

# Academic libraries

H. V. Wyatt

*Libraries should be active, not passive. A public health researcher bemoans the depressing state of some academic libraries and suggests ways of making libraries more useful.*

Professor Rais Ahmed's study<sup>1</sup> discussed research and teaching in Indian universities. Research and teaching depend greatly on access to journals and books, both past and current. If the quality of research is to be improved, libraries must make better use of funds and take more interest and pride in the heritage of Indian scientific literature. There are some very good libraries but others could be better. Not all books and journals are the precious life-blood of master spirits, but they all deserve a proper respect.

## Books

As few books are withdrawn, obsolete editions crowd out the new, giving the impression of rows of dark books. An attractive 'active stack' could be created, comprising only current books and series of current value. This active stack would have posters and bright covers to brighten the area. If necessary, these books should be on overnight, weekend and holiday loan only. This active stack should have its own, separate author, subject and title indexes. Out-of-date books could be withdrawn to 'reserve stacks'. Books of historical interest can be retained on the active shelves where appropriate. Old books could be sold to staff and students and the proceeds added to library funds.

Some libraries have unique classification systems; it would be difficult to reclassify the whole library but all new books and those in the active stack could be classified using a recognized system. All British books contain their 'British Library cataloguing' information on the back of the title page, with both Dewey and Library of Congress classifications. American books have similar cataloguing information. These details could be used so that few books would need classification by staff. Photocopies of the information could be stuck on cards to provide the card indexes.

## Booklets

Especially in the medical and health fields, there are many free publications from international, government and non-government agencies. They usually have paper covers and are slim; they easily walk and do not return. However, booklets from National Institute of Communicable Diseases (NICD), EPI, WHO and Government of India should not be housed in a glass bookcase in an office, uncatalogued, unknown and unused. There are other Indian publications such as *EPI Bulletin* and *Communicable Disease Bulletin*. The many free publications from WHO, ARHTAG and other international bodies should be on show and used by students and staff, e.g. *AIDS Action*, *AIDS Alert*, *Community Based Rehabilitation News (CBR News)*, *Dialogue on Diarrhoea*, *PANOS News*, *Essential Drugs Monitor*, as well as literature from TALC, Child to Child, etc.

## Journals

Many specialized and expensive foreign journals are little used: surveys of journal use could be made and unused

journals discontinued. Journals are best displayed and shelved alphabetically by title, rather than by arbitrary subjects: when journals are grouped by subject, users only look at their own. If they have to search along the current journals users will be encouraged to browse. The places for current journals should be marked by a photocopy of the journal cover firmly pasted on each place.

Librarians need the support of senior academic staff. Staff and students must take a pride in and cherish their library. Books and journals should always be returned on time and replaced in their correct place. Users *must* replace journals in order and seniors should give a good example. Library staff should patrol to enforce this and if necessary withdraw library facilities from any offenders.

Piles of unbound journals are depressing. Annual indexes have been lost. Many issues have lost their covers and list of contents, and all are dusty and out of order; others have fallen apart and have lost pages. Libraries may not be able to bind journals for some time and so indexes are lost. Indexes could instead be kept at the counter. An urgent task is to ensure that national







collections have complete runs of Indian journals, with indexes. Such collections are treasures that should be carefully hoarded and used under supervision. Librarians and senior staff could ensure that Indian journals are bought and used<sup>2</sup>.

### Secondary serials—indexes and abstracts

Few libraries can buy all the journals that staff would like. Although they can be accessed via satellites or CD-ROM (compact disc read only memory), these databases are very expensive to use or buy. Most libraries will still rely on the printed volumes so that staff may write for reprints, borrow a journal from another library, or buy a photocopy from the British Library Documentation Supply Centre in Boston Spa.

Librarians should seriously consider discontinuing several foreign journals and buying *Current Contents* instead. The issues can be given away after six months—they should not be bound or kept. *Current Contents* arrives in India on average some 10 weeks before the journals themselves—some journals arrive in India two to three years after their entry has appeared in *Current Contents*<sup>3</sup>.

Unfortunately *Index Medicus* arrives in India on average three years later than the journals<sup>3</sup>. Nevertheless *Index Medicus* is easy to use, relatively cheap, and covers much of the basic-science

literature in subjects like biochemistry, microbiology and parasitology. Librarians might consider very carefully whether they should buy the annual *Cumulated Index Medicus* rather than the monthly issues of *Index Medicus*. As it arrives so late, *Index Medicus* is not useful for current literature and is too tedious to use for retrospective searches. In a short time the monthly issues of *Index Medicus* become tatty, torn, unmanageable and unusable.

*Tropical Diseases Bulletin* has critical abstracts and is very useful. However, the bulletin relies mainly on donated or exchanged journals for its sources and has access to very few Indian journals. Out of about 900 journals examined in 1988, there were only 24 Indian journals. More exchanges would bring a better audience for Indian authors.

### The library

Libraries can be cheerful, with posters and pictures. Every library could have a special display near the catalogues with a selection of books and posters on the following:

- how to use the library and the literature
- how to write a thesis, paper, etc.
- instructions to authors, the Vancouver style
- use of laboratory animals, books on medical ethics
- *Better Medical Writing in India* etc.

There could be a special section for selected current reference books, e.g., *Indian Pharmacopoeia* and *Merck Index*, and a large plan of the library with the subject areas clearly marked. New books should be displayed.

Most users seem to be students using the library for reading and studying textbooks and notes. It might be useful to move many of the tables from the library proper to provide rooms for students to work in. The division of book collections from study would simplify the supervision of books and journals and provide areas for supervised study that could be open when the library proper is closed. I would have an area to sell or even give away coffee, tea and cold drinks, to entice people into the library. It is no use providing buildings, books and journals if they are not used. Libraries, like learning, should be active, not passive.

A library is a capital resource for future staff and students. We would be horrified to see a radiology department with unusable equipment, no records, and piles of dusty, unlabelled films on the floor. If journals have lost their covers and annual indexes, the usefulness of the collection is much diminished. If issues are missing or can only be found after much searching, one gives up.

My suggestions would cost nothing extra but might make modest improvements. Where there is a will there is a way.

1. Ahmed, R., *Quality, character and efficiency of scientific research in universities and Indian Institutes of Technology*, University Grants Commission, New Delhi, 1990
2. Wyatt, H. V., *IASLIC Bull.*, 1985, 30, 181
3. Carson, J. and Wyatt, H. V., *J. Doc.*, 1983, 39, 155

*H. V. Wyatt is honorary research fellow in the Department of Public Health Medicine, University of Leeds, Leeds LS2 9JT, England, and editor of Information Sources in the Life Sciences. He has been in India for a year in total, doing research on polio and visiting libraries in universities and institutes.*