

## From Our Readers

The following is a response to an article by George J. Annas, Esq. in the October, 1975 issue of *Medicolegal News* that noted that Countway Library was the only Regional Medical Library not open to the public.

### HARVARD MEDICAL SCHOOL

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OFFICE OF THE DEAN

April 30, 1976

George J. Annas, Esq.  
Center for Law and Health Sciences  
Boston University School of Law  
209 Bay State Road  
Boston, Massachusetts 02215

Dear Mr. Annas:

It is a great oversimplification, to say the very least, to speak of Harvard's "medical library, supported by federal funds." The Countway Library is basically supported by Harvard University and the Boston Medical Library, which together contribute 70 per cent of total operating and building costs for the current year. Harvard support alone amounts to some \$359 for each student and faculty member in the Harvard Medical School, Harvard School of Dental Medicine and the Harvard School of Public Health, this is ten times the \$35 annual fee for membership in the Boston Medical Library charged non-affiliated

persons who wish to use Countway. The contract with the National Library of Medicine to operate the New England Regional Medical Library Service (NERMLS) and provide document delivery produces 10.7 per cent of the Library's total income but requires a comparable amount of extra expense. Service under the contract is primarily to libraries; individuals are included only to the extent that they lack access to other libraries, typically people unaffiliated with educational institutions who live in very small towns. Walk-in inter-library loan service is specifically excluded from the contract. There is also a grant from the National Library of Medicine for NERMLS providing 7.1 of income, primarily for extension and training services and less relevant than the contract to the present discussion. Another specialized NLM grant for Archives (unrelated to NERMLS) provides 0.8 per cent of Library income, while Capitation Grants from the National Institutes of Health to the Medical School, passed on by it to the Library, account for 4.3 per cent. The remaining 7.1 per cent is earned income from various sources.

A combination of factors accounts for Countway's being the only one of the eleven Regional Medical Libraries not open to the public. Five of the eleven are located at state universities and one at the National

Library of Medicine itself. The John Crerar Library in Chicago, though privately endowed, has always operated as a public library. The New York Academy of Medicine and the College of Physicians of Philadelphia also have a long tradition of being open to the public, antedating their designation as Regional Medical Libraries, but both have closed stacks, whereas the architectural plan of the Countway is such that admission to the building carries with it to the stacks. Only the Southeastern Regional Medical Library, located at Emory University, comes close to being analogous to the Countway, but even there the practical situation is very different. Southeastern is rather obscurely located on an upper floor of a large building. The campus is surrounded by a pleasant residential area; no other colleges are in the immediate vicinity. The actual effects of its being open to the public are minimal compared with the effects to be anticipated at the Countway, which has three other colleges within easy walking distance and several others not much further away. Even the limited courtesy service now open to undergraduates consumes a distressingly large fraction of the Reference Department's energies in Countway, and unlimited admission of undergraduates would create actual seating space problems at peak hours.

Unhappily the security problem must also be mentioned. Bitter experience had led the Medical Area to make large expenditures for security and to issue and require the wearing of badges. Admission of all comers to Countway would almost certainly lead to serious increases in theft and vandalism, or require extraordinary expense to prevent them. Illustrated medical books are a particularly inviting target for mutilation. There would even have to be serious concern for the personal safety of staff and readers in some of the more remote nooks and crannies of the building.

There are also serious problems of financial equity involved. We could anticipate a large increase in the phenomenon, already in evidence, of neighboring institutions offering programs depending in large part on the resources of the Countway Library without making any contribution toward its support.

In sum, we do not believe the designation of the Countway as a Regional Medical Library or other terms of the National Library of Medicine contract or grant require open access, and we see grave problems in allowing such access, stemming especially from the proximity of other colleges and the architectural plan of the building.

Sincerely,

Robert H. Ebert, M.D.  
Dean, Harvard Medical  
School  
Boston, MA 02115

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