# *Letter from Mumbai*

## LIBRARIES

A recent visit to a library in a reputed medical college in Mumbai left me dismayed. The librarian was an autocrat, disallowing assistants any liberty in the performance of their tasks. Old books and journals, covered in dust, were scattered on the floor in a storeroom. These included several invaluable runs of journals. Here are two examples: *British Journal of Surgery* and *Surgical Neurology* from volume 1, number 1 onwards. Precious texts, annual reports of the institution were lying helter-skelter, many with tattered or missing covers and disintegrating binding. Were we to seek them in the market, we would have to pay a fortune.

The librarian dismissed our queries and protests. 'These are ancient books. No one is interested in them. No one ever consults them. Readers are only interested in the latest books and journals.'

The institution has a library committee, headed by a senior professor, to oversee and regulate the function of the librarian and the staff. I am unsure of their actual interest in the functions of the library or time spent by them on its activities. It is possible that they have not visited all sections for quite some time.

This experience set me thinking of the functions of a library and its staff.

## FUNCTIONS

### *The primary function of a library*

Make texts, journals and other educational materials available to staff and students. In addition to printed matter, we now have agencies offering books and journals on electronic media. This calls for subscribing to one of these and adding computer terminals to the list of items needed in the library. In this day and age, access at all terminals to uninterrupted, high-speed internet is also a necessity.

Flowing from this function is that of alerting students, researchers and teaching staff to new and important publications such as reviews and analytical papers pertinent to their areas of work and study. The staff members of the library need to keep scanning contents pages of journals and books in order to meet this need.

Gone are the days when we would painstakingly copy out passages by hand from important papers along with bibliographic references to the publication. A library must now have adequate facilities for photocopying as permitted by the law. In most institutions the student, researcher or teacher is expected to pay for each photocopy. Many libraries enable charging such costs to research projects in departments.

### *Research and creating facilities*

The world's leading academic libraries also conduct their own researches and even create new facilities. Let me provide an example. The Cleveland Medical Library Association owns and develops the Dittrick Museum of Medical History on the third floor of their library building. The museum currently has 60 000 objects illustrating medical practice in the 19th and 20th centuries. It serves as a resource for medical historical research. The museum publishes newsletters and holds periodic exhibitions on various aspects of the history of medicine.

Another example, in a lighter vein, is from the Oakland Public Library in California.

Sharon McKellar, librarian, decided to carry out an unusual research study. Over a period of 20 years, she collected items placed in books that had been borrowed and returned by readers. Rarely has a reader returned to claim any of these. In a delightful essay, she has described her collection (*https://oaklandlibrary.org/found-in-a-library-book/*). She has classified the items in the collection thus:

- Notes
- Art (including house plans and 'Bodice ripper')
- Photos
- Cards and letters
- Artefacts
- Facts (medical reports, maps, index of Beethoven's compositions, etc.)
- Bookmarks
- Creative writing (including stanzas of compositions, essays, travel notes, etc.)
- Lists
- Writings, art on the pages of the books by borrowers
- Drawings and notes by children (including 'I have a secret')

Each of these classes has subdivisions. The entire collection can be accessed by us online. The illustrations are as interesting as the text. Should you choose to visit this site, I can promise you fascinating, at times amusing, reading and viewing.

### *Services for the public*

Enterprising librarians can offer a variety of services for members of their institutions and to the public at large. For the latter activity, let me go back to the Oakland Public Library, which offers the following:

- Borrow books available in another library
- Borrow audiobooks, ebooks, DVDs, toys for children (including 'Giant dinosaur set, magnatiles, 'doctor kit', 'plastic tool set', plastic kitchen set, wild animal set). All toys are cleaned with a botanical disinfectant on return.
- Tools for adults to use for home improvement
- Volunteer computer help: Tutors are available to help individuals in the library computer laboratory. They can help set up an email account, make a resume, make searches through the internet for matter pertaining to specific topics, internet surfing and more.
- Hold events. Here are some examples:
  - — Exhibitions on specific topics that are changed every 3 months or so with catalogues on each exhibition available on sale.
  - — Virtual physicians in the library—a free information and referral programme staffed by volunteer physicians
  - — Conversation club—non-English speaking individuals can practise English with other learners in a supportive environment.
  - — Poetry of the senses—a creative writing series
  - — Free online classes for adults on a variety of subjects

Obviously, libraries in medical colleges can offer variations

on the above themes, concentrating on prevention of disease, maintenance of health and matters medical.

## AN IDEAL LIBRARY

The librarian and other staff members are knowledgeable and fully conversant with the treasures in their charge. Friendliness, cheerful welcomes to readers and willingness to help and guide are the norm. This will be specially appreciated by the neophyte medical students and residents.

Books are grouped using the Dewey Decimal System. All staff members are able to guide the hesitant reader to the books that will meet particular needs. Related books are pointed out. Books not available in house are obtained for the reader through inter-library loans. Journals are displayed attractively and previous volumes made available in a user-friendly manner.

Appropriate and comfortable seating, well-designed lighting and displays that command attention on the walls add to the ambience. Portraits of pioneers, eminent past professors and illustrations demonstrating the history of the institution and its landmark achievements will educate and enthrall the reader.

Readers feel at home and want to return again and again in their quest for learning. It would be interesting to learn how many libraries in our medical colleges meet this ideal.

## ON A DIFFERENT NOTE

The clinicians were in a quandary. A respected super senior citizen (as classified by our Income Tax authorities), much loved by friends and family was showing progressively failing memory. His neurological consultant felt that he was showing early evidence of dementia. Despite all possible care by his family, it was increasingly difficult for him to carry out tasks he earlier performed effortlessly.

As his cognition decayed, concern within his family deepened. Two accidental falls with mild injury to the head were followed a couple of months later by mild weakness of one side of his body. He remained in good cheer, walked without support, enjoyed his meals and the company of his children and grandchildren.

Clinical evaluation confirmed unilateral pyramidal tract signs. A computerized tomographic scan was carried out. It showed a significant chronic subdural clot. Septae within the clot cavity had caused loculations. Some fresh blood was also seen within some clot cavities. Brain atrophy had largely permitted accommodation of the clot except for blunting of the occipital horn and a mild shift of septum and 3rd ventricle to the opposite side. The ambiens cisterns were open and 3rd ventricle not compressed.

If evacuation of the clot cavity was to be considered, burr hole exploration might prove inadequate. In that event, craniotomy with excision of parietal and visceral subdural membrane would be required. Family members pointed out that when placed in unfamiliar surroundings, the patient was known to be markedly confused and, at times, irritable.

It was decided to carry out the least traumatic procedure—embolization of the middle meningeal artery on the side of the clot. This would reduce the vascularity of the subdural membrane. Used in conjunction with oral glycerin, acetazolamide and short-term dexamethasone, it would help in the resolution of the clot.

The procedure, under local anaesthesia, was uneventful. That evening, however, in the intensive care unit, he was in acute distress, asking repeatedly why he had been brought there, and greatly puzzled by the unfamiliar nurses, doctors and ward attendants around him. The use of drugs to abolish anxiety only worsened matters. He spent a sleepless night.

He is now back in his home and has calmed down. He enjoys the company of his friends and relatives and is returning to his usual routine. The question puzzling his neurosurgeon and the family is the next step should the clot worsen and brain get increasingly compressed despite embolization and oral therapy.

When a relatively minor procedure caused such acute distress, what would be the consequences of a craniotomy under general anaesthesia and stay in hospital for several days? Craniotomy for chronic subdural clot is known to be followed by complications despite care. Would this be an argument against such an operation in this particular patient?

For the present several fingers are being kept crossed and his progress watched keenly.

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