The AACR2 rules were of interest to members of the group and it was proposed that a joint workshop be held by the CHLA/ABSC Ottawa/Hull Chapter and the OHA Region 9 Hospital Libraries Group. Dianne Kharouba of the Cataloguing Department at CISTI volunteered to lead the workshop. Eventually, it was determined that interest shown by the CHLA/ABSC members was mainly limited to those hospital librarians already members of the OHA group. Thus, the OHA group offered to host the workshop on its own and it took place in December.

Continuing Education. Bonita Stableford, Vice-President of the Chapter, also acted as the Education Coordinator. This year, many educational activities were brought to the attention of the other members, notably the MLA CE courses offered at the CHLA/ABSC and MLA annual meetings. Courses offered by McGill University and the University of Toronto were also announced. Alternative travel arrangements to the MLA and CHLA/ABSC 1980 meetings were also presented by Ms. Stableford.

Alta Vista Site Libraries. The Ottawa Health Sciences Centre, Inc. is well on its way to completion. The Centre is a complex of many health care facilities including the Children's Hospital of Eastern Ontario, the new Ottawa General Hospital, the University of Ottawa's Health Sciences Faculty Building and the Royal Ottawa Hospital's Rehabilitation Centre and the Crippled Children's Treatment Centre. Situated nearby and affiliated with the Centre is the National Defense Medical Centre.

All of these institutions have libraries and the sharing of some services between these libraries was presented as a possibility for future consideration by those CHLA/ABSC members involved in the site. As a result of the discussion at the September meeting, a sub-committee called the Alta Vista Sub-committee (the site is loacted in the Alta Vista area of Ottawa) was formed to look into shared services.

Guest Speakers. The Chapter executive has tried to include in the meetings lectures by guest speakers on topics of interest to the group as a whole. This year there were three guest speakers from outside the group and three from inside the group.

In November, Mrs. Lynn Legate, Head of Reference Services, and Mrs. Genevieve Thomson, Coordinator of Adult Services, both from the Ottawa Public Library came to speak on the subject of "Libraries and Consumer Health Education". Mrs. Legate and the Chapter President, Mrs. Taylor, had both been members of a panel at the CLA-CAPL Workshop: "The Perils and Pitfalls of Medical Literature in the Public Library". Both agreed that the public library community and the health library community must get involved in sharing information in the field of consumer health education. Mrs. Legate and Mrs. Thomson

gave a very informative talk and the members were very interested in developing the relationship between the public and health library communities. This resulted in the formation of a joint sub-committee of CHLA/ABSC Ottawa/Hull Chapter and the Ottawa Public Library to look at further resource and information sharing by the two groups in this area.

Those present at the January meeting were fortunate to hear a talk by Doris Thibodeau on "Women in Medicine". Doris is the Curator of Rare Books and Librarians at the Welch Medical Library, Institute of the History of Medicine, Johns Hopkins University, Baltimore, Maryland. Ms. Thibodeau's lecture was informative and thought-provoking and entertaining as it contained many anecdotes on the involvement of women in medicine from ancient times to the 1900's.

At the March meeting, three of the members presented on topics near and dear to the hearts. Sheila Dyne spoke on "Volunteers and Libraries". Sheila is one of the volunteers who run the medical library at the Queensway-Carleton Hospital. Bonita Stableford spoke on MEDLARS in Canada: she, of course, is the Canadian MEDLARS Coordinator from CISTI. Margaret Taylor spoke clinical librarianship mentioning specifically her own clinical librarian service which has been running for nearly two years at the CHEO in Ottawa.

Sub-committees

The members of the Alta Vista Sub-committee met formally for the first time on 10 October, 1979. Since then, they have been corresponding with each other regularly about shared services. Another formal meeting was planned for 20 June, 1980. The Chairman of the Sub-committee is Maurice Alarie from the University of Ottawa.

To date, the members have collected information received from their individual administrators on any plans at the administrative level for shared services including shared library services and have also collected information on the combined library resources that will be available on the Alta Vista site. The Sub-committee hopes to present their ideas on feasible shared library services to the governing body of the site: the Technical Advisory Committee of the Ottawa Health Sciences Centre, Inc. and will be requesting that one of their membership sit on any TAC sub-committee created to look at shared library services.

The OPL-CHLA Sub-committee has also met formally once on 13 February, 1980. There were five representatives from CHLA/ABSC and five from the OPL. The CHLA/ABSC members requested from OPL that more circulating materials be selected in the area of health education and be made available at all the branches of OPL. This would help health librarians who often have to refer the public to the OPL system without really knowing whether or not there are suitable materials available at OPL to handle these requests. Two members of the CHLA/ABSC group volunteered to prepare a list of suggested basic medical books for the OPL Acquisitions Department.

At this point, the two groups represented in the Sub-committee decided to collaborate on the preparation of subject bibliographies of patient education materials available presently at OPL. The health librarians could hand out these lists to patients or the public coming into their libraries and be confident that the OPL would circulate whatever was on the list. This idea stemmed from a project of the Hamilton Public Library and the McMaster University Medical Centre Clinical Library Service which was extremely successful. It was also decided to approach the Director of the MUMC Clinical Library Service to see if the CHLA-OPL Sub-committee might "swap" bibliographies with

the HPL-MUMC group.

The OPL representatives had requests to make of the CHLA/ABSC group. The OPL Reference Department wanted more information on each health sciences library in the Ottawa area so that they could call on them for assistance with more specific medical questions. The CHLA/ABSC members agreed to circulate a detailed questionnaire to their entire membership and pass this information on to OPL.

AGM - CHLA/ABSC, 1979

The CHLA/ABSC AGM was held in Ottawa, 13-14 June. President M.A. Flower described the meeting in her report as a "memorable occasion". June 13th was a very busy day of CE activities followed by a delightful welcoming reception at the University of Ottawa. June 14th was also busy but with presentations, panel discussions and business meetings at CISTI. Our Chapter is very proud of the local planning committee -- Bonnie Stableford, Nancy Wildgoose, Eve-Marie Lacroix -- who worked very hard to make the meeting such a success. Appreciation is also due to the many other members of our Chapter who volunteered to do all sorts of jobs to keep the meeting running smoothly.

New Executive, 1980-81

The election of the new executive for the Chapter was held at the March meeting. All officers were elected by acclamation and were installed in their new offices at the AGM in May. They are: President, Margaret Taylor (CHEO); Vice-President, Dianne Kharouba (CISTI & CHEO); and Secretary/Treasurer, Sheila Dyne (Queensway-Carleton).

We wish them the best of luck for the coming year. They will be assisted in their duties by a programme planning committee made up of: Doris Forster (Queensway-Carleton), Midge Beaudoin (Canadian Medical Association), Claire McKeogh (Canadian Nurses Association), and Irene Stark (Algonquin College). We thank these four members for volunterring their time to help the executive with the busy schedule ahead. Topics for discussion in 1980-81 will include the use of UTLAS in health consortia, use of microform collections in health libraries, informed consent and its implications on health libraries, MLA recertification, etc.

Respectfully submitted,
Margaret Taylor
President

NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

Our executive consists of: President, Anitra Laycock (Health Services Library, Halifax Infirmary); Vice-President, Linda Harvey (W.K. Kellogg Health Sciences Library); Secretary, Joyce Kublin (Nova Scotia Department of Health Library).

As stated in last year's Annual Report, the active membership of the NSHLA is concentrated in the Halifax-Dartmouth area. This year we have abandoned, temporarily at least, any attempt at province-wide activity and, in line with our stated objective of defining realistic goals and programmes, we have concentrated our effort locally.

This has been a very active year on the local scence with a total of nine regular meetings organized. A number of guest speakers have been involved in discussion on subjects as various as the role of CISTI, the preservation of library materials, library security systems, and the handling of audiovisual materials. Still to come are visits to two of our member

institutions and discussions of on-line searching and of nursing literature.

A working committee on Library Planning has been actively involved in the initial planning stages for a new 1,000 bed hospital complex for Halifax.

Member institutions submit journal holdings to the W.K. Kellogg Library at Dalhousie University for the the annual production of a computer generated union list of serials. Between updates, lists of new acquisitions are circulated regularly among member institutions. We are now starting to circulate projected journal cancellations so that we can develop a collective acquisitions policy for lesser-used or more expensive items.

Respectfully submitted,
Anitra Laycock
President

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CHLA/ABSC CHAPTERS: KEEPING IN TOUCH

At the Annual General Meeting of the CHLA/ABSC on 11 June, 1980, interest was voiced in a regular exchange of information among the 6 chapters of the Association. One way in which this exchange can be easily realized is for each chapter to add the mailing addresses of the other chapters to its mailing list.

If you belong to a chapter of CHLA/ABSC, please support this exchange across the country. The types of information to be shared include reports on workshops, major projects, seminars, membership drives, and other activities that could be transplanted and attempted somewhere else. Other members of the Association would like to know more about your chapter's achievements; consider adding the CHLA/ABSC Board of Directors and the Editors of the BMC to your mailing list. Your chapter's newsletters would also be a good adjunct to, but not a replacement for, routine reports from your chapter's BMC correspondent.

If you don't yet belong to a chapter but notice there is one operating in your area, investigate its activities by contacting the chapter president.

If there is no chapter in your area, you might consider starting one. You will need a copy of the CHLA/ABSC constitution and by-laws, a large pot of coffee, plus at least five people interested in the objectives of the Association. The by-laws list fully the responsibilites and benefits of the chapters. If you have questions on the formation of a chapter, contact the CHLA/ABSC Board or the chapter president nearest you.

The chapters listed on the next page are those who have already been officially recognized by CHLA/ABSC. Chapters-in-the-making will find the BMC an excellent vehicle to publicize contact addresses and keep the membership aware of their progress.

You can make the most of your membership in CHLA/ABSC by participating in the Association's activities at the national, regional and local level.

Barbara E. Henwood
Membership Committee

BRITISH COLUMBIA HEALTH LIBRARIES ASSOCIATION

President: C. William Fraser
British Columbia Medical Library Service
1807 West 10th Avenue
Vancouver, British Columbia
V6J 1A9 Tel: 604 736-5551

CHLA/ABSC OTTAWA/HULL CHAPTER

President: Margaret Tyalor
Medical Library
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, Ontario
K1H 8L1 Tel: 613 737-2206

MANITOBA HEALTH LIBRARIES ASSOCIATION

President: Kathy Eagleton
Library Services
Brandon General Hospital
150 McTavish Avenue
Brandon, Manitoba
R7A 2B3 Tel: 204 728-3321

NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

President: Anitra Laycock
Health Services Library
Halifax Infirmary
1335 Queen Street
Halifax, Nova Scotia
B3J 2H6 Tel: 902 428-3058

TORONTO MEDICAL LIBRARIES GROUP

President: Loraine Spencer Garry
Library
Registered Nurses Association of Ontario
33 Price Street
Toronto, Ontario
M4W 1Z2 Tel: 416 923-3523

WINDSOR AREA HEALTH LIBRARIES ASSOCIATION

President: Anna Henshaw
Staff Library
Salvation Army Grace Hospital
339 Crawford Avenue
Windsor, Ontario
N9A 5C6 Tel: 519 255-2245

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CANHELP CORNER

- M. A. FLOWER

Those CHLA/ABSC members who attended the Annual Meeting in Vancouver will know that one part of that meeting was a lively session devoted to the perennial questions about libraries, particularly those in hospitals. Whenever health librarians encounter individuals in the health field who are unaware of library dynamics, and are therefore hazy about why libraries are the way they are (besides expensive), those persons usually have three comments: show me who needs the kind of library you describe; show me who wants a library like this; and, justify the costs.

If we are going to remove this static, which seems to be blocking our progress toward better, more cooperative and more universal information services in the health field in Canada, we must enter into this dialogue with our colleagues about health libraries and how they function both knowingly and persuasively. The CANHELP Project has proposed a national seminar as an opener. In Vancouver, we experimented with a small prototype of this idea. The Program Chairman of the Vancouver meeting, Bill Fraser, assembled a panel to discuss the topic: "The Information Needs of the Health Professional". In all, seven health professionals responded to a position paper which attempted to establish the role of hospital libraries in the delivery of health information. Their points of view came out of their own personal experiences and most of their comments could be collected under three general headings: administration, services and communication.

The administrative realities in any hospital include costs which are realistic in the total hospital framework, and the power structure. We were cautioned that library standards, interhospital sharing of resources, and delivery of information where it is needed, should all recognize the prevailing financial restraints. We were also told that affecting any change in a hospital involved two-way dialogue, particularly with two key individuals, the Administrator and the Chairman of the Medical Advisory Committee. If we learn their concerns and show them ours, we may be able to balance the positive and negative forces and make some progress.

Physicians and nurses both admitted that their colleagues depend on each other for professional information, and not on library services. They were unapologetic about that. However, pharmacists have found, as we have, that services must be demonstrated before they will be used by the hospital staff, and that cost-benefit discussions about administrative details are counter-productive. One speaker, who gives regular talks on the services available to the education department of a hospital, suddenly realized that he had left the library off the list.

Finally, it was shwon that health library personnel are not the only health professionals who find it difficult to communicate their concerns effectively in a hospital setting. Others have difficulty, too. Perceived needs are hard to put into words, and communication often breaks down. Three concrete suggestions were made to us: we might work with standards in the hospitals, and continue to explain them: we might designate a good working library as a demonstration model for accreditation surveyors: and we might develop inservice training programmes for library personnel. Perhaps all these together would help us communicate more adequately with our Canadian colleagues in the health field, so that we will be able to provide the health information they really need in a form they can use.

Those who participated in our demonstration in Vancouver were:

- MA FLOWER IS CHAIRMAN OF THE CANHELP COMMITTEE.

Norman Barth, Administrator, Burnaby General Hospital, Burnaby, B.C.; Dr. Peter Grantham, Family Practice Unit, University of British Columbia; Norma Foster, Maternal-Child Clinical Instructor, Royal Columbia Hospital, New Westminster, B.C.; Dr. Geoffrey C. Robinson, Population Pediatrics Unit, Childrens' Hospital, Vancouver; Joanna Stan, Head, Division of Occupational Therapy, School of Rehabilitation Medicine, University of British Columbia; Ian G. Sheppard, Pharmacy, Shaughnessy Hospital, Vancouver; and Linda McFarlane, Librarian, Sunnybrook Medical Centre, Toronto. We are very grateful for their suggestions, which we hope to incorporate as the CANHELP Project progresses.

There was actually considerable follow-up during the rest of the Vancouver session. Discussions occurred in the meetings of the Board of the CHLA/ABSC and the CANHELP Committee. And when the CANHELP report was presented to the membership at the Annual General Meeting, a spirited question and answer period developed. The ultimate decision reached was that the next step should be the development of a series of funding proposals to support the national seminar which has been proposed. This will be the summer task of the CANHELP Committee.

CHLA/ABSC members may be interested to know that the proceedings of the panel debate were taped, and they will soon be available on cassettes which can be borrowed as the basis for further discussions. All members of CHLA/ABSC are encouraged to take part by suggesting topics for position papers which have a bearing on the information needs of health professionals, inter-library cooperation, library training, funding, staffing, etc. There is room for discussion of the relation of all kinds of health libraries to the delivery of health information in the field. And planning the programme of the seminar will be our next major consideration, after funding.

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AUX INTÉRESSÉS...

Nous sommes heureux de vous apprendre que le Catalogue collectif des périodiques dans les bibliothèques de santé de la région de Québec sera bientôt disponible.

Seize bibliothèques de la région de Québec, de Trois-Rivières, Arthabaska et Baie Saint-Paul, ont participé à la réalisation de ce projet. Ce catalogue de plus de 1,770 titres sera certainement un instrument de repérage très utile.

Son coût sera de $10.00 pour les bibliothèques participantes, $15.00 pour les autres bibliothèques.

Veuillez adresser les commandes prépayées comme suit:

Bibliothèque des Sciences de la Santé
C.H.U.L.
2705, Boul. Laurier
Québec, Qué. G1V 4G2

Etablier les chèques à l'orde du Centre Hospitalier de l'Universite Laval.

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OÙ ALLONS NOUS? BILAN DES DEUX PREMIÈRES ANNÉES DU COMITÉ CONSULTATIF SUR LES SCIENCES DE LA SANTÉ, ICIST

- FRANCES K. GROEN

La création du Comité consultatif sur le Centre bibliographique des sciences de la santé de l'Institute canadien de l'information scientifique et technique remonte à l'année 1978. Le Comité a été mis sur pied à la suite d'une recommandation faite au directeur de l'ICIST par le Comité de ressources spéciales des bibliothèques d'écoles de médecine de l'Association des facultés de médecine du Canada. La création du Comité consultatif a été bien accueillie par l'ancien directeur de l'ICIST, M. Jack Brown, et le soutien et l'encouragement de son successeur, M. Elmer Smith, ont permis d'assurer la continuité et la viabilité du Comité.

Le Comité consultatif doit continuer à se poser la question, à savoir, que doit faire le Centre bibliographique des sciences de la santé dans l'intérêt des bibliothèques de la santé au Canada? La publication d'un répertoire intitulé Information en sciences de la santé au Canada représente une des réalisations les plus fructueuses de l'interaction entre le Centre et la communauté des bibliothèques, représentée par le Comité consultatif. Fruit des efforts de Mad. Eve-Marie Lacroix, chef du Centre, ce premier répertoire des bibliothèques des sciences de la santé a été publié en juillet 1979. Mad. Lacroix accepte volontiers des suggestions visant à améliorer les éditions subséquentes; en fait, une grande partie de la 5e réunion du comité, tenue en janvier 1980, a été consacrée au répertoire. Pour établir le répertoire, le personnel de l'ICIST a dressé un fichier de réponses à un sondage que l'on peut maintenant interroger afin de connaître différents aspects des bibliothèques des sciences de la santé au Canada.

En cherchant à répondre à la question "Qu'est-ce que le CBSS devrait faire de plus?", le Comité consultatif a étudié, à plusieurs reprises, les problèmes auxquels se butent les documentalistes en quête de données statistiques canadiennes en sciences de la santé. On leur demande souvent des données statistiques canadiennes sur la population, les maladies, le nombre de médecins, les études épidémiologiques et les études socio-économiques qui ont rapport aux maladies. Ces renseignements sont disponibles, mais ne sont pas toujours faciles d'accès. Beaucoup de bibliothécaires des sciences de la santé éloignés des grandes villes ont de la difficulté a trouver ces renseignements. De plus, les données statistiques peuvent relever de l'un on l'autre palier de gouvernement, du régional au fédéral, ce qui ne facilite pas les choses. Une proposition détaillée sur ce besoin d'information sera élaborée par les membres du Comité consultatif et présentée à une des prochaines réunions. Si la proposition est acceptée, ce projet de données statistiques sera réalisé à même les ressources des l'ICIST et du CBSS.

L'établissement du répertoire des bibliothèques des sciences de la santé et le besoin de données statistiques canadiennes sur les sciences de la santé illustrent l'orientation du Comité consultatif. Contrairement à la Commission consultative sur l'information scientifique et technologique, axée davantage sur les prises de décision, le Comité consultatif du CBSS s'intéresse aux préoccupations essentielles des bibliothèques des sciences de la santé. La force du Comité provient de sa composition. Puisque ses membres représentent tous les secteurs de la communauté des bibliothécaires de la santé, le Comité consultatif est bien placé pour identifier les difficultés d'orde pratique ainsi que les besoins actuels des bibliothécaires de la santé au Canada. La

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- FK GROEN, LIFE SCIENCES AREA LIBRARIAN, MCGILL UNIVERSITY.

bonne marche du Comité exige de la part de ses membres une prise de conscience des aspects pratiques de transfert de l'information en sciences de la santé. Sans cette prise de conscience, les conseils du Comité consultatif sur les services du Centre bibliographique des sciences de la santé n'auraient aucune utilité.

Enfin, lorsqu'on tente de prévoir les préoccupations futures du Comité consultatif, on ne peut ignorer les retombées de nouveaux développements à la U.S. National Library of Medicine dans le cadre de MEDLARS III. Le service MEDLARS III se chargera, au nom des bibliothèques américaines, de la transformation d'un programme de livraison manuelle de documents en un service de prêts interbibliothèques complètement automatisé. Des liens automatisés seront établis entre les références récupérées et l'emplacement des documents. Une telle information fournit également des données indispensables à la mise sur pied d'un programme d'acquisition judicieux au niveau local. Puisque les bandes magnétiques MEDLINE ne sont pas offertes à même un ordinateur canadien, il se peut que les bibliothèques médicales au Canada soient limitées en ce qui concerne le rattachement automatisé des références MEDLARS à l'emplacement canadien des documents correspondants. La commande, auprès des bibliothèques canadiennes, des documents signalés par MEDLINE constituera un deuxième obstacle. L'objectif du Comité consultatif dans les années à venir : au nom des usagers des bibliothèques biomédicales au Canada, suivre attentivement le développement des systèmes intégrés de bibliothèques, afin d'en profiter pleinement.

Membres du Comité consultatif (avril 1980)

Les premiers membres du Comité ont été nommés pour des mandats décalés de 2, 3, et 4 ans. Conformément à une recommandation faite au directeur de l'ICIST et acceptée à la reunion de janvier 1980, tout nouveau membre du Comité est nommé pour une période de 3 ans. Il avait été décidé, lors de l'établissement du mandat du Comité consultatif, que les membres ne serviraient qu'une seule période d'activité au sein du comité.

Membres Nommés

Frances Groen - Présidente (s'est retirée en mars 1980)

Pierrette Dubuc - Représente l'ASTED, Section de la santé
Fin du mandat : mars 1981

M.A. Flower - Représente l'ABSC (termine le mandat d'Alan MacDonald)
Fin du mandat : mars 1981

C. William Fraser - Représente l'ABSC
Fin du mandat : mars 1982

Anna Leith - Représente l'ABSC
Fin du mandat : mars 1983

Ann Nevill - Représente l'AFMC. Comité de ressources spéciales des bibliothèques d'écoles de medécine.
Fin du mandat : mars 1983

Membres d'office

Elmer Smith, directeur de l'ICIST

Eve-Marie Lacroix, chef du Centre bibliographique des sciences de la santé

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CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, ICIST

- EVE-MARIE LACROIX

Dans le cadre du présent numéro de BMC, voici un résumé du rapport annuel du CBSS, présenté à l'assemblée annuelle de l'ABSC tenue le 11 juin 1980 à Vancouver.

Nouveau membre du personnel

Mlle Deborah Baillie fait maintenant partie du personnel du CBSS à titre de bibliothécaire médicale. Elle a déjà occupé plusieurs postes au sein de l'ICIST, travaillant tour à tour aux prêts interbibliothèques, pour le service CAN/SDI et en recherche bibliographique. En plus de ses fonctions bibliographiques, elle s'occupera de formation et autres services pour les centres MEDLINE canadiens.

Centre MEDLARS canadien

Il existe actuellement 92 centres MEDLINE au Canada. L'expansion observée dans presque tous les secteurs est particulièrement marquée dans le secteur hospitalier, où le pourcentage d'utilisation est passé de 11% durant le dernier exercice financier à 20,5% en 1979-80. Voici la répartition actuelle des centres:

Bibliothèques des écoles de médecine	16
Universités sans école de medécine	15
Administrations fédérale et provinciales	22
Hôpitaux	17
Industrie	13
Associations ou services de santé	4
Écoles de bibliothéconomie	3
Administration et formation de l'ICIST	2
	92

Le nombre d'heures de connexion MEDLINE a augmenté de plus de 25% et l'on ne prévoit aucune baisse de ce taux pour quelques années encore. On consulte davantage le fichier TOXLINE, les recherches se multipliant dans les domaines de l'hygiène du travail, de la sécurité et de la pollution de l'environnement.

Fichier de toxicologie

À l'International Policy Group Meeting de la NLM tenu récemment, la National Library of Medicine a annoncé qu'elle était disposée à permettre l'utilisation du fichier Toxicology Data Bank (TDB) par les douze participants étrangers. Conformément à l'intérêt exprimé par les centres canadiens, l'ICIST est en voie de négocier une entente qui permettra à nos centres d'interroger ce fichier.

Le fichier TDB englobe des renseignements chimiques, pharmacologiques et toxicologiques sur environ 2000 substances; on rassemble présentement des données sur 500 substances supplémentaires qui seront portées au fichier. Ces données, tirées de plus de 60 livres, manuels et monographies de référence, ont été examinées par un groupe de scientifiques du U.S. National Institute of Health (NIH).

Publications du CBSS

Le répertoire des bibliothèques des sciences de la santé, intitulé Information en sciences de la santé au Canada--Bibliothequès, a été publié en juillet 1979. Plus de 300 exemplaires ont été vendus; on en est au deuxième

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- E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, ICIST.

tirage.

L'édition augmentée de 1980 de Dépôts canadiens des revues indexées pour MEDLINE englobe non seulement les dépôts et l'état de toutes les revues indexées pour MEDLINE, mais également des titres supplémentaires tirés du fichier HEALTH. La collection de l'ICIST compte 2 309 des 3 000 revues répertoriées dans l'édition de 1980.

Recherce de nouveaux titres

Parallèlement à la publication de Dépôts canadiens des revues indexées pour MEDLINE, le CBSS s'intéresse aux revues qui ne sont conservées dans aucune bibliothèque canadienne. De réels progrès ont été accomplis en 1979 et le CBSS étend ses efforts de repérage pour l'année en cours aux bibliothèques de sciences infirmières, d'art dentaire et autres bibliothèques spécialisées du Canada. L'ICIST recense également les titres du Hospital Literature Index, dont plusieurs ne relèvent pas du catalogue collectif de l'ICIST.

La bibliothèque de Santé et Bien-Être Social et le CBSS ont tout récemment repris le projet de rationalisation des collections qui avait été mis en veilleuse à cause de changements de personnel.

Fichier du CBSS sur les organismes des sciences de la santé

Dressé à partir des résultats d'un sondage effectué en 1979 auprès de tous les organismes canadiens associés aux sciences de la santé, le fichier du CBSS est mis à jour de façon continuelle. Seule une version imprimée du fichier est utilisée actuellement par le personnel du CBSS afin de trouver des sources possibles de renseignements.

L'année qui vient

On s'attend à ce que la croissance du réseau de centres MEDLINE se poursuive, plus particulièrement dans les domaines hospitalier et de la santé. Cette croissance exige, de la part du CBSS, une augmentation des resources consacrées à la formation et au service à la clientèle. En plus des séminaires de formation offerts aux nouveaux centres, on organise des séminaires avancés pour les fichiers sur la toxicologie, le cancer et les services techniques.

Le CBSS concentrera ses efforts d'acquisitions sur les publications recensées dans les bases de donnees HEALTH et TOXICOLOGY DATA BANK, en plus de continuer à surveiller les titres indexés pour MEDLINE.

On commencera également, cette année, le travial de mise à jour de la publication Information en sciences de la santé au Canada--Bibliothèques en vue de l'édition de 1981.

C. William Fraser, président de la Commission consultative du Centre bibliographique des sciences de la santé, decrira les activités de cette commission dont les activités sont très importantes pour le planification de nouveaux projets et l'évaluation de ceux déjà en cours.

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WHAT LIES AHEAD? THE FIRST THREE YEARS OF THE ADVISORY COMMITTEE ON THE HEALTH SCIENCES, CISTI

- FRANCES K. GROEN

It is three years since the Advisory Committee on the Health Sciences Resource Centre of the Canada Institute for Scientific and Technical Information was established. The Committee began as the result of one of a number of recommendations proposed to the Director of CISTI by the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges. The establishing of an Advisory Committee was welcomed by the previous Director of CISTI, Dr. Jack Brown. Mr. Elmer Smith, Dr. Brown's successor, was equally supportive and his encouragement has helped to establish the continuity and viability of this Committee.

One of the issues the Advisory Committee must continue to address is the question of what the Health Sciences Resource Centre should be doing on behalf of health libraries in Canada. One of the most positive results of this interaction between the Centre and the library community as represented by the Advisory Committee has been the production of Health Sciences Information in Canada. This first directory of health sciences libraries in Canada was the result of the efforts of the Head of the Centre and became available in July, 1979. The Centre's Head, Mrs. Eve-Marie Lacroix, has continued to look for suggestions for improvement in subsequent editions, and a discussion of this directory formed a large part of the fifth meeting of the Committee held in January, 1980. In preparing the directory, staff at CISTI compiled a database of survey responses which may now be manipulated to answer a variety of questions regarding health libraries in Canada.

In attempting to answer the question of "what more should HSRC be doing?", the Advisory Committee has on several occasions discussed the problems faced by health information personnel in attempting to locate Canadian statistical sources in the health sciences. Health sciences librarians are frequently called upon to provide Canadian statistics on population, disease, physician manpower, epidemiological studies and socio-economic studies in relation to disease. This information is available, but it is not always readily accessible. Many health librarians working outside the large cities have some difficulty in knowing how to locate this information, and the problem is even further complicated by the fact that such statistical information may be compiled at any government level, for the local to the national. A detailed proposal concerning this information need will be prepared by the Advisory Committee members and presented at a subsequent meeting. If this proposal is accepted, this statistical information project will be completed, utilizing the resources and capabilities of CISTI and the HSRC.

Issues such as the directory of health libraries or the need for Canadian health statistics information highlight the philosophy that underlies the Advisory Committee. Unlike the more policy oriented Advisory Board on Scientific and Technical Information, the Advisory Committee on HSRC addresses basic concerns of health libraries personnel. Indeed, the strength of the committee lies in its composition. Consisting of members representing all aspects of the community of health libraries, the Advisory Committee is in an excellent position to identify practical problems and current needs of health librarians across Canada. The success of the Committee requires that its members have a specific understanding of the practical issues involved in the transfer of health information. Without this awareness, the advice of the Advisory Committee

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- FK GROEN, LIFE SCIENCES AREA LIBRARIAN, MCGILL UNIVERSITY.

concerning the services of the Health Sciences Resource Centre would be useless.

Finally, as one attempts to forecast those issues of future concern for the Advisory Committee, the impact of developments at the U.S. National Library of Medicine under MEDLARS III must be considered. MEDLARS III, the transition from a manual document delivery programme to a fully automated interlibrary loan service will be realized on behalf of American libraries. Linkages will be developed between citations retrieved and available automated data on the actual location of documents. Such information also provides invaluable data for the development of a rational acquisition programme at the local level. Since Canada does not mount the MEDLINE tapes, Canadian medical libraries may be limited as to the automated linkage of citation retrieval on the MEDLARS system and location information in Canada. The ability to generate a document command in Canadian libraries for citations retrieved on MEDLINE may be a further limiting factor. The forecast for the Advisory Committee: as integrated library systems develop, the ability to take full advantage of such developments on behalf of biomedical library users in Canada must be carefully monitored.

Composition of the Advisory Committee (as of April, 1980)

The original Committee was appointed for staggered periods of 2, 3 and 4 years. All new members of the Committee are appointed for a three year term, in accordance with a recommendation to the Director of CISTI, accepted at the January, 1980 meeting. It was the original intention in compiling the Terms of Reference of the Advisory Committee that members would normally serve one term only on the Committee.

Appointed Members

Frances Groen - Chairman (retired March, 1980)

Pierrette Dubuc - Representing ASTED, Section de la santé
Term expires: March, 1981

M.A. Flower - Representing CHLA/ABSC (completing the term of Alan MacDonald)
Term expires: March, 1981

C. William Fraser - Representing CHLA/ABSC
Term expires: March, 1982

Anna Leith - Representing CHLA/ABSC
Term expires: March, 1983

Ann Nevill - Representing ACMC Special Resource Committee on Medical School Libraries
Term expires: March, 1983

Ex-officio Members

Elmer Smith, Director of CISTI

Eve-Marie Lacroix, Head, Health Sciences Resource Centre

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FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- EVE-MARIE LACROIX

In keeping with the tone of this issue of the BMC, the following is a summary of the annual report from the HSRC presented at the CHLA/ABSC Annual Meeting in Vancouver, 11 June, 1980.

New Appointment to the HSRC

Ms. Deborah Baillie has joined the staff of HSRC as Medical Reference Librarian. Ms. Baillie has held several positions within CISTI in Interlibrary Loans, CAN/SDI and CISTI's Reference and Research Development. In addition to reference work, she will also be involved in training and in customer service for the Canadian MEDLINE Centres.

Canadian MEDLARS Centre

At this writing, there are 92 Canadian MEDLINE centres across the country. Growth in the last year has occurred in almost all sectors, but most dramatically in the hospital sector where the percentage of actual usage rose from 11% in the previous fiscal year to 20.5% in FY 1979/80. At the present time, codes are distributed as follows:

Medical School Libraries	16
Universities with no Medical School	15
Government, Federal and Provincial	22
Hospitals	17
Industry	13
Health Related Associations or Services	4
Library Schools	3
CISTI Training and Administration	2
	92

Use of MEDLINE in connect hours increased more than 25% and is expected to continue at that rate for the next few years. TOXLINE usage is growing as well, with increased activity in the fields of both occupational health and safety and environmental effects of pollutants.

Toxicology Data Bank

At the recent NLM International Policy Group Meeting, NLM announced that the 12 foreign centres may arrange for access to the Toxicology Data Bank (TDB). In response to the expressed demand from Canadian centres, CISTI is currently negotiating an agreement to allow Canadians access to this database.

TDB contains chemical, pharmacological, and toxicological information and data for approximately 2,000 substances, with records for another 500 in process. The data are taken from more than 60 standard reference textbooks, handbooks and monographs and have been reviewed by a peer review group of scientists from the U.S. National Institute of Health (NIH).

HSRC Publications

As most of you know, the directory of health sciences libraries, Health Sciences Information in Canada: Libraries was published in July, 1979. Over 300 copies have been sold and the Directory is now in its second printing.

The Canadian Locations of Journals Indexed for MEDLINE was expanded for the 1980 edition to include locations and holdings for all journals indexed for MEDLINE as well as additional titles from the HEALTH database. CISTI itself holds 2,309 titles of the 3,000 titles listed in the 1980 edition.

- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

Collection Development

In conjunction with the publication of Canadian Locations for Journals Indexed for MEDLINE, locations and holdings for titles having no current Canadian locations are being sought. This effort was very successful for the 1979 edition and HSRC is expanding its search for holdings for the current year titles to nursing, dental, and other special libraries across Canada. Locations for Hospital Literature Index titles, many of which do not fall within the guidelines of CISTI's Union List, are also being sought.

HSRC and the library of Health and Welfare Canada have recently resumed a collection rationalization project which has been on hold because of staff changes.

HSRC Database of Health Sciences Organizations

The HSRC database complied from the results of the 1979 survey of all Canadian health sciences related organizations is updated on a continuing basis. This database is being used by the HSRC staff to locate possible sources of information. The database is being used in hard copy only at the present time.

The Coming Year

As mentioned above, expansion in the network of MEDLINE centres is expected to continue, especially in the hospital and health related sector. This growth necessitates an increase in HSRC resources dedicated to training and service. In addition to training seminars for new centres, advanced seminars in the toxicology files, technical services files and cancer files are being developed.

HSRC's major effort in collection development will be to ensure document support for the HEALTH database and the Toxicology Data Bank, in addition to its continuing watch over titles indexed for MEDLINE.

Also this year, work will begin to update Health Sciences Information in Canada: Libraries for publication in 1981.

The activities of the Advisory Committee on the Health Sciences Resource Centre which is so important to the planning of new projects and the evaluation of those ongoing, will be reported by C. William Fraser, current Chairman of that Committee.

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McGILL MEDICAL LIBRARY STAFF CHANGES

Mrs. Margaret Farmer retired from the McGill Medical Library in July, 1980 ending 33 years of service to the Library. For the last ten years, Mrs. Farmer was the Collections Librarian.

Following a staff reorganization, Mrs. Berti Le Sieur will become the Acquisitions and Collections Librarian in September, 1980. In addition to her present responsibilities for the Medical Library's acquisitions section, Mrs. Le Sieur will assume responsibility for selection and collections development of the Medical Library. She will continue to report to Mr. David Crawford and will also be responsible for collections coordination for all Life Sciences Area Libraries.

PUBLICATION NOTES

FAMILY MEDICINE LITERATURE INDEX (FAMLI)

The first issue of this new index is due July, 1980 under the editorship of Dorothy Fitzgerald. FAMLI contains references relevant to family medicine from the MEDLARS database and references to the non-Index Medicus family medicine journals. It is published by the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians (WONCA) in cooperation with the National Library of Medicine, and distributed by the College of Family Physicians of Canada.

The publication is quarterly, with an annual cumulation. Cost has been set at $40 within Canada and the United States and $50 in all other countries.

Communications concerning subscriptions should be sent to: Family Medicine Literature Index, Canadian Library of Family Medicine, College of Family Physicians of Canada, 4000 Leslie Street, Willowdale, Ontario, M2K 2R9.

L'ORDINATEUR AU SERVICE DE LA SANTÉ CANADIENNE

Le guide de 1980 du Bureau d'informatique dans le domaine de la santé est maintenant disponible. Le Bureau, situé à Ottawa, recueille les renseignements relatifs à l'informatique dans le domaine de la santé et agit comme centre ressource et service de consultation auprès des professionnels de la santé.

Ce guide de 1980, intitulé L'ordinateur au service de la santé canadienne, renferme plus de 250 pages d'information utile à tout établissement de santé.

Ses quatre sections donnent à utilisateur les plus récents renseignements sur l'informatique et la santé, mentionnant les noms de centaines de professionnels de la santé qui utilisent l'ordinateur dans leur travail de tous les jours. On y trouve également les noms de nombreuses compagnies de logiciel et les services qu'elles procurent, de même qu'un choix d'articles sur l'utilisation de l'ordinateur comme l'application d'un ordinateur commercial dans un laboratoire médical.

Le guide présente les ensembles de matériel et de logiciel actuellement utilisés par les professionnels de la santé et les relevés de plus de 350 particuliers, à travers le pays, qui tirent le maximum de leur ordinateur.

Le Bureau d'information dans le domaine de la santé est parrainé par l'Association des hôpitaux du Canada, l'Association médicale canadienne et l'Association canadienne pour l'avancement des sciences informatiques en santé.

Le dernier guide du Bureau, sa sixième edition, se vend au prix $50 au Canada et de $65 à l'exterieur; on peut se la procurer auprès du Bureau d'informatique dans le domaine de la santé, 410, avenue Laurier ouest, Pièce 800, Ottawa, Ontario, K1R 7T6.

HEALTH COMPUTER APPLICATIONS IN CANADA

The Health Computer Information Bureau's 1980 reference guide is now available. The Bureau, located in Ottawa, consolidates information related to health computing and acts as a resource centre and consulting service to health professionals.

Their 1980 reference guide, Health Computer Applications in Canada, contains over 250 pages of information valuble to any health facility.

Its four sections give users the latest information on who's who in health computing, listing hundreds of health professionals who use computers in their everyday work. Various software companies and their capabilities are included, along with a variety of articles on computer usage such as applying a business computer in a medical reference laboratory.

The guide also details the hardware and software packages now being used by health professionals and comprehensively details over 350 accounts of individuals across the country getting maximum mileage out of their computers.

The Health Computer Information Bureau is sponsored by the Canadian Hospital Association, Canadian Medical Association and the Canadian Organization for Advancement of Computers in Health.

The Bureau's newest reference guide, its 6th edition, is available for $50 in Canada and $65 outside the country; it can be obtained from the Bureau at 410 Laurier Avenue West, Suite 800, Ottawa, Ontario, K1R 7T6.

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NEWS ITEMS

Ms. Sandra Cifani, an MLS graduate from the University of Toronto in May, 1980, has been appointed Librarian 1 at the Canadian Memorial Chiropractic College Library in Toronto. Sandra has had relevant pre-professional experience at the Health Sciences Library, McMaster University. Another new MLS graduate from U of T, Leanne Schwandt, is manning the "mini-library" at the College until the major reconstruction activities of the Library are completed.

A new publication in process is Basic Library List for Family Medical Centres, 1980, vol. 26. The author is Dorothy Fitzgerald of the Canadian Library of Family Medicine (address on page 83) and publication of the volume is slated for August, 1980.

Pamela A. Avis Pollock has resigned as the Librarian of the Ontario Medical Association and adds: "I'm moving to Dryden, Ontario -- having baby in October". The new OMA Librarian will be Ms. Jan Greenwood. The OMA has also published a new edition of A Health Sciences Library Basic Manual.

PRE-POSTSCRIPT

For the first time ever I have stolen this space from the Editor without his knowledge. The reason for this is that, as you will know, this is the last issue to be edited by PJ Fawcett. Our Association owes much to PJ for his sterling efforts on behalf of the CHLA#ABSC. I will miss not working with him so often though I do look forward to seeing more of Arlene Greenberg and Pierette Dubuc - and we have the advantage now that Postes Canada Post will not come between us!

DAVID CRAWFORD. Chairman Publications Committee

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POSTSCRIPT

- THE EDITOR

I'm proud of this issue.

Said pride does not arise from the fact that autumn is finally approaching (as in: pride goeth before...aw, never mind) nor the fact that I put a great deal of work into soliciting material for this issue. On the contrary, I put less effort into gathering together this number than most of the previous ones, which is appropriate in its own way.

I'm proud of this issue because, with the exception of a stray page or two, the whole darn thing deals directly with the activities of the CHLA/ABSC and its various components. Thirty-plus pages of chapter reports, committee reports, reports from the Board members, etc. all go to underline the conclusion that the CHLA/ABSC is alive and active.

(Oh, no, is he going to launch into yet another of those awful rally-around-the-flag-boys type of speeches again?)

(You bet your aspidistra he is!)

The Association needs more support than your annual dues cheque or the occasional marks you make on a ballot. It needs active involvement. From you. Read through this issue thoroughly and you'll find there's a wide range of activities which the Association is undertaking. Some of them are of direct interest/influence to you and your career. And some of them can profit tremendously from your involvement in them. Read the section entitled "Keeping in Touch", beginning on page 69, and see if you can't find a way for YOU to get more actively involved in your Association.

This is my swan song as editor of the BMC and if any of you have ever heard a swan trying to sing you'll fully appreciate the sentiment couched within. I shall not, however, be disappearing from these pages entirely. In order to persuade the new editors to serve, I had to agree to continue to write "something" for each issue of the BMC. They were quite vague as to what that "something" should be but I have a sneaky suspicion that it has to be related to the library profession. A pity, since I've already prepared a fascinating list of all the computer programmes I've written which have never worked. (If it's turned down by the BMC, I plan on retitling it and selling it to the Readers' Digest as "My Most Unforgettable Programme", or maybe even "I Am Joe's 3330 Disk Storage".)

I'm hopeful that the membership will continue to lend Pierrette and Arlene the support and cooperation which I was given. If you've read pages 58-59, you'll know that I'm also hoping that said cooperation will increase about two-fold. I am turning over the editorial files with at least three or four articles still in the pipe (including the French version of the President's Report which was not available in time for this issue) but a lot more submissions will be needed if they are to keep the BMC viable. Otherwise, you may find this page being retitled from Postscript to Postmortem.

In closing, I would like to wish Arlene and Pierrette every success with their venture and expect to see a steady improvement in the BMC over the next pair of years. For myself, I thank you all for the interest and support you've shown. It's been fun.

Peace.

BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

VOL 2, NO 4 1980

Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editors, and not the CHLA.

AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 07 November, 1980.

Editorial Address / Redaction

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 07 novembre, 1980.

FROM THE EDITORS

This issue of the Bibliotheca Medica Canadiana marks the change in editors. Since there will be two editors, Pierrette and I have decided to alternate writing the editorial, but we are reserving the right to edit each other's editorial. The editorial will be co-signed and it will appear in both english and french.

We would like to start by expressing tribute to our former editor, P.J. Fawcett who has made the transition in editorship extremely painless for us. We all got together for the first time at the CHLA convention in Vancouver, last June. Over drinks in the bar, P.J. began the task of telling us what was involved in being editor. His enthusiasm and support helped to ease the panic we were facing. He kept telling us to be brave, have fun and everything would fall into place. Weekly, he started sending all the files, correspondence, etcetera that goes along with being editor. He also made sure that we would fill this issue and has provided us with an article. For his continual support over the last couple of months, we wish to say thank-you for getting us off to a good start, and wish him good luck in his future endeavours.

Essentially, the BMC will continue to be published along the same lines and with the same editorial policy as has been done in the past. I draw the readers attention to a new column (appearing in this issue) entitled 'THE CANADIAN SCENE...PEOPLE ON THE MOVE'. This column will report the comings and goings of our fellow colleagues across Canada: moves from one place to another; staff changes; staff appointments, etcetera. The Postcript will be replaced by LETTERS TO THE EDITOR. We urge you to send us letters voicing your opinions on various issues in the health field that you feel might be of interest to our readers.

We see the Bibliotheca Medica Canadiana as a newsletter that fills a very important gap in communication. It enables our colleagues who do not have the opportunity to attend annual meetings or who do not have access to large resource libraries a vehicle for keeping in touch. To this end, we thank all of you who have contributed articles to the BMC in the past, and to those who will do so in the future. In addition, we acknowledge the work of the BMC correspondents in keeping us informed as to what is happening in the different regions.

Finally, we wish to acknowledge David Crawford, Publications Chairman of BMC, for his faith in us and his involvement in putting the issue together and seeing that it gets mailed to all of us.

We hope that the future of Bibliotheca Medica Canadiana will be as exciting and informative as we have all become accustomed to in the past.

Sincerely,

Pierrette Dube

Arlene Greenberg

MOT DE LA REDACTION

Voilà qui est fait: B.M.C. a changé d'éditeur! Ce premier numéro est pour nous deux, Pierrette et moi, une expérience nouvelle que nous n'abordions pas sans appréhension. C'est pourquoi nous voulons dire, dès le départ, notre reconnaissance à notre prédécesseur, P. J. Fawcett qui nous a facilité la transition.

Nous nous sommes rencontrés pour la première fois à Vancouver, en juin dernier, à l'occasion de notre assemblée annuelle. L'aventure ne nous paraissait pas si folle au premier abord, peut-être à cause du fait que nous étions installlés devant un verre et non pas devant notre dactylo! Ce n'est qu'une fois revenues à Montréal que l'ampleur de la tâche nous est apparue. P. J. restait attentif à nos premiers pas et nous expédiait régulièrement des envois réconfortants: nouvelles, commentaires suggestions. Il nous disait: "Soyez braves, amusez-vous et le tour sera joué!" Et voilà que le numéro quatre est complété. Je peux maintenant rédiger cet éditorial en connaissance de cause et vous dire combien nous devons à P. J. pour l'encouragement qu'il nous a prodigué depuis deux mois.

En principe, B.M.C. va continuer de paraître au même rythme, suivant la même politique et les mêmes directives que par le passé. Une seule innovation: la chronique intitulée "The Canadian Scene... People on the Move". Sous ce titre, nous signalerons le va et vient de nos collègues à l'intérieur des frontières canadiennes: déménagements et promotions, changements, innovations, etc. Le mot de la fin ou Postcript sera aussi remplacé par les lettres aux éditeurs... à la condition que vous vouliez bien nous faire parvenir vos commentaires, remarques et suggestions. La parole est à vous! En attendant vos lettres, nous vous offrons dans ce numéro un texte de notre prédécesseur, P. J. Fcett.

En tant qu'éditeurs, nous croyons que Bibliotheca Medica Canadiana joue un rôle de premier plan dans la communication indispensable aux spécialistes de l'information que nous sommes en nous permettant de rester en contact en dépit de la distance et du fait que nous ne pouvons tous participer aux réunions annuelles. C'est pourquoi nous sommes particulièrement reconnaissantes à tous ceux qui veulent bien donner de leur temps et de leur énergie en écrivant des articles ou en nous fournissant des nouvelles qui nous tiennent tous à jour, comme nous le sommes à l'égard des correspondants régionaux pour leurs envois réguliers.

En dernier lieu, nous voulons dire à David Crawford, directeur des publications de notre association, combien nous avons apprécié ses conseils et son appui constant depuis notre nomination.

Enfin, à nos lecteurs et collaborateurs, nous espérons offrir des numéros qui soient dans la tradition de B.M.C., c'est à dire à la fois instructifs et passionnants.

Amicalement,

Pierrette Dube

Arlene Lowenberg

BILAN DES REALISATIONS DE L'ABSC EN 1979-1980
- MARTHA B. STONE

Dresser l'inventaire des réalisations de l'ABSC en 1979-1980 m'amène à dire, tout d'abord, que cette année a été extrêmement productive! Notre jeune association a bénéficié constamment de l'enthousiasme, de l'élan et du dévouement de tous ceux qui se préoccupent du rôle et du développement des bibliothèques médicales au Canada. Après avoir espéré pendant si longtemps l'essor de notre association et après avoir assisté à la 4e assemblée annuelle, je constate avec plaisir que cette année a permis la mise en place d'une infrastructure solide ainsi que l'établissement de contacts suivis entre les différents échelons de l'organisation.

J'attire l'attention de ceux d'entre vous qui n'ont pas participé à la réunion de Vancouver, sur l'intérêt qu'elle a présenté. J'espère que la lecture des rapports des comités et des sections régionales vous permettra de vous rendre compte des progrès accomplis. L'activité déployée par les sections, et leurs réalisations, sont extrêmement encourageantes. Chacune des régions s'est fixée un but et s'attache à un domaine particulier. Pour moi qui ai connu la situation des bibliothèques médicales canadiennes telle qu'elle existait il y a dix ans, il est réconfortant de voir l'ampleur des efforts déployés par les sections en faveur des bibliothèques médicales et de l'ABSC.

Cette année a vu, également la mise sur pied de projets spéciaux. Je suis heureuse que l'ABSC s'occupe de la participation de bibliothécaires de pays en voie de développement au 4e Congrès International des Bibliothécaires Médicaux qui se tiendra en septembre à Belgrade (Yougoslavie). Que le Canada, par l'entremise de notre association, puisse financer la participation de bibliothécaires du Tiers Monde aux échanges d'information dans le domaine des sciences de la santé est certes une action dont tous les bibliothécaires peuvent être fiers. Nous remercions donc l'ACDI pour son aide, ainsi que Madame Frances Groen, bibliothécaire médicale de l'Université McGill, pour son rôle extrêmement actif et l'intérêt suivi qu'elle a porté à cette question.

Les membres de l'association ont approuvé, lors de la réunion de Vancouver, un nouveau projet: la publication d'une "Histoire des bibliothèques médicales canadiennes et leur rôle". Cet ouvrage sera élaboré par Doreen Fraser, professeur de bibliothéconomie à l'Université Dalhousie, et publié conjointement par l'Ecole de Bibliothéconomie de l'Université Dalhousie et par l'ABSC. L'Université se chargera du financement, de la production et de la diffusion de l'ouvrage dans le cadre de sa série de publications consacrée à divers sujets intéressants l'Ecole de Bibliothéconomie. L'ABSC, de son côté, se chargera d'assurer la qualité du texte. A cette fin, l'association a créé un comité consultatif qui aura pour tâche d'aider Doreen Fraser à élaborer le plan de l'ouvrage et le calendrier de publication, et d'assurer la liaison avec le conseil d'administration. Ce projet a fait l'objet d'un exposé extrêmement détaillé à l'assemblée annuelle, à Vancouver, et a recueuilli, par vote, la pleine adhésion des membres de l'association.

La troisième réalisation a été le renforcement de l'infrastructure de notre association. Comme notre bulletin le mentionnait il y a quelques mois, l'ABSC a été constituée en société, au niveau fédéral, en décembre 1979. L'assemblée annuelle a approuvé les amendements qui, de ce fait, on dû être apportés aux statuts déposés en mai dernier. Désormais, notre association fonctionne selon des statuts reconnus officiellement par le Ministère de la Consommation et des Corporations.

MB STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

Le président du comité des statuts, Eileen Bradley, de l'université de Toronto, vous invite à lui faire parvenir toute remarque, question ou recommendation que vous voudriez formuler au sujet des modifications aux nouveaux statuts, c'est-à-dire aux règlements de l'association. Ces modifications seront soumises à la prochaine assemblée annuelle et ajoutées aux règlements.

En vertu de la loi, l'association utilise maintenant comme adresse une boîte postale officielle. Toute correspondance destinée à l'ABSC doit donc dorénavant être adressée à: Boîte postale 983, Succursale "B", Ottawa, Ontario. K1A 5R1. Des dispositions ont été prises pour que le courrier nous soit livré régulièrement.

Les rapports des comités qui furent publiés dans le numéro 3 vous donneront une bonne idée des autres réalisations et activités administratives de l'association. Ils méritent d'être lu avec attention, car ils témoignent de l'ampleur de la tâche accomplie. C'est en écoutant, ou en lisant, les rapports présentés à la réunion du conseil d'administration et à l'assemblée annuelle que j'ai pris connaissance, avec beaucoup d'admiration, de la somme de travail effectuée par ceux qui vous représentent. Je tiens à souligner ici l'ampleur de l'effort fourni par les membres du Conseil et à les en féliciter.

Enfin, j'adresse mes remerciements au comité chargé du programme de la 4e assemblée annuelle, tenue à Vancouver. Bill Fraser et les membres de son comité: Linda Einblau, BCMLS; Dianna Kent, Woodward Library; Deborah Newstead, Shaughnessy Hospital; David Noble, Agence pour la lutte contre le cancer. Tous ont oeuvré sans relâche pour assurer la réussite de la réunion. Le programme était extrêmement bien fait et portait sur de nombreuses questions auxquelles s'intéressent les membres. Je suis sûre que vous trouverez dans ce numéro et les suivants des articles rédigés à la suite de cette rencontre.

En ce qui me concerne, l'année a été difficile. Comme beaucoup d'entre vous le savent, j'ai changé d'emploi en février et les effets de ce changement ne sont pas encore complètement perçus. Grâce à l'appui de tous les membres du conseil d'administration, et à celui de mon employeur, le Centre de Recherche et de Développement International (CRDI), je suis néanmoins en mesure de déclarer que l'année 1979-1980 a été une excellente année.

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NEWS ITEM

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

Daphne Dolan, formerly librarian at Concordia University in Montreal, assumes the position of Chief of Departmental Services at National Health and Welfare, effective October 1, 1980.

She replaces Martha Stone who is now with the International Development and Research Center in Ottawa, as Associate Director of Information Sciences.

HEALTH SCIENCES RESOURCE CENTRE ADVISORY COMMITTEE
- B. FRASER

The sixth meeting of the Advisory Committee on the Health Sciences Resource Centre met at the Academy of Medicine building in Vancouver on June 13th. Representing CHLA on the Committee were M.A. Flower, Anna Leith and Bill Fraser, chairman. Other members attending were Pierette Dubuc representing ASTED and Ann Nevill from ACME. Eve-Marie Lacroix, HSRC and Elmer Smith, Director of CISTI were also present as ex-officio members.

CISTI has agreed to pick up subscriptions to infrequently held journals allowing other Canadian libraries to discontinue their subscriptions. Documentation of savings from this policy should continue to be sent by large libraries to the Director of CISTI.

A proposal for a published guide or handbook to Canadian health statistics is being discussed by the Committee. A sub-committee of Anna Leith, Diana Kent and Bill Fraser will prepare the detailed proposal outlining the needs, parameters, estimated costs and potential users for such a guide. This is to be submitted to the Director of CISTI.

Good news for some Medline users is the announcement that the Toxicology Data Bank will soon be available in Canada. Mr. Smith with George Ember and Eve-Marie Lacroix attended the dedication of the Lister Hill Center for Biomedical Communication at NLM on May 22. Mr. Smith reported that he thanked Dr. Martin Cummings on behalf of the Canadian health sciences community for the continuing support from the National Library of Medicine in health information.

A request from Ottawa libraries for CISTI's assistance in creating a local union list of serials was discussed. It was pointed out that CISTI's mandate is a national one and, because it is not a granting agency, it cannot help fund local projects in any way. The committee concluded that regional union lists are best developed and maintained at the local level and recommended that HSRC restrict its involvement to an advisory role.

CISTI's outreach program for regional development was brought up at the Vancouver meeting. Some of its national programs were reviewed. These include document delivery service, location searching, the CAN/DOC ordering facility on CAN/OLE and the development of the national health sciences collection in coordination with the 16 medical school libraries. In relation to Interlibrary Loans the Calgary experiment in the provision of a courier service for efficient delivery was described. Preliminary results showed this service to be cost effective and approximately five times faster than the normal postal service. CISTI's plan is to expand this service from Vancouver to Halifax.

The National Library's report "Future of the National Library of Canada" was the final topic for discussion. The committee agreed that the implementation of recommendations 8 and 10 of the National Library report would have a negative impact on service to the scientific, technical and medical communities.

The Advisory Committee meets again at CISTI on November 10th. Any CHLA/ABSC members who might have items for the agenda of that meeting are urged to contact one of the members of the Committee.

B. FRASER, B.C. MEDICAL LIBRARY SERVICE, VANCOUVER, B.C.

MORE ON THE MLA CHLA/ABSC BILATERAL AGREEMENT... THE MLA PERSPECTIVE
- GERALD J. OPPENHEIMER

As the first official Medical Library Association representative, provided for under the terms of the MLA CHLA/ABSC Bilateral Agreement, I had the great privelege of attending the Vancouver meeting of the CHLA/ABSC this past June and to enjoy the company of colleagues, both old and new. It was my pleasure to convey to the CHLA/ABSC participants the belief held by the MLA membership and Board that the Bilateral Agreement holds great promise for both parties.

There are, it appears, some immediately realizable benefits to the CHLA/ABSC. A beginning has been made in removing real and psychological barriers caused by political boundaries in the interest of strengthening professional ties. While the two associations cooperate on the institutional level and thus preserve the integrity of Canadian interests, Canadian members of MLA will be able to participate fully as principal members of MLA chapters and thus continue their long tradition of rendering valuable service to our profession. The educational program of the CHLA/ABSC can be notably enhanced by access to MLA syllabi to be translated and ammended so that Canadian content may be included, and a stimulus may be created for even greater activity in continuing education.

MLA, as well, will reap advantages from the implementation of this important document. MLA, as an international organization, will be able to demonstrate its interest in and involvement with a non-U.S. sister society. The Bilateral Agreement will serve MLA as a paradigm and testing ground for cooperation with other associations which share with MLA common objectives. It appears to me, just the right instrument to do justice to an organization the bulk of whose membership is located in one country but whose aspirations are not limited to these members' interests alone, and transcending this national limitation, form close bonds with other organizations walking in the same direction.

For both CHLA/ABSC and MLA, sporadic communication should be a thing of the past. The Agreement requires not only an exchange of publications but will enhance contact by the device of having official representatives at each other's annual meetings. As the role of these individuals becomes more sharply defined and there is continuity from meeting to meeting, their value as spokesmen and links will provide an even closer connection.

The text of the Bilateral Agreement should only be regarded as a beginning. As both partners become more involved, opportunities for considering additional ties, joint projects in other areas, perhaps with respect to other countries for scholarship purposes, for the improvement of communication technology, will become the foci of subsequent activity.

I would like to conclude these few remarks with a recommendation. As interests are identified which would be furthered by official contact with MLA under the conditions of the Bilateral Agreement, it seems advisable for CHLA/ABSC to appoint a working group which might raise the relevant questions, formulate the proposal, present it to the Board who then may wish to make a request to the MLA Board for a response in kind. I regard it as important that such an active approach is adopted by CHLA/ABSC if the Agreement is to become a useful instrument.

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Editor's Note: See BMC, V.1, No. 4, P.117 & V.1, No. 5, P.144, 1979 for other articles on MLA CHLA/ABSC BILATERAL AGREEMENT

G.J. OPPENHEIMER, DIRECTOR, PACIFIC NORTHWEST REGIONAL HEALTH SCIENCES LIBRARY, UNIVERSITY OF WASHINGTON, SEATTLE, WASHINGTON.

CONSUMER HEALTH EDUCATION -- WHAT ARE WE DOING IN CANADA?

- J. MARSHALL

In recent years the role of the librarian in consumer health education has been hotly debated and discussed at meetings and in the literature. Whereas in the past many of us considered health prefessionals to be our only clientele, the current emphasis on health promotion and freedom of information has done a great deal to broaden our horizons. Many librarians now consider consumer health education to be a legitimate part of library service and are actively engaged in innovative programs to develop collections and services for laypeople.

At the 1980 Medical Library Association Annual Meeting in Washington, D.C., the Relevance Group proposed the following resolution which was passed by the general membership at the business meeting:

> "Whereas consumers are demanding increased access to health information;
>
> whereas gaining access to quality health information is a problem for much of the public;
>
> whereas health information is recognized as a positive factor in promoting the health of the general public;
>
> whereas health sciences librarians are qualified to respond to health information needs;
>
> therefore, be it resolved that the Medical Library Association support, in principle, the consumer's right to health information and establish a task force to study the role of health sciences libraries in providing consumer health information; to explore various methods of cooperation with public libraries in this endeavor; and to develop guidelines for health sciences librarians to use in fulfilling that role."

We thought that it would be useful for us, as Canadian health sciences librarians, to share our interest and experiences in consumer health education through the BMC. If you would like to participate in this exercise (and we hope that you will), please send a one-page summary of your ideas, plans, or activities in consumer health education to either of the addresses below. We will undertake to edit the submissions and provide a summary in the next issue of BMC. If your work has been more extensive than can be described in a page, send us a longer article. It would be exciting to have a whole issue of the BMC dedicated to consumer health education. Remember that bibliographies or resources lists or patient education materials would be welcome too.
We will look forward to hearing from you by October 24, 1980.

Joanne Marshall
Health Sciences Library
McMaster University
Hamilton, Ontario
L8N 3Z5

or

Claire Callaghan
Canadian Memorial Chiropractic College Library
1900 Bayview Ave.
Toronto, Ontario
M4G 3E6

J. MARSHALL, HEALTH SCIENCES LIBRARY, MCMASTER UNIVERSITY, HAMILTON, ONTARIO.

CONSUMER HEALTH EDUCATION SUMMARY

Name:

Address:

Telephone:

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Ideas/project summary/ bibliography/resource list, etc.:
(please attach if longer than one page)

Please send no later than October 24, 1980 to either Joanne Marshall or Claire Callaghan.

IVe CONGRES INTERNATIONAL DE BIBLIOTHECONOMIE MEDICALE, BELGRADE, YOUGOSLAVIE, 2-5 SEPTEMBRE, 1980

- PIERRETTE DUBUC, HOPITAL SAINTE-JUSTINE, MONTREAL

Le premier congrès international de bibliothéconomie médicale eut lieu à Londres en 1953, le deuxième à Washington, D.C. en 1958, et le troisième à Amsterdam, en 1969.

Ces rencontres se tiennent sous les auspices de l'Organisation Mondiale de la Santé et de l'UNESCO, mais c'est le pays qui est l'hôte du congrès qui est responsable d'en faire un succès.

Ce quatrième congrès était attendu avec impatience. Sur les quelque cinq cent participants, cent soixante-cinq sont venus de quarante-cinq pays différents. Le Sava Centar a été conçu en fonction de réunions internationales et se trouvait fort bien équippé pour faire face aux problèmes de la communication qui pouvaient se présenter. Il y avait, par moments, traduction simultanée en plusieurs langues, dont le serbo-croate, l'allemand et naturellement l'anglais, langue officielle du congrès. Mais cette fois, la langue anglaise n'était pas la langue de la majorité et ce fut une expérience nouvelle, pour une nord-américaine de langue française, d'échanger en anglais avec des personnes dont la langue maternelle était toute différente et partager ainsi la même difficulté d'expression!

Le Dr. Ines Wesley-Tanaskovic, présidente du comité d'organisation, fut chaudement applaudie par tous les participants àla fin du congrès pour son enthousiasme et sa largeur de vue qui ont marqué les délibérations.

Le Canada comptait quatre représentants dont Frances Groen, M.A. Flower , Martha Stone et Pierrette Dubuc, lesquelles ont rencontrées les deux délégués des pays en voie de développpement pour lesquels CHLA / ABSC avait obtenu une bourse. Tous furent d'accord pour reconnaître les multiples bienfaits que pareille rencontre apporte au bibliothécaire de la santé. Outre les quatre citées plus haut qui présentaient chacune une communication, Joanne Marshall de l'Université McMaster était parmi les auteurs mais elle ne put malheureusement se rendre et c'est Frances Groen qui donna son excellent exposé sur le rôle du bibliothécaire médical en milieu clinique. Martha Stone jouait le rôle de "rapporteuse" pour le Comité des Résolutions et Frances Groen présidait l'une des trois réunions pléniaires.

On trouvera plus d'information sur les sujets discutés et les résolutions importantes adoptées à ce congrès dans les prochains numéros de B.M.C.

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HISTORY OF HEALTH SCIENCE LIBRARIES AND LIBRARIANSHIP, 1959-1979

Those present at the Vancouver conference of CHLA last June, heard from Doreen Fraser of the School of Library Service at Dalhousie University, how the decision of writing the History of Health Science Librarianship in Canada came about. We recently received some five pages of notes on this which we are unable to include in this issue. However, we call your attention to this project at this time. You may participate either individually or through your local chapters. Please contact Doreen Fraser at the School of Library Service, Dalhousie University, Halfiax, N.S. B3H 4H8 for more information. The next issue of BMC will carry further details.

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STATISTICAL SOURCES FOR CHRONIC CONDITIONS AND SPECIAL HEALTH PROBLEMS
- GUY A. COSTANZO

This address will provide a practising person's perspective on the problems of gathering statistical material related to chronic conditions and special health problems. For the purposes of this address, I will define a chronic condition as 'any condition likely to impair the full functioning of an individual over and extended period of time' and a special health problem as 'a problem you cannot conveniently classify elsewhere'. Examples of chronic conditions include diabetes, hypertension, blindness, chronic renal failure, mental illness, and chronic obstructive lung disease. Examples of special health problems include alcoholism, drug abuse, smoking, accidents, suicide and abortion.

Librarians are specialists at uncovering information from the published material housed in libraries, passing it on to clients who are not so expert. There exists a symbiotic relationship between the librarian and the professional research worker. Each supplies the other with valuable material.

Some statistical material pertaining to chronic conditions and special problems exists in published form - unfortunately, it is not always in the form or detail clients want it. For the librarian, it means the difference between; "I know that exists and I will look it up", versus "I wonder if that exists and, if so, where should I go for it?" This distinction means that a certain degree of detective work will be required of the librarian.

You can sometimes go back to sources and get information in the form you want it if you know where to look.

There is a distinction between raw data collection and aggregation. There are also a number of levels at which raw data can be aggregated into information. The 'supreme aggregator' in this country is Statistics Canada. Because of the number of raw data collectors and the multiple points of aggregation, there is a good chance that two people will not collect or present the same piece of information in the same way (See Figure 1)
Fortunately, vital statisticians and medical records librarians, hospital insurance people, medical health officers and public health departments, etc. recognize this to some extent and there are periodic efforts made to meet and to standardize data collection procedures and presentation. (Hence, the International Classification of Diseases, Adapted for example, or the Interprovincial Committees of Vital Statisticians that meet in Canada)

The first clues as to where to look for useful information will come from defining the scope of the condition or problem under consideration. This sounds elementary, but it is not necessarily as easy a task as it looks.

For example, we have staff of physicians and nurses who work closely with the local School Board. Naturally, children with health problems are hidden away there, and it is our responsibility to see that they are referred for care to ensure their optimal functioning. This means that you should know what is wrong with them in the first instance. One of our doctors commonly identified the FLK Syndrome in children screened, - "I dunno what's wrong with him - he's just a funny little kid !" (For example, learning disabilities involves a number of conditions of different severity which are not necessarily mutually exclusive).

G. COSTANZO, RESEARCH OFFICER, VANCOUVER HEALTH DEPARTMENT, VANCOUVER, B.C.

Once you define what you are looking for, the problem of where to look looms large. Here it helps to use your imagination and picture yourself as actually having the condition or problem under consideration and deciding where you would likely go for help. Would you be a ward of the Ministry of Health? What Branch? (The Division of Aid to the Handicapped, for example - Look to your Ministry's Annual Report for clues). Have you been hospitalized? Do you have private agencies lobbying for service for others with your condition? (Cerebral Palsy Association, Stroke Association, Arthritis and Rheumatism Society etc.). This problem is made considerably easier if you are dead. Then you are automatically included in a fairly comprehensive and easily accessible statistical base.

If you are interested in morbidity, it's another matter. It is likely that no agency of the health care system will have knowledge of 100% of the population under consideration. Always, stress the limits of ascertainment to clients seeking information on chronic conditions or special health problems. For example, not all cases will be hospitalized, so 'hospital discharges' presents an incomplete picture.

Many more people will see a physician but in B.C., for example, the Medical Services Commission does not yet record diagnostic codes from the physician's billing procedure, although there are plans to work on this in the future.

The Canada Health survey would have included a good deal of information on chronic condition prevalence, but it has been discontinued and the first round of results will not be available until the fall of 1980. Incidentally, there is lobbying going on to resume the Canada Health Survey, but no offical action has taken place to date.

In British Columbia, we have, within the Ministry of Health, a Health Surveillance Registry. It was begun in 1952, as a handicapped children's registry, but has expanded to include adults and a much broader range of handicaps. Other specialized registries exist and you should be aware of these in your own Province.

Special surveys are constantly being conducted to identify needs in particular groups. Look to the 'disease clubs' for reports of these and Ministry of Health-sponsored undertakings. In B.C. currently, there is an inter-ministerial committee to study the needs of the severely handicapped.

There is also a trend to house the raw data from such surveys on magnetic tape in data libraries. The University of British Columbia has one, for example, that has grown very rapidly in recent years. It may not be possible for a client to extract, or have extracted for him, specialized information from a file housed in one of these libraries. Consult with your university library and computing centre.

Local health departments keep tabs on a wide variety of conditions depending on local program priorities. Look to them for information on the non-reportable communicable diseases, for example, or for tropical or rarely occuring diseases.

In Vancouver, have a United Way-sponsored community infromation service that publishes and updates a comprehensive Guide to Community Services. Look to such a guide for specialized agencies in your own area. Also check your yellow pages under 'Associations' and your government listings under 'Health' and 'Human Resources'. In B.C., all of these Ministries have Research Officers on staff who can outline current data-gathering practices and handle specialized requests for tabulations.

In summary, the following six steps should furnish clues as to where the information on chronic conditions and special health problems can be obtained, and in what format pertinent to the needs of the user:

1. Define the scope of the condition under consideration.

2. Consider where in the Health Care System a person in those circumstances would make contact.

3. What agencies specifically might be involved ?

4. Do they publish official reports ?

5. Do they have internal data that might be useful ?

6. Can you get your hands on it in reasonable time ?

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UNE HISTOIRE DES BIBLIOTHEQUES DE LA SANTE AU CANADA

A l'assemblée annuelle de Vancouver, en juin dernier, Doreen Fraser , de l'Ecole de Bibliothéconomie de l'Université Dalhousie, présentait un projet d'importance pour les bibliothécaires médicales. Il s'agit de rédiger, en collaboration avec tous ceux qui y ont participé, l'histoire des bibliothèques de la santé au Canada, depuis 1959 jusqu'à 1979.

Doreen nous a présenté le plan de l'ouvrage, les titres des différents chapitres, ainsi que son calendrier pour la réalisation de ce projet. C'est à la suite d'une entente avec le Dr. Norman Horrocks, directeur de l'Ecole de Bibliothéconomie et éditeur de la série Occasional Paper (ISSN 0318-7403) que CHLA/ABSC peut envisager cette publication.

Nous avons reçu cinq pages décrivant ce projet à votre intention que nous ne pouvons malheureusement inclure dans ce numéro, mais nous désirons attirer votre attention sur ce projet car il est important que chacun puisse y apporter sa participation, à titre individuel ou à l'intérieur d'un rapport de section.

Le point de départ de cette étude est la communication présentée en 1959 par le groupe des bibliothécaires des facultés de médecine à la conférence de la Medical Library Association tenue à Toronto. Le texte fut publié plus tard dans la revue de l'association, plus précisément en avril 1960.

Un appel est particulièrement adressé aux bibliothécaires du Québec car Doreen ne possède pas d'information ni de documents à ce sujet.

On peut communiquer avec Doreen Fraser à l'adresse suivante:

830 McLean Street, app. 24, HALIFAX, B3H 2T8. Téléphone: 902 - 423-3075 (rés.)

ou encore à la Kellogg Library : 902 - 424-2458, dont l'adresse est:

Kellogg Library, Dalhousie University, B3H 4H7.

CANHELP CORNER

- M.A. FLOWER

Topics which should be covered in the forthcoming national CANHELP Seminar on Canadian Health Library Interfaces are quite various. They should cover aspects, not only of hospital library activities, but also of the institutions and professions with which these libraries normally interact. All shades of opinion should be voiced, so that the dialogue which starts with the Seminar can continue to clarify the issues which arise, and so that further contact between health library people and other health workers may develop spontaneously out of the on-going discussions.

Central to the debate should be the way libraries work in a hospital setting, and how this is affected, a) by the size of the hospital, and b) by whether it is a teaching hospital or a community hospital. The type of community in which the hospital is situated may have a decided bearing, especially on the type of personnel the hospital is able to provide for the library.

What is the relationship of the library in different-sized hospitals to the administrator? to the medical and nursing staff? to other health care personnel in the hospital? to health care personnel outside the hospital, such as community health workers? to patients? to the families of patients? How is such a library funded in Canada? On what basis does it share resources with other institutions? How does it relate to back-up services from a university? from a government departmental library? from a professional association library? Who provides the funding for union lists, courier services and other forms of cooperation?

Continuing education is another major topic. Besides the provision of on-going training for health library personnel, there is the whole question of the role hospital libraries might play as access points in the continuing education of other health professionals.

Members of CHLA/ABSC should think about these questions in relation to their own areas. If there is someone in your locality who is knowledgeable about any aspect of these health library activities, either from the point of view of the library practitioner, or from that of a health field user, please send that person's name to a member of the CANHELP COMMITTEE. If there is a particular approach to one topic which you feel should be handled a certain way, let us know who you think might do the best job at it.

It is to be hoped that the people whom you suggest will range across all the provinces of Canada, and across all the disciplines in the Canadian health field, not to mention all the divergencies of opinion that are possible. Those who are willing to participate in our CANHELP Seminar in response to a written invitation will add immeasurably to our program. And they will be representing YOU.

M.A. FLOWER, CHAIRMAN, CANHELP COMMITTEE, CHLA/ABSC

THE CANADIAN SCENE.....

PEOPLE ON THE MOVE

- KELLOGG HEALTH SCIENCES LIBRARY, DALHOUSIE UNIVERSITY, Halifax

NEW STAFF: Catherine Krause and William Owen joined Information Services at the Kellogg Library on May 1, 1980. Cathy takes over as Dental Librarian and Bill has special responsibility for the School of Human Communications Disorders. Both are 1980 graduates of Dalhousie School of Library Service.

- MCGILL MEDICAL LIBRARY, MCGILL UNIVERSITY, MONTREAL

Claire Turnbull, who has worked at the McGill Medical Library since 1973, most recently as Head of Public Services has left the library on moving to Guelph, effective July 31, 1980. Claire's technical and managerial competence will be greatly missed by library staff and users.

Wendy Patrick, who has been the Botany-Genetics Librarian at McGill since 1973 and previous to that was in the Medical Library's Reference Department prior to that appointment, has been appointed Acting Public Services Librarian effective October 1, 1980. She will continue her administrative duties as Botany/Genetics Librarian. Wendy's experience in both the Medical and Botany/Genetics Libraries will be of great assistance in the development of long range plans for library services in the Life Sciences Area. Mr. Albert Tabah has accepted the position of Reference Librarian in the Botany/Genetics Library.

Susan Hamrell has been appointed Computer Services Librarian effective September 1, 1980. Mrs Hamrell's most recent position was at Duke University and she has had extensive computer searching experience there and at other institutions.

Carmo Andrade has been appointed Assistant Catalogue Librarian effective June 1, 1980. Ms Andrade graduated from the McGill Library School in 1979 and has been working in the Medical Library at McGill on a non-appointed basis since November 1979.

Jean Benson, Head of Reference, will be leaving Montreal in November 1980. She and her family are moving to Toronto.

- HEALTH SCIENCES LIBRARY, MCMASTER UNIVERSITY, HAMILTON

Elizabeth Uleryk, formerly Computer Services Librarian at McGill Medical Library, has been appointed Information Services Librarian (Reference and Circulation). She replaces Claire Callaghan, who has become the Director of the library at the Canadian Memorial Chiropractic College in Toronto.

Sharon Branton, Cataloguing Librarian, was elected Chairman of the Ad Hoc Health Sciences UTLAS Users Group for 1980/81, effective June 20, 1980.

- TORONTO MEDICAL LIBRARIES GROUP, TORONTO

CHANGE OF OFFICERS: The incoming Chairman, Mrs. Lorraine Spencer Garry has resigned and will now be replaced by the Chairman Elect - 1980-81 Mrs. Edna Allen, Reference Librarian, Warner-Lambert Canada Ltd., Scarborough, Ontario.

- UNIVERSITY OF MANITOBA MEDICAL LIBRARY, WINNIPEG

PJ Fawcett, former editor of the BMC, has resigned his position as Assistant Medical Librarian at the University of Manitoba Medical Library and will be leaving the Health Library field. Following a sojourn in Europe, PJ will return to Winnipeg to assume the position of Systems Coordinator for the University of Manitoba Libraries, effective October 1980.

Ms. Judy Inglis is the new Extension Services Librarian at the University of Manitoba Medical Library. Judy graduated from the University of Guelph with a degree in zoology and took her Master of Library Science at the University of Western Ontario. She has spent the last year working in a veterinary hospital in Japan and her previous work experience includes studying beaver populations in northern Alberta.

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NEW MEDLINE CENTRE

The Library of the Ontario Hospital Association was officially established as a Medline Centre effective September 1, 1980. Service will be offerred initially on a cost recovery basis to member institutions. For further information contact John Tagg , Librarian at (416) 429-2661, ext. 319. They are also offering retrieval service on QL Systems data bases.

LIBRARY TO MOVE TO NEW QUARTERS

The Sunnybrook Medical Centre Health Sciences Library in Toronto is scheduled to move to new quarters of 5000 square feet accomodating 20,000 volumes, at the end of 1980.

PUBLICATIONS

Linda Solomon, Director of Library, Canadian Hospital Association has recently published an article entitled Basic Library Tools for Health Administrators , in DIMENSIONS IN HEALTH SERVICE, 57; No. 7, 1980 (July).

UPDATE ANNOUNCEMENT - The last issue of BMC (Vol. 2, No. 3, 1980, p.82) made reference to the article being published by Dorothy Fitzgerald but did not mention the name of the journal. Please note full reference... Fitzgerald, Dorothy. Basic Library List for Family Medical Centres. CANADIAN FAMILY PHYSICIAN 1980 Aug; 26:1066-1073.

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REPORT ON THE ...

FOURTH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP, BELGRADE, YUGASLAVIA, SEPTEMBER 2-5, 1980.

- PIERRETTE DUBUC

The First International Meeting on Medical Librarianship was held in London in 1953; the Second was held in Washington, D.C. in 1958; and the Third was held in Amsterdam, in 1969.

These meetings are sponsored by WHO and UNESCO, but it is the country where the meeting is held that must be given credit for a successful reunion.

This Fourth Meeting was long overdue. Out of the five hundred (500) participants, some one hundred and sixty five (165) came from as many as forty-five (45) different countries. SAVA Center in Belgrade was a well chosen set-up for all the sessions. Rooms were comfortable and the technical background was supportive of the communication problems that could arise. Dr. Ines Wesley-Tanaskovic, Chairman of the Organizing Committee, was warmly ovated by all participants at the closing session. She brought a great deal of enthusiasm and devotion to the organization of the congress.

Canadian delegates included Frances Groen and M.A. Flowers of McGill University; Martha Stone of IDRC, Ottawa and President of CHLA ; and Pierrette Dubuc of the Ste Justine Hospital, Montreal. The Canadian delegates met informally with the two delegates from the developing countries whose attendance at the Congress was sponsored by CHLA. The four Canadian representatives each presented a paper at one of the various group meetings. In addition, there was a paper from Joanne Marshall of McMaster University which was read by Frances Groen. Martha Stone was "rapporteuse" for the Drafting Committee and Frances Groen presided over one of the three plenary sessions.

One special outcome of the Belgrade meeting which may be of interest to our readers is the concept of "twinning" of medical libraries from country to country in order to share experiences as well as resources, such as duplicates, bibliographies, etcetera.

Future issues of BMC will carry more information on topics discussed and important resolutions adopted in Belgrade.

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FOR SALE

Three unused MICROFILM READERS, 2 AUTOGRAPHIC LCR 1100 and 1 AUTOGRAPHIC LCR 1100-2.

16 mm MICROFILM READERS with friction index drive; lens magnification 48x.

Purchased from Bell & Howell in February 1978 for a unit price of $1,055.

FOR SALE AT $500.00 each or NEAREST OFFER...
APPLY AT: HEALTH SCIENCES LIBRARIAN,
McMASTER UNIVERSITY,
HAMILTON, ONTARIO. L8N 3Z5.

CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, ICIST
- EVE-MARIE LACROIX

Accès au fichier de toxicologie

A compter du 1er octobre 1980, les centres MEDLINE canadiens auront accès au fichier Toxicology Data Bank (TDB), décrit dans le dernier numéro. Ce fichier, qui complète TOXLINE, CHEMLINE et RTECS du service MEDLARS, sera offert au même tarif par heure de connexion que MEDLINE, soit 15 $EU (heure de pointe) et 8 $EU (heure creuse), et à 15 ¢EU par page imprimée en différé. Pour de plus amples renseignements, communiquer avec Mme Bonnie Stableford du CBSS.

Bibliographie sur les terminaux à écran

Devant le nombre croissant de questions reçues à ce sujet, le CBSS et le Service de recherche bibliographique de l'ICIST ont préparé une bibliographie qui se rapporte aux effets des terminaux à écran sur la santé.

Une recherche détaillée, à la fois manuelle et automatisée, a été effectuée. Quelques références se rapportent aux rayonnements émis par les terminaux à écran, mais il est question surtout du stress visuel. Les sources dépouillées englobent Safety Science Abstracts, MEDLINE, Ergonomics Abstracts, Excerpta Medica, LABORDOC, INSPEC, Engineering Index, ABI/Inform, NTIS et le bulletin d'hygiène professionelle et de sécurité de la bibliothèque du ministère du Travail de l'Ontario.

On peut en obtenir copie auprès de Mme Dianne Pammett, du Service de recherche bibliographique de l'ICIST (tél. (613) 993-2013).

L'ICIST a récemment obtenu tous les programmes actuels des cours d'éducation permanente de la MLA. On peut se les procurer par l'entremise du Service de prêts entre bibliothèques.

Infoscope, le bulletin de nouvelles de l'ICIST, est maintenant publié tous les trois mois. Si vous souhaiter vous tenir au courant des activités de l'ICIST, Infoscope est diffusé gratuitement: il suffit d'écrire à la Section des publications, ICIST, CNRC, Ottawa, K1A 0S2.

E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, OTTAWA.

COURSES, WORKSHOPS...

During January-April 1981, the staff of the Kellogg Library, Dalhousie University, will be presenting a course on Health Sciences Bibliography to students of the Dalhousie University School of Library Service. The course will be co-ordinated by the Health Sciences Librarian, Ann Nevill.

A one-day workshop "Your Hospital Library and Accreditation" was held on September 25, 1980 at the Moncton Hospital, Moncton, N.B. The workshop was coordinated by Mrs. Isobel Wallace of the Health Sciences Library of the Moncton Hospital. It was particularly aimed at those who wish to organize a hospital health sciences library. For more information, please contact Mrs. I. Wallace, The Moncton Hospital, Health Sciences Library, 135 MacBeath Ave., Moncton, NB. E1C 6Z8.

LIBRARY ACQUISITIONS

McMaster University Health Sciences Library has just received its first COM (Computer Output Microfiche) catalogue. This first annual cumulation contains all of the Library's catalogue records save for some audiovisuals. Periodicals are NOT on the COM, but Continuations are. In between each annual edition of the full COM catalogue, there will be bimonthly cumulating supplements and biweekly acquisitions lists. (The paper lists are for internal use only. Copies will not be available for distribution until the next annual cumulation).

Also, the Health Sciences Library of McMaster University has completed its pioneer work as the first "MEDICAT" library and as the first users of the National Library of Medicine cataloguing tapes in North America. MEDICAT standards and editing guidelines came from this Library working with the Office of Library Coordination (COU) and UTLAS. Sharon Branton is the MEDICAT Resource Person for new libraries thinking of joining "MEDICAT" through UTALS. For any information or help you may need in addition to that given by UTLAS (or prior to joining UTLAS if you are considering it) please contact Sharon Branton, Cataloguing Dept., Health Sciences Library, McMaster University, Hamilton, Ontario. L8N 3Z5. (Telephone Number: (416) 525-9140, ext. 2326).

AVAILABLE ON INTERLIBRARY LOAN

From the Health Sciences Library, McMaster University, Hamilton, Ont. L8S 4J9.

- The Ontario Ministry of Health grant to evaluate the role of Clinical Librarian has been completed. This report is available on ILL by writing Joanne Marshall.

- McMaster's Health Sciences Library Report of the 1980 MLA Conference is now available on ILL. It consists of notes on the sessions attended by three of the librarians.

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JOB OPENING

THE HEALTH SCIENCES CENTRE, WINNIPEG, MANITOBA

One of the country's largest health care facilities is Manitoba's principal referral centre for complex health problems, and the Province's major teaching and research hospital. The Centre's components include Paediatric, Obstetric, Rehabilitation and Oncology facilities, and there is a hospital-based School of Nursing. The Centre which has embarked on a major physical redevelopment plan and is currently undergoing an administrative reorganization, invites applications for the following position.

DIRECTOR OF LIBRARY SERVICES

The Director of Library Services will be responsible for the organization, administration and effective operation of libraries and library services within the Health Sciences Centre, and for the direction and supervision of library staff. He/she will be required to analyze existing resources in realtion to the library needs of a potential user population of 4,000 staff and students, and to make recommendations concerning resources and services required to meet these needs.

Applicants should possess a Master of Library Services degree from an A.L.A. accredited school and have had previous experience in Health Sciences Library services. Demonstrated management and human relations skills are necessary for this position.

This position is open to both females and males.

Interested persons should apply in writing including a resume detailing education and experience to the:

Manager Employment & Training
Health Sciences Centre
700 William Avenue
Winnipeg, Manitoba
R3E OZ3

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NEUROSIS AND THE MALE LIBRARIAN
- PATRICK J. FAWCETT

Being neurotic, by itself, is not such a bad way to be.

In times like these, being neurotic has a lot of advantages. In my case, it gives me an excuse to pursue the pointless, to dream the ridiculous, and to tackle the impossible. It lets me cling to an inexplicable optimism in the face of deep and depressing realities. It lets me dream of achieving the unheard of, such as watching an entire football game without my wife finding things for me to do. Nor am I alone. Across the country, my brand of neurosis is amazingly popular, judging by the numbers of people who still support the Argonauts, vote Marxist-Leninist, buy Chryslers, or answer letters the same day they get them.

Being neurotic and being also a male librarian, however, is a vastly different proposition.

People never really know what to make of male librarians. They don't fit. According to the stereotypes perpetrated by both the media and the man in the street (who should know better than to be constantly standing out there anyway), librarians are always female. They may be spinsterish and old, or voluptuous and young, or expansive and dynamic, or withdrawn and catatonic. But they're female. They may be short or tall, fat or skinny, blonde or brunette, married or single. But always female.

And then there's guys like me.

Let's face it, little boys aren't supposed to grow up wanting to become librarians. They're supposed to emulate hockey players, truck drivers, linebackers and other macho types who can tear the top off a beer can in a tv commercial. Male librarians are always effeminate, meek little fellows with bow-ties who are too limp-wristed to open even a pop bottle. (I can meet part of those qualifications: I've fractured the same wrist twice.) And no kid grows up wanting to become one of them.

I did. I grew up wanting to become a librarian and it drove all my school counsellors crazy. I kept hearing phrases like "wasted potential" and "needing higher goals" as if the field of librarianship was something reserved exclusively for people who had already flunked out at trying to be dishwashers. Moreover, in an era when little boys were forbidden to play with dolls and larger boys were brainwashed into believing tears were a sign of weakness, the choice of such a blatantly feminine career was regarded as a dark foreboding of more problems yet to come. (One of my classmates in the eighth grade expressed an interest in becoming a nurse -- they talked him out of it.)

Once I had entered university, I had become wiser (read: more devious) in the ways of the world. When pressed for comments about my post-degree plans, I alluded to vague options about pursuing "information science" or dabbling in "storage and retrieval". This left people with the half-formed impression of something related to computer science while in the darkest interiors of my mind, safe within the neurotic caves of inner honesty, I could stealthfully whisper to myself my ultimate, sinful goal: librarian!

By the time I reached library school, feminism was in full force and had infected a portion of the class. While "liberation" of women from traditional career restrictions was being touted as a Good Thing, it helped not a whit the unfortunate male trying (if you'll pardon the sexist expression) to make it in a women's world. Rather than my liberated classmates applauding

my career choice, I found myself periodically under suspicion. Because men constituted less than 20% of the library workforce but held over 80% of the administrative positions, the only reason I was entering librarianship, so I was told, was to subjugate more women.

Sigh.

But I knew that once I became a librarian all that sort of thinking would change. Once I got out into the field and demonstrated my skills, people would stop regarding me as just another male. Once I proved my abilities, people would be willing to overlook my masculinity (such as it is) and see me just as a person. Given the chance, I was sure I could prove myself the equal of any woman.

Not likely.

After close to a decade in librarianship, I'm still finding people who are very uncomfortable with male librarians. After seven years in the same medical library (as the only male on a staff of nineteen), a surprising number of people still think there's something decidedly strange about a grown man spending his time this way. Because I work mostly with computers and systems and other funny things that go whirr in the night, many prefer to think of me as a computer specialist rather than a (shudder) male librarian. Somehow, it's more comforting for them.

The reaction shows itself in several ways. I once spent an hour with a physician, interviewing him, writing a profile, and pulling some choice citations out of a datafile. The man was obviously impressed with both me and the computer (unfortunately, we tend to get lumped together) and chose to manifest his delight by saying: "You know, a bright fellow like you should consider trying to get into university..."

On another occasion, I designed a datafile and wrote some strange language to control it and submitted the results to a computer department type to check over. He favourably reviewed my efforts and then suggested, in a sincere and encouraging tone, that I should consider computer science when I tired of working in a library and finally decided what career I wanted to pursue.

Not recently, in conversation with a faculty member, I alluded to some experience as an undergraduate and he responded with surprise that I had ever been to college. I assured him I had and even allowed that I'd picked up a pair of degrees in the process. His reaction approached total shock. "Then what are you doing hanging around a library?" he bellowed. "Why don't you get out and get a job and make a name for yourself?"

Sigh.

But I'm not giving up. I'm thinking of having a large sign installed on the window of my office, one that reads: "Male Librarian. Permanent Career Choice and Happy With It". I spoke to my boss about it but she said the only sign she'd be willing to buy for that window would be: "Please Do Not Feed". (I think she knows where they can be gotten cheap...)

For the meantime, I think I'll just sit here and suffer from my delusions of gender.

---

* P.J. FAWCETT, MEDICAL LIBRARY, UNIVERSITY OF MANITOBA, WINNIPEG, MANITOBA.

* (EDITOR'S NOTE: Since writing this article, P.J. has changed jobs, ironically enough. See Page 101 for details)

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BIBLIOTHECA MEDICA CANADIANA

VOL 2, NO 5 1980

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AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulleting of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 06 February, 1981

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 06 February 1981.

MOT DE LA REDACTION

Qui a dit que les bibliothécaires de la santé du Canada formait un groupe indistinct et sans voix ?

Voilà un numéro spécial qui prouve bien le contraire ! L'appel lancé par Joanne Marshall et Claire Callaghan a suscité une réponse quasi unanime de tous les points du pays en un temps relativement record. Et ce n'est là qu'une fraction de la réalité, car plusieurs agissent sans voir le temps d'écrire.

Face à l'augmentation des coûts et à l'accroissement de la population, nos administrateurs parlent de prévention. Des programmes s'élaborent aux niveaux national et provincial. Or, nous pouvons beaucoup aider à ce mouvement contemporain qui rend chaque individu responsable de sa snaté. N'est-ce pas au moment où il est hospitalisé que l'individu est le plus susceptible de modifier son comportement à ce sujet ? C'est aussi grâce à la collaboration que nous apporterons aux bibliothèques publiques que la population pourra s'éduquer à la santé. Au besoin, nous en prendrons l'initiative. L'éducation à la santé ne peut se faire sans nous ! C'est pourquoi nous avons voulu consacrer ce numéro à l'éducation du consommateur.

Nous avons reçu, de plus, d'excellents articles: en particulier, un texte de Pierrette Galarneau présentant la section de la santé de l'ASTED, un autre de la présidente sortant de charge, Maryse Boyer, nous faisant rapport de la situation pour 1980 et un message de la part de Doreen Fraser que nous avons dû reporter au prochain numéro. La communication parmi les bibliothèques de la santé du Canada se porte bien, merci!

La réponse que nous recevons de vous tous est très encouragenate, mais il est certain qu'un grand nombre d'entre vous n'osent pas encore s'exprimer... Pourquoi ne pas nous écrire pour nous raconter vos difficultés ? Ca vous soulagerait le coeur et peut-être trouveriez-vous, grâce à notre page "Courrier des lecteurs", une réponse et peut-être une assistance pratique ? Gardez l'anonymat si vous le désirez.

C'est donc un rendez-vous au prochain numéro.

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

FROM THE EDITORS

Who has said that health librarians in Canada form an indistinct group without a voice?

Here is a special issue that very adequately proves the opposite. The call, launched by Joanne Marshall and Claire Callaghan in the last issue of BMC, has provoked a response from nearly all parts of the country in a relatively short time period. The information that has been gathered for this issue only represents a fraction of the reality, since many are busy doing and have not had the time to write.

In the face of increasing costs and population growth, our administrators speak of health prevention. Some programs are being initiated at the national and provincial levels. Therefore, we can help this contemporary movement which renders each individual responsible for his own state of health and well-being. Is it not when and individual is hospitalized that he is most susceptible to changing his attitude on this subject ? It is through our collaboration with the public libraries that the pouplation may become more aware on health education. To achieve this goal, we must take the initiative on becoming involved in consumer health education.

Due to the importance of this topic and because it affects us in our daily work, we have dedicated this entire issue to consumer health education.

We have also received excellent articles: in particular, a feature on the health sciences section of ASTED by Pierrette Galarneau, another from the past president of the section, Maryse Boyer, on the activites of the Health Sciences Section of ASTED 1980: an article by Doreen Fraser to name a few.. The communication among the health sciences libraries in Canada goes well... Thank you!

The response we have received from you is very encouraging, but it is certain that a large number of you do not dare to express yourself... why not write us about the difficulties you are experiencing ' BMC is a place where you can spell it out to a sympathetic readership... through the colum "Letters to the Editors". You can state problems, etc. and get feedback from others who might be experiencing the same thing.

Let's start this dialogue in the next issue!

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

CONSUMER HEALTH EDUCATION - WHAT ARE WE DOING IN CANADA?

- JOANNE MARSHALL AND CLAIRE CALLAGHAN

INTRODUCTION

At the last CHLA Annual Meeting, members expressed an interest in sharing information about librarian involvement in consumer health education in Canada through the BMC. Therefore, in the last issue, we asked readers to send in summaries of consumer health education activities or resource lists that would be useful to all of us. Despite the short time available for sending in submissions, we did receive several -- many thanks! What has emerged is an issue of BMC devoted to consumer health education. The activity summaries are included along with some additional bibliographies, brief notes, and other tips that should prove helpful to those of you who are interested in consumer health education.

The official definition of health education adopted by the United States Bureau of Health Education reads,

> "Health education is a process with intellectual, psychological, and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family, and community well-being. This process, based on scientific principles, facilitates learning and behavioral change in both health personnel and consumers, including children and youth."
>
> -Medical Library Association. CE36 Patient Education. Chicago, MLA, 1978, p.1.

Whether we are directly involved in the health education process in our own institutions or not, the consumer health movement has affected all of us in some way as librarians working in the health care field. Many of the questions related to the library's role in consumer health education remain to be answered, but this issue of BMC may serve as a base for future discussion of this topic within CHLA. We plan to arrange a get-together at the next annual meeting in Montreal to pursue this discussion -- hope to see you there!

You Have A Right To Know:

- Who is treating you and the training they have had.
- The purpose, risks, cost, and alternatives for any suggested diagnostic or therapeutic procedures.
- The full name of your diagnosed condition in written form.
- The written results of any tests or X-rays—and an explanation of those results.
- How any recommended test or procedure will help your health worker help you.
- The alternatives available to you and the expected and possible outcomes of each alternative.
- All about any drug you are given—*in writing*—including purpose, content, generic and brand name, risks, side effects, interactions with foods and other drugs.
- That you may obtain a second opinion before agreeing to any surgical procedure, hazardous diagnostic procedure, or expensive laboratory test.
- What is in your own medical record, and a right to obtain a copy of your record if you so wish.

From: Medical Self-Care Number 9,
Summer 1980.page 6

VICTORIA, B.C.
HEALTH EDUCATION ACTIVITES IN VICTORIA - TWO FACILITIES

- DONNA SIGNORI

Victoria, like many Canadian cities, has an abundance of health-related centres which offer some health counselling. Consumers can seek advice and help principally in the areas of smoking, alcohol and weight sontrol from the programs offered by health spas and weight loss centres. Primarily oriented toward physical fitness, these organizations postulate that control of excessive desire for food, alcohol and cigarettes combined with some form of exercise will contribute to a longer life and healthier body. The principal thrust is towards dealing with symptoms -- the fat and the habits -- while counselling receives only a minimum of attention.

There is an American franchise in Victoria, the Diet Center, which operates from the belief that all toxic elements must be eliminated from the body before control of weight is possible. A personal review, evaluation and history is part of a subscriber's initiation to the program and the reducing aspect of the diet is combined with educational modules on nutritional behavior. Nonetheless, the principal focus is on weight loss. Over the years this type of centre has become a recognized and established lucrative enterprise which can be credited with stimulating interest in body fitness and initiating public awareness for good health. Their proliferation attests to their success.

Within the last ten years, however, greater emphasis on total body fitness has broadened the scope and understanding of health education. To maintain good health, proper knowledge of nutrition, body functions and environmental effects on daily lives have become a primary public concern. Originally health and fitness education was the domain of private enterprise but now governments on national (Participaction), provincial and even local levels have become champions of the cause. Slowly, health care has come to mean prevention instead of symptomatic treatment. What a person feeds into his body, if one does or does not exercise determines whether one will be a victim of illness. What the public understands about the body, its functions and the cause of disease and illness is a direct result of health education activities. In Victoria two organizations, the religious affiliated Adventist Health Education Centre, and the governmentally run James Bay Community Health Centre are the most representative of this concept in their approach to health education.

The Adventist Centre is most widely known for its eadily accessible health information through its Telephone Tape Liabrary. Advice and information on a variety of health-related subjects including marriage, alcohol, life situations, drug abuse, the heart, cancer, digestive system, nutrition, respiratory ailments are available on three or six minute tapes.

The concept for the Centre's seminars originated ten years ago when a group of doctors and dentists recognized the public's need for accessible health information. For the past year the Centre's education activities have become the responsibility of its full-time director (and part-time pastor), Gerald Haegar, and his wife. Both hold a Masters degree in Public Health which qualifies them to direct seminars on topics such as smoking cessation, nutrition and life-style change. During the past year a seminar called Life-Line spanning a period of ten evenings was introduced for the first time.

Five evenings were devoted to the subject of smoking while the remaining five evenings considered topics like high risk factors causing heart attacks, cancer, strokes, wieght control, stress, physical fitness and nutrition. Subscription to the group seminars include an individual risk evaluation carried out prior to the course to evaluate the state of the cardiovascular system. The seminars' conveners are members of the health profession. The Centre's services presently extend to the Greater Victoria area, however a branch will open in Vancouver.

The Public Health Service is an important part of the James Bay Community Project which incorporates under its mandate the intergration of health, social services, recreation and education activities at the community level in the James Bay area. To give credit where credit is due the project was the "brainchild" of the NDP, but was set up in 1975 and is presently funded by the Ministries of Health and Human Resources of the in-house government. Originally a pilot project, it was conceived with four mining companies in mind (Masset, Housten, Granisle and James Bay) for the purpose of providing health care in areas where none existed.

The health education activities of the Centre geared principally toward the "golden oldies" and young families, include classes in sex education, first aid, baby care, nutrition given by a doctor, smoking cessation given three times yearly by a nurse practitioner, all of which are held at the Community School. This year it expects to include in its program classes on both diabetes and hypertension. In addition New Horizons, a senior citizens' community association, sponsors a lecture series dealing with medical problems in the aged.

The Medical Clinic whose responsibility is health education is ably run by two family physicians, one nurse practitioner and two office assistants. The long since forgotten service, the house call, is part of the daily routine of the Clinic's two physicians. The Clinic maintains a small resource collection of materials for the benefit of its patients. Selected by the office assistants, one of whom was formerly librarian at the Victoria Medical Society, the collection consists of materials reviewed in a publication, Medical Self-Care.*

For the first time this past April the James Bay Community Project organized a large scale health education activity, the Victoria Health Festival. Its two-fold purpose was to bring to the attention of the public the health services available to them in the city and to help them assume responsibility for their own health. The day's festivities involved over one hundred health associations, societies, centres, foundations, professional health groups and book stores in the city. Their participation brought to the public a spectrum of activities: workshops, demonstrations, displays, films, entertainment and nutrition. Though many of the major national association presented interesting demonstrations, some of those less known by out-of-province readers deserve special mention: displays by the Drug and Alcohol Rehabilitation Society; the

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* Medical Self-Care, Box 717, Inverness, California, 94937, U.S.A., $7.00/year, (sample copies $2.00?), Edited by Dr. Tom Ferguson. Reviews are done by health professionals. Many of the publications would be highly suitable for a public library's collection, although others are perhaps somewhat more technical.

Lower Vancouver Island Association for Widows; the James Bay Pharmacy on smoking and medication; the South Vancouver Island Association for Children with Hearing Disabilities; the Ministry of Health on vision services, the Citizens' Association to save the Environment; the Greater Victoria Environment Centre. In addition to the displays, demonstrations were heald by the Camosun College Dental Assistant students on dental hygiene and good tooth care; the Movement Research Association on body movement awareness; the Holistic Health Centre; the Registered Massage Therapists; the Victoria Stress and Pain Centre; and the Self Heal Herbal Centre. Even personal recreation assessment was provided by various public recreation centres and the B.C. government Employees Fitness Centre.

Finally, a word about the Holistic Health Centre in Victoria. Its position appears somewhat unique in that it is a private enterprise which is both a treatment and counselling centre. Its staff of two physicians and a masseur adhere to the philosophy that in treating the root cause of illness one must consider the whole body. Acupuncture, nutritional and life style counselling is offered on an individual basis only.

The Adventist Health Centre and James Bay Community Clinic are perhaps the two exponents most representative of the new approach to understanding health education and its relationship to health care. The many participants in the Victoria Health Festival offer the public in a less structured way some useful advice on good health care which is a valuable and necessary contribution to health education.

DONNA SIGNORI, Collections Librarian, University of Victoria Library,
P. O. Box 1800, Victoria, B. C. V8W 2Y3

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VANCOUVER, B.C.

The focus of the library collection at the DISABLED LIVING RESOURCE CENTRE is on aids, equipment, and services for the disabled. Our policy is to provide information of a non-medical nature to all enquirers, whether 'lay' or 'professional'.

Public relations presentations on the functions and scope of the D.L.R.C. have met with mixed reactions from the health professions. While they recognize the need for a centralized information service, there has been concern about the potential danger of us "assessing" conditions and "prescribing" equipment and aids. As a consequence our policy is to indicate to the enquirer the types of equipment available. We then suggest that they contact a health professional for assistance in selection of the item most appropriate to their specific needs.

As a result of the concerns raised by the health professions, my superiors at the K.R.F. have expressed interest in the activities of the health sciences libraries in the area of consumer access to information.

Resolutions and policy proposed by the library associations such as Canadian Health Libraries Association and the B.C. Health Libraries Association will, no doubt, be of interest to the Foundation and provide support for our objective of making information more accessible to disabled consumers.

KATHELEEN M. ELLIS, Assistant/Librarian, DISABLED LIVING RESOURCE CENTRE, The Kinsman Rehabilitation Foundation, 2256 West 12th Ave., Vancouver, B.C. V6K 2N5.

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There is so much inaccurate and emotional material for the lay person being published these days that it is mandatory that we health librarians assist the public librarians in recommending the best sources currently available.

A suggestion might be to request certain health librarians of special libraries across Canada to each submit a brief core list of outstanding lay publications for the various disciplines. The list could be published and updated annually in BMC. The regional or provincial health library associations could then distribute the lists to public libraries in their area.

G. DAVID NOBLE, Librarian, Cancer Control Agency of British Columbia, Vancouver, British Columbia. V5Z 3J3.

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REGINA, SASK.

The general feeling is that health information for consumers should be dispensed only with a physician's authorization. However, this item will continue to be placed on the agenda at the Library Committee meetings. I am hoping for better results in the future...

BETH SELZER, Health Sciences Library, Plains Health Centre, 4500 Wascana Parkway, Regina, Sask. S4S 5W9.

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WINNIPEG, MAN.

The "Health Library" primarily serves the Dept. of Health and the Dept. of Community Services and Corrections. As such, it is not a "public" library in the usual sense. However, university level and higher members of the general public are allowed to borrow materials; many of these professionals are social workers and have no connections to medicine, but need to know enough to help clients cope with medically-related social problems. In any case, we only do literature searches for our two departments; other clients receive orientation sessions and quick reference service.

The Library is getting increased numbers of "layman" clients asking technical questions, and professional staff asking for layman information to give up clients. My mandate is to collect materials to reinforce interests of our staff, including layman information.

When a new client asks for medical information (by phone, mail or in person), we handle these requests as follows:

1. Are they Department staff? (This determines level of service.)
2. What is their profession? (This determines their level of medical expertise.)
3. How much do they know about the subject?
4. Why do they need the information (diplomatically!) and how will they use it?

If we determine that the individual is not a health professional, or wants "lay" information, we may give out a dictionary definition, a pamphlet (if available), or a general nursing article. When we give out this information to a member of the general public, we caution them to see their physician/pharmacist (preferably with a written list of questions). Routinely, we also refer the client to our publications section, to the public library, and to organizations dealing with that problem (e.g. Cancer Society, Rehabilitation Centre, Ostomy Association, etc.)

We ask a lot of questions, but we also explain why we are asking (the nature of our collection). As a result, the level and detail of service provided are consistent with our mandate and the clients' needs.

MARILYN J. HERNANDEZ, Health Librarian, Manitoba Department of Health, 202-880 Portage Ave., Winnipeg, Manitoba. R3G OP1.

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BRANDON, MAN.

At Brandon General Hospital, a clinical librarianship project is in the "Executive Consideration" stage. In cooperation with the Education and Development department, we maintain a pamphlet rack by the cafeteria. I am also working with one nursing unit to set up a pamphlet rack suitable for patients and their visitors.

The library centralizes all audiovisual purchases including patient education software. "Patient level" books are housed in the main library.

In cooperation with the Education and Development department, I will be involved in setting up a "Consumer Health" display in a shopping mall this coming spring.

KATHY EAGLETON, Library Services, Brandon General Hospital, 150 McTavish Ave., Brandon, Manitoba. R7A 2B3.

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HAMILTON, ONT.

LIBRARY COOPERATION IN CONSUMER HEALTH EDUCATION IN HAMILTON

- APRIL WINDUS AND JOANNE MARSHALL

Since 1975, the McMaster Health Sciences Library has been involved in providing an information service for patients, families, and health professionals through the clinical librarian project. Initially, a pilot project was begun in the Gastroenterology Programme then, during 1978/79, four additional acute care settings were served as part of a demonstration model grant from the Ontario Ministry of Health. At the present time, the clinical librarian project is continuing on two newly opened chronic care wards in the Chedoke-McMaster Hospital, McMaster Division.

Clinical librarians participate in patient care activities and provide information that directly relates to the problems being encountered by patients, family members, or health professionals. For patients and family members, the information is usually in the form of pamphlets, referrals to community agencies, or recent articles from the popular or nursing literature. For health professionals, the full range of biomedical literature is searched for articles or items of information from other sources that relate to a particular patient care problem. Audiovisual materials are included when available and appropriate to a problem.

Soon after our evaluation project started in September 1978, it became apparent that patients and family members wanted access to monographs and popular magazine articles that were not available in the Health Sciences Library at McMaster. This Library had been designed to support the education and research programs of the Faculty of Health Sciences of the University and, as such, had not systematically collected materials aimed at the general public. In addition, University identity cards were required to borrow books and most patients and family members did not have such cards.

At this point, we decided to approach the Public Library to see if together we could develop some tools which would provide access to health-related materials in the Public Library system. Since the patients and family members from McMaster were all potential Public Library users, we thought that we could provide access to the needed monographs in this way. By this time, the clinical librarians had identified a number of medical topics on which information was frequently requested by patients and family members. A series of patient education packages was planned for these topics and it was thought that a "resource guide" listing materials available in the Public Library system would be a useful addition to the packages.

In order to prepare the resource guides, the Health Sciences Librarian at the Public Library began by obtaining all circulating books available in the collection on the various topics. These books were examined for content and format. Those titles which were judged to be well written, medically accurate, and up-to-date were then annotated for inclusion in the resource guides.

Periodical indexes such as the Readers' Guide to Periodical Literature and the Canadian Periodical Index as well as in-house indexing were searched for relevant articles. Pamphlet material from the vertical file was included together with the names, addresses, and contact people for patient organisations in the community.

Once the resource guides were assembled, they were reviewed together with other items in the patient education packages produced by the clinical librarian service by at least three health professionals. The Public Library supplied copies of book reviews and periodical articles not available in the Health Science Library so that the health professionals could assess the content of the resource guides.

A copy of the evaluation form completed by the health professionals is appended to this article.(1)

It should be pointed out that the patient resource guides were not intended to be definitive bibliographies of the best materials on a subject, but a listing of materials that were actually available at the Public Library. The topics of the resource guides included drugs, health and self-care, childhood leukemia, Down's syndrome, multiple sclerosis, arthritis, lupus, multiple births, and childhood asthma.

The benefits of the cooperative effort for the Clinical Librarian Service were documented in the positive evaluations received from both patients and health professionals. At the Public Library the project was helpful for collection development purposes since it was discovered that a number of the materials were either missing or out-of-date and no longer useful. New editions of standard works and other new materials were then sought to improve the collection. Each library gained a new awareness of the health information resources of the other and an effective informal exchange of reference questions began to take place. We have recently embarked on a joint survey of consumer health information needs funded by the Regional Service Program at McMaster. From this short questionnaire we hope to find out more about the needs of consumers who use our libraries as sources of health information. In this way, we can more effectively plan for cooperative efforts in the future.

APRIL WINDUS, Health Scinces Librarian, Hamilton Public Library,
JOANNE MARSHALL, Information Services Librarian, Health Sciences Library, McMaster University.

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"Tell her not to worry about forgetting what I told her to do. I've forgotten what I said she had."

(1) Readers interested in the "Patient Education Package Evaluation" are invited to write to the authors.

TORONTO, ONT.

CHIROPRACTIC AND ITS INTEREST IN CONSUMER HEALTH INFORMATION

- J. CLAIRE CALLAGHAN

The Canadian Memorial Chiropractic College is composed of six hundred full-time students enrolled in a four year program, ninety faculty of which fifty are part-time, and an administrative and support staff of forty-five. The students are required to have two years towards completion of a BSc with a B stading for admission. Organic and inorganic chemistry, biochemistry & biology are prerequisites.

The college has changed considerably in the last few years both in its teachings and its services. One very positive change has been the physical expansion of the C.C. Clemmer Library to twice its original size. In three years time the library is expected to house 15,000 volumes. It is now subscribing to 325 current journals with special emphasis in the areas of nutrition, biomechanics, kinesiology, physiology, neurology and radiology.

Chiropractors are primary health care providers. Chiropractic is essentially "preventive" in nature. The importance of nutrition and regular exercise is stressed as well.

The library is anxious to develop an information service for all of the practicing chiropractors across Canada. Although chiropractice as a subject encompasses only 10% of the collection, it is not available in other health sciences libraries. We are the chiropractic resource library in Canada. We will be working in cooperation with the Canadian Chiropractic Association and the provincial associations in forming such a service.

Second, we are planning to work in cooperation with the clinic staff of the college in setting up a pamphlet service. These pamphlets will then be recommended to all of the chiropractors for use by their patients.

Interest in chiropractic has also increased due to the publication of three books: namely,

1. Kelner MJ, Hall O, Coulter I. Chiropractors-do they healp' Toronto: Fitzhenry & Whiteside, 1980.
2. Haldemann S, ed. Modern developments in the principles and practice of chiropractic. New York: Appleton-Century-Crofts, 1980.
3. Commission of Inquiry. Chiropractic in New Zealand report. Wellington,NZ: PD Hasselberg Government Printer, 1979.

It is becoming evident that a fair percentage of the Canadian population are being treated by chiropractors and thus, their informational needs must be recognized. The library is anxious to work in cooperation with the chiropractic profession in educating the public about health and disease.

P.S.: If you have any chiropractic-related queries please do not hesitate to either refer the user to us or, call us directly: (416) 482-2340, ext. 60.

J. CLAIRE CALLAGHAN, Director of the Library, Canadian Memorial Chiropractic College, 1900 Bayview Avenue, Toronto, Ontario. M4G 3E6.

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GRANT OPPORTUNITIES

The Health Promotion Directorate of the Health Services and Promotion Branch was established in July 1978 by the Minister of National Health & Welfare to implement the health promotion approach. This approach addresses the personal, social, environmental and institutional factors which influence health behavior. An important mechanism for implementing the Health Promotion Directorate's Program is the Contribution Fund. The Ontario Regional Office priorities are in the following areas:

- Consumer Health Education/Health Promotion
- Health Promotion and the Elderly
- Women and Health Promotion
- Nutrition
- Child and Family Health
- Accident Prevention
- Alcohol, Drugs & Tobacco

Applications for long-term projects must be submitted by February 15, 1981. Please contact the Regional Office for the outline of the project application at the following address:

Health Promotion Directorate
Ontario Region
102 Bloor St. W., Suite 410,
Toronto, Ontario. M5S 1M8.

ATTN: Jessica Hill

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"I'll give it to you straight . . . You have a Super-Hernia . . ."

OTTAWA, ONT.

PARENTS' INFORMATION CENTRE AT THE CHILDREN'S HOSPITAL OF EASTERN ONTARIO

The objective of the Parents' Information Centre is to provide parents and relatives of CHEO patients and CHEO patients themselves with information in the form of books, pamphlets and other resource materials regarding "growth and development", "parent education", "child health maintenance", "illness prevention" and"basic medical information", etc

The collection will be housed in the Children's Library, Child Life Department, 2nd Floor, Children's Hospital of Eastern Ontario. This collection will be non-circulating except for a few copies of the more popular items. However, there will be formal links established with the local public libraries to provide information on the availability of circulating copies of these materials.

Library hours are 8:30 until 16:30, Monday to Friday and also 18:00 until 20:30, Tuesday to Friday. The staff in the Child Life Department Office and the volunteer staff in the Children's Library will be available to assist users with this collection.

Additions to the collection will be purchased by the Chief of Child Life and/ or the Manager of Library Services in consultation with the Library Committee and the Patient Education Directory Editorial Committee. Suggestions for purchase may be made to any of these committees or individuals.

There will also be access to the Children's Library collection to respond to parent requests for more specific information on games, carfts, etc., and to the Medical Library (via referral from attending physician or health professional only) to respond to parent requests for more specific health information. The extensive collection of bibliotherapy materials for children will continue to be available in the main collection of the Children's Library.

For further information, please feel free to contact either
Ms. Denise Alcock, Chief of Child Life (613)-737-2321) or
Ms. Margaret Taylor, Manager of Library Services (613)-737-2207)

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OTTAWA, ONT.

CONSUMER HEALTH EDUCATION - THE HEALTH LIBRARY/PUBLIC LIBRARY INTERFACE

- MARGARET TAYLOR

In Ottawa, the Ottawa Public Library and the Ottawa/Hull Health Libraries Group have been meeting for over a year now to discuss their respective roles in consumer health education. Their joint sub-committee, which has met several times formally, is composed of representatives of OPL's Adult Services, Reference Services, Acquisition Departments and brach libraries and also representatives of the many different health libraries in the local CHLA chapter e.g. hospital, university, college and association libraries. As a result of these meetings, several projects have been started:

1) a survey for OPL by the CHLA chapter of all resources and services available to the public in all of the local health libraries;
2) book lists of lay-level health materials prepared for OPL by two of the CHLA chapter members of the joint sub-committee;
3) joint CHLA/OPL preparation of "give-away" bibliographies of lay-level materials available at OPL. (These are based on the series produced by Joanne Marshall at MUMC & April Windus at HPL. Discussions with Joanne Marshall have let to plans for sharing the bibliographies between the two cities.)

We have further promoted resource sharing in the area of consumer health information between the two types of libraries by identifying key staff in these libraries. For example, as a result of these meetings, a key person in the OPL Reference Department was identified to receive medical book suggestions from the CHLAmembers. Since the last meeting, she has reported receiving many calls and suggestions from health libraries - something that had never happened before the joint subcommittee started.

Not all communication is CHLA to OPL. The OPL staff have been very helpful and encouraging to CHEO in particular with retard to the Patients' Library, the Pediatric Patient Education Directory and other ongoing projects of the Hospital Library and Child Life Departments.

Further meetings of the joint sub-committee are planned for the Winter months. It is hoped that these meetings will see more participation from other local public library systems and interested groups such as the Community Health Centres.

MARGARET TAYLOR, Manager of Library Services, Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, Ontario K1H 8L1

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MONTREAL, QUE.

LES PARENTS VEULENT SAVOIR

A l'Hôpital Sainte-Justine pour les enfants, on accueille en moyenne 200,000 enfants par année dans les services ambulatoires et hospitaliers.

Conscient de sa responsabilité dans l'éducation à la santé, l'hôpital s'efforce d'informer parents et enfants sur les moyens à prendre pour retrouver la santé, et si possible, prévenir la maladie.

Au cours de l'été '80, le Département de Santé communautaire et les Services ambulatoires se sont associés avec le Centre d'information sur la santé de l'Enfant pour obtenir un projet étudiant afin de mettre en place un programme d'information socio-sanitaire à l'intention de la clientèle des salles d'attente.

Près de 1000 documents furent répertoriés. Les étudiants, avec l'aide des menuisiers de l'hôpital réalisèrent un comptoir mobile et une colonne Morris qui furent mis en circulation dans les diverses salles d'attente. Le succès fut complet. Le programme serait définitivement mis en place au cours de l'année. C'est le Centre d'information qui se chargerait, en collaboration avec les Services ambulatoires, de voir à une implantation progressive de ce service de diffusion pour les 52 salles d'attente des cliniques externes.

De plus, au cours de la journée du personnel, le 7 novembre dernier, le CISE présentait un comptoir d'information situé tout près de l'entrée principale. Carmen Dupuis, chargée de la section Matériathèque. présentait de l'information sur le jeu et les jouets. Elle avait choisi quelques jouets en guise d'illustration. Louis-Luc Lecompte avait préparé un charriot présentant un choix de volumes sur la santé et le développement de l'enfant et Lise Leduc, responsable du Renseignement sur les services à l'enfance, offrait les dépliants recueillis par le projet étudiant et répondait aux demandes d'information à partir de ses répertoires.

Le kiosque fut achalandé tout au long de la journée. Plus de 500 personnes y sont venues chercher de l'information. Les parents veulent savoir! L'équipe du CISE en est revenue enchantée et se propose de répéter l'expérience.

Centre d'information sur la santé de l'enfant (CISE), Hôpital Sainte-Justine, 3175, chemin Ste-Catherine, Montréal, H3T 1C5

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BRIEF NOTES

SELECTION AIDS

At this point in time, a number of good selection aids are available for patient education materials, although none is comprehensive. A few are listed below:

Philbrook, M.M. Medical books for the layperson. 1976 and 1978. $2.00 for the 1976 edition; $2.50 for the 1978 supplement. Available from Publication Sales Office, Boston Public Library, P.O. Box 286, Boston, MA 02117, U.S.A.

Healthline Cleveland. School of Library Sciences, Case Western Reserve University, Cleveland, Ohio 44106, U.S.A. A number of free newsletters were published and now a monograph is in preparation.

Selected list of medical reference works for public libraries. 13 pages. Free from Pacific Southwest Regional Medical Library Service, Biomedical Library, University of California at Los Angeles, Los Angeles, CA 90024, U.S.A.

CHIPS Newsletter. Ms. Judy Furman, CHIPS Project Coordinator, 150 E. 216th Street, Carson, CA 90745, U.S.A. In addition to the free newsletter with bibliographies, a number of separately published lists of consumer health education materials are available.

Medical Self-Care. An excellent magazine which contains book reviews in each issue. The best articles and reviews have recently been collected into a monograph which is available by sending a check for $10 (U.S.) to Medical Self-Care, P.O. Box 717, Inverness, CA 94937, U.S.A.

UPCOMING CONFERENCE

The Halifax Library Association/Atlantic Provinces Library Association mid-winter workshop is going to be on consumer health education. Send ideas or requests for more information to Ann Nevill, W.K. Kellogg Health Sciences Library, Dalhousie University, Halifax N.S. B3H 4H7

ACMC LIBRARIANS' PLANS

Maurice Alarie of the University of Ottawa has suggested that the Association of Canadian Medical Colleges (ACMC) Special Resource Committee compile an annotated bibliography of medical books and journals suitable for use in public libraries which would include French material.

SOURCES OF INFORMATION ABOUT HEALTH EDUCATION PROGRAMS

The titles of some journals which contain useful articles for consumers have been provided in a separate list, however there are many other journals that contain useful information about how to plan and evaluate programs. A few are listed below:

Current Awareness in Health Education. A new annotated bibliography that is available free from the Bureau of Health Education, Center for Disease Control, Public Health Service, Dept. of Health and Human Services, Atlanta, GA 30333, U.S.A.

Focal Points. A free newsletter issued by the Bureau of Health Education. Available form the address given above.

*Promoting Health. Also new from the Center for Health Promotion of the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611, U.S.A. $18.00/year.

Health Education Quarterly (previously Health Education Monographs) contains some of the best research articles in the field, but it is quite costly. Available from Human Sciences Press, 72 Fifth Ave., New-York, NY 10011, U.S.A. $46.00/year.

*The Center for Health Promotion also has many free lists of consumer health education materials available, both of print and audiovisual items.

HOW TO USE A CANADIAN MEDICAL LIBRARY - A CONSUMER'S GUIDE

Deborah van Wyck of Montreal is currently writing an article for the new Canadian womens' health magazine called Healthsharing. She would be pleased to receive suggestions for content and/or references fo similar articles that have been written for consumers elsewhere. We look forward to seeing the results of Deborah's work in a future issue of Healthsharing. Write to Deborah at 3995 St. Lawrence Blvd., Montreal, P.Q. H2W 1Y4.

RESOURCE GUIDES FOR PATIENTS

The Clinical Librarian Service at McMaster has produced a series of 10 resource guides for patients in cooperation with the Hamilton Public Library. For copies send a self-addressed label to Joanne Marshall, Health Sciences Library, McMaster University, Hamilton, Ontario L8N 3Z5. The topics of the resource guides range from health and self-care to disease entities such as lupus and asthma.

PATIENT EDUCATION RESOURCES IN RHEUMATOLOGY

The Arthritis Information Clearinghouse has just published a number of useful items listed below. Ask to be put on their mailing list for future publications.

Arthritis Information Clearinghouse
P.O. Box 34427
Bethesda, Maryland 20034
U.S.A.

Patient Education Resources on Arthritic Conditions; Booklets and Brochures. October 1979. 37 p.

Patient Education Programs in Arthritis; A Selected Bibliography. 2p.

Patient Education - Program Design; A Selected Bibliographie. 2 p.

Computerized Searching for Health Education Materials.

NLM has successfully avoided the development of a health education database thus far, despite many requests at the last few MLA meetings. MEDLINE and the HEALTH file can, however, be used to uncover some articles suitable for consumers in the nursing literature. The September 1980 issue of the NLM Technical Bulletin provides a detailed description of searching nursing topics. Nursing aspects of one or more subject terms can be retrieved by using the nursing subheading e.g. 5 and NU (SH). Retrieval of non-Index Medicus nursing journals can also be obtained by using the special list indicator e.g. 5 and N(LI). Check the Bulletin if you want to find out how to access the 21 Index Medicus nursing journals as well. Of course, if you have access to DIALOG, the Magazine Index is excellent for getting at consumer health articles, but at $1.50 per minute in Canadian funds, it is expensive. On all of these databases, you can save some money by printing out titles first, selecting those that look most useful for consumers, and then printing out the full citations.

MANITOBA HEALTH EDUCATION RESOURCE CATALOGUE

This provincial directory lists health education programs, resources and services available to schools and community groups and is intended as a reference for individuals planning their own health education programs. Available from the Manitoba Department of Health, Education and Library Services, 880 Portage Ave., Winnipeg, Manitoba R3G 0P1.

IDENTIFYING CONSUMER HEALTH EDUCATION MATERIALS IN THE CATALOGUE

Although the subheading POPULAR WORKS is available, generally speaking neither MeSH nor LC have been able to provide us with efficient access to the consumer health materials in health sciences libraries. Most librarians must rely on their memories or on the wording of titles such as "Facts about..." or "Living with..." to identify appropriate materials. In an effort to improve this situation, the McMaster Health Sciences Library has recently started adding their own non-MeSH heading, HEALTH EDUCATION MATERIALS to any work specifically written for consumers. In addition to being a finding aid, this heading should assist in collection assessment and development.

QUESTIONS...WE GET QUESTIONS

The questions that health sciences librarians receive from consumers most frequently fall into one of four catagories: diseases, tests, drugs, and surgical procedures. While there have always been a number of general medical guides around for the consumer, it is only recently that reference works on drugs and tests for consumers have begun to appear. At the same time, many consumers seem to be finding the lay health literature too simplistic for their needs and the librarian may find it necessary to supplement these sources with additional information from medical and nursing texts. A few sources in the four categories of questions are listed below:

Diseases - The consumer medical guides can be supplemented by information from Conn's Current Therapy and the Merck Manual. It is often helpful to provide a medical dictionary with the latter two s sources unless the person making the request is familiar with medical terminology.

Tests - Both of the following books provide useful information for consumers:

Klein, A.E. Medical Tests and You. New York, Grosset and Dunlap, 1977. $6.75.

Evans, D.M.D. Special Tests and their Meanings; The Procedure and Meaning of the Commoner Tests in Hospital Use, described for Nurses. 11th ed. London, Faber and Faber, 1978. $4.95.

Drugs - Two reference tools, both by Canadians, provide a good alternative to CPS for consumers:

Leonard, G.T. The Canadian Consumer's Guide to Prescription Drugs. Toronto, John Wiley and Sons, 1979. $6.95.

Smith, D.L. Medication Guide for Patient Counseling. Philadelphia, Lea & Febiger, 1977. $12.00.

Surgery - A number of consumer-oriented surgical guides are available. The book listed below by Rothenberg uses a question and answer format that is very effective. Kirk's book is definitely intended for health professionals but gives a succinct, illustrated account of surgical procedures.

Rothenberg, R.E. The New Understanding Surgery. New York, Signet, 1976. $2.75.

Kirk, R.M., editor. General Surgical Operations. London, Churchill Livingstone, 1978. $36.00.

HEALTH INFORMATION RESOURCES IN ONTARIO

The Ministry of Health produces many attractive (but very brief) pamphlets on a variety of health topics. These are listed as published in the Ontario Government's Monthly Checklist. Librarians and health professionals in the province can ask to be put on the mailing list for these pamphlets through the Health Information Centre network by writing to the Health Resource Centre, Ontario Ministry of Health, XCommunications Branch, 9th Floor, Hepburn Block, Queens Park, Toronto, Ontario M7A 1S2. Pamphlets are available to out-of-province requesters from the Ontario Government Bookstore, 880 Bay Street, Toronto M7A 1N8 at a cost of 3¢ each.

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LIBRARY HISTORY / A CALL FOR PAPERS

The Library History Interest Group of the Canadian Library Association is planning to hold a one day symposium on Canadian Library History at the Association's Annual Conference in Hamilton, Ontario, June 1981.

Selected papers may be published in a theme issue of the Canadian Library Journal dealing with library history. Papers are solicited which fit any one of the following categories of Canadian library history:

1. Overviews and syntheses
2. Studies of particular institutions or developments, which provide generalizable interpretations or else serve as case studies
3. Methodological studies which look at various aspects of research in library history

It is anticipated that papers will probably be based upon work done during the course of a personal, funded, or degree research project. Papers should not have been published elsewhere. They should also be fully documented and be accompanied by photographs where appropriate.

Deadlines: February 1, 1981 - outlines or drafts
May 15, 1981 - completed papers

For further information or submission of outlines, drafts, and papers please contact:

Peter F. McNally, Assistant Professor, Graduate School of Library Science, McGill University, 3459 McTavish St., Montreal, Que. H3A 1Y1. (514) 392-5930

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Some "less known" journals containing useful articles for consumers are:

Family Health
1271 Ave. of the Americas,
New York, N.Y. 10020.
$12.00/yr.

Harvard Medical School Health Letter
Department of Continuing Education
Harvard Medical School
79 Garden Street
Cambridge, MA 02138
$12.00/yr.

Health
Health League of Canada
76 Avenue Road
Toronto, Ontario
M5R 2H1.
$4.00/yr.

Health Facts
Center for Medical Consumers &
Health Information, Inc.,
237 Thompson Street
New York, N.Y. 10012
$8.50/yr.

Healthsharing
Women Healthsharing, A Resource and
Writing Collective
Box 230,
Station "M"
Toronto, Ontario M6S 4T3
$10.00/yr.

Medical Self-Care
P.O. Box 717
Inverness, California 94957
$12.00/yr.

Don't forget about the nursing journals...

THE CANADIAN SCENE....

PEOPLE ON THE MOVE

- CANADIAN NURSES ASSOCIATION LIBRARY, OTTAWA, ONTARIO

Linda Solomon, formerly Director of the Library of the Canadian Hospital Association, has been appointed Librarian and Archivist of the Canadian Nurses Association, effective NOVEMBER 3, 1980. She replaces Claire McKeogh.

- ST. LAWRENCE COLLEGE OF APPLIED ARTS & TECHNOLOGY, BROCKVILLE CAMPUS, BROCKVILLE' ONTARIO.

Gloria Reinbergs, Brockville Librarian, has left for Nigeria on a two-year World University Services of Canada (WUS) project to expand library services in Plateau State. She will develop an in-house training program, procedures and training manuals, a bookmobile, and a children's library for the several million state inhabitants. Mrs. E. Mary Mahoney will take over in her absence.

Brockville Campus now has a new building, complete with a spacious Learning Resource Centre. The Health Sciences Collection was moved over and integrated with the rest of the College Library holdings at the time of the opening of the new building in October 1979.

- CISTI, NATIONAL RESEARCH COUNCIL, OTTAWA, ONTARIO

Mrs. Eve-Marie Lacroix, formerly Head of HSRC, has been appointed Head of Information Services of CISTI, effective November 1980.

Mrs. Bonita Stableford replaces Mrs. Eve-Marie Lacroix as Head of the Health Sciences Resource Centre (HSRC) at CISTI.

- NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

New Officers for 1980-81: Linda Harvey, President (W.K. Kellogg Health Sciences Library)
Verona Hall, Vice-President (Camp Hill Hospital Library
Donna Jensen, Secretary (W.K. Kellogg Health Sciences Library)

. . . . . .

GOOD NEWS...FROM THE HEALTH SCIENCES LIBRARY, UNIVERSITY OF WESTERN ONTARIO, LONDON, ONTARIO

The Health Sciences Library at the University of Western Ontario now has 30,000 titles in the microcatalogue for the Library System. By January 1981, the Health Sciences Library's entire collection of books will be in the microcatalogue, and the card catalogue for books will be obsolete.

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NEUROSIS AND THE CARD CATALOGUE

- PATRICK J. FAWCETT

Being neurotic, by itself, is not such a bad way to be.

In times like these, being neurotic has a lot of advantages. In my case, it means dreading the impending fall of snow while still eagerly waxing up my skis, or solicitously coaxing the trees in the backyard into sturdier health but cursing the intrusion of roots into the sewer pipes, or bemoaning the decline of literary standards in academic publishing while trying to get away with opening two consecutive BMC articles with the same tacky gimmick.

Being neurotic and having to work in close proximity to a card catalogue however, is definitely bad news.

Let's be totally honest. How many of us understand how a card catalogue works? I mean really understand, right down to those strange rules that cover the rare, esoteric situations which occur only when Venus aligns with Saturn on a sunny night if it's a Thursday and it's raining. I know I don't. And I suspect that throughout the library field I may have a lot of company.

Popular legend has it that the card caralogue contains all the materials held by the library, together with a means for locating them. Personal experience, however, has shown that said catalogues actually contain, in addition to that small portion of the collection not still in backlog, an intricate complexity of contradictory rules so devised as to prevent anyone without a full set of cataloguing rules stamped indelibly into their brains from ever finding anything.

Remember back in library school when you had to grapple with all those cataloguing rules? (I grappled a lot but always lost, two falls out of three.) Before those days, making a main entry used to mean arriving late at a party in grand style. Then came good old cataloguing classes and a professor who would ask: "If Raquel Welch wrote a book, how would you enter her?" And then wonder why all the men at the back of the room were guffawing out of their seats.

In cataloguing class, even the simplest of filing rules could manage to elude me. "Nothing before something" made sense to everyone else but I always felt it was a slogan for a nihilists convention or maybe even my grade from a recent assignment. "File by Letter" was straightforward enough until they gave us "Mac" and "Mc" to interfile which was guaranteed to reduce me to a blubbering mass of alphabetic paranoia. Naturally, after graduation my first job was to run a cataloguing department...

Xanadu, it wasn't...

There's something inherently sneaky about our card catalogue, especially the way it just sits there gloating, prepared on a moment's notice to reveal to the world my ineptitude in an essential area of librarianship. I don't know how to use it correctly and it knows that I don't know and it sits there day after day revelling in that fact. Sometimes I think it lures users into asking me for help just so it can chortle evilly inside those horrid little drawers at the embarassment that results.

One solution, I decided, was to completely avoid going anywhere near the card catalogue, not especially easy for someone working in a library but worth at least a try. My strategy was to claim cerebrodigital incompetence (who knows, there may even be such a thing), demonstrating how my mental make-up rendered my incapable of adequately flipping across the tops of catalogue cards in search of whatever it

normal people look in there for in the first place. When that failed to work, I explained about my deep-seated phobia (if you eat potato chips and beer as much as I do, it's easy to become deep-seated), a phobia about catalogue cards resulting from my mother, during pregnancy. Being frightened by something measuring three by five.

Still no go.

To avoid being caught by the multi-drawered monster, I began to resort to subtle little ploys, such as taping all the fingers on each hand to large, metal splints and then responding to please for assistance with a helpless shrug and a wave of my useless digits.

My boss wasn't too wild about that.

Other tricks to av oid being asked to provide catalogue assistance were alos employed: Making myself scarce was good but required too precise timing, simple hiding was effective but tended to cut into other important pasttimes such as coffee-breaks and lunch, and blubbering for mercy would have proven ideal but for the fact that the carpet in the vicinity of the catalogue was growing distinctly soggy. My final solution, like all brilliant ideas, was perfectly simple: when asked for help I merely apologized for being far too busy and referred the query to another staff member. (This technique requires further modifications for evening/ weekend shifts worked solo.)

But with the immediate problem solved, there still existed the wall of fear and suspicion between me and all forms of catalogues, save those with large colour pictures and sale prices. So you can imagine my delight when a recent journal article caught my eye with the headline: "Card Catalogues to Disappear". Scanning the paper, my soaring anticipation failed when I learned that said catalogues weren't really going to vanish but were increasingly being converted into microform. Thanks a lot. Now instead of struggling to master filing rules for a card catalogue, I have to try to decipher the same nonsense on a teeny-weeny scale. Add to the confusion my tendency to insert the microfiche into the reader upside down and I have to wonder: this is progress?

If modern technology really wants to tamper with our libraryhood, why not reform the catalogue completely instead of replicating its present sins. Instead of redesigning the same catalogue with those same infernal sorting rules, let's put the whole thing into a machine and create a system where I can walk up to the catalogue, yell out the name of an item, then have the machine yell back whether or not it holds it. That's all I really need, though an extra wrinkle would be to add the locations to the catalogue so that the machine could tell me where to go (a privelege previously exercised only by humans).

Admittedly, there's a few flaws in my concept. Locating the works of one author by yelling out only the last name may cause confusion so I'd have to establish abbreviations for their first names (initially, at least). Titles would have to be called out in a standardized format, and I would need to regulate edition and publisher. I'd also require rules for the form of reply which the machine would yell back, and some more rules to organize the...

Well, there's no need to go into great detail here. Suffice to say, my concept for a vocal catalogue would definitely eliminate the need for all those silly cataloguing rules. And there's an added bonus: while having both the useres and the catalogue yelling back and forth to each other may challenge the traditional peace and quiet of the library, we'd not longer have people wondering where we got the term "call" number.

- PJ Fawcett, Systems Coordinator, University of Manitoba Libraries, Winnipeg, Manitoba

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BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

VOL 2, No 6 1981

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The Bibliotheca Medica Canadiana is published 5 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editors and not the CHLA.

AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 16 April, 1981.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction reçevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 16 Avril, 1981.

FROM THE EDITORS

We would like to address this editorial to the very exciting time ahead for all of us involved in the health information field; namely, the upcoming conventions. The CHLA Annual Meeting will be held in Montreal May 26-29, 1981 followed by the 81st MLA Annual Meeting, also to be held in Montreal, May 29-June 4, 1981.

Our association, CHLA, is a young one, but as we head towards our fourth annual meeting, it has become apparent that the Canadian Health Libraries Association fills a tremendous need in bringing together colleagues from across the country who can share and discuss similiar problems, exchange information and create a sense of unity to our work. Each year participation has grown. Last year, in Vancouver, 92 librarians attended the annual meeting. We look forward to an even greater turnout this year. Of special interest, due to the MLA meeting following CHLA, we will be able to take advantage of the CE courses being offered for MLA. This year, there is a course being offered with special emphasis on Canadian content. Further details on the annual meeting and the CE course are discussed in Jean Fensom's article pn page 167. We look forward to seeing many of you at CHLA.

Immediately following CHLA, the Medical Library Association's 81st Annual meeting will begin. This is a wonderful opportunity for many of us to take advantage of. Most often, funds for travel expenses are not always easy to find. However, with both conventions being held in the same city, the Canadian turnout at MLA should be much higher than in years past. I have attended two MLA meetings in recent years, both held in the United States. In each case, there were no more than about 50 Canadian librarians present, out of a total of over 1000 participants. The size of such a meeting can be both an overwhelming yet an exciting experience. As Canadians hosting this meeting, it gives us the opportunity to be directly involved and feel a part of this large forum of exchange of ideas and information. Further details on the meeting are presented on page 166.

This issue contains the first of the "Letters to the Editor". We hope you enjoy reading your colleagues comments and we urge you to send us more for future issues.

Until the next issue.....

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

MOT DE LA REDACTION

Tous ceux et celles qui s'intéressent à l'information médicale sont appelés à vivre des jours mémorables dans les mois à venir: nous aurons à Montréal deux conventions qui se tiendront successivement. L'assemblée annuelle de CHLA ABSC aura lieu du 26 au 29 mai prochain et celle de la Medical Library Association (MLA), du 29 mai au 4 juin.

Notre association est encore jeune, mais à l'aube de ce quatrième congrès il est déjà évident que l'Association des bibliothécaires de la santé du Canada répond à un véritable besoin en réunissant des collègues des quatre coins du pays pour échanger et discuter les problèmes qui leur sont communs. Se parler face à face nous donne un sentiment d'appartenance et d'unité dans les tâches quotidiennes.

A chaque année, le chiffre des participants augmente. L'an dernier, à Vancouver, nous étions 92. Nous espérons bien dépasser ce nombre cette année vu l'intérêt créé par les cours de formation continue qu'offrira la MLA. Un cours en particulier s'adresse aux participants canadiens. Voyez l'article de Jean Fensom à la page 167 pour plus de détails sur ce congrès.

Immédiatement après la fermeture de notre congrès s'ouvrira le quatre-vingt et unième congrès de la MLA. C'est une véritable aubaine dont nous devrions profiter le plus possible. Il est souvent difficile d'obtenir les fonds nécessaires pour participer à ces congrès américains, mais cette fois, les deux congrès ayant lieu dans la même ville, il devrait être facile de convaincre nos administrateurs du profit que représentent quelques jours de plus pour assister au congrès de la MLA. Arlene a déjà participé à deux congrès de la MLA aux Etats-Unis. A chaque fois, sur les 1500 participants on ne retrouvait qu'une cinquantaine de bibliothécaires canadiens. Il est à la fois impressionnant et stimulant de participer à un évènement de cette importance.

Cette année, nous serons les hôtes de ce congrès. A ce titre, nous devrions nous sentir impliqués directement et y jouer un rôle actif, en y participant le plus possible. Vous trouverez plus de renseignements à ce sujet en page 166.

Nous publions dans ce numéro notre première "Lettre à l'Editeur". Il faut espérer que vous apprécierez connaître l'opinion de vos collègues et que vous vous hâterez de profiter de cette colonne qui vous est ouverte.

A la prochaine.

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

THE PRESIDENT'S REPORT

- MARTHA B. STONE

Since September of last year there has been a great deal of discussion within the International Health Sciences Information Community about the overall value and accomplishments of the Fourth International Congress on Medical Librarianship, "Health Information For A Developing World", held in Belgrade, Yugoslavia.

All of us within CHLA/ABSC are aware of the hard work and energy directed toward obtaining financial support from CIDA to sponsor the attendance of librarians from developing countries to this important Congress. Indeed, in previous issues of this Bulletin, it has been reported how Frances Groen (McGill Medical Library) has worked diligently in ensuring that CHLA made its contribution to the success of the Belgrade Congress. Toward this end, at the forthcoming CHLA/ABSC Annual Meeting, Frances will be reporting on the success of her efforts, and the impact that the Congress has had on the librarians whom we were able to help sponsor.

The question is still outstanding, however, as to what value the Congress has on the on-going program and activities of CHLA/ABSC. It is very easy to concern ourselves with the problems of information flows and transfer, documentation delivery, and the role and image of health sciences information specialists within Canada. Everyone can accept that our problems and concerns within our own borders loom large and the resources required to address these issues are more than we have at our disposal. Yet, reviewing the future action plan for health sciences information specialists, at the international level, and examining in some detail the resolutions which were passed at the final plenary session, it becomes clearly evident that our concerns in Canada are the concerns shared by Information Specialists all over the world - concerns of ensuring that quality health information is transmitted to the user in an efficient and effective manner that ultimately will impact on the quality of health care.

Toward this end I would like to present, in this issue of our Bulletin,** the Report on Future Action for the Provision of Health Science Information For the Developing World, and the Resolutions which were passed. I strongly urge that you study this report, for at the next Annual General Meeting, there will be a place on the Agenda for discussing it. It is important that a dialogue is entered upon within Canada to address the issues and concerns raised in Belgrade and how they impact upon our health information activities in Canada.

There is no doubt on my part that we in Canada have a responsibility to contribute to the improvement of the transfer of health information on an international basis. Perhaps the question to be asked is "how much" and to "what extent". I look forward to discussing this subject with all of you at the Montreal meeting.

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** EDITORS' NOTE: Unfortunately, due to the length of this report (13 pages in both English and French) it cannot be included in BMC. Copies are available, free of charge, from Mr. David Crawford, Publications Co-ordinator, Medical Library, McGill University, 3655 Drummond St., Montreal, Que. H3G 1Y6.

RAPPORT DE LA PRESIDENTE

- MARTHA B. STONE

Depuis septembre dernier, on a beaucoup discuté, au sein de la Communauté internationale des sciences de la santé de l'importance et des résultats du Quatrième congrès international de bibliothéconomie médicale qui eut lieu à Belgrade, Yougoslavie.

Nous, membres de CHLA/ABSC, sommes bien conscients des efforts et de l'énergie qu'il a fallu déployer pour obtenir de l'ACDI la somme nécessaire pour faciliter l'inscription à ce congrès de quelques bibliothécaires des pays en voie de développement. Dans un numéro précédent, BMC rapportait comment Frances Groen (Bibliothèque médicale, Université McGill) avait assuré, avec efficacité, la participation de l'ABSC au congrès de Belgrade. A ce sujet, Frances nous fera rapport de ses activités à la prochaine assemblée annuelle et nous dira l'impact que cette rencontre aura eu parmi les bibliothécaires qui ont pu participer à ce congrès grâce aux subventions obtenues de l'ACDI.

On peut se demander, toutefois, quelle influence ce congrès peut-il avoir sur les activités et les programmes de CHLA/ABSC ? Nous sommes naturellement concernés par les problèmes que posent le transfert de l'information, la livraison des documents, le rôle et l'image des spécialistes de l'information sur la santé au Canada. Les problèmes et les sujets d'intérêt à l'intérieur de nos propres frontières sont déjà nombreux et les moyens dont nous disposons pour y répondre sont limités. Pourtant, si l'on jette un coup d'oeil rapide sur le plan d'action des spécialistes de l'information sur la santé au niveau international, et les résolutions adoptées à la session pléniaire, il semble bien que nous partageons les mêmes intérêts que les spécialistes de l'information du monde entier: souci d'assurer une information solide et claire à l'usager, afin que la qualité des soins s'en trouve améliorée.

C'est pourquoi je tiens à vous présenter, dans ce numéro de notre bulletin,* le rapport sur l'action à entreprendre pour fournir aux pays en voie de développement l'information sur les sciences de la santé et les résolutions qui en découlent. J'insiste pour que chacun de vous prenne connaissance de ce texte car nous l'avons inscrit à l'ordre du jour de notre prochaine assemblée annuelle. Il est important que nous discutions ensemble les questions soulevées à Belgrade afin de bien déterminer l'impact qu'elles peuvent avoir sur nos activités au Canada.

Pour ma part, je suis convaincue que nous devons participer à l'amélioration du transfert de l'information sur la santé à l'échelle internationale. La question est de savoir "combien" ? et "jusqu'à quel point " ? il faut s'engager. J'aurai plaisir à débattre cette question avec vous tous à Montréal, en mai prochain.

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* NOTE DE L'EDITEUR: Malheureusement, le rapport est trop long (13 pages pour chacune des versions anglaise et française). Vous pouvez, toutefois, en obtenir un exemplaire gratuitement en vous adressant à: Mr. David Crawford, Publications Co-ordinator, Medical Library, McGill University, 3655 Drummond St., Montreal, Que. H3G 1Y6.

CHLA BOARD OF DIRECTORS MEETING - NOVEMBER 15, 1980
- DAVID CRAWFORD

The mid-winter meeting of the Board was held in Ottawa on Saturday November 15 and though Past-President Flower was unable to attend due to illness and both Board Members Stableford and Lacroix were also absent all other members of the Board were present and it was most useful to have as visitors Edna Allen, President of the Toronto Medical Libraries Group, Margaret Taylor, President of the Ottawa-Hull Libraries Group and Eileen Bradley, a past Board Member and Chair of the CHLA Constitutional Committee.

The following items of business were discussed:

1. Mrs. Flower reported by letter that the OCHA had informed her that the Checklist for Staff Library Services (see BMC 1:2:48-53, 1979) is still being used by hospital surveyors across Canada, and is considered to be a very useful addition to their repertoir. Hospitals facing accreditation are not provided with the Checklist, however, and this may be a role for CHLA members.

2. Annual Fees. Treasurer Duchow reported that the Association was in a sound financial position but that fees should rise in 1981. It was reported that BMC absorbs almost ½ of the total fee and that the expected publication of CanHealth/Santé Canada would add additional expenses. It was agreed by the Board that the membership fee for 1981/82 should be $20.00 - an increase of $1.50.

3. Membership. Membership has slightly increased since May, 1980 but members are urgently required and it is hoped Chapters will make efforts to recruit more.

4. Annual Meetings. It was agreed that the Annual Meeting in 1981 should be held in Montreal on 27 and 28 May and that Members should be informed of the Continuing Education courses being sponsored by M.L.A. on 29, 30 and 31 May. It was reported that Sandra Duchow was responsible for overall co-ordination of activities, and that there would be a Canadian-oriented C.E. course sponsored by CHLA itself. (Subsequent to this meeting, Ms. Duchow has had to resign and has been replaced by Jean Fensom of the McGill University Dentistry Library). It was agreed that in 1982 the Annual Meeting would be with the CLA in Saskatoon.

5. Constitution. Ms. Bradley reported that a number of "housekeeping" amendments were desirable and the Board, after discussion, approved them. They will be submitted to the Membership at the AGM.

6. Publications. a) BMC. It was agreed that the volume numbering of BMC should be changed to correspond to the Membership year. I.E. a new volume should start with the July issue. b). CanHealth/Santé Canada. This guide to Canadian resources being compiled by Mrs. Stone, was due to be published in early 1980. It is now considerably overdue and the Board expressed its concern at these delays. It was agreed that the

guide should be published as soon as possible. c). History of Health Science Libraries in Canada. This publication, being edited by Doreen Fraser, is to be published by Dalhousie University School of Library Service in its Occasional Papers series. As part of its contribution the CHLA established an Editorial Advisory Committee consisting of Eileen Bradley, David Crawford, Anna Leith and Audrey Kerr. This committee should approve the outline and final manuscript, and could be consulted by the Editor as necessary. The Board instructed the Committee to...come to a firm agreement concerning the scope and format of this project, since the tightly structured monograph which had first been envisaged seems to have been substantially modified in discussion.

7. CanHelp Conference. The CanHelp Project reports that it is moving now to develop specific proposals for funding which will be presented to appropriate bodies suggested through its various advisers. The outcome is to be reported to the Board at the AGM, and the options discussed.

8. It was reported that the grant of $12,000 obtained by CHLA from CIDA had been used to assist African Health Librarians attending the International Congress of Medical Librarianship in Belgrade in September, 1980.

9. It was agreed, in principle, that CHLA should join IFLA who will be responsible for organizing future International Congresses.

10. David Crawford was delegated to draft a response to the document "Future of the National Library". If approved by the President, this will be sent to the Secretary of State.

11. It was agreed that CHLA might also need to comment on the Federal governments Freedom of Information Act.

12. Mrs. M.A. Flower was appointed Chair of the Nominating Committee.

Much other additional business and the inevitable informal exchange of information were dealt with during the meeting. It was encouraging to see the Association moving ahead in so many areas and being asked for its advice and recommendations. It is hoped that early in 1981 we will see the production of CanHealth/Sante Canada, the first of our "monographic publications" and that the planning for the CanHelp Conference will bear fruit.

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RÉUNION DU CONSEIL D'ADMINISTRATION - 15 NOVEMBRE 1980

- DAVID CRAWFORD

La réunion du conseil d'administration a eu lieu à Ottawa, samedi, 15 novembre, en présence des membres du conseil, à l'exception de la présidente sortant de charge, Mme Flower, retenue par la maladie, et de Mmes Stableford et Lacroix. Nous avons accueilli les visiteurs suivants: Edna Allen, présidente, Toronto Medical Libraries Group, Margaret Taylor, présidente du Ottawa-Hull Libraries Group et Eileen Bradley, jadis membre du conseil et présidente du Comité de la Constitution.

Les questions suivantes étaient à l'ordre du jour:

1. Dans une lettre, Mme Flower mentionne que l'ACAH lui affirme que la liste des critères d'évaluation des services de bibliothèque est toujours utilisée par les inspecteurs d'hôpitaux à travers le Canada et qu'on la considère encore très utile. Par contre, les hôpitaux qui sont sujets à l'agrément ne connaissent pas l'existence de cette liste. Ce pourrait être le rôle de l'ABSC de les en informer.

2. Cotisations annuelles. La trésorière, Sandra Duchow, signale que la situation financière de l'Association demeure stable mais qu'une hausse de la cotisation serait indiquée en 1981. La publication de BMC dévore presque la moitiée des cotisations et la publication prochaine de CanHealth/SantéCanada amènerait des dépenses additionnelles. Le conseil a convenu que la cotisation pour 1981/82 se chiffrerait à $20.- (une augmentation de $1.50).

3. Recrutement. Le chiffre des membres a légèrement augmenté depuis mai 1980, mais nous avons un besoin pressant de nouveaux membres. Nous espérons que nos sections feront un effort dans ce domaine.

4. Assemblées annuelles. Il a été entendu que l'assemblée annuelle de 1981 aura lieu à Montréal, les 27 et 28 mai et que les membres seront avertis des cours d'éducation permanente offerts par la M.L.A. les 29, 30 et 31 mai. Il a été signalé que Sandra Duchow serait responsable de la coordination des activités et que l'ABSC offrirait un cours d'éducation permanente d'inspiration canadienne. (Suite à cette réunion, Mme Duchow s'est trouvée dans l'obligation de démissionner et a été remplacée par Jean Fensom de la bibliothèque de Chirurgie dentaire de l'Université McGill.) Il est convenu que l'assemblée annuelle de 1982 se tiendra conjointement à celle de la Canadian Library Association à Saskatoon.

5. Constitution. Ms Bradley mentionne quelques amendements, d'ordre mineur, qui seraient souhaitables. Après discussion, le conseil les approuve. Ils seront présentés aux membres lors de l'assemblée générale annuelle.

6. Publications. a) BMC. Il a été convenu que le numérotage des volumes de BMC devrait être changé pour correspondre avec notre année de cotisation (i.e. notre prochain volume fera son apparition avec le numéro de juillet). b) CanHealth/Santé Canada. Ce guide des ressources et services dans le domaine des sciences de la santé au Canada, sous la direction de Mme Martha Stone, était sensé paraître au début de 1980. Vu le retard considérable qui s'est accumulé, le conseil exprime son inquiétude et recommande que le guide soit publié le plus tôt possible. c) Histoire des bibliothèques médicales canadiennes et leur rôle. Cet ouvrage, sous la direction de Doreen Fraser, sera publié par l'Ecole

de Bibliothéconomie de l'Université Dalhousie dans la série "Occasional Papers". Pour sa part, L'ABSC a nommé un comité consultatif dont les membres sont: Eileen Bradley, David Crawford, Anna Leith et Audrey Kerr. Le comité doit ratifierle plan de l'ouvrage, le manuscrit définitif et se mettre à la disposition de l'éditeur, au besoin. Le conseil a recommandé au comité de se mettre carrément d'accord en ce qui concerne la portée et le format cette publication puisque la structure bien précise tel qu'envisagé au début a depuis subie d'importantes modifications.

7. La conférence CANHELP. Le projet CANHELP en est à formuler des propositions relatives au financement qui seront présentées aux organismes appropriés suite aux suggestions venues des divers conseillers.

8. On signale que la bourse de $12,000, obtenue de l'ACDI par l'ABSC, a permis à des bibliothécaires africains de la santé d'assister au quatrième congrès international de bibliothéconomie médicale à Belgrade, en septembre 1980.

9. Il est convenu, en principe, que l'ABSC devrait se joindre à la FIAB, organisme responsable de l'organisation des congrès internationaux à venir.

10. On a chargé David Crawford de rédiger une réponse au document "L'avenir de la Bibliothèque nationale du Canada". Suite à l'approbation de la présidente, son texte sera envoyé au Secrétariat d'Etat.

11. Il a été convenu que l'ABSC devrait aussi présenter ses commentaires sur le projet de loi sur l'accès à l'information du gouvernement fédéral.

12. Mme A. Flower a été nommée présidente du comité de mise en candidature.

Beaucoup d'autres sujets ont été abordés et discutés au cours de cette réunion. Il est encourageant de constater que l'Association se trouve au premier plan dans beaucoup de domaines et qu'on sollicite ses commentaires et ses recommendations. Nous espérons assister, dès le début de 1981, au lancement de CanHealth/Santé Canada, la première de nos "publications monographiques". Il faut espérer également, que la planification de la conférence CANHELP sera fructueuse.

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CANHELP CORNER
- M.A. FLOMER

QU'EST-CE QUE LE PROJET CANHELP ?

L'hiver dernier, j'étais invitée à présenter les normes établies pour les bibliothèques d'hôpitaux aux enquêteurs du Conseil canadien e'agrément des hôpitaux. Il y avait longtemps que je n'avais parlé à ces personnes du milieu de la santé qui considèrent les bibliothèques comme accessoires et non-prioritaires: je me suis heurtée, une foid de plus, à leur indifférence. Il n'y a pas eu communication.

Les bibliothécaires des hôpitaux canadiens vivent courament cette expérience pénible de parler sans être entendu, comme s'ils habitaient une cloche de verre. Pendant que le gouvernement américain développe une structure élaborée d'échange et de circulation de l'information médicale, rien ou à peu près rien de tel ne se produit au Canada. Il est donc urgent pour nous, bibliothécaires de la santé, d'entrer en communication avec le milieu médical et celui de l'administrationtion des hôpitaux afin que l'information essentielle à la santé s'organise et circule librement à travers le pays. C'est la raison du projet CANHELP: CAN pour "Canadian", HE pour "Health", L pour "Libraries" et P pour "Project".

La bibliothèque d'hôpital, clé du réseau

Pourquoi faire de la bibliothèque d'hôpital, la réponse au besoin d'information? Parce que c'est le lieu le plus communément accessible au personnel de la santé. Si celui-ci voulait bien soutenir la démarche des bibliothèques d'hôpitaux, le système d'information tout entier fonctionnerait mieux et les services de bibliothèque nécessaires à la formation continue deviendraient réalité.

Les membres de L,Association des Bibliothèques de la Santé du Canada ont travaillé avec acharnement, depuis plusieurs années, afin d'établir des normes convenables pour les bibliothèques d'hôpitaux. Ces normes ont été incorporées au Manuel d'agrément des hôpitaux publié par le Conseil canadien d'agrément des hôpitaux. Par la suite, l'association apporta sa collaboration au "Committee on Medical Library Services" de l'ontario Medical Association pour fournir au Conseil une liste des points saillants à examiner au moment de l'interprétation des normes. En dépit de ces efforts, les enquêteurs du Conseil restent encore persuadés que les normes sont trop élevées et qu'il faut les "ajuster" à la réalité vécue dans les hôpitaux. Ce qui revient à dire qu'au lieu d'améliorer la qualité des services d'information, on leur propose de végéter sinon d'étouffer et de disparaître! La nécessité d'en arriver à un minimum vital n'est même pas perçue. Le milieu médical canadien n'a pas actuellement le réseau d'information auquel il a droit et dont il a besoin. Il n'en est même pas conscient, semble-t-il.

Au lieu de concevoir sa bibliothèque comme un centre d'animation de l'information médicale, la direction des hôpitaux la voit encore comme un lieu de conservation des livres et revues. Sous prétexte d'économie, on embauche un personnel sans expérience pour voir au prêt et au rangement des livres. L'entraînement de ce personnel des bibliothèques d'hôpitaux reste à faire, non seulement pour qu'il puisse répondre aux

besoins de sa clientèle mais aussi pour qu'il devienne habile à utiliser les ressources des autres bibliothèques de sa localité.

Le professionnel de la santé et l'information

Le professionnel de la santé a besoin d'information. Comment arrive-t-il à satisfaire ce besoin ? En pratique, il se débrouille avec les moyens qui lui sont offerts. Les bibliothèques, de leur côté, offrent des collections couvrant largement les diverses disciplines afin de répondre au plus grand nombre possible, vu la variété des besoins qui évoluent de jour en jour et d'un cas à l'autre.

Malheureusement, il est évident que nombre d'informations utiles ne parviennent pas à destination ce qui est au détriment du soin aux patients. Cela tient autant aux habitudes du praticien qu'à la qualité du service offert à la bibliothèque, si encore il s'y est adressé.

Trois secteurs de l'information sont particulièrement difficiles à obtenir: les statistiques et les études épidémiologiques qui sont utiles pour la planification des soins et qu'on a peine à retrouver dans les bureaux gouvernementaux, l'information pour le soin aux patients qui s'obtient plus souvent d'un collègue que d'une recherche de la littérature, et celle qui est nécessaire à la formation continue du personnel médical et para-médical.

Le rôle des bibliothécaires

Les bibliothécaires de la santé ont raison de dire que leurs bibliothèques devraient donner accès à toute l'information requise pour la prévention, le soin et l'enseignement continu. Toutefois, l'art de diffuser l'information pour qu'elle atteigne son maximum d'efficacité est encore à découvrir chez nous. Le professionnel de la santé n'est peut-être pas conscient des lacunes de son information, mais le bibliothécaire de la santé sait qu'il a beaucoup à faire avant de pouvoir y répondre.

Chacune des bibliothèques d'hôpitaux ne peut prétendre, par ailleurs, réceler toute l'information et c'est pourquoi les échanges entre bibliothèques sont monnaie courante. Mais pour ce faire, il faut au moins avoir un appareil téléphonique à sa disposition! C'est là que commence l'interaction au niveau local et la clé de cette interaction, c'est un personnel compétent qui sache identifier les ressources de la communauté et obtenir leur collaboration.

Lors d'une enquête récente parmi les membres de l'Association canadienne des bibliothèques de la santé, on a identifié deux moyens jugés nécessaires au développement et à l'amélioration des services d'information sur la santé au Canada. Le premier, c'est l'interaction au niveau local, le second , c'est la formation continue pour les bibliothécaires. Formation continue signifie une meilleure identification des ressources canadiennes; des techniques pour une meilleure administration; le savoir-faire de la gestion. L'interaction au niveau local signifie savoir "qui" a "quoi", des ententes pour les échanges entre bibliothèques, et l'accès aux collections les plus proches. Cela veut dire aussi mieux se connaître, au moyen d'ateliers et de projets de mise en commun.

Conséquences des interactions locales

Ces rencontres ne font pas que favoriser les échanges d'idées mais mènent à des réalisations concrètes comme des listes collectives de périodiques, des services de

messagerie partagés, etc. Evidemment, cela demande du temps, de l'argent et une bonne relation entre les établissements, mais il peut arriver que ces projets d'échange de service amènent des économies substantielles. On le voit actuellement lorsqu'il s'agit de partager des services comme la buanderie et les achats. Réduction des coûts et services de bibliothèques adéquats sont certainement possibles si l'on parvient à s'entendre entre hôpitaux d'une même région.

Parmi ces ressources régionales, il se trouve les bibliothèques des facultés de médecine qui travaillent déjà en excellente collaboration avec leurs hôpitaux d'enseignement. Pourquoi ne pas élargir le réseau et y inclure les établissements non-universitaires à travers la province ! Il y a dix ans déjà, l'Ontario Council of Health proposait un plan parfaitement équilibré pour répondre aux besoins des professionnels de la santé de l'Ontario. A la base, on trouvait les bibliothèques des petits hôpitaux reliées entre elles, qui s'adressaient ensuite aux plus importantes d'entre elles au niveau suivant, en passant par les collections universitaires pour finir, en dernier ressort au Centre bibliographique des sciences de la santé (CBSS) de l'Institut canadien de l'information scientifique et technique (ICIST). Cependant, ce modèle n'a pas été formellement implanté car, pas plus en Ontario qu'ailleurs au Canada, les bibliothèques médicales universitaires n'ont été reconnues comme une ressource valide pour toute la communauté. Cela signifierait des subventions spécifiques afin qu'elles puissent jouer ce rôle efficacement. Il faudrait pour les obtenir que les professionnels de la santé les réclament.

Rôle de l'Association canadienne des bibliothèques de la santé

Les membres de l'Association canadienne des bibliothèques de la santé examinent ces problèmes depuis plusieurs années déjà. Cette fragmentation du réseau est typique dans chaque province du Canada. C'est le milieu dans lequel nous devons travailler. Nous cherchons les moyens à prendre pour en arriver à fournir l'information nécessaire lorsqu'elle est nécessaire et de la manière la plus adéquate possible.

Nous croyons fermement à la possibilité d'un réseau des bibliothèques de la santé d'abord au niveau local puis au niveau régional. Nos six sections sont déjà au travail et préparent des outils pour l'échange et la communication: liste de périodiques, liste des volumes de base indispensable, programme de formation continue.

Les premiers objectifs de notre association sont:

a) s'occuper de promouvoir et stimuler la dissemination de l'information sur les services de bibliothèque offerts aux professionnels de la santé

b) fournir un milieu facilitant le dialogue entre les disciplines de la santé et les sources d'information

c) offrir et diriger au besoin l'entraînement du personnel concerné dans les services de bibliothèques et d'information aux professionnels de la santé

d) voir à établir les affiliations et autres modes de collaboration qui peuvent se révéler utiles, selon les besoins.

C'est à partir de là que nous avons mis sur pied notre projet CANHELP.

Nous envisageons, comme première approche à la résolution du problème, un dialogue avec les autres professionnels de la santé de tout le Canada. Nous souhaitons un échange fructueux avec les personnes des diverses disciplines que nous devons desservir. Nous souhaitons aussi le même dialogue avec les personnes de l'administration hospitalière et gouvernementale qui sont responsables du financement des programmes de santé, lesquels comprennent les bibliothèques.

Nous voulons leur présenter notre point de vue et leur expliquer comment fonctionne une véritable bibliothèque. Nous voulons trouver des moyens de financement pour des services régionaux dans les diverses régions du Canada et nous voulons leur demander leur appui. Nous nous proposons d'examiner d'abord ce qui doit être fait, ce qu'il serait possible de faire, comment le faire et comment le financer de façon systématique. Nous devrons préciser avec eux nos objectifs immédiats. Faut-il mettre sur pied une bibliothèque de la santé qui serve de modèle pour tout le Canada ? Faut-il entreprendre des ateliers de sensibilisation pour les administrateurs d'hôpitaux, le personnel médical, les fonctionnaires du gouvernement, les infirmières et les para-médicaux afin de les familiariser avec les services qu'ils peuvent attendre d'une bibliothèque médicale? Faudrait-il mettre sur pied un Institut pour la formation continue des bibliothécaires de la santé au Canada ? Cet institut pourrait-il devenir un centre de recherche sur les bibliothèques et le développement d'ouvrages de base typiquement canadiens ?

Le projet CANHELP est en quelque sorte un projet visant à l'éducation des adultes. Nous souhaitons qu'en fournissant de nouvelles méthodes pour un travail en commun, nous en arrivions à des changements dans le comportement de tous et chacun: nous-mêmes, nos collègues, nos usagers et nos établissements. La première proposition que fait CANHELP c'est un séminaire au niveau national où seraient invités des administrateurs, des médecins et des infirmières de nos hôpitaux, représentant chacune des provinces du Canada, des bibliothécaires d'université, des fonctionnaires fédéraux et provinciaux et des représentants d'un certain nombre d'associations professionnelles dans le domaine de la santé. Le séminaire favoriserait les échanges à partir d'une série de prises de position des participants. Nous espérons ainsi en arriver à préciser, tous ensemble, les étapes nécessaires pour qu'un service canadien d'information sur la santé voit le jour: novateur, flexible et par-dessus tout efficace.

(Traduction libre du texte présenté à l'Assemblée annuelle de CHLA/ABSC en juin 1980)

- M A. FLOWER IS CHAIRMAN OF CHLA/ABSC'S CANHELP COMMITTEE

MEDLARS IN CANADA: A PERSONAL REMINISCENCE

ANN D. NEVILL

Way back in 1968, when I took my MEDLARS training, it was a lenghty undertaking - six months of classes and work at the National Library of Medicine. The training groups were inclined to be quite international, and ours was particularly so. Officially represented were Great Britian, Japan, France, West Germany, Switzerland and Sweden; I was the unofficial representative from Canada since I had been sent by Michigan MEDLARS Center. NLM, besides turning itself into a training centre for neophyte searchers, also acted as a housing bureau. Finding short-term apartments in the Bethesda area was no mean feat, but we were all suitably welcomed, housed, and introduced to the wonders of Washington's environs.

The course involved learning the whole input process for Index Medicus, starting with indexing. The first two months were spent learning how to index and then actually doing it, with much help from our "revisors". For an additional two weeks, we discovered how the Medical Subject Headings Section operated, and worked on justifying proposed new terms.

We were then ready to proceed to training in the search process: this was what everything else had been preparing us for, since we were to be searchers once we got back to our respective institutions.

Because Boolean logic was a totally new concept to all of us, the first few weeks in "Search" were slightly traumatic for all concerned. Several good, general lectures on information science were given at the time by Wilfred Lancaster, who was working on his evaluation of MEDLARS.

Once we had learned the basics, searching turned out to be great fun. Nowadays, if you don't know how a relevant article has been indexed, you can poke some keys and findout; you can try different combinations to see what they produce and hope that you've guessed right. With the batch process, however, we had to hope for the best for two weeks or so until we saw the results of our labours. But I've never had a job that was so much fun. It was like going to work doing crossword puzzles all day.

After going back to Michigan, and doing crossword puzzles for several months, I heard via the efficient NLM grapevine that Canada was interested in MEDLARS. Since, at that time, I was the only Canadian trained in the system, I thought that perhaps this was a golden opportunity to repatriate myself. Fortunately, Dr. Brown and the (then) National Science Library thought so too, and by September, 1969 I was ensconced in CAN/SDI, waiting for MEDLARS to come to Canada.

It was a longer wait than anyone had envisioned - about a year, while NRC and Health & Welfare Canada worked out which department would actually become the Canadian MEDLARS Centre. I learned SDI in the interim and tried to keep up with MEDLARS developments at long distance.

Finally, late in 1970, the decision was made. The quid pro quo, worked out between NRC and NLM involved indexing Canadian journals plus some published in other countries, to make a fair exchange. We first thought of setting up an indexing operation in Ottawa but finally decided it would be more advantageous to pay an established U.S. indexing company to do our indexing for us on contract; this system is still in effect.

The next stop was to find someone to run our searches since by that time NLM couldn't handle the volume from all the search centres. Ohio State University in Columbus was chosen to process the Canadian searches for the first year or two, and later the processing was moved to Houston, Texas. Because our customers

had not yet been spoiled by on-line searching, they happily waited three weeks or more for results.

NLM, besides providing training and encouraging voices at the other end of the telephone, produced lots of publicity material. I embarked on publicity jaunts, covering most of the Canadian medical schools, with my suitcase full of MEDLARS slides, and collected numerous customers from across the country. Canadian MEDLARS was run initially on an "experimental" basis: which meant that there was no charge; after seven months, however, a fee was imposed. The mistake I made was in giving six weeks advance notice of the impending charges. On the day that the fee went into effect, there were 80 search requests piled up on my desk. People from all across the country had cleverly "got in under the wire". After that, demand dropped considerably for awhile, gradually building up again as people resigned themselves to paying for their information. Never again, thankfully, did I achieve that monumental backlog.

In 1972 MEDline made its appearance, and the batch system was phased out. Leo Grigaitis and Nancy Edson were trained by NLM, decentralization of the system was begun, and training was initiated at NSL in preparation for the first of the Canadian MEDline Centres.

We transferred almost instantly from waiting patiently for three weeks for results of our MEDLARS searches to becoming annoyed at a 10-second delay in response on MEDline. Such is human nature. I must confess though, to have harboured small regrets and a slight sense that half the fun was gone - - no more suspense and second-guessing the indexers or the occasional monumental goof in search formulation, like leaving out a crucial set of brackets, which could really wreak havoc on the resulting print-out.

It has been interesting through the years to watch the changing mystique of data base searching. MEDLARS was really the first publicly available retrospective data base, and in the late 1960's searchers were rather an elite few. This feeling was enhanced by the workshops that NLM conducted at 6-month intervals. Through these workshops we were able once again to meet the poeple we had been trained with, and NLM staff with whom we had become friends, as well as people from the classes preceding and following ours.

After the first years of fostering this elitist concept, NLM went completely in the other direction and attempted to open up MEDline directly to the user. It soon became apparent that this was not what the average user wanted. He was interested only in the end result, and wasn't terribly motivated to learn how to achieve those results himself. The jobs of (by then) hundreds of searchers were not in jeopardy after all.

From the single Canadian MEDLARS Centre at CISTI in 1972, we now have 102 on-line centres thanks to that 1970 quid pro quo agreement and CISTI's efficient training process. When we, as Canadians, are tempted to worry about being overshadowed by our big brother to the south, perhaps we should consider where we'd be in the dissemination of medical information today without this prime example of international cooperation.

- A.D. Nevill, W.K. Kellogg Health Sciences Library, Dalhousie University, Halifax, N.S.

HEALTH INFORMATION AND THE DEVELOPING WORLD - A CANADIAN CONTRIBUTION TO FUTURE ACTION

- FRANCES K. GROEN

Subscribers to the Bibliotheca Medica Canadiana are already aware that Canadians, both individually and through the Canadian Health Libraries Association, were participants in the Fourth International Congress on Medical Librarianship held in Belgrade, Yugoslavia, 2-5, September, 1980. The Canadian Health Libraries Association received a grant of $12,000 from the Canadian International Development Agency to sponsor delegates from the developing world to attend this Congress.

"Health Information for the Developing World", the Congress theme, required that, for the Congress to be successful, participation by librarians from the developing world had to be assured. For this reason, in 1979 medical librarians from Canada, Sweden, Denmark, Great Britain, and other countries, began to explore existing funding opportunities from a variety of national agencies. These are very difficult times in which to seek funding for outreach programs. Individuals and agencies are likely to be more critical of programs requiring support. Similarly, as the purse strings are tightened, there is a tendency for national agencies, like individuals, to focus upon local needs rather than international issues, expressing the "physician heal thyself" or "charity begins at home" philosophy. Outreach programs usually fare poorly under this conceptual basis. However, the existence of a duly chartered group of health librarians in Canada made it possible to obtain the support of C.I.D.A. on behalf of candidates from the developing world. As a result, we were able to tap funding sources which were concerned with the developing world. Several benefits resulted. Canadian health librarians assisted candidates from the developing world in attending this highly relevant Congress. We obtained additional funding dedicated uniquely to this purpose, and did not diminish funds available to others. Finally, we were able to establish an international presence on behalf of the Canadian Health Libraries Association.

The total number of Congress participants was 370: 170 from all over the world and about 200 from Yugoslavia. A Congress of this size facilitated making personal contacts and almost all the participants took a very active role. For many librarians this was the first time that they had been able to attend an international meeting. Congress participants were tremendously motivated, stimulated, cooperative and eager to plan very positive actions for the future. The Congress was a very encouraging and thought-provoking experience for all the participants. Fifty-four librarians from 36 developing countries received travel support. The donors can be pleased with the result of their support as the Congress has clearly given considerable impetus towards improving medical library and literature services in developing countries.

Financial support for participants from the developing world was determined by an international committee using World Health Organization and UNESCO guidelines. Preference was given to candidates presenting a paper or invited to moderate one of the sessions. Participants funded by Canadian contribution were: Mrs. M.G. Byaruhanga, Albert Cook Library, Makerere Medical School, Kampala, Uganda; Mrs. K. Rangan, Librarian, Lokmanya Tilak Municipal Medical College, Bombay 400022, India; Monsieur Ekoné Amah, Université du Benin, Lomé, Togo; and Mrs. L. Mansingh, Librarian-in-charge, Medical Library, University of the West Indies, Kingston 7, Jamaica.

One of the requirements for the grant recipient was the preparation of reports on the Congress. Selected comments from these recipients provide insights into the success of the Congress in achieving its goal of improving health information in the developing world. Mrs. Byaruhanga, Kampala, Uganda writes:

"The Congress was well attended by distinguished health workers, medical librarians and documentalists from the different corners of the world. The following countries were represented: Zaire, Cameroon, Uganda, Ethiopia, Nigeria, Ghana, Togo, England, Denmark, Sweden, Holland, Germany, Kenya, Tanzania, Poland, Yugoslavia, Papua New Guinea, U.S.A., Canada, Latin America, Ruanda, Australia, Japan, Zambia, Indonesia, Malaysia etc. The WHO regional Libraries were also represented.

The political and economic problems of the third world were given prominence and the need for networking in the provision of biomedical information within the regions was emphasized.

The meeting of African Medical Librarians resolved to form an association affiliated to IFLA so that their voice could be heard. The lack of existence of libraries in medical schools and research centres in Africa was noted with dismay.

The problems of communication, lack of foreign exchange and qualified manpower, lack of translation facilities, lack of status etc. seem widespread in the region.

Decision was taken to compile a union list of holding of the different medical libraries in Africa for the purpose of regional cooperation in order to meet user needs. Four medical school libraries were suggested to form focal points. Requests would be channelled to those centres for action instead of sending request to WHO Geneva or NLM in U.S.A. Restrictions on foreign exchange to pay for the photocopy service were revealed. A suggestion was made that there exists a WHO Revolving Fund in different countries which can be used for the purpose. Another suggestion was the issuing of coupons to libraries so that the photocopy service could be charged against the issued coupons.

The WHO Regional Office for Africa showed interest in the compilation of The Africa Index Medicus. By general consensus, the format should be on the lines of BIREME. Use of MeSH rather than natural language was advocated.

In conclusion the Congress was most educative. I had the opportunity of exchanging ideas with fellow medical librarians. Library technics which exist and are in use in libraries but which are not applicable in our library were drawn to my attention. The efforts made by librarians to meet user needs were inspiring. I had the opportunity of projecting the true picture of my country and our library. I was able to twin with big libraries in U.K., U.S.A. and Australia. It was agreed that as far as possible handling and postage of journals would be met to fill gaps in our collection. The use of Coupons and WHO Revolving Fund would be of great help to our library, researchers when implemented.

I must emphasize that the Congress was extremely farsighted and the need for a continuing dialogue between and among the medical librarians of the world was recognized as well as the plans for the future to shape the profession. Because of the nature of the profession, the Congress urged the health workers to recognize the Medical Librarian as a member of the health care delivery team."

Mrs. K. Rangan, a medical librarian in Bombay commented as follows in her report on the Congress.

"Besides these planned seminars and sessions, the Congress gave me the opportunity to meet and chat with librarians from all over the world. This led to spirited

and spontaneous exchange of ideas. Such informal exchanges opened up new vistas, and gave me a chance to talk to delegates who were not fortunate enough to present a paper. And I discovered that some of them had really interesting accounts to relate.

To sum up, I found the Congress stimulating, enlightening and eye-opening. I was amazed with the tremendous strides made by the developed nations. I was delighted to meet and exchange ideas with delegates from all over the world. This resulted in meaningful exchange of information, assessment of relative progress made and rethinking on closely contested themes.

Besides the knowledge that I have consciously absorbed at the Congress, there must be thousand other 'information bits' subconsciously embedded in my mind · awaiting automatic retrieval. My participation in the Congress has vastly enhanced my knowledge of library science, introduced me to the latest techniques, instilled in me extra confidence of my capabilities and fired me with a renewed zeal, fervour, dedication and devotion to my profession - all of which, I hope, will be amply reflected in the services rendered by me as librarian of Lokmanya Tilak Municipal Medical College."

TOWARDS FUTURE ACTIVITIES

These remarks quoted above are taken from the reports of two of the grant recipients who benefited from the Canadian contribution. They capture, in part, the flavour of the Congress, and convey the "action-oriented" emphasis of Congress organizers.

At a session on the final day of the Congress, participants discussed the Report Resolutions of the Drafting Committee on Plans for the Future. These resolutions were prepared by a drafting committee working throughout the Congress, soliciting input from all attendees. This final session provided an exciting first, endorsing the need for user education in medical libraries, especially, but not exclusively in the developing world. The resolutions express concern and commitment, and, through the Canadian Health Libraries Association members will be more completely informed in future regarding these resolutions. They are an exciting first, mandating co-operation and interaction on a global level as well as future action and evaluation. Unlike the Amsterdam Congress where western countries dominated, the vitality and potential of the developing countries provided both theme and variations for an exciting positive, future-oriented meeting. The members of the Canadian Health Libraries Association made possible a distinct Canadian contribution to a Congress which provided hope that the issues of information in health care delivery systems in a context of social charge are being addressed.

- FRANCES K. GROEN, LIFE SCIENCES AREA LIBRARIAN, MEDICAL LIBRARY, MCGILL UNIVERSITY, MONTREAL, QUEBEC

NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE (CISTI)

- BONITA STABLEFORD

Dans ce premier numéro de BMC pour l'année 1981 et ma première contribution au nom du CBSS, j'ai pensé faire le point sur nos activités. La série d'articles sur les programmes et services de l'ICIST se poursuivra dans le prochain numéro.

PROGRAMME MEDLARS CANADIEN

Le réseau MEDLINE canadien ne cesse de grandir, le nombre de centres actifs s'élevant à 102 le 31 Janvier 1981. Cela représente une augmentation de 30.8% pour l'année civile terminée. Afin d'offrir des cours de formation mieux adaptés aux chercheurs MEDLINE, le CBSS a évalué le programme actuel en 1980. Conformément aux suggestions des participants, une quatrème journée a été ajoutée, ce qui permet d'étudier d'autres fichiers, surtout les services techniques et les données sur le cancer, tout en laissant plus de temps pour les exercices au terminal. Les points saillants du cours restent le vocabulaire MeSH, les principes d'indexation et les modalités de recherche.

Autre élément nouveau: les cours d'introduction MEDLINE seront organisés dans les grandes villes suivant la demande et sous réserve d'un minimum de six participants. À l'ICIST, ces cours d'introduction continueront d'être offerts régulièrement en français et en anglais. Voici les dates de cours pour 1981:

DATE	ENDROIT	DATE	ENDROIT
13-16 janvier	Calgary	16-19 juin	Vancouver
26-29 janvier	Ottawa	22-25 juin	Winnipeg
2-5 février	Ottawa (fr)	6-9 juillet	Ottawa
23-26 février	Ottawa	27-30 juillet	Ottawa
11-13 mars	Hamilton		Windsor
23-26 mars	Ottawa	25-28 août	Montréal
7-10 avril	Montréal (fr)	31 août-3 sept.	Ottawa
21-24 avril	Hamilton	21-24 sept.	Ottawa
27-30 avril	Toronto	5-8 octobre	Ottawa (fr)
5-8 mai	Halifax	26-29 octobre	Ottawa
11-14 mai	Ottawa	30 nov.-3 dec.	Ottawa

Ces cours offerts à tous les intéressés, coûtent 30 $ par personne.

PROGRAMME DE PUBLICATION DU CBSS

L'édition de 1981 de Dépôts canadiens des revues indexées pour MEDLINE sera prête début mars. On y trouve les dépôts de tous les titres indexés pour l'Index Medicus et dans les domaines connexes des sciences infirmières, de la dentisterie, des troubles de la communication, de la reproduction. Les titres recensés dans le Hospital Literature Index qui répondent aux directives du catalogue collectif de l'ICIST sont également signalés. Le coût de 12 $ n'a pas changé.

Le CBSS prévoit deux nouvelles publications qui s'adressent aux personnels des sciences de santé. Il s'agit des Parties 2 et 3 de Information en sciences de la santé au Canada. La 2e Partie présentera une liste des associations de santé au Canada, nationales et provinciales. On y trouvera des adresses, des numéros de téléphone et des agents de liaison. Le fichier de base compte actuellement plus de 200 associations nationales et on prévoit plus de 300 autres signalements. La date de lancement prévue est l'été de 1981. La 3e Partie fournira une liste des revues courantes en sciences de la santé au Canada, y compris les périodiques scientifiques et les bulletins de nouvelles. On compte publier ce volume fin 1981 ou début 1982.

Le répertoire des bibliothèques des sciences de la santé, intitulé Information en sciences de la santé au Canada: bibliothèques, sera mis à jour en vue d'une deuxième édition en 1981.

EXPANSION DE LA COLLECTION

L'ICIST a entrepris un inventaire de ses périodiques en toxicologie. Pour commencer, on identifie les périodiques qui ne sont conservés nulle part au Canada en vue de leur achat éventuel. La prochaine étape sera consacrée à un programme collectif d'acquisition de documents en toxicologie dans certaines grandes bibliothèques. Le domaine de la santé au travail recevra également l'attention de l'ICIST.

Dans le cadre de son programme d'identification des sources de données statistiques sur la santé au Canada, le CBSS a trouvé une publication récente de Statistique Canada qui décrit les données, publiées ou non, conservées à la Division de la santé de ce ministère.

Statistique Canada. Division de la santé. Section Recherche et analyse.
Repertoire des données de la division de la santé
Ottawa:
No. 4-2303-559 Prix 2 $

Depuis octobre déjà, le poste de coordonnateur de MEDLINE est vacant. Un certain nombre de demandes ont été reçues et j'espère qu'un candidat sera retenu d'ici le printemps.

- B. STABLEFORD, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, L'ICIST

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- BONITA STABLEFORD

With this, the first issue of BMC for 1981 and my first column on behalf of HSRC, I would like to bring you up-to-date on activities at HSRC. The series highlighting CISTI programs and services will be continued in the next issue.

CANADIAN MEDLARS PROGRAM

The Canadian MEDLINE network is continuing to grow at an ever-increasing rate with 102 active centres as of January 31st, 1981. This represents a 30.8% increase over the last calendar year. In order to provide more effective training programs for MEDLINE searchers, HSRC evaluated the existing course during 1980. As a result of course evaluations submitted by attendees, a fourth day has been added. This allows for discussion of additional files, in particular the technical services and cancer files, and has increased the amount of online time in the seminar. The course continues to stress the use of the MeSH vocabulary, principles of indexing, and system capabilities.

Another new feature of the training program is the scheduling of introductory MEDLINE seminars across Canada. Seminars will be offered in major cities subject to demand and a minimum of six attendees. Introductory seminars in both English and French will continue to be given at CISTI on a regular basis. The 1981 introductory seminar schedule is given below.

	DATE	PLACE	DATE	PLACE
Jan.	13-16	Calgary	June 16-19	Vancouver
	26-29	Ottawa	22-25	Winnipeg
Feb.	2-5	Ottawa (F)	July 6-9	Ottawa (F)
	23-26	Ottawa	27-30	Ottawa
Mar.	11-13	Hamilton		Windsor
	23-26	Ottawa	Aug. 25-28	Montreal
Apr.	7-10	Montreal (F)	31-3 Sept.	Ottawa
	21-24	Hamilton	Sept. 21-24	Ottawa
	27-30	Toronto	Oct. 5-8	Ottawa (F)
May	5-8	Halifax	26-29	Ottawa
	11-14	Ottawa	Nov. 30-3 Dec.	Ottawa

(F) indicated French course.

Seminars are open to all who wish to attend at a cost of $30.00 per registrant.

HSRC PUBLICATION PROGRAM

The 1981 edition of Canadian Locations of Journals Indexed for Medline will be available by early March. This publication includes holdings for all titles indexed for Index Medicus, as well as titles in the related areas of nursing, dentistry, communication disorders and reproduction. Titles indexed in the Hospital Literature Index and which match CISTI's union list policy are also included. The cost will remain at $12.00.

HSRC has begun work on two new publications which we hope will be useful to the health sciences community. The publications will be Parts 2 & 3 in our series Health Sciences Information in Canada. Part 2 will provide a listing of

Canadian health associations at the national and provincial levels. Addresses, telephone numbers and contact persons (if available) will be included. The working file presently has listings for over 200 national associations and we anticipate over 500 entries in total. The anticipated date of publication is summer 1981. Part 3 in the series will provide a listing of active Canadian health sciences periodicals, including both scientific journals and newsletters. This volume will be ready for publication in late 1981 or early 1982.

The directory of health sciences libraries, Health Sciences Information in Canada: Libraries will be updated for publication of second edition during 1981.

COLLECTION DEVELOPMENT

A review of CISTI's serial holdings in toxicology has been started. In phase one of the project, titles with no Canadian locations are being identified and will be considered for purchase. Phase two will involve cooperative collection development for toxicology materials with major libraries. Occupational health is another area which will be reviewed.

As part of our project to identify sources of Canadian health statistics, HSRC discovered a recent publication from Statistics Canada. This describes the published and unpublished data available in their Health Division.

> Statistics Canada. Health Division. Research and Analysis Section. Directory of Health Division Information. Ottawa: Supply and Services Canada. 1980. Cat. No. 4-2303-559 Price $2.00.

As many of you are aware, the position of MEDLINE Coordinator has been vacant since October. A number of applications have been received and I hope to have a new coordinator on staff by spring.

- B. STABLEFORD, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

BRÈVE RÉTROSPECTIVE SUR LA SECTION DE LA SANTÉ DE L'ASTED

- PIERRETTE GALARNEAU

Rappelons d'abord que l'ASTED (Association pour l'avancement des sciences et des techniques de la documentation) est une association nationale à l'intention de la francophonie nord-américaine dont les buts sont, entre autres, de promouvoir l'excellence des services et du personnel des bibliothèques, des centres de documentation et des centres d'information, de promouvoir les intérêts respectifs de ces mêmes institutions et d'inspirer la législation en ce sens.

Soulignons ensuite que la Section de la santé (Section des bibliothèques spécialisées dans le domaine de la santé) fait partie intégrante de l'ASTED. A ce titre, la Section de la santé, comme toutes les autres sections de l'ASTED, tout en ayant son propre Exécutif, tout en étant autonome dans la régie de ses affaires internes et dans la gestion de ses affaires financières, n'en demeure pas moins soumise à la juridiction de l'ASTED. Tout comme les autres sections, elle ne peut, par conséquent, engager le nom de l'Association ou se présenter comme son porte-parole ou son mandataire sans autorisation préalable du Bureau de l'ASTED. Les démarches qu'elle fait auprès d'autres organismes ou auprès des gouvernements doivent donc être approuvées par le Bureau de l'ASTED. Loin d'être une contrainte cette obligation confère une plus grande force de frappe à nos demandes car nous avons ainsi l'appui de toute l'Association.

Le bref historique suivant doit beaucoup au "Manuel de la Section de la santé", préparé par madame Hélène Patry, en 1972. Après cette date, les rapports annuels de la Section furent notre source principale d'information.

La formation de la Section des bibliothèques d'hôpitaux (prédécesseur de la Section de la santé) fut approuvée officiellement par le Conseil de direction de l'ACBLF (Association canadienne des bibliothécaires de langue française-prédécesseur de l'ASTED) le 11 octobre 1954. Du 1er mars 1953 au 11 octobre 1954, des forums, réunions, comités, questionnaires avaient démontré, en effet, la nécessité d'assurer une cohésion entre les personnes travaillant dans les bibliothèques d'hôpitaux et aussi le besoin de leur procurer des moyens adéquats de perfectionnement. Les objectifs primordiaux de la Section seront la formation continue de ses membres et le développement efficace des bibliothèques d'hopitaux.

Des séances d'étude organisées lors des congrès de l'Association, des journées d'étude tenues dans le courant de l'année, la formation de comités ad hoc pour l'étude des problèmes les plus épineux, la rédaction de mémoires destinés aux autorités gouvernementales, la sensibilisation des administrateurs hospitaliers à l'importance des bibliothèques médicales seront les principaux moyens utilisés par la Section pour atteindre son double objectif.

En 1967, les cadres de la section seront élargis pour accueillir toutes les personnes travaillant dans un organisme de santé quel qu'il soit: hôpital, laboratoire, compagnie pharmaceutique, ministère, etc. La Section sera désormais connue sous son nom abrégé: Section de la santé.

Beaucoup était à faire, beaucoup a été fait pour convaincre les autorités, locales et gouvernementales, tant de l'importance de la bibliothèque d'hôpital que de l'importance d'avoir un personnel compétent pour ces mêmes bibliothèques. Nous ne citerons ici que les étapes les plus importantes.

En 1961, une définition d'emploi, adoptée par la loi de l'Assurance-hospitalisation confondait bibliothécaires et archivistes médicales. Pour éliminer toute confusion à ce sujet, un comité conjoint ACBLF/ABQ-QLA/SLA (Montreal Chapter) fut chargé de fournir une définition du rôle du bibliothécaire, de ses tâches et de ses responsabilités. Ce comité fit parvenir un mémoire à ce sujet, en 1963, au gouvernement du Québec. Par la suite, il prépara des propositions pour une échelle de

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- PIERRETTE GALARNEAU, HOPITAL JEAN-TALON, MONTRÉAL, QUÉ.

salaires appropriée pour les bibliothécaires (remises en 1966, suivies d'une révision en 1968).

Il est intéressant de constater que, dès 1966, la Section de la santé commença à se préoccuper de la régionalisation des bibliothèques de la santé. Cet intérêt devait s'accroître avec la parution en 1970 du rapport de la Commission d'enquête sur la santé et le bien-être social du gouvernement du Québec (Rapport Castonguay-Nepveu), suivi, en 1971, de la loi sur les services de santé et les services sociaux.

En 1970, dans une autre tentative pour clarifier la situation du bibliothécaire et lui assurer un meilleur statut administratif, l'ACBLF adressait au Ministère de la santé du Québec un mémoire sur "Le statut des bibliothécaires au sein des centres de santé". En conclusion, se basant sur les recommendations du rapport Castonguay-Nepveu, le Mémoire proposait que s'organise "la régionalisation des bibliothèques des centres hospitaliers afin de doter les centres de santé les plus défavorisés d'un minimum vital dans le champ de la documentation".

Pour préparer la voie à cette réorganisation, un comité ad hoc élabora en 1971, une carte illustrant les bibliothèques d'hopitaux du Québec en tenant compte des régions mentionnées dans le rapport Castonguay-Nepveu.

En 1971-1972, le comité ad hoc de la régionalisation des bibliothèques de la santé reçu le mandat d'étudier la régionalisation des bibliothèques de la santé dans les autre pays et au Canada pour préparer des recommandations à l'intention du Ministère des affaires sociales du Québec.

Parallèlement, le Comité de regroupement des ressources des bibliothèques de la santé devait recueillir, à l'aide d'un questionnaire très détaillé, envoyé à travers tout le Québec en 1974, toutes les données pertinentes sur la situation des bibliothèques de la santé du Québec, données nécessaires au Comité de régionalisation pour son étude.

Deux mémoires sur la régionalisation furent soumis au Ministère des affaires sociales du Québec (1973 et 1975). Notre Association y recommandait que le gouvernement du Québec adopte la législation nécessaire pour structurer les bibliothèques du secteur de la santé en réseaux efficaces, sur une base régionale décentralisée.

Ces recommandations furent accueillies assez froidement par le MAS. La Section garda, cependant, le dossier ouvert et tenta de nouvelles approches notamment auprès des Conseils régionaux de la santé et des services sociaux.

La Section de la santé ne pouvait pas, évidemment, limiter ses préoccupations à ce dossier. En 1974, constatant l'absence presque complète de politiques administratives pour les bibliothèques dans les centres hospitaliers et les inconvénients évidents qui en découlaient, l'Exécutif de la Section chargea un Comité ad hoc de préparer un projet-type de politiques administratives qui pourrait servir de guide tant aux administrateurs qu'aux spécialistes de la documentation. Ce projet, auquel participèrent deux administrateurs hospitaliers fut publié par l'ASTED, en 1975, sous le titre: "Politiques administratives d'un service de documentation d'une institution de santé et/ou de services sociaux; Document de travail".

La Section de la santé s'est également inquiétée de la non-inclusion des bibliothèques dans la loi et les règlements sur les services de santé et les services sociaux. Un mémoire, à ce sujet, a été défendu par l'ACBLF devant la Commission parlementaire des affaires sociales, en 1971. L'ASTED intervint de nouveau dans ce dossier en 1977.

Mentionnons, entre autres réalisations: la participation à la publication de normes canadiennes pour les bibliothèques pour l'agrément des hôpitaux canadiens. la préparation d'une formule de relevé des statistiques pour les bibliothèques de la santé dans le but d'uniformiser les statistiques exigées par le MAS, etc. etc.

Certes les démarches entreprises par la Section de la santé n'ont pas toujours obtenu les résultats escomptés. Elles ont, cependant, contribué à maintenir l'attention des autorités locales et gouvernementales sur l'importance de la bibliothèque pour l'équipe des professionnels de la santé et à assurer une place valable aux spécialistes de la documentation dans cette équipe de professionnels de la santé.

La Section de la Santé entend donc poursuivre avec dynamisme et enthousiasme son double objectif: la formation continue de ses membres et la promotion des bibliothèques de la santé.

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FRASER ELECTED TO FELLOW STATUS

Doreen M. Fraser, who recently retired as assistant professor in the School of Library Service, Dalhousie University, has been elected a Fellow of the Medical Library Association by the Board of Directors of MLA. This honor was conferred on Professor Fraser for her dedication to the development of health sciences librarianship and her long record of achievement and service to the profession. The election was announced at the Association's 80th Annual Meeting held in Washington, D.C., June 14-19.

In addition to her faculty duties, Miss Fraser also served as Regional Health Sciences Librarian in the Division of Continuing Medical Education at Dalhousie. From 1967-1972, she was Health Sciences Librarian at the University. She has published numerous articles, conducted many workshops and participated in health sciences information projects and research activities.

An active MLA member since 1953, Miss Fraser has served on many committees including: Membership, 1964-65, Ad Hoc Committee on Goals and Structure, 1969-1974; International Cooperation Committee, 1970-74; and the Nominating Committee 1975-76. She also was the International Editor of the Bulletin of the Medical Library Association, 197074.

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To all Health Sciences Librarians:

For some time I have wondered whether it would be advantageous for health library professionals to arrange to provide job exchanges between institutions. Would it be useful for a hospital librarian to be exposed temporarily to the academic library environment, or would an exchange between two academic librarians be beneficial in providing fresh points of view?

Each "exchange" could continue to be paid by his/her institution, and ideally, they could exchange living accomodations, so there would be a minimum of red tape involved. It would be best, probably, to exchange between relatively unencumbered souls since dogs, cats, goldfish and ten kids might complicate housing arrangements.

To get the ball rolling, we do have someone at Kellogg interested in a three or four-month exchange. Tom Flemming, our librarian in charge of Interlibrary Loans, would be happy to hear from anyone who would like a brief sojourn in Halifax, his apartment, and our library.

If anything does come out of this proposal, it should then be followed by a report - to be published in BMC, of course.

Ann D. Nevill
Health Sciences Librarian
W.K. Kelloff Health Sciences Library
Dalhousie University,
Halifax, N.S. B3H 4H7.

JOB OPENING

THE UNIVERSITY OF CALGARY, CALGARY, ALBERTA

HEAD, PUBLIC SERVICES, MEDICAL LIBRARY

LIBRARIAN III, $23,597 - $28,208

Available: Immediately

Position and scope: Administration and organization of public services area. This includes the provision of information services, training of support staff, responsibility for circulation (through supervisor), interlibrary loans, photo-publication and audiovisual services. Public Services includes twelve support staff.

Responsible to: Medical Librarian

1) Organisation, development and administration of Information Services, including interlibrary loans.
2) Selection, training and supervision of reference staff
3) Provision of orientation and instruction services to students and faculty, etc.
4) Recommends acquisitions of materials, particularly in the reference areas
5) Organize displays to promote knowledge and use of materials
6) Such other duties as may be assigned.

Expected qualifications:

1) University degree in one of the life sciences
2) A degree from an accredited Library School programme or equivalent
3) Reference experience in the Health Sciences
4) Experience in the use of computerized information retrieval particularly MEDLARS
5) Some administrative experience
6) Demonstrated ability to promote library services

Apply to:

Alan H. MacDonald
Director of Libraries
The University of Calgary
2500 University Drive N. W.
Calgary, Alberta T2N 1N4

Telephone number: (403) 284-5953

NOTE TO MEMBERS

There were a few errors in the recent membership list and the following corrections should be made:

1. Add Hanna Waluzyniec
Medical Library
3655 Drummond Street
Montreal H3G 1Y6

Germain Chouinard
Bibliotheque Medicale
CHUS Universite de Sherbrooke
Sherbrooke, Quebec J1H 5N4.

2. Delete
Loraine Spencer-Garry

3. Change
Hall Verona to Verona Hall

Any further changes should be sent to the Treasurer, Sandra Duchow.

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PROVINCE REPORTS

HALIFAX, N.S.

Officers of the Nova Scotia Health Libraries Association (N.S.H.L.A.) for the current year are as follows: President Linda Harvey (Kellogg Health Sciences Library), Vice President Verona Hall (Camp Hill Hospital Library), and Secretary Donna Jensen (Kellogg). Our past president, Anitra Laycock, is presently C.H.L.A. vice president and thus an ex officio member of our executive.

The chapter has continued its practice of combining a brief monthly business meeting with either a familiarizing visit to the library of one of our members or with a presentation and discussion on a selected topic. So far, this winter, we have visited the N.S. Department of Health Library (Joyce Kublin) and the new quarters of the Dartmouth General Hospital Library (Catherine Harrison, Nancy King, and Ellen Young). Donna Jensen spoke on access to Nursing Literature. At the January meeting Keneen Doherty of the Continuing Education Department of the Victoria General Hospital spoke on their proposal to develop a patient education programme using the hospital's in-house video production facilities. They plan to do a pilot project in the area of Cardiovascular Disease. A discussion followed on experiments in patient education by other hospitals in the area.

In January one of our members, Frank Oram, left his job as Health Sciences Librarian at the Victoria General Hospital to become Union Catalogue Librarian at the Nova Scotia Provincial Library. After graduating from the Dalhousie School of Library Service in 1973, Frank joined the V.G.H. staff as the first full time hospital librarian in the Maritimes. We wish him all the best in his new position.

On January the 31st the combined Halifax Library Association / Atlantic Provinces Library Association / N.S.H.L.A. Mid-winter Conference was held at St. Mary's University on the theme of " Health Education for the Library User". This was a most successful full day programme on consumer services from various sources including public libraries, provincial and federal health depts.,

hospitals, and health service agencies. The panel members were L. Harvey (Kellogg), Barbara Prince (Dartmouth Regional Library), Shirley Campbell (N.S. Dept. of Health), Pat Brownlow (Health and Welfare Canada), Anitra Laycock (Halifax Infirmary) and Eleanor Cardoza (N.S. Commission on Drug Dependency). The ensuing discussion brought out the various approaches and problems of the different agencies in their efforts to provide health information to the public. Many of the librarians present said that the conference had made them more aware of the resources available from the government agencies represented.

- W.H. OWEN, BMC CORRESPONDENT, NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

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PUBLICATIONS

1. Bibliography on Canadian Health Care Trusteeship. Published August, 1980.

   Available free of charge from:

   CANADIAN HOSPITAL ASSOCIATION,
   410 Laurier Avenue West,
   Ottawa, Ontario K1R 7T6

2. Outline of General Academic Entrance Requirements for Programs in Nursing at Canadian Universities. 1980-81.

3. Nursing Programs Offered at Canadian Universities. 1980-81.

4. General Entrance Requirements for Schools of Nursing and Schools of Practical Nursing. 1980-81.

Nos. 2, 3 & 4 are available free of charge for a single copy form:

CANADIAN NURSES ASSOCIATION,
HELEN K. MUSSALLEM LIBRARY,
50 Driveway,
Ottawa. K2P 1E2.

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ABOUT LIBRARIES . . . .

The C.C. Clemmer Library of the Canadian Chiropractic College opened its doors for "business" on December 1, 1980. The official opening will be held in the spring.

MEDICAL LIBRARY ASSOCIATION

81st Annual Meeting • The Queen Elizabeth • Montréal • Canada

81ième Assemblée Annuelle • Le Reine Elizabeth • Montréal • Canada

May 30 — June 4, 1981 ***30 mai — 4 juin, 1981***

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MEDICAL LIBRARY ASSOCIATION

The 81st Annual Meeting of the Medical Library Association is being held at the Queen Elizabeth Hotel in Montreal from May 31 through June 4, 1981

On May 29, 30 and 31 Continuing Education course will be offered.

Non-members of Medical Library Association can register for both continuing education courses and the annual meeting. If you wish to receive a registration package or need further information please contact Medical Library Association Meeting, 3655 Drummond Street, Montreal H3G 1Y6.
Medical Library Association members will receive this information directly from Medical Library Association Headquarters in Chicago.

CHLA ANNUAL MEETING- MONTREAL- MAY 26-29, 1981

- JEAN FENSOM

Montréal will be the location of CHLA's Annual Meeting in May as well as the Medical Library Association's conference immediately following CHLA during the first week of June. This will give CHLA members the opportunity to benefit from the meetings of both associations as well as their Continuing Education Courses.

CHLA will have as its headquarters the Parc-Régent Hotel (formerly Loews La Cité on Park Avenue) with additional accomodation available in the nearby McGill University residences. The interesting location of this hotel near the McGill campus on one side and Montréal's "Left Bank" quarter on the other should give participants a new glimpse of the city with interesting streets lined with intriguing boutiques and restaurants to explore.

On the evening of May 26, a dinner in a downtown restaurant is being planned to give us a chance to meet informally the night before the conference begins. On May 27, the morning session will be a demonstration of Canada's newly developed videotext system, TELIDON. This received wide publicity at the American Association for the Advancement of Science's meeting in Toronto in January and as videotext system are assured a place in our future, both in our homes and offices, the session should prove to be both stimulating and informative. Jim Feeley, a librarian who is involved with TELIDON will be there and comments will be made by a health sciences professional, a consumer advocate and a librarian.

In the afternoon we will break into small discussion groups. So far the topics for these include:

- Consumer Health Education
- Research in Librarianship
- New Reference Tools in the Health Sciences
- The Library's Role in Continuing Health Education
- Services of Professional Association Libraries
- Fund Raising
- Volunteer Help

Thursday has been reserved for the Annual Meeting and as in the past this should be a forum for lively debate.

The Continuing Education course is scheduled for Friday, May 29 and will be held at Wilson Hall, the home of McGill's School of Nursing which is located on University Street. The course offered will be:

- J. FENSOM, HEAD, DENTISTRY LIBRARY, MCGILL UNIVERSITY, MONTREAL, QUE.

CE2 MANAGING A HOSPITAL LIBRARY IN CANADA

A workshop led by a team of Canadian librarians with the objective of setting hospital librarianship in a Canadian political context and exploring the consequences in terms of status, funding, reference tools, serials, acquisitions and networking. The special Canadian emphasis of this course should appeal to many CHLA members.

We hope that as many librarians from across the country as possible will attend this meeting and take advantage of the opportunity to learn more about health sciences information and exchange ideas with colleagues while at the same time enjoying the exciting atmosphere of Montréal.

More details will be sent with the CHLA registration package next month.

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THE CANADIAN SCENE... PEOPLE ON THE MOVE

- FANSHAWE COLLEGE, SCHOOL OF NURSING, VICTORIA CAMPUS, LONDON, ONT.

  Suzanne L. O'neill (formerly Kingsmill) has been appointed Public Services Librarian (Reference, Circulation, Audio-Visual) effective Jan. 5, 1981. Ms. O'Neill's most recent position was Campus Librarian at Fanshawe's Victoria Campus.

- CANADIAN MEMORIAL CHIROPRACTIC COLLEGE LIBRARY, TORONTO, ONTARIO.

  Sandra Cifani has accepted a position as Dialog Customer Services Representative. She will be involved with the Life Sciences bases.

  Leanne Johnson has become the Technical Services Librarian.

  Diana Doxtader has been hired as a Library Technician. She is a 1978/79 graduate of Sheridan College and she specialized in the Health Sciences option. She was previously employed at the Ministry of Northern Affiars.

- CANADIAN HSOPITAL ASSOCIATION LIBRARY, OTTAWA, ONT.

  Mrs. Diane Thomson and Mrs. Louise Gibson have been appointed jointly to the position of DIRECTOR of the LIBRARY on a job sharing arrangement.

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LETTERS TO THE EDITOR

Your (our) publication is much appreciated by the volunteer staff of this library. We feel it keeps us in touch with medical libraries across Canada. We especially appreciate the humourous touches supplied by Patrick J. Fawcett, and by the cartoons in the last current issue. I am enclosing some doggerel expressing a frustration that overcomes me everytime the lights are lowered and a dread projector is wheeled in. I don't object to illustration when it is relevant and amplifies the discussion and when the machinery involved actually works but so seldom is that the case. Or so it seems to me. Does anyone else share this concern?

Sincerely,

Mrs. W.N. White, Librarian,
Riverside Hospital Auxiliary,
Ottawa, Ontario. K1H 7W9.

A Picture is Not Worth a Thousand Words -

WHEN - After a wait of twenty min.
The projector trundles in;
The light's are dimmed
The gathr'ring hushed,
The program can begin;
And to gratify our expectancy
We see one - only - transparency!

WHEN - The carrousel declines to spin,
The cassette is mute again;
On bended knee
The "speaker" feeds
(By hand) a few slides in,
Telling with ironic apology,
The wonders of computer technology;

WHEN - Gadgetry replaces content,
Circuitry displaces comment!
Kindergarten scrawls,
Projected on walls
Are deemed important,
And live human communication
Gives way to contrary automation!

THUS - If we must have illustration
To amplify the exposition,
Relevancy
Not Sophistry,
Should guide decision.
An adjunct to speech let AV be
Not a substitute for verbal clarity!

NEUROSIS AND THE LIBRARY USER

- PATRICK J. FAWCETT

Being neurotic, by itself, is not such a bad way to be.

In times like these, being neurotic has a lot of advantages. In my case, it means loudly denouncing the mindless garbage being served up on television each week but ensuring I'm glued to the set for every episode of Buck Rogers, or bemoaning the increase in the weekly grocery bill while merrily stockpiling more Lowenbrau at a buck per bottle for a Super Bowl party, or supporting one of only two Liberals elected from western Canada and then spending Christmas with my family in — ahem! -- Saudi Alberta.

Being neurotic and having to work with library users who are in even worse shape than me, however, is just a little bit scary.

If you consult any of the psychiatry textbooks on your shelves, you'll find that the most common neurosis running around loose on our streets these days is paranoia. (Anyone who feels compelled to defend the distinction between neurosis and psychosis has obviously worked in a health library too long). Paranoia is a feeling of persecution, a state of mind within which you're firmly convinced that someone or something is out to get you. Paranoia has been making something of a comeback these last few years and nowhere is that more evident than in the health sciences library.

Health libraries, by their very nature, tend to attract some pretty weird types, even allowing for those who work in psychiatry or have the job of maintaining the kardex. People convinced that the health profession has found a cure for cancer but is suppressing it to make more money, those obsessed that additives in their food or water are the root of all failures in life, and those determined to expose a secret government plot to poison our environment all gravitate to the library in search of proof for their claims. And when I was a reference librarian, they always seemed to appear when all the other staff members were busy and I was too far from a good place to hide.

"Who puts this out?" asked an otherwise normal looking person, leaning on a reference table and tapping the top of the Index Medicus.

"NLM," I replied, "National Library of Medicine in Washington."

"That's part of the CIA, right?" he asked, chewing energetically on a large wad of gum.

"Not that I know of," I said, peering surreptiously at his wrists for any sign of a patient identification bracelet. "Why?"

"You can be sure of it. They're taking over all the libraries."

Speculating only briefly on the size of the CIA's budget and the kind of library it would fund, I continued: "Why would they want to?"

At this, the man hunched his shoulders and hissed: "Because they can control everything. They can stop us finding out." What really made me shiver as he turned and left the library was not just the strange tone in his voice but the medical staff name tag on his shirt pocket.

I suppose if I were totally honest with myself — which is not a good habit to get into when you have to look in a mirror to shave every morning — what most unnerves me about these close encounters of the weird kind is how these people appear so normal and gainfully employed. I also know it would be very easy for me to end up going the same way and then I find myself wondering if it hasn't begun to happen already. How would I know? I've tried discussing this with my wife but asking your spouse a question like 'Do you think I'm growing weird?' elicits entirely the wrong kind of answers.

- P.J. FAWCETT, SYSTEMS COORDINATOR, UNIVERSITY OF MANITOBA LIBRARIES, WINNIPEG, MAN.

I would have dismissed the foregoing incident as just a minor looney tune but for what happened the very next day.

A fellow came in for a Medline search and I gave him the usual form to fill in. He muttered something about "very secret work" and sat with his arm curved around the sheet, scribbling industriously. When he had finished writing, I went to take the form and he snatched it up, horrified that I was actually going to read what he had written. Apparently, he somehow expected his request to be fed into a slot somewhere and be processed by a computer without ever coming into the purview of human optics.

By way of reassurance, I told him about the Medline service, how careful we were to preserve confidentiality, and what a big, impressive system it all was. Suddenly, I struck a nerve.

"You mean this computer isn't here?" he asked, suspiciously.

So I started describing the immensity of the Medline system, about all the wonderful computers in Bethesda, and how the communication network allowed —

"It's in Washington?" he gasped. Incredulously: "And you trust them?"

This gave me pause. "Trust who?" I asked.

"Them."

I tried a new tack. "Trust them with what?"

"With what I'm doing."

"You're doing a Medline search."

"No, no, no, with my research. It's all here, on this form! If they look at this, they'll know everything I'm doing! His eyes darted furtively about my office as if one of Them might already be listening.

Checking to be sure I had a clear path to the door, I tried the Good Humour approach. "But they'll know anyway once you publish your results."

"Ah," he said, triumphantly, "but by then it'll be too late to stop me."

"Who wants to stop you?"

"They do."

"Why do they want to?"

He replied with the shrug of the man who knew he was stating the obvious. "That's their job." Suddenly, he leaned over the table towards me and I fought down the urge to run screaming out of my office. "You don't believe that they're doing all this, do you? You don't realize what's going on, do you?"

A little voice inside me kept repeating, Don't make him violent, Don't make him violent..."I haven't seen anything to indicate that any of the--"

"Suppose that everything you say to that computer is being monitored by someone. How do you know that they're not listening in?"

"Oh, it is monitored. Their management section--"

"Ahah!" he yelled, leaping to his feet and scrunching the Medline form into a ball against his chest. "I knew it!"

He stomped out of my office and left the library while I was still dithering over the value of trying to explain to him what I meant. But somewhere in the back of my mind, a little seed had been planted. While I tried to get on with some other work, I kept getting this mental image of a cloak-and-dagger type sitting at an MMS console watching all the Medline interactions and noting down things of interest. From there, the paranoia began to spiral. Why not just a simple programme invoked which would then capture the ID and address of the person running the search? What if, instead, they could also develop a way to...

That night when I left work, my car wouldn't start. I immediately realized that someone must have tampered with it. And I knew just who had done it.

It was Them.

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BIBLIOTHECA MEDICA CANADIANA

VOL 2, No 7 1981

AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vechicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 19 June, 1981.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction reçevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 19 juin, 1981.

MOT DE LA REDACTION

Le temps du partage est venu. Toutes celles qui auront pu trouver les moyens de se rendre à Montréal se retrouveront dans les salons de l'Hôtel Parc-Régent pour écouter, apprendre et discuter afin de revenir réconfortées par l'échange et riches d'expréiences nouvelles à tenter.

Nous nous promettons de vous donner un compte-rendu aussi fidèle que possible des rencontres (ASTED - CHLA/ABSC - MLA) auxquelles nous auront participées afin que celles qui n'auront pu venir à Montréal puissent trouver dans BMC matière à partage.

Dans ce numéro, vous trouverez un index du contenu du volume deux de B.M.C. (au centre, sur papier vert). Au revers, en dernière page, se trouve une formule qui sert à transmettre vos nouvelles aux autres membres de l'Association par le truchement des pages de B.M.C. Faites-en une photocopie afin qu'elle soit prête à remplir lorsque vous aurez des nouvelles à nous communi quer.

Le prochain numéro sera le premier du volume trois. Que sera-t-il? Vous avez la réponse. Nous sommes certaines que plusieurs sujets qui vous tiennent à coeur n'ont pas encore été abordés dans nos pages. Pourquoi ne pas décider tout de suite que vous allez combler cette lacune et nous en avertir ? Nous attendons de vos nouvelles.

Au revoir, à Montréal !

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

FROM THE EDITORS

The time for sharing has come. For all those who have been able to find the means to come to Montreal for the upcoming CHLA meeting, we will be seeing each other in the Parc-Regent Hotel to listen, learn, discuss and exchange ideas. We will come back refreshed from the exchange and rich from our new experiences.

For those unable to come to the meeting, we hope to give you an account, as near accurate as possible, of the events of ASTED, CHLA/ABSC, and MLA, the 3 meetings to take place in Montreal in the last week of May and first week of June, in the next issue of BMC.

In this issue, we have included the cumulative index to volume 2 (centre-fold in green). The last page of this form is a CHLA/ABSC submission form for BMC. We ask you to photocopy this form. When you have NEWS, please fill it out and send it to us.

A this time, as we are about to start a new volume, we are putting out a "call for papers". We believe that many topics which you may be interested in have not yet been addressed to. Why not decide right away that you are going to fill the gap and let us know about it ? Our supply is running out. We need more papers !

See you in Montreal.

Pierrette Dubuc

PIERRETTE DUBUC

Arlene Greenberg

ARLENE GREENBERG

ANNUAL GENERAL MEETING

The CHLA Board of Directors will meet on Wednesday evening, May 26, beginning at 6 p.m. in the Salon Lemay, at the Hotel Parc-Regent. Annual reports from the Chapters will be tabled at the time, and discussion will be conducted on such topics as the Report of the Drafting Committee of the Fourth International Congress on Medical Librarianship held in Belgrade last September.

If any CHLA/ABSC members have a topic which they wish to present at the Annual General Meeting the next day, it should be presented to the Board of Directors before this meeting, so that it can be properly incorporated into the A.G.M. agenda and delt with adequately. Such notice should be sent to the Secretary of the Board: Sheila Swanson, Academy of Medicine, 288 Bloor St. West, Toronto, Ont. M5S 1V8. See you at the Parc-Regent in May !

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ASSEMBLEE GENERALE ANNUELLE

Le Conseil d'administration de l'ABSC se réunira Mercredi soir, 26 mai prochain, à compter de 6 heures au Salon Lemay de l'Hôtel Parc-Régent. Les rapports annuels des différentes sections seront déposés à cette occasion La discussion portera sur divers sujets, mais en particulier sur le Rapport du Comité des résolutions du Quatrième congrès international de bibliothéconomie médicale qui eut lieu à Belgrade en septembre dernier.

Si l'un ou l'autre des membres de l'ABSC/CHLA veut présenter un sujet de discussion ou un projet lors de l'assemblée générale annuelle du lendemain, il est important que celui-ci soit soumis au Conseil d'administration auparavant afin d'être inséré à l'ordre du jour et revu adéquatement par les membres du conseil d'administration. Faites parvenir vos propositions à la secrétaire: Sheila Swanson, Academy of Medicine, 288 Bloor St. West, Toronto, Ont. M5S 1V8. Au plaisir de vous revoir à l'Hôtel Parc-Régent au mois de mai !

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THE ULSTER WAY: A REGIONAL HEALTH CARE LIBRARY SERVICE

- WILLIAM D. LINTON

INTRODUCTION

Had I written this paper last July it would have been penned under a cloud of capital financial worry, now it is raining current money problems too.

Leaving such matters aside, the purpose of this paper is to explain how we in Northern Ireland have tackled the provision of a library and information service for workers in all grades and areas of the health care and personal social services fields throughout the province.

HISTORY

The Queen's University of Belfast is the only university in Northern Ireland with a medical and dental school. Para-medical courses are provided in six subject areas in the Northern Ireland Polytechnic and a degree course in nursing has recently been established in the New University of Ulster. Nurse training is in the hands of the Northern Ireland Council for Nurses and Midwives and is divided between eight group schools of nursing. Much of the training for social workers is vocational and takes place in the field. Since the majority of our medical practitioners and many hospital doctors are trained in Queen's it has always been natural for them to look to the Medical Library for information throughout their careers. In particular, since a separate medical library was established on the University campus at the Royal Victoria Hospital Belfast, 26 years ago, it has been official university policy to offer such services and to recoup some of the cost from the appropriate authorities. When the Northern Ireland Council for Postgraduate Medical Education was created the Nuffield Foundation funded a post (later taken over by the University) of Assistant Librarian. This was filled by David Crawford, now at McGill. It made possible the professional supervision of the Postgraduate Centre Libraries and provision centrally of an acquisitions and cataloguing facility. Liaison on Health administration librarianship was also established, in this case with the Northern Ireland Hospitals Authority and several District General Hospitals (from their free funds) established staff libraries which depended for professional input on the University Medical Library.

After a bout of local government re-organization resulting in the six countries of Northern Ireland being divided into five Education and Library Boards areas and four Health and Social Services areas (with different boundaries in some places) the regional health authority (Department of Health and Social Services (Northern Ireland)) called into being a Working Party on the provision of library and information services. This body had on its representatives of the various disciplines, together with the Medical Dean, the University Librarian and the Medical Librarian from the University and a representative of the Department of Education as well as headquarters DHSS staff. Their report was accepted by the Department of Health and Social Services and implemented in summer 1973 by the exchange of letters between the Permanent Secretary and the University Vice-Chancellor. The net result is the integrated service now in use which provides libraries in nursing schools,

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-W.D. LINTON, LIBRARIAN, NORTHERN IRELAND HEALTH AND SOCIAL SERVICES LIBRARY, QUEEN'S UNIVERSITY MEDICAL LIBRARY, BELFAST.

social service training units, postgraduate medical centres and district hospitals, all supported by the enlarged central library and its staff.

CURRENT POSITION

Northern Ireland is a relatively sparsely populated area: approximately 1½ million people with a population density of about 112 per sq km though with about two thirds of the population being in an urban environment and about half grouped round Belfast much of the province has a much lower density than these figures would at first indicate. Such is the shape of the province that no hospital is more than 75 miles (1½ hours) by road from the Central Library. The decision to concentrate all professional staff at one point to give them subject areas with province-wide responsibility and a travel allowance, was, and is, both cost effective and beneficial to users and staff alike. The isolation of librarians in one-man jobs in remote hospitals is inevitable to some extent but I believe it should not become the norm where other solutions are feasible. We have four Assistant Librarians (Nursing, Social Services, Health Administration, and Postgraduate Medical Centres and District Hospitals) who are peripatetic. The seven other qualified librarians are more sedentary though I find I cover about 500 miles a month "on duty".

The greatest saving comes from the joint use of the stock and the greatest benefit to the University from the greatly increased size of the central book fund and of course access to the larger number of specialist staff than could be justified if we were only a faculty library. Central purchasing and cataloguing for the whole service has led to the mechanization of procedures and makes easier the provision of computer based microfilm catalogues which are distributed to the outlying libraries.

We have been using the large data bases held on central computers for several years and, with portable terminals, provide MEDLINE and other searches on demand anywhere in the province. We also have a programme of seminars for the staff of the outlying libraries, organised on our behalf by the University's Department of Library and Information Studies. The "branch librarians" are, to date, all unqualified and the seminars are vital in giving them basic training, in addition to opportunities to get to know one another socially. The Assistant Librarians undertake training of both library staff and users of the outlying libraries as part of their normal duties.

The scale of the operation is small. It is our deliberate policy to establish a basic library list in each discipline and to maintain collections at a steady size by replacing old editions with new editions as they appear. We add to this core stock as needed but ensure that the more esoteric materials are held only in the central collections. This applies in particular to non-book materials (16 mm ciné films, video tapes, tape slides, microforms, etc.) and also to journals. The least number of serial titles are held in the outlying libraries, only the largest nursing school and postgraduate centre libraries take as many as 30-40 titles. We distribute photocopies of contents pages and of articles, on request, and publish two monthly bibliographical bulletins, one to health administrators and the other to social workers. These are based on information supplied from DHSS London, supplemented by a local input.

Funding for the service comes from both the University and the DHSS (NI). In the year ending 31 March 1981 we will receive £35,000 from QUB and £168,000

from DHSS for the book fund. Salaries add about £200,000 and to this figure (12 staff are funded by QUB and 17 by DHSS). These figures are after deducting £10,000 from the original DHSS budget: a cut which was only announced on 4 November 1980.

The cloud I referred to in the first paragraph is that of the great non-event: it was agreed in 1973 that, by 1977, a new regional library building should be ready for occupation. To date only the site has been acquired and cleared and, as both University and Health Department are involved in funding it, and neither has any capital monies at present, the outlook is bleak. We probably have pressed more people, equipment and stock into our (1954) library than is permissible under several Acts of Parliament. It was designed to be run by two staff and now houses 27. We have two stores, both relatively full and no place for teaching or exhibitions.

However, we are giving a service which, pragmatically, seems to be sucessful in the Northern Ireland context. Certainly the way we do it is different to other regional health library systems in the United Kingdom, but then, in Ireland, what else would you expect?

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CANADIAN LUNG ASSOCIATION... NEWS RELEASE ...

The Canadian Lung Association wishes to bring to the attention of readers of BMC the upcoming 100th anniversary of the discovery of the tubercle bacillus. This event will be commemorated in March of 1982. Canada, as a constituent member of the International Union Against Tuberculosis, has indicated intention of supporting the commemorative. Plans are now underway to determine how best this might be celebrated at the national, and the provincial levels.

A Special commemorative publication to appear in 1982 seems a medium destined to reach a wide audience. In the forthcoming months, the special project officer at the Association will be coordinating efforts with staff of the provincial lung associations to canvas historical documentation in their respective pronvicial archives, medical libraries, medical associations, etc. As much of this information is ephemeral, and not guaranteed to appear in the Union List of Manuscripts, librarians and archivists are urged to contact the project officer, Margaret Dunn, Canadian Lung Association, 75 Albert St., Suite 908, Ottawa, Ontario K1P 5E7; (613) 237-1208. Of interest are oral history tapes of medical practitioners or former sanatoria patients, scrapbooks of tuberculosis literature, clippings from newspapers, minutes of meetings, photographic documentation, etc. It would also be helpful if conditions of access to any collections were stated.

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LA SECTION SANTE DE L'ASTED: AUJOURD'HUI ET DEMAIN

- MARYSE BOYER

Suite à l'historique de la Section santé de l'ASTED que vous a présenté Pierrette Galarneau dans un précédent article, permettez-moi de vous informer des principales activités entreprises par la Section depuis deux ans et des projets à venir.

Reprenons les objectifs principaux de la Section à savoir: la formation continue et la promotion des bibliothèques de la santé. Pour atteindre le premier objectif cité, la Section organise à deux reprises au cours d'une année des activités permettant l'information de ses membres sur différents thèmes. Les deux occasions en question sont d'abord une journée d'étude qui se tient généralement en mai, et enfin l'autre activité qui se déroule dans le cadre du congrès annuel de l'association.

Les thèmes les plus diversifiés sont proposés aux membres. Ainsi lors de la journée d'étude de 1979, la Section recevait M. Gleason Labbé, alors fonctionnaire à la Direction des standards budgétaires du Ministère des Affaires sociales. Ce dernier a présenté la position de son Ministère en ce qui a trait à l'unité de mesure considérée dans le Guide budgétaire des établissements de santé et de services sociaux. Les participants à la journée ont pu poser des questions à Monsieur Labbé et se sont par la suite regroupés ensemble pour discuter plus à fond de ce sujet. Nous y reviendrons d'ailleurs plus loin dans cet exposé. Lors du congrès de 1979, la Section recevait Monsieur Yvon Carrier alors Directeur des services hospitaliers à l'Hôpital St-Michel, qui nous a entretenu sur le "Vécu et le futur en administration de la santé". Après nous avoir présenté l'historique du mode de gestion préconisé dans les centres hospitaliers avant 1970, Monsieur Carrier nous a invité à adhérer à l'image du manager moderne à savoir une personne dynamique, à l'écoute des autres, capable de déterminer les objectifs de son service et d'en évaluer la performance. Suite à cet exposé, la Section a demandé à Monsieur Carrier d'écrire un article sur le rôle de la bibliothèque médicale vu par un administrateur. Toujours dans le but de mieux sensibiliser les administrateurs hospitaliers, des contacts ont été établis par l'entremise de Monsieur Carrier avec la FASSQ (Fédération des administrateurs de santé et des services sociaux) afin que les membres de cette association réfléchissent eux aussi sur l'apport des bibliothèques médicales en milieu hospitalier. En 1980, la journée d'étude a permis aux participants d'acquérir des connaissances sur des thèmes d'intérêt et de discuter en tables rondes d'une réalité du milieu. En effet, la Section recevait en début de journée Madame Suzanne Gastaldy, Professeur agrégé à l'Ecole de Bibliothéconomie de l'Université de Montréal, qui a présenté un exposé sur les principes de l'élagage et du développement des collections. En seconde partie, l'assistance fut invitée à échanger sur les conséquences de l'existence des bibliothèques départementales d'hôpitaux. Lors du dernier congrès, la Section recevait M. J.-C.Laurin, chef du service de formation du personnel à l'Hôtel-Dieu de Montréal qui nous a démontré quel rôle joue et pourrait jouer la bibliothèque médicale dans la formation continue du personnel hospitalier.

Au niveau de l'information des membres de l'ASTED soulignons en plus la publication régulière de Documentation et bibliothèques et du bulletin des Nouvelles qui permet particulièrement aux Sections de renseigner les membres sur les activités en cours.

Parlons maintenant du deuxième objectif de la Section qui est la promotion des bibliothèques de la santé. Nous pouvons affirmer que la Section parvient à atteindre cet objectif de deux façons: d'abord en étudiant des dossiers spécifiques et en faisant les recommandations nécessaires aux autorités compétentes et deuxièmement en favorisant les échanges et la collaboration entre membres des diverses associations de bibliothèques et de bibliothécaires existentes. Revenons au premier volet à savoir l'étude de dossiers particuliers. Comme nous l'avons dit précédemment, la Section santé invitait en 1979 un fonctionnaire de la Direction des standards budgétaires du Ministère des Affaires sociales. En effet, le Ministère avait procédé à un changement de l'unité de mesure considérée dans le Guide budgétaire des établissements de santé et de services sociaux. L'ancienne unité soit la consultation-bibliothèque* était retirée pour faire place à l'unité semaine-étudiant. * Après avoir discuté avec Monsieur Labbé, les membres de la Section proposait la création d'un comité pour l'étude de l'unité de mesure. En effet, les membres considéraient que ni l'une ni l'autre de ces unités ne reflétaient vraiment et de façon significative, le travail accomplit dans les bibliothèques du milieu hospitalier.

Durant l'étude de ce dossier par le comité de l'unité de mesure, le Ministère a cru bon de conserver la nouvelle unité de mesure semaine-étudiant tout en y ajoutant l'ancienne soit le nombre de consultation-bibliothèque, croyant ainsi accéder au désir de la Section. Le comité de l'unité de mesure pour sa part propose actuellement au Ministère une unité de mesure à deux volets soit le nombre d'individus formant la clientèle de la bibliothèque (usagers potentiels compris dans le personnel des différentes spécialités du centre hospitalier) et le nombre de semaines-étudiants. Ce dossier est toujours ouvert et la Section en suit l'évolution.

Comme nous le disions précédemment, la Section favorise la régionalisation et les échanges entre membres des diverses institutions et associations. Ainsi, des membres de la Section santé et de l'ABSC/CHLA se sont rencontrés à Montréal à deux reprises durant l'année dernière afin de discuter de la situation des bibliothèques médicales, des problèmes existants et des solutions envisageables. Suite à ces rencontres des échanges furent établis avec le C.S.S.R.M.M. (Conseil de la santé et des services sociaux de la région de Montréal métropolitain) afin de connaître dans quelle mesure cet organisme pourrait nous aider à maximiser l'utilisation des ressources disponibles dans la région de Montréal plus particulièrement.

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* consultation-bibliothèque: C'est le nombre de personnes ayant visité la bibliothèque pour consultation au cours d'une année.

* semaine-étudiant: C'est le nombre de présence des étudiants en médecine (Internes et résidents), des semaines de présence des bacheliers en pharmacie, des étudiants du collégial et du secondaire qui viennent pour des stages, entre le 1 er avril et le 31 mars de l'exercice en question. L'établissement doit prévoir un formulaire ou un registre où l'on inscrit périodiquement le nombre de semaines-étudiants.

Tiré du Guide budgétaire des établissements de santé et de services sociaux, 1980-1981. Quebec, Ministère des Affaires sociales, 1980. p.166.

Quels sont les projets d'avenir de la Section? En plus de continuer de faciliter les échanges entre les professionnels de la documentation du secteur médical, la Section continuera d'organiser des activités en vue de favoriser la formation continue de ses membres.

Naturellement, la Section poursuivra les démarches entreprises sur différents sujets, entre autre l'unité de mesure.

Suite àl'assemblée générale du dernier congrès certains thèmes ont été suggérés pour étude à savoir la participation de la Section au congrès de la M.L.A. en juin 1981 à Montréal, l'accessibilité de l'information médicale aux personnes hospitalisées etc...

Sans nul doute que l'exécutif actuel de la Section aura suffisamment de "Pain sur la planche" pour remplir son mandat. Bien entendu, la participation et la disponibilité de tous les membres de la Section en assureront la réussite!

-MARYSE BOYER, BIBLIOTHECAIRE, DIRECTION DES SOINS INFIRMIERS, HOPITAL NOTRE-DAME, MONTREAL.

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NOTES FOR MEDICAL CATALOGERS

Beginning in 1981, the publication frequency and mode of distribution of Notes for Medical Catalogers will change. Previously, this publication was prepared by the National Library of Medicine Cataloging Section and published on an annual basis by the Medical Library Association (MLA). In order to announce NLM cataloging policies and practice in a more timely publication, especially as they relate to the application of Anglo-American Cataloguing Rules, Second Edition, NLM will include the Notes as a separate, removable section of each quarterly issue of the National Library of Medicine Current Catalog. An annual cumulation of the contents of the quarterly issues will be made available as a separate publication from the National Technical Information Service (NTIS).

The first 1981 quarterly issue of Notes will include the section on "New Descriptors in 1981 MeSH", but for 1982 and later editions of MeSH, the section on new descriptors with scope notes will be published only in the Annotated Alphabetic MeSH, available from NTIS, and the NLM Technical Bulletin.

Subscription requests for Notes for Medical Catalogers should no longer be sent to the Medical Library Association. Individuals and/or institutions that wish to purchase Notes but do not subscribe to the NLM Current Catalog quarterlies may still obtain the annual cumulation through NTIS . Additional information on the availability of the annual Notes, including the address and price, will be announced in later issues of the NLM News and MLA News. Portions of back issues, nos. 9-19 which are still applicable to current cataloging practice may still be requested directly from NLM Cataloging Section, 8600 Rockville Pike, Bethesda, MD 20209.

ONE-MAN HOSPITAL LIBRARY - ANOTHER VIEW

- BARBARA E. HENWOOD

Having read and enjoyed the excellent article by Marilyn Mathews in an earlier issue of BMC, I would like to take her up on her invitation to share information about my own one-man library.

I work at the Health Sciences Centre in Winnipeg, the largest acute care facility within a radius of over a thousand kilometers. The HSC is a jellyfish amalgamation of 5 relatively autonamous hospitals. The facility now covers four city blocks and employs some 5,000 staff. The teaching programmes in the hospital boast around 700 medical, nursing and paramedical students and an additional 500 physicians hold admitting privileges.

Library services are provided from three small libraries, each of which is staffed by a single library technician: the General Hospital Medical Library, Children's Hospital Library and the School of Nursing Library. Although there is virtually no administrative link among the three libraries, a high degree of cooperation has been reached among the library technicians. This cooperation ranges all the way from tea and sympathy to joint reference searches.

My Library, "the General", covers adult acute care with a collection of 700 volumes and 139 serial titles, plus a complement of the standard indexes and reference tools. The other staff libraries are similar in collection size. Some 80% of the HSC's book and periodical resources are spread throughout HSC departments, in individual's offices, at nursing stations and in informal department collections.

The General covers 108 square meters and can seat just over a dozen library users, with elbows. The Library's location is prime: at the center of the main floor of the hospital, immediately adjacent to the doctors' cloakroom and near Radiology, Emergency, Primary Health Care and the Bank of Montreal. The Library is presently quite heavily used by medical staff with lesser use made by nurses, technicians and staff educators. Books may be borrowed overnight and journals may be borrowed for photocopying or may be photocopied on site (at cost). A grant from a local research fund has made possible the purchase of a good collection of indexes and such tools as Current Contents.

When I came to the Library in 1969, with a newly-acquired library technician's certificate under my arm, I assumed, as I had been taught, that I should be prepared to defer to the professional librarian who would direct the library in which I would work. Then I discovered that I would <u>be</u> the librarian...

I was not at all prepared for the degree of autonomy that came with the General Hospital Library. Thanks to a two-week total immersion orientation programme offered by the University of Manitoba Medical Library, together with ongoing guidance ever since, I gradually became comfortable with the tasks before me. The Health librarians in the area who tolerated my constant questions in the first several months have taught by example the communication skills and grapevine strategies necessary to make progress in a health library. I also took advantage of inservice programmes on medical terminology, communication skills, management, etc. I have been lucky to have easy access to expertise and have tried in recent years to promote this type of communication for library workers in more remote areas.

BIBLIOTHECA MEDICA CANADIANA - INDEX TO VOLUME 2.

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CANADIAN HEALTH LIBRARIES ASSOCIATION

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

CHLA/ABSC NEWSLETTER

FORM FOR SUBMISSION OF COPY

1. Name of Individual/Library Reporting (give mailing address):

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2. Personnel Appointments, Activities:

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_____

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3. Notable Library News, New Programs, Acquisitions, Grants, Buildings, Services:

4. Article for future submissions:

Communication and networking also play a vital part in the provision of information from a "pit" (smaller than core) library like mine. Library users view local and interlibrary loans with awe when they first discover the services. Almost every request is answered from beyond the immediate collection. The resources of the University of Manitoba Medical Library are obtained through a pick-up and delivery service; the vehicle is a Barbara-powered shopping cart that plys the tunnels to the U of M several times each week. The question "Going shopping?" has been posed by so many would-be wags that I now have trouble replying civilly. Once in a long while, a spark of originality makes the trip worthwhile: one senior staffman peered into the cart full to the brim with bound volumes of one sort or another and commented: "Fine looking baby you have there".

Enough of tangents. When the U of M's medical collection fails, the resources of the Manitoba Health Libraries Association's member libraries come into play. The Serials Holdings of Member Libraries printouts usually fill the bill. Requests to member libraries in Winnipeg travel via telephone, requests outside the city are handled by mail. Delivery is usually the next working day via the mail or regular interhospital delivery services.

Only when the U of M and MHLA's resources are exhausted do I turn to the HSC's department collections. Although a union list by journal title has been produced and partial union catalogues do exist, arranging or obtaining access is in most cases chancey and time-consuming. Recent building programmes have meant the movement of many departments to temporary quarters; their "libraries" are often put into storage in unknown corners of the hospital. Maintenance of books and periodicals is often not seen as a priority to the departments; much material is lost and mislaid. This is not to say that all departments around file their journals as received. A few collections in the hospital have become invaluable sources of information for me and for library users. Very specialized media are housed where they can be used immediately by department staff and accessed by others through the department secretary. Not coincidentally, the department head is also willing to become an information resource- sort of a dial-an-expert.

Making the library's services known must be done carefully. Too little publicity and the staff may never even find out that the services exist. Too much and the library won't be able to handle the load, which tends to damage one's credibility. Informal talks to various user groups and posters and notices about specific services and tools have seemed to be the most effective. 'Wanted' posters for lost, stolen or strayed books have been particularly successful and take little time to prepare and distribute.

Unlike Marilyn Mathews, I try as often as possible to tempt staff members to come to the library to pick materials they wish to use. I usually find that within the request for a single item lurks a larger topic search which can be quickly and easily handled in one sitting with the requester present and participating. I have also found that the labs and wards are much too hectic to permit comfortable discussion of a particular question or general information needs.

The scrounging of services and materials on shoe-string, the constant reminder of limitations of funding, staff, and other resources can be wearing over the long and short term. My survival under such circ mstances has been made possible through two factors: the presence of the University of Manitoba Medical Library one block down the street and the occasional glimmers of support of an oft-promised redevelopment plan to create one large amalgamated health

health sciences library (in the sky).

I have worked in my library for 11 years now, all the while subsisting on a combination of faith, stubborness, naivité and possessiveness. I have had the opportunity to try my wings at tasks library technicians seldom touch: budgeting, book selection, reference questions, planning, lobbying for increases in staff, etc. I still have ample chance, however, to glue in loan pockets, empty book bins, and reshelve books.

Readers may find this account either unbelieveable or very familiar. The fact remains that at least in Manitoba most health care facilities contain libraries similar to the General Hospital's. No matter how Goldbergesque the netwroks and functions look, they provide a level of service for needs that were previously unfilled. Information is shared and provided with gradual increases in speed and efficiency. Because there are no rear lines in a one-man library, the library staff is at the front constantly to hear the frustrations, complaints, and compliments that come from users. The little successes in such a situation can be truly gratifying.

April 1981 Update: Since the submission of this article in May 1980, major administrative changes have taken place at the Health Sciences Centre. With them has come realization of previously theoretical plans for the improvement and expansion of library services.

One important improvement is the administrative amalgamation of medical libraries within the Centre under the newly created position of Director of Library Services. Barbara Greniaus of the Montreal General Hospital has been appointed to the position and will start work at the HSC on May 1, 1981.

Through negotiations between the administrations of the Health Sciences Centre and the University of Manitoba, a firm alliance has been forged to encourage cooperative library planning throughout the health sciences campus. Prof. Audrey Kerr, Head of the University of Manitoba Medical Library has been named in an adjunct appointment to the Scientific Staff of the HSC.

Within the Health Sciences Centre myriad building programs, work is being done by the Vice President of Professional Programs to obtain commitment of prime space for library facilities and a high priority for their construction in the fairly near future.

For those interested in library services at the Health Sciences Centre, the winds of change are feeling very tropical.

- B.E. Henwood, Medical Library, Health Sciences Library, Winnipeg, Man.

CHLA/ABSC PROJECT REVISED: CANADIAN HEALTH SCIENCE LIBRARIES AND LIBRARIANSHIP: A GENERAL PERSPECTIVE AND NATIONAL ASPECTS

- M. DOREEN E. FRASER AND CONTRIBUTORS

There has been considerable discussion of this history project and its scope in relation to the announced publishing deadline. Originally, rough details of proposed chapter contents were presented and discussed at the Annual Meeting of CHLA/ABSC in Vancouver. At that time members agreed that the project should go ahead according to the agreement reached between the CHLA/ABSC President and Dr. Norman Horrocks, Director of the School of Library Service at Dalhousie University.

Dr. Horrocks is Editor of the School's Occasional Paper Series (ISSN 0318 7403), in which our jointly sponsored history of Canadian Health Science Libraries will be published. The Series has a Review Board, and has gained considerable attention and reputation around the globe. Many of its papers have been widely reviewed and frequently reprinted. There is global distribution through the School's Main Office, and an outlet established in Britain. Our publication could be Number 30 in the Series, but no number is ever assigned until the publication is assured. The deadline for completion of our project is currently June 1982.

CHLA/ABSC COMMITMENT

The manner in which the costs of this enterprise will be shared between the CHLA/ABSC and the School of Library Service is still under discussion. The School will be responsible for revised edit copy. It will produce, distribute and advertise the publication through its established channels. The CHLA/ABSC will also be able to advertise through its own channels. However, estimates of the running costs of gathering material and producing fair copy have not yet been completed; they should be limited to a package which the CHLA/ABSC is willing to undertake. Editorial duties will be shared in Halifax by Bonnie Baird, Editor for publications of Dalhousie's Medical School. Since she is assigned to the staff of the W.K. Kellogg Library under Ann Nevill, this is a double gift of time for which we shall all be most grateful. The price of the finished publication will cover production costs only; decisions still have to be made about royalties.

PROPOSED CONTENT

The scope of the material has been reduced to a more manageable framework in discussions with members of the CHLA/ABSC Advisory Committee appointed by the Board of Directors to oversee coordination of the project. The members of this Committee are Eileen Bradley, Audrey Kerr and Anna Leith, all long-standing co-workers of the author, and David Crawford, Chairman of the CHLA/ABSC Publications Committee. A joint decision has been made that only a national overview will be attempted at this time, which will result in a chronological development. This will reduce the publication to five chapters, and eliminate the provincial material which was to have been the responsibility of the CHLA/ABSC Chapters across the country. It will make it possible for one person to do the writing, with in-put from individuals where necessary.

In deciding the framework for the history, it seems best to begin with the 1959 cross-country study of medical libraries in Canada. All twelve medical librarians then appointed contributed information for the paper, which was given at the 1959 meeting of the Medical School Group at the Annual Meeting of the Medical Library Association in Toronto. Whatever has happened since stems from that paper. The 1959-1979 period contains the greater part of significant actions of librarians in the Canadian health field, and of developments at the national level. CHLA/ABSC has taken a long time to evolve, since the first discussion of an association of our own in 1955.

BASIC PROCEDURES

For those who are asked to participate, a skeleton of the chapters will be provided, so that there will be a pattern to ensure cohesiveness and minimize editing. When biographies are necessary, a questionnaire will clarify the details needed for consistency. For simplicity's sake, specific information and/or citations should be forwarded on 3 x 5 slips. Citation patterns currently in use in the Bulletin of the Medical Library Association will be the standardizing format. Accuracy should be verified. According to the present schedule, work will begin in mid-March, and the finished product will be published in September 1982. The author's address is: 830 McLean Street, Apt. 24, Halifax, N.S. B3H 2T8. Three different phones will reach her: (902) 423-3075 (residence); (902) 424-2458 (Kellogg Library); (902) 424-3656 (School of Library Service).

There follows a brief outline of the chapters as they are now planned:

CANADIAN HEALTH SCIENCE LIBRARIES AND LIBRARIANSHIP

A General Perspective and National Aspects

M. Doreen E. Fraser

Introduction

Chapter I — Early Setting and Influences: Development

Introduction to cover period to 1959, the year the paper was given at the MLA Toronto meeting.

Chapter II — Challenge and Action: 1960-1964

Results following from the 1959 paper to the publication of the Simon Report.

Chapter III — Response and Change: Aftermath of the Simon Report

1965-1974: Post-Simon Report and developments thereafter, until the decision to form the CHLA/ABSC

Chapter IV — Growth and Evolution and Stringencies

1975-1980: Establishment of the CHLA/ABSC and thereafter

Chapter V — Librarians and Librarianship and Information Science

Education: Continuing Education: Types

Appendices

Indexes

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- BONITA STABLEFORD

ACCESS TO DATA ON CANADIAN RESEARCH

CISTI's Information Exchange Centre (IEC) is responsible for collecting and disseminating data for current university-based scientific research projects which receive funding from federal government granting agencies. This includes contracts awarded by Supply and Services Canada to Canadian university researchers working in a wide variety of subject fields. The research topics range from the arts and humanities to the social sciences to science, technology and the health sciences. Granting agencies which support health-related research and which report to the IEC include:

Agriculture Canada
Environment Canada
Health and Welfare - Family Planning
Health and Welfare - Health
Health and Welfare - Non-Medical Use of Drugs
Health and Welfare - Welfare
Medical Research Council
National Defence Canada
Natural Sciences and Engineering Research Council

This information is available in a published version and as a database on CAN/OLE. The Directory of Federally Supported Research in Universities is an annual publication in two volumes. Data included in the directory are research project title, investigators' names and organizational affiliation, granting agency, and funds awarded. The directory has listings by granting agency (both title and fiscal), investigators and a provincial breakdown. A computer-produced keyword-out-of-context (KWOC) subject index lists English and French terms appearing in research project titles. The 1979/80 edition of the Directory lists 10,000 on-going projects and is priced at $50.00. The 1980/81 edition is in preparation and will be available in early fall 1981. Please include the publication number, NRC No. 18540 (1979/80), on your order and note that orders must be either prepaid or charged to an NRC deposit account.

Similar information about Canadian research projects is also available to CAN/OLE subscribers through the IEC (Directory of Federally Supported Research in Universities) database. The database covers approximately 86,000 research projects from the 1971/72 fiscal year to date. Updates are annual with about 10,000 new entries added each July. The research projects file can be searched by subject, in addition to investigator, organizational affiliation, funding agency, language and fiscal year for funding. CAN/OLE subscribers may search the file at a total cost of $40.00 per connect hour and 3 ½¢ per reference printed offline. If you are interested in CAN/OLE access for this or any other CAN/OLE files, please contact Mr. Leo Grigaitis at (613) 993-3791.

You may request searches on the IEC database by contacting Mrs. Maureen Gabe in the Information Exchange Centre, CISTI, at (613) 993-1205 or CISTI's Reference Section at (613) 993-2013.

- B. STABLEFORD, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE (ICIST)

- BONITA STABLEFORD

Accès aux données provenant des recherches effectuées au Canada

Le Centre d'échange de l'information (CEI) de l'ICIST est responsable de la collecte et de la dissémination des données provenant des travaux de recherche scientifique couramment effectués dans les universités et qui sont subventionnés ½ar des prgamos,es de fomamce,emt di gpiverme,emt fédéral. Parmi ces travaux, on compte ceux accordés à contrat par Approvisionnements et Services Canada à des chercheurs universitaires oeuvrant dans de nombreux domaines, dont les arts et les humanités, les sciences sociales, les sciences pures et appliquées et les sciences de la santé. Parmi les organismes qui participent au financement de la recherche dans le domaine des sciences de la santé et qui font état au CEI des subventions accordées, on compte:

Agriculture Canada
Environnement Canada
Santé et Bien-être Canada - Planification familiale
Santé et Bien-être Canada - Santé
Santé et Bien-être Canada - Usage de drogues à des fins non-médicales
Santé et Bien-être Canada - Assistance sociale
Conseil médical du Canada
Défense nationale Canada
Conseil de recherches en sciences naturelles et en génie

Ces données sont disponibles sous forme publiée ou par l'entremise du service documentaire informatisé CAN/OLE. Le Répertoire de la recherche dans les universités subventionnée par le gouvernement fédéral est une publication en deux volumes qui paraît chaque année et qui contient le titre des travaux de recherche, le nom du (des) chercheur(s) et ses (leurs) affiliations, le nom de l'organisme de financement et le montant des subventions. Ces renseignements sont donnés par organismes de financement (titre de l'organisme et montant affecté), par chercheurs et par provinces. La liste est produite par ordinateur et contient un répertoire de mots clés pris hors contexte constitués d'expressions anglaises et françaises figurant dans le titre des divers travaux de recherche. L'édition de 1979/80 qui énumère 10,000 travaux en cours d'exécution se vend au prix de $50.00. L'édition 1980/81 est présentement en cours de préparation et sera disponible au début de l'automne. Prière de préciser sur votre commande le numéro de la publication, qui est CNR n° 18540 (1979/80). La commande doit être réglée par paiement préalable ou être débitée à un compte en dépôt au CNR.

Des données semblables sur les travaux de recherche effectués au Canada sont aussi disponibles aux abonnés de CAN/OLE par l'entremise de la base de données du CEI (Répertoire de la recherche dans les universités subventionnée par le gouvernement fédéral), qui renferme le titre de quelque 86,000 travaux de recherche réalisés depuis l'année financière 1971/72 jusqu'à maintenant. On procède annuellement à des mises à jour et environ 10,000 nouvelles entrées sont ajoutées chaque qnnée en juillet. La recherche documentaire peut se faire par sujet, par nom du (des) chercheur(s), par affiliation, par organisme de financement, par langue et par année financière de financement. Les abonnés de CAN/OLE peuvent utiliser ce service au coût de $40.00 de l'heure d'utilisation réelle et de 3.5 ¢ par référence imprimée hors ligne. Toute personne intéressée à utiliser le service CAN/OLE pour le repérage de ce type de données ou pour faire des recherches

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- B. STABLEFORD, CHEF DU CRSS

documentaires dans d'autres domaines est priée de communiquer avec M. Leo Grigaitis au (613) 993-3791.

Pour des demandes de recherche documentaire dans la base de données du CEI, prière d'entrer en communication avec Mme Maureen Gabe du Centre d'échange de l'information de l'ICIST au (613) 993-1205, ou s'adresser à la Section de recherche bibliographique au (613) 993-2013.

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JOB OPENING

Applicants are invited for position of "Health Science Librarian" in a 400-bed acute referral hospital located in the interior of British Columbia.

Qualifications include degree in Library Science from accredited university plus a minimum of two years recent experience in a health science library.

POSITION AVAILABLE AFTER APRIL 1st, 1981.

SALARY NEGOTIABLE

Please forward resume to:

Director of Personnel Services
Royal Inland Hospital
311 Columbia Street
Kamloops, B.C. V2C 2T1.

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BCHLA DOES A HOSPITAL LIBRARY SURVEY

The hospital library questionnaire was mailed in mid-May to 110 hospitals in the province. a total of 78 replies have been received, constituting a 71% return, an amazingly high percentage as surveys go. A number of points come across very strongly in the replies received: first, that staffing, or lack of it, joined with the service component, is the chief problem with hospital libraries. Second, that while most hospitals have book collections and support them financially, in many cases insufficient funds are spent on updating texts, and not all staff have equal access to them. Thirdly, that facilities are unsatisfactory in that they very often (in 69.2% of all cases) are aused for multiple purposes, not just as a library. Thus the collection is not always accessible when needed.

A brief is being prepared for submission to B.C. Hospital Programs which will outline results of the survey, compare the provincial situation to the Canadian Standards for Hospital Libraries, and make recommendations for consideration by the government. Members of the Hospital Library Committee are Sue Abzinger, Bill Fraser, Carolyn Hall and George Zizka.

from:"BCHLA NEWS, v. 3, no. 3, October 1980".

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ATTENTION, LIBRARIANS FROM THE NIAGARA REGION...

In the last few months both a MEDLINE update and an ISI session on Scisearch and Science Citation Index have been held in the Library, at the Health Sciences Library, McMaster University. Librarians in the Niagara region who might be interested in future workshops held in Hamilton could write to the Library and ask to be put on a mailing list.

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PROFESSIONAL READING

A bibliography aimed specifically at staff of hospital libraries was recently published in Interface, the newsletter of the Association of Specialized and Cooperative Library Agencies (a division of the A.L.A.). The bibliography contains 65 annotated items and relates to all aspects of hospital libraries, from planning to management. Pat Kolesar of RNABC (736-7331) is willing to lend her copy of Interface to anyone interested and Sue Abzinger (520-4255) also has a copy of the bibliography.

from: "BCHLA NEWS, v.3, no. 3, October 1980".

MANITOBA HEALTH LIBRARIES ASSOCIATION'S CURRENT AWARENESS SERVICE

To keep members advised of new programs and recent articles in the health library field, MHLA established the Current Awareness Service in 1979. Packages of information are routed free of charge to interested members 6 times per membership year.

The packages have several components:

From the Journal Literature is a bibliography of current articles derived from Current Contents/Clinical Practice, Index Medicus and participants' suggestions. Articles range from the practical (how to set up a display) to the eclectic (Van Gogh's digitalis poisoning).

Selected Medical Reviews is a listing of clinical review articles designed as a current awareness service for practicing physicians by the Extension Service of the University of Manitoba.

Journal Location Guide is a list of 16 library journal titles typically covered in the packages and their locations within the local loan area. Sample titles are: BMC, Library Journal, Bulletin of the Medical Library Association and Manitoba Library Association Bulletin.

Photocopied Tables of Contents are obtained from participating libraries and through the University of Manitoba's routing program for branch libraries. Journals covered are those listed in the location guide.

The distribution list covers 21 names but the viewing audience is estimated at close to 30. Four copies of each package are prepared and mailed under covering routing lists. Each participant is encouraged to view the package and mail it to the next address on the list within 2 working days of receipt. The few delays which have been encountered were due to vacation or illness.

The location guide for library journals speeds the arrangement of resulting interlibrary or local loan requests for articles cited. Locations for health related journals can be obtained from MHLA's Union List of Selected Serials. Participants have been very cooperative about not overloading any one source of requests.

The cost to MHLA for the provision of this service for the first 5 packages of the current year totals $4.35. Each participant has seen 67 pages of information, an average of 14 pages per package.

Routing lists were designed to make maximum use of existing interlibrary and interdepartmental mailing systems. Mailing costs, when incurred, are borne by participants.

Reaction to the service and the information it provides has been very positive. For a minimum cost and preparation time, a service can be mounted which keeps isolated health library staff members in touch with current trends and techniques. Please contact us if interested.

-BARBARA HENWOOD, B.M.C. CORRESPONDANT, MANITOBA HEALTH LIBRARIES ASSOCIATION.

PUBLICATIONS

- The February 1981 edition of Health Sciences Serials in Libraries in the Hamilton District Area has been printed. Copies are available at $15.00 each from: Linda Panton, coordinator, Hamilton-Wenthworth Health Library Network Health Sciences Library, McMaster University, 1200 Main St.,W., Hamilton, Ontario, L8N 3Z5.

- ERRATUM: Ontario Medical Association's Booklists. Books and journals appearing in the above publications should not be ordered through the Ontario Medical Review's Book Bureau as stated on page i of the Basic List: to assist in the ordering process details of publishers are given at the back of each of the three lists.

- Diane THOMSON, director of Library Services at the Canadian Hospital Association, writes, in a letter to the editors: "The Canadian Institute of Child Health has published some materials which I feel are an asset to Health and Medical Libraries. I enclose the bibliographical information in the hopes that they will be listed in the Publications sections of the next issue of BMC"...

* CARE OF CHILDREN IN HEALTH CARE SETTINGS: A RESOURCE AND SELF-EVALUATION GUIDE, 1979, 57 pages. A comprehensive manual in question and answer format covering many areas pertinent to assessing and improving the quality of care to children in hospitals with more than 20 paediatric beds. A useful tool for doctors, nurses, hospital administrators, board members and consumers.
ISBN 002809-3..... $8.00

THE EFFECTS OF ALCOHOL, TOBACCO AND CAFFEINE ON THE FETUS: a bibliography of the recent human literature, 1979, 41 pages.
An annotated bibliography of 55 articles covering the most important areas with a supplementary bibliography of 216 references. $5.00

* FAMILY-CENTRED MATERNITY AND NEWBORN CARE: a resource and self-evaluation guide, 1980, 85 pages. A comprehensive manual in question and answer format that focuses on the concept of family-centred maternal and newborn care and serves as a guide to assess and improve the quality of care presently being offered to childbearing families $10.00

CHILD HEALTH STRATEGIES, 1980, 95 pages. The Sydney Israels Memorial Seminar Series given at the University of British Columbia has been edited by Roger S. Tonkin for a memorial book. These ten lectures given by prominent physicians include: Child Health Strageies for the 1980's, Immunization in Perspective, Alienated Youth, Strategy for Reducing Infant Mortality and Morbidity and Why Paediatric Surgery ? A tribute to the life and work of this outstanding Canadian by his friend and colleague, Dr. G. Robinson, is included.....$ 5.00

Orders should be sent to: Canadian Institute of Child Health, suite 803, 410 Laurier Avenue West, Ottawa, Ont. K1R 7T3. (* Indicates publications also available in French.)

THE CANADIAN SCENE... PEOPLE ON THE MOVE

Health Sciences Centre in Winnipeg is pleased to announce that Barbara GRENIAUS has accepted the newly established position of Director of Library Services and will be starting on May 1,1981. She comes to Winnipeg from Montreal General Hospital where she has served as Chief Librarian since 1977.

Dallas BAGBY, Librarian at St. Boniface General Hospital in Winnipeg has been elected Chairman of the Health Care Libraries Section of the American Libraries Association. Her term of office runs from June 1981 to June 1982.

Professor Audrey KERR, Head of the University of Manitoba Medical Library, was recently named one of ninteen Outreach Award winners. Outreach Awards are presented annually by the University of Manitoba to those who have made major contributions to the community at large. Professor Kerr's contributions include: her recent adjunct appointment to the Scientific Staff of the Health Sciences Centre, her active role in the provision of information to the health community throughout Manitoba, chairmanship of the Association of Canadian Medical Colleges' Committee on Medical School Libaries and membership on the Executive Committee of the Advisory Board on Scientific and Technical Information.

Mary BOITE was appointed librarian on October 21, 1981 for the Registered Nurses' Association of Ontario, 33 Price Street, Ontario.

Linda PANTON, coordinator of the Hamilton-Wentworh Health Library Network has been appointed to the Hospital Library Standards and Practices Committee of the Medical Library Association for a 3-year term beginning 1981/82.

Merike KOGER is replacing Mary Anne TRAINOR as Acquisitions Librarian's at the Health Sciences Library, McMaster University until August: Mary Anne had a baby boy February 12!

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TEN COMMANDMENTS for LIBRARY USERS:

Roberta J. Gardner and Linda Zelevansky, Librarians at The Business Library, Dun & Bradstreet, Inc., New York, N.Y.

one of a series...one of a series...one of a series...one of a series...

Thou shalt request all information in the beginning...thy librarian then needst not travail by undertaking multitudinous exoduses back and forth from reference material to answer thy questions in sequence.

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Sherbrooke, P.Q. J1H 5N4

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Ottawa, Ontario K1A 0S2

Mr. David Crawford (Ex-officio)
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Medical Library
McGill University
3655 Drummond Street
Montreal, P.Q. H3G 1Y6

CHLA (Official Address)

CHLA
Box 983
Station B
Ottawa, Ontario K1A 5R1

BMC CORRESPONDENTS/CORRESPONDANTS DE BMC

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