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V. COMBA

INTEGRATED INTERLIBRARY LENDING SYSTEM AS A TOOL OF COOPERATION IN MEDICAL LIBRARIES

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1. INTRODUCTION

Interlibrary lending is one of the oldest forms of library cooperation. As the book production grew, it became clear that no library could possibly acquire all the material needed by its patrons, and no patron could be guaranteed an automatic flow of all the information he or she required. The result was the establishing of cooperative arrangements between libraries and service networks. The twentieth century has been a boom period of interlending, both nationally and internationally. Much of the growth can be attributed to the interest and initiative of individual librarians and scholars, but international organizations like IFLA, IATUL and FID, have also been very active in promoting this form of cooperation together with national library associations. Especially UAP, the Universal Availability of Publications, the joint program of IFLA and UNESCO, is significant since it has interlibrary lending as one of its aspects.

There are several prerequisites for interlibrary lending. First, there must be an operational library system. Second, there must be an effective bibliographic control including both national bibliographies and union catalogues. Third, there must be an organized process by which requests can be handled in a systematic way. Fourth, there must be a positive attitude among librarians and willingness to cooperate.

In Finland, the interlibrary lending system came about as a voluntary de facto service network between the research libraries. Rules for interlending within the country were compiled in the 1920es. The first union catalogue was published in 1929. After the Second World War the development was rapid: in 1951 the first Guide for Research Libraries was issued, in 1954 the IFLA rules for interlibrary lending were introduced, in 1961 the rules for interlending within the country were re-edited, in 1963 a special form for interlending was accepted, and in 1968 TWX was introduced in the leading interlending libraries. The role of the Finnish Research Library Association has been a very prominent one in interlibrary lending: as early as in the 1960es a special working group was formed for interlending, and in 1972 a Committee for Interlibrary Lending was established. It arranges annually a meeting for both public and research libraries, supported by the Ministry of Education.

The national interlibrary lending system was made more official by founding provincial libraries through the Public Libraries Act in 1962, and central research libraries through the Council of State resolution in 1972. Their tasks include the satisfaction of interlibrary lending need on both local and national level and the cooperation (central research libraries). So far there is no official interlibrary lending center for the whole country, but the activities and duties are divided between the central libraries, which represent different subject fields, like medicine, technology, etc.

2. ROLES FOR MEDICAL LIBRARIES

The library arena in Finland changed significantly in the 1970es, due to the changes in the Finnish society. The educational level became higher, since a new school system was introduced, and new universities were founded. The international information systems became operational already in the 1960es; on the other hand, the academic and research libraries did not receive necessary allowances in order to build up collections to satisfy the growing need for literature. The result was the growth of interlibrary lending; in 1969-79 the number of requests grew almost 300 %. The automation of library operations had a twofold effect: it increased the need for scientific literature, and gave more possibilities for interlibrary lending.

In medicine the establishing of the central hospital system and the remarkable growth of the public health services together with the founding of three new medical faculties created a growing need for library services. The Central Medical Library, which was established in 1965 in Helsinki as an independent institution of the Helsinki University, has, like all the central research libraries, a threefold task: to purchase a many-sided collection of scientific literature, to develop and offer information services, and to act as an interlibrary lending center. It is open to all who need medical literature and information: both scientists, physicians, and the general public. Right from the beginning the interlibrary lending has been the most important task of the Central Medical Library. At present it handles c. 40 000 interlending requests a year and ranks second in the national library statistics. The collection building of the Central Medical Library has not been steady, in spite of the fact that there is a special allowance by the Ministry of Education to the central research libraries. Therefore the satisfaction rate of the interlibrary lending requests is rather low: c. 70 %, when compared with some other interlending centers. In the British Library Lending Division, for instance, the satisfaction rate is c. 93 %. In the study made by NORDINFO, the Nordic Council for Scientific Information and Research Libraries, in 1982, it came out that there is a lack of monographs in medicine, which is significant in interlibrary lending. Otherwise the traffic is lively and the requests can in most cases be satisfied within Scandinavia. Central Medical Library was not, however, included in the study. If it had been included, the lack of monographs had certainly been much greater, since the library could not buy any monographs during its first two decades: 1965-85, because of the insufficient book allowance.

3. THE NETWORK

In 1971 a special committee was established in order to make a plan for the biomedical information services in Finland. The committee proposed a network with a main center and several subcenters, regional, local and intermediary service points. The network was never officially founded, but de facto it exists. The Central Medical Library is the main center and the libraries of the medical faculties in Oulu, Kuopio, Tampere, and Turku universities as well as the Library of the Veterinary College in Helsinki are subcenters. In addition there are several service points. If a patron needs a publication,

he can leave his request at the nearest library, which does not need to be a medical one, and it will be transmitted to a subcenter or/and the main center. The Central Medical Library will also directly handle the request, if there is no library close to the patron. If the publication is not available in Finland, the request will be sent to a foreign library. The main goal is that the publication will be located and given as a home loan, or a copy instead of a home loan will be sent, regardless of the fact when and where the it is published, and which library, national or foreign, has it in its collections.

The great number of the interlibrary loan requests tells us that there is a great need of medical literature in Finland, and this need cannot be satisfied by the collections situated in the country. It also tells, that the network is functioning effectively, otherwise it would not be used so much. One of the factors for effectiveness is the use of TWX in order to speed up the transmission of the requests, even of moderate urgency.

There are gaps in the network though: the local service points do not always have an office for a trained librarian. In Finland, where more than 40 % of the personnel of the research libraries are academically trained and the level of the professional staff can be considered relatively high, this is exceptional. The gaps in the network are thus filled by the public and provincial libraries, which have a trained personnel. Hospital libraries in Finland are not, however, joined libraries but there are libraries separately for the patients and for the medical staff.

The integration of the interlibrary network with the information service network has taken place as a Scandinavian experiment: MEDLARS-on-line-ordering, since 1984 and funded by NORDINFO. In the experiment there has been possible to combine the document delivery service with MEDLINE research. The objective of the experiment is to establish a quick and effective method of transmission of both information: lists of references, and the documents referred to by MEDLINE, and to enlarge the existing on-line-network to include also inter-lending.

4. CONCLUSION

According to the principles of the UAP, each country should organize its inter-lending system as it chooses. The means of meeting the objective: information for all who need it, can and must be flexible. International availability of publications depends, however, on the fact how each country fulfills its part of the whole. In Finland, the present performance in medicine is better than in some other fields, but it could be improved. MEDLARS-on-line-ordering and the increase of the service capacity in the local service points are the challenges of today. The coordination of acquisitions and the bibliographic control are also actual topics. The most realistic goal is to raise the satisfaction rate of the Central Medical Library from the present 70 % up to 90 %, which can be considered an internationally satisfactory one. In the future, the scope of interlibrary lending will be significantly expanded to serve the purposes of general information, self-care, and even recreational interests in addition to teaching, research, and professional use of medical literature. Libraries must be ready to meet these new needs as well as the existing ones.

REFERENCES

Intergovernmental Conference on the Planning of National Documentation, Library and Archives Infrastructures, Paris, 23-27 September 1974, Final report, Paris Unesco, 1975

International Federation of Library Associations and Institutions, Medium-term programme, The Hague, IFLA, 1976

Johansson, Arnold, Slutrapport av NORDINFO-projektet. Stockholm, KIBIC, 1985.

Kirjastovuosisikirja 1983. Helsinki, Kirjastopalvelu, 1984.

Line, Maurice B., National planning and the impact of electronic technology on document provision and supply. Libri 1985, 35 (3), 181-90.

Oyler, Patricia, Interlibrary loans, international. Encyclopedia of Library and Information Science, vol. 12, 211-27. New York, Dekker, 1974.

Sanner, Lars-Erik & Wesslén, Siw, Kartläggning av brister i basmaterial-försörjningen i Norden. NORDINFO-publikation 4, Esbo 1982.

FOREIGN MEDICAL AND BIOLOGICAL PERIODICALS IN HUNGARY

The main source of medical information in Hungary relies, - like everywhere in the world - on medical periodical literature. In addition to the approximate number of 70 Hungarian journals, the acquisition of foreign medical and biological periodicals is of crucial importance.

Due to the decentralized structure of the Hungarian medical libraries and information system periodical holdings are scattered all over the country in about 200 libraries. The National Institute of Medical Information and Library in Budapest deals primarily with organization problems and information supply. Holdings of the library do not exceed 60 000 volumes. The number of current periodicals amounts to 400 titles.

According to pertinent reports and statistics 10 000 medical and biological periodicals are issued around the world, from which 5000 provide important information. We believe that the lowest number of periodicals that would meet requirement of the 33 000 Hungarian medical staff and the 150 000 nursing and technical staff should amount to 3000 journal titles.

As compared to this desirable number our acquisition of periodicals amounted in 1981 to only 1960 titles in 11 000 copies.

In respect of the organization of the medical library system we keep to the five-year-plan cycle of our country. During the period of the sixth five-year plan having begun in 1981 special attention has been given to acquisition policies. It has been endeavoured to raise the number of periodicals to 2300 titles by the end of the cycle. Obviously, this amount is far from being satisfactory, particularly since we are connected with Medline data-base. Anyway, we have to meet reality and not optimal wishes.

We studied, as far as we were able to do so, the quantity of periodicals acquired by similar large, or rather small countries. We found the approximate number was somewhere between 2700 and 2800 for Austria and between 2200 and 2300 for Czechoslovakia.

To achieve our plan 100 new periodical titles had to be imported yearly. This could have been fulfilled without major difficulties-, had the price of the journals not risen steeply. Therefore, some organizational measures had to be introduced.

Rebuilding the organization of the medical library network, instead of the former 20 territorial units, 6 regions were formed. So, double acquisitions by the former territorial libraries having been previously nullified had to be reconsidered and reduced again in compliance with the regional organization. This enabled the purchase of new periodicals. Moreover we came to an agreement with libraries not belonging to the medical network, for example the Libraries of the Hungarian Academy of Sciences, the Army, Railways, etc., which allowed cooperation with 20 other libraries. This was all the more important because these libraries hold a considerable part of borderline literature found in Medline data-base.

Our plan came to a successful end, we acquired in 1986 altogether 2400 periodical titles. This number amounts however only to 53 per cent of the journals processed by Medline. We plan to raise our acquisitions to 2700 by the end of the seventh five-year-plan in 1990. This involves numerous problems due to the steady rise of prices. As compared to the price of 60 million transferable forints paid for 1960 titles in 11 000 copies in 1981, we will have to pay 120 million transferable forints for the planned 2400 titles in 9000 copies in 1987.

Although the decentralized system is advantageous to users, it raises several problems in respect of library work. Location index is published yearly by the network. Interlibrary lending does not work as it should, in spite of Xerox devices being available at the most important 100 libraries. Much has to be done to intensify information supply, given that there is no hope for the creation of a central medical library or a central lending bureau in our country.

Now, I would like to give a brief review on the structure of the acquired 2400 journal titles. From the journals dealing general subjects 100 titles in 30 to 60 copies each are available. These are journals like *Lancet*, *Journal of the American Medical Association*, *Deutsche Medizinische Wochenschrift*, etc. It has never been our aim to cancel these journals in the course of coordination due to their popularity. Periodicals covering special subjects are adjusted to the number of specialists, their acquisition is rather satisfactory. Nevertheless, there would be a need for more new journals on cytology, genetics, and biochemistry, exactly for the most expensive ones. The availability of indices and abstract journals meets requirements. *Index Medicus* is available in 40 copies, *Current contents* in 30, and 10 to 20 copies of *Excerpta Medica*, depending on the profile of the institute. This ratio will probably change by 1987-1988, at the time *Medline* data-base will be available in addition to the network center at the other 5 regional libraries, too.

With reference to the distribution of periodicals according to their language, German having been the leading language 20 years ago declined by now and represents 14 per cent as compared to English, that prevails with 66 per cent. Unfortunately French and Russian knowledge is scanty. The number of periodical titles amount to 150 each. Learning languages at an early period of life is most important in countries with isolated languages. In this respect we have to reach the level of our examples, that is Holland, and the Scandinavian countries.

In consequence of the aforementioned, special concern has to be given to information supply, documentation, as well as translation services. The network center supplies various information services. In addition of publishing review bibliographies, which are compiled on the basis of abstract journals, current bibliographic information that covers 75 topics, SDI in 35 subjects, translations, abstracts, synopses, and current content information are being supplied.

As already mentioned interlibrary lending is slow. Exchange amounts to approximately 54 000 units during a year, which is rather low considering the number of the professional staff. It is even too low, if we assume that reading is not limited to the borrower, but also other members of the staff do read them. In some of the regional libraries journals are circulated, in other words, lending is continuous. Although it works well, we think the real solution would be copy supply.

The fact that the most important periodicals of certain specialities, for example journals of biochemistry or oncology, are to be found in different institutes - instead of being available at a major library - is subject to criticism. Presently, none of the national research institutes dispose of the

necessary means to purchase all the important periodicals of its discipline and be able to supply information on its basis. Moreover, journals purchased in one copy by various institutes cannot be cancelled because the specialists insist to read the original journal, they are used to it, and will rather renounce to various services than to the favourite journal. In this respect we have to accept subjective wishes and do not intervene.

In conclusion, the present balance between centralization and decentralization has to be maintained under the given conditions and is of paramount importance for the availability of periodicals and information supply.

PROFESSIONAL ASSOCIATIONS FOR MEDICAL LIBRARIANS IN THE U.K.

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The function of professional organisations is to represent the views and needs of their members at a national and international level and to provide support, guidance, continuing education facilities and a forum for the exchange of ideas. The United Kingdom has a wide range of organisations which provide professional support for medical librarians. The paper describes the purpose and activities of the different types of organisation and explains how they interlink to form a sophisticated national network.

1. INTRODUCTION

The function of a professional association is to provide a focus for practitioners by promoting the development of the profession, encouraging continuing education, providing a forum for professional contact and representing the interests of the members in negotiations with other official bodies. In Britain there are a number of organisations which cater for the library profession in general and also, many specialised groups which concentrate on specific aspects of information provision. These groups foster co-operation and the exchange of expertise, thus ensuring the growth of professional techniques even in the present climate of financial constraint.

The three major organisations are: the Association for Information Management (Aslib), the Institute of Information Scientists (IIS) and the Library Association (L.A.). These bodies work in conjunction with one another and in 1985 they held a joint conference.

2. ASLIB, THE ASSOCIATION FOR INFORMATION MANAGEMENT

Aslib, which was founded in 1924, acts as an agency for the promotion of better management of information as a resource. It has a corporate, rather than an individual, membership and offers a consultancy service to its member organisations which include commercial companies, academic institutions and government departments. In addition, it organises conferences, seminars and meetings for individuals and supports twelve special interest groups including one for Biosciences. It publishes a comprehensive range of books and eleven journals and reference sources covering many aspects of information management.

3. THE INSTITUTE OF INFORMATION SCIENTISTS

The creation of the IIS in 1958 coincided with the beginning of the information explosion and the introduction of computers; today, the emphasis is still on the technological aspects of information provision. The membership of over 2000 includes information scientists and information managers from the United Kingdom and from other countries. It has a president and an elected council and is divided into standing committees, branches and groups. It produces a number of publications including the Journal of Information Science

and a bi-monthly newsletter, Inform. It offers a wide range of meetings many of which are organised by its special interest groups. One of the largest of these groups is the U.K. Online User Group (UKOLUG) which was founded in 1978. This section is of particular interest to medical librarians who are prominent amongst its members. Membership of this group is not confined to members of the parent body.

4. THE LIBRARY ASSOCIATION

The senior professional organisation is the L.A. which was founded in 1877 to raise the standard of librarianship and to improve the service to the public. It was granted a Royal Charter in 1898. Its main objectives are to unite all persons engaged in library work and to promote better library administration and bibliographical research. It represents the professional interests of librarians and, as official voice for the improvement of their status it watches over the legislation affecting their work. It maintains links with associations in other countries and is an active member of the International Federation of Library Associations. Originally, it held a monopoly for the award of professional qualifications. This function has now been taken over by the 17 U.K. library schools but the L.A. still assesses the courses and awards the qualifications of Associateship and Fellowship. It organises a wide range of continuing education courses and has its own publishing house; its major journal is the Library Association Record.

The Association is divided into twelve geographical branches and twenty-three special interest groups to which members may belong. Many of these groups are relevant to medical librarianship, for example, information technology, audio-visuals and, more particularly, the Medical, Health and Welfare Libraries Group (MHWLG).

5. THE MEDICAL, HEALTH AND WELFARE LIBRARIES GROUP

5.1 Aims and Objectives

The MHWLG was formed in 1978 following a merger of the Medical Section which started in 1947 and the Hospital and Handicapped Readers Group which started in 1962. This union reflects the current approach to medicine which sees the practitioner and patient as partners in the process of health care, an attitude which has developed further with the introduction of patient information services. It is the leading professional association for librarians working in all aspects of health care including librarians in universities, schools of nursing, health authorities, postgraduate medical centres, staff and patient libraries in hospitals and public library services to handicapped and disadvantaged readers.

5.2 Meetings

A varied programme of meetings and study days is offered, some of which are organised in conjunction with other professional associations. Recent topics include Drug Information, Patient Information and Reading Aids for the Handicapped. The main event of the calendar is the annual weekend study conference which is held in a different location each year and which attracts over 200 delegates and about 25 exhibitors. The programme includes speakers from disciplines which interact with health care librarianship such as education, psychology and computer technology.

5.3 Publications

Communication with members is maintained through a newsletter which is also issued as part of the Group's journal Health Libraries Review published by

Blackwell Scientific Publications. A Directory of Medical and Health Care Libraries in the United Kingdom and Republic of Ireland and a Directory of Domiciliary and Hospital Patients Library Services in U.K. have also been produced.

5.4 Committee structure

The Group has an elected committee which maintains a Medical Standing Committee and a Welfare Standing Committee to advise on matters relating specifically to those subject areas. There are six working groups covering: the Conference, Health Libraries Review, International Matters, Information Technology and Membership. Special interest sub-groups include Nursing Information and Reading Therapy which have opened their membership to include practising nurses and therapists.

Representatives of the Group serve on a variety of other committees to keep in touch with developments on such diverse topics as copyright and community services. The Group provides three members of the Medical Information Working Party, which acts as a forum for representatives of medical librarians, publishers, booksellers and subscription agents to consider matters of common interest.

Liaison is maintained with a number of other bodies which have related interests, for example the N.H.S. Regional Librarians Group and the National Library of Medicine Classification Users' Group. The Committee provides an official channel through which the views of the membership can be expressed in submissions and policy statements to official bodies. This corporate representation strengthens the status of health care librarians both within the profession and within the organisation they serve.

Through its links with other professional bodies, MHWLG co-ordinates the activities of all the associations relevant to health care librarianship and acts as a clearing house for contacts and information in this field.

6. OTHER ORGANISATIONS

A further three bodies are also of importance to medical librarians although they are not, strictly speaking, associations since membership is by invitation only. The University Medical Schools Librarians Group is an autonomous body consisting of the librarians of the U.K. medical schools who meet twice a year to consider and comment on issues relevant to their libraries. The group communicates through an advisory committee, with the Standing Conference of National and University Librarians (SCONUL) whose membership is confined to the Chief Librarians of those organisations. This body develops policy and advisory standards for the national and university libraries and comments on matters which affect them.

The N.H.S. Regional Librarians' Group (RLG) is composed of librarians who are responsible for the organisation of a co-ordinated network of hospital and health libraries within a Region of the National Health Service. These networks, some of which are highly developed, provide training and co-operation schemes for the librarians within the geographical area they serve and so act as local associations. The RLG liaises with the Department of Health and other official bodies on matters of policy relating to libraries in the health service.

7. CONCLUSION

Medical librarians in Britain are fortunate in having a variety of associations

which enable them to keep up-to-date with developments in both their own subject area and the wider aspects of librarianship.

However, we realise there is much to learn and we are always seeking new ways of co-operation to achieve the most effective and efficient methods of information provision. In this spirit, therefore, I would like to conclude by saying, on behalf of all British Librarians present, how delighted we are to be able to take part in this historic conference. We look forward to developing closer links with our European colleagues.

A EUROPEAN MEDICAL LIBRARY ASSOCIATION

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INTRODUCTION

Some months ago, a colleague of mine asked a large library in a neighbouring country for a copy of a document that was not available in Belgium. A fortnight later, she was informed that it was necessary to pay in advance, and she therefore sent off the Euro-cheque for the corresponding amount. After a further two weeks, she was informed that Euro-cheques were not accepted. In the end, the reader had to wait two months to get a document from a library that was just a 2 1/2 hour train journey away. This case is far from exceptional, as once again this year, we had to wait two months to receive - once again from a neighbouring country - a recent thesis. It is therefore quite common for documents to circulate between libraries at an average speed of 2 km an hour !

Articles from the most widely-read recent periodicals take at best some ten days to arrive, achieving a speed of 10 km/h or 20 km/h, dependent upon whether they come from Paris or the British Library. Whereas contagious illnesses travel from one continent to another at the speed of supersonic aircraft, whereas researchers communicate the results of their experiments over the oceans by means of electronic mail or telefax, documents circulate between European libraries at an average speed of between 2 km/h to 20 km/h. This is the degree of cooperation that European libraries have achieved with ledd than 15 years to go to the start of the XXIst century !

If we want to avoid ending our career as conservators of medical book musea, it is quite clear that something - or many things - must change in our profession. Furthermore, it is quite clear that it is our collective responsibility to improve our cooperation. In this respect, there can be no doubt that national and European authorities are supportive of efforts to modernise information methods in such a fast-changing and important sector as medicine, as witnessed by the very broad support received by our Conference. The large-scale participation at this First European Conference of Medical Libraries also shows that medical librarians are fully aware of the need to modernise their cooperation and are keen to do so. We are sure that, at the end of these three days in Brussels, many ideas and proposals will have been put forward, but the latter will only bear fruit if a permanent organisation guarantees the necessary connection between us all. We must therefore examine the obstacles that we have to overcome, the objectives of a European medical library organisation and the best ways of achieving these objectives.

THE OBSTACLES TO BE OVERCOME

1. NATIONAL PARTITIONING

The fact that it takes two months to transmit a document between two neighbouring countries can be ascribed to national partitioning, but there are also many other questions that must be asked :

- why is it that there are national collective catalogues, but no multinational catalogues ?
- why is it that Maastricht library (which several participants visited yesterday) can send remote orders to the other end of Holland, but not to the neighbouring libraries of Liege or Aix-la-Chapelle ?
- why is it that "Livres hebdo" can be consulted on videotex terminal (Minitel) throughout France, but not beyond ?
- lastly, why is it that there are no qualified librarians from other countries working in the libraries of another country's public institutions ?

Thus, national partitioning has prevented until now the creation of transnational catalogues, the extension of new telecommunications networks from one country to another, modern cooperation between libraries and the mobility of librarians.

2. LINGUISTIC BARRIERS

In addition to these factors, there is the problem of linguistic barriers :

- whereas the information required in the medical sector comes from throughout the world in various languages and whereas our role is to communicate this information regardless of the language of origin,
 - whereas we consulte the same data bases in other countries and other continents,
- we generally remain in a unilingual framework and we practice foreign languages too little; as a result, international contacts prove difficult, international collaboration arduous, and multilingual catalogues, classifications and thesauri the exception.

3. GEOGRAPHICAL DISPARITIES

In addition, there is a growing gap between libraries in those countries using informatics and telematics and libraries in other European countries which are less developed or less keen to modernise. Unless care is taken, these geographical disparities will increasingly hinder cooperation between libraries from countries of different technological levels.

4. LOCAL PECULIARITIES

Finally, local peculiarities mean that in the same region, or even in the same town, libraries adopt different classifications, key-words, rules, catalogues, lending and copying arrangements, as well as incompatible computers and

library management softwares. All these factors hinder cooperation and check the introduction of new information technologies. In this respect, there is a lesson to be learnt from US medical libraries which have all adopted common classifications and key words, and from the establishment of computerised library networks like the OCLC's, thanks to which several thousand libraries share their catalogues and control their documents remotely. US library associations undoubtedly made a substantial contribution to these achievements.

OBJECTIVES

1. COOPERATION BETWEEN LIBRARIES

There were naturally more proposals on specific library cooperation than on any other from amongst the suggestions received in the run-up to the First European Conference of Medical Libraries. The proposals covered library lists, multinational catalogues, and document-lending and supply arrangements. In addition, there were proposals on the increased compatibility of catalogues, classifications and thesauri, common cataloguing rules, or at least common data exchange formats.

In this respect, new technologies provide us with a remarkable opportunity to cooperate, as they offer us means which make cooperation considerably easy and which largely contribute to the success of such projects. In addition, the fruit of these projects will be able to be extended easily to all European countries thanks to telecommunications, micro-informatics and compact disks. This means however that there must be a coordinated introduction of new technologies in libraries, and not a disordered introduction which all too often hampers general progress. Our cooperation projects and new technologies mean that a European library organisation is more than ever necessary.

2. LIBRARIANS

The information and training of librarians should be a key objective of any librarians' organisation. This organisation should form the central point to which all information on the profession comes and from which it is disseminated : lists of addresses, librarian guides, information letters on all professional events, and perhaps a European review of medical librarians. In its publications, the organisation would be able to point out, training opportunities, but it could also carry out the continuing education of its members, especially in the fast-changing field of new technologies with which national librarian organisations rarely manage to keep pace. Finally the organisation could - and this would be very timely - promote or organise librarian training courses abroad or international exchanges.

3. A REPRESENTATION OF MEDICAL LIBRARIES

European institutions are increasingly influencing European society, thereby necessitating the different professions to be represented at European level. As a result, there are already European associations of publishers, booksellers, data bank

producers and users, medical informatics, etc. In addition, the 1984 and 1985 Resolutions of the European Parliament and of the EC's Council of Ministers reveal the interest of the EEC institutions in these organisations and call explicitly upon a librarians' representative body. Steps must be taken to ensure that a European library organisation responds to this appeal as quickly as possible.

In addition, there is good reason for such an association to underline the essential role of information in a continent which is short on raw materials, to promote the basic role of libraries to this end and to seek the resources required

for the modernisation of libraries, which is absolutely essential. The association must get its message across not only to European institutions, but also to EC organisations representing other professions and to the general public. The impact of a European library organisation working hand in hand with national associations will certainly be much greater than disparate national initiatives. It is therefore urgent that we organise our ranks to ensure our representation at European level and to present ourselves as a valid interlocutor in order to participate in the organisation of our profession in Europe. Colleagues from other disciplines are not excluded, but we cannot afford to wait too long for them.

In addition, it is clear that an organisation representing European medical libraires will bring not only encouragement and practical aid to a good number of national associations, but will also increase their effectiveness by adding an international dimension to their work.

Finally, the need to represent medical librarians is not confined to Western Europe, as it is also essential to ensure an effective and coordinated representation of those European medical libraries coming under the IFLA and the W.H.O. so as to play together in these fora the role falling upon our continent.

TYPES OF ASSOCIATION

1. MEMBERSHIP

First of all, in order to be representative of the librarians, an international non-governmental organisation will be required, just like most library organisations.

In order to have an organisation which is representative of librarians and which promotes cooperation between libraries and the training of librarians, different types of membership must be envisaged :

- membership of national medical library associations
- institutional membership of libraries
- individual membership of librarians.

The membership of national library associations is essential to ensure that there is not a disproportionate individual or institutional membership from one country to another country which might imbalance the European organisation's representation, and that there is a sufficient consensus between all the participating countries.

Institutional members will provide the organisation not only with resources but also with a direct link to the different libraries, which be stimulating for both parties.

Finally, individual members will also contribute to the organisation's resources and dynamism. In addition, they will confer upon the organisation a democratic and representative character and will encourage the organisation in its role of informing and training librarians.

These three types of membership each offer many advantages, and the ideal solution would be to associate all three in a polyvalent structure similar to the IFLA's.

2. RELATIONS WITH THE IFLA

Steps must naturally be taken to cooperate as far as possible with existing library organisations - not only with national medical library associations by associating them in the European organisation, but also with international library organisations, and in particular with the IFLA. The IFLA is a valuable and essential organisation, and it might be possible envisage for European medical libraries the establishment of a European group within the biomedical library section. The European group would represent biomedical libraries from the thirty countries of the W.H.O.'s European area and their national associations and it would make its contribution to the IFLA biomedical section. It is reasonable to believe that such a European group within the IFLA's biomedical section would be welcome, and the IFLA's next annual congress in Brighton in August 1987 would provide the opportunity for its official constitution. It was to avoid any competition with the IFLA's Congress that we decided to hold our First European Conference of Medical Libraries in 1986, and not in 1987. Furthermore, we will ensure that we organise subsequent Conference only in those years when the IFLA is not holding its annual congress in Europe.

It remains to be seen whether this European biomedical libraries group, acting within the framework of the IFLA, will be restricted to a representative role, or whether it will adopt all or some of the objectives outlined earlier and will be responsible for librarian training activities and cooperation projects. In this case, it is fair to ask whether it will not require its own measures and a separate legal personality from the IFLA's.

3. RELATIONS AT EUROPEAN LEVEL

The various training and cooperation objectives and projects outlined above naturally do not correspond equally to the requirements of each of the 30 countries from the W.H.O.'s European area. Logic dictates that the greater the number of participant countries, the smaller the common denominator, and, in practice, we can assume that various problems - such as currency problems or staff mobility - will restrict activities at this level.

In addition, we cannot overlook the existence of the "Ligue

européenne de bibliothèques de recherche" (LIBER), which is currently the only European library organisation and which brings together libraries from the Council of Europe's 20 Member States. There would undoubtedly be good grounds for examining with LIBER officials the possible links that we might have with LIBER.

Following the 1984 and 1985 Resolutions of the European Parliament and the EC's Council of Ministers calling for greater cooperation between libraries, it is in our interest not to delay setting up an adequate representation of medical libraries at EC level.

Finally, it remains to be seen how and at what level the various projects outlined above will be able to be put into practice, whether within the IFLA, LIBER or, if necessary, through a newly-formed organisation. As some of the cited objectives are more in keeping with the situation in Western Europe, it might be possible to envisage two sister associations, each organised according to its own context and cooperating within a European group of the IFLA's biomedical section.

CONCLUSION

At the end of day one of this First European Conference of Medical Libraries, I have wanted to point out :

- the obstacles hampering the cooperation of medical libraries in Europe,
- the objectives and possible projects for a European medical library organisation,
- the types of association that might satisfy these objectives while taking account of existing organisations.

I leave you to reflect upon these ideas and I trust that your reactions will make it possible to adopt a guideline as of tomorrow and very shortly decisions that will lead very soon to a modern and effective cooperation between all libraries.