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# SPECIAL LIBRARIES

*Official Journal of the Special Libraries Association*

VOLUME 37

July-August 1946

NUMBER 6

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**What, Why and When Is a Hospital Librarian**  
*Leroy R. Bruce*

**Bibliotherapy and the Librarian**  
*Margaret M. Kinney*

**The Approach of the Librarian to the Neuropsychiatric  
Patient in an Army General Hospital**  
*Joseph J. Michaels*

**A Librarian's Working Knowledge of the Aged**  
*Helen C. Rogers*

**Our New President**

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# Special Libraries

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# WHAT, WHY AND WHEN IS A HOSPITAL LIBRARIAN<sup>1</sup>

By LEROY R. BRUCE

Director, Los Angeles County General Hospital, Los Angeles, California

**B**EFORE we can intelligently approach the question, "What, Why and When is a Hospital Librarian," we must first determine "What, Why and When is a Hospital Library", for in the answer to that question in a measure lies the answer to the other. Without libraries we do not need librarians as we have come to recognize them in the field of hospital organization and administration where they are playing an increasingly important role. This role is not half as important, however, as the librarians themselves could make it if they would but put their minds and their energies to the question of how Hospital Library Service could be made so important and indispensable that the hospital administration would find it extremely difficult, if not impossible, to deny its requests.

Frankly, most hospital administrators, like the rank and file of the hospital personnel and patients, take their library and librarians more or less as a matter of course—a service accepted with little thought of what it entails. A rush call goes to the library for material needed for a statistical report or for an article on some special subject. The inquirer, after making his request, sits back, smug and confident that a miracle will happen and that just what he needs will be conjured up by the librarian. The miracle happens as he knew it would and he accepts it without giving a thought to the elements of training, experience, knowledge and ability of the librarian who was capable of interpreting his often not too clearly stated request.

Hospital administrators take librarians too much for granted and I think the fault lies more often with the librarian than with the administrator. My advice would be to shelve your cloak of calm and efficient service performed in a spirit of modesty, humility and self effacement; put on your armor; pick up your shield; arm yourself with an ax and a pike and start out on a crusade to make of yourself and your service a mighty force. Aggressiveness is a virtue these days and if you are to become the force for good within your institution and your community that you should be, you are going to have to desert the ranks of the meek and mild and join the legions of the bold and venturesome. Only in this way will you earn for yourselves the recognition you so richly deserve.

## WHAT, WHY AND WHEN IS A HOSPITAL LIBRARY

No collection of books and periodicals, unless intelligently supervised and administered, is a library. This is just as true of a hospital or medical library as of any other. Too many hospitals think that a room fitted with shelves and stacked with books, with a door bearing the inscription "Library" in letters of gold is all that is necessary. Such rooms, without the proper personality to serve the staff's needs, are rarely used. I know of one hospital whose "Library", boldly labelled as such, paneled in beautiful natural woods, with plenty of book shelves, situated at a sunny corner of the building with the best possible natural light for reading, has a scant hundred bound volumes and only a few stacks of periodicals. There are three principal things wrong

<sup>1</sup> Paper presented before the Southern California Chapter, S. L. A., on January 25, 1945.

with that library, as I see it. First, it is inadequately stocked; second, it has no librarian to administer it and last, it is located at the end of a dead-end corridor. Despite its potentialities, its beauty of appointments, light and air, it will probably never be more than what it has become over the years—simply a meeting place for small staff conferences, extramural groups and others who have the need for a quiet room.

A hospital library should be that room, conveniently located in the hospital, where an up-to-date collection of books and periodicals is properly housed and supervised by intelligent, trained and experienced personnel. Here in its quietude the doctor, the nurse, the medical student, the lay member of the staff and many others will find that inner satisfaction gained from the written word, made available by the sympathetic and intelligent ministrations of a trained library staff.

Libraries in the larger hospitals should have facilities comparable to those found in the better metropolitan libraries and should maintain an adequate library program, capable of giving the fullest service to all who have need of its benefits. The value of such a service will soon be recognized and utilized and the acclaim of those served will eventually prove the wisdom of such planning.

No hospital library can survive for long unless its shelves are kept well-stocked with both the old and the new in books and periodicals, especially in the technical fields so important in institutional libraries. It is necessary to give hospital libraries frequent transfusions by the addition of new publications, especially those dealing with new discoveries and treatments in the fields of medicine, surgery and therapeutics. Never let "deadwood" stay too long on shelves where new material ought to be: relegate it to a back room and start shouting for something new to put in its place, and make that "something new" the publications most in demand or most beneficial to your clientele.

Hospital libraries must serve a dual need—that of the professional staff and students as well as the patient population whose stay in the institution can be helped and made more pleasant through modern, efficient library service.

In a well organized and properly staffed hospital, the care of the sick quite rightly comes first and must never be forgotten, for the care of the patient is the primary purpose of the hospital and the only justification of its being. The casual observer thinks of a hospital in terms of its services in medicine, surgery, nursing and the orthodox special ancillary services so important to those functions. Little is known or thought of the three important personal services afforded patients which, properly organized and directed, can be as essential a part of the over-all service to the patient as the ministrations of doctors and nurses. These three personal services are;

1. *Social Therapy* which is administered by trained and experienced medical social workers who serve in many capacities and who are capable of assisting the patient in his problems of admission, his economics, his home and family problems and contacts, his post-hospital planning, if extended or follow-up care is needed, and who perform the thousand and one big and little things which assist in his psychological adjustment to the new idea of illness, hospitalization and possibly a long convalescence with all the problems inherent in such a prospect.
2. *Spiritual Therapy*, which is that service performed by chaplains and their trained, well organized and directed corps of workers who render religious and spiritual service, so important an adjunct to medical care and treatment, bringing a necessary sense of well being, peace of mind and faith to those who must be in hospitals.
3. *Bibliotherapy*, possibly the most important of all three, which is accomplished through the presence and service of skilled librarians who are capable of assisting patients in choosing books suitable for their interests and their condition and in directing their reading along therapeutic lines. A good hospital librarian must be somewhat of a diagnostician when her skills are applied in this direction. It has been most aptly said that to permit patients to read any-

thing and everything, regardless of their condition, without the supervision and direction of an expert, is like allowing a diabetic to choose his own diet and eat indiscriminately.

An adequate library to sustain the wide range of interests in a cross section of the community as represented in a hospital's patient population is no mean task in itself but when that need is coupled with the greater need for maintaining an adequate medical and technical library for the benefit of the lay and professional staffs, school of nursing and associated schools of medicine, it becomes an obligation of major proportions in our larger hospitals. Therefore we find our institutional library divided into two or more or less distinct library functions—the patients' library and the professional or medical library.

The lead in establishing medical libraries in hospitals was taken by England when in 1667, St. Bartholomew's established the first hospital medical library and required its apprentices to walk the wards for clinical teaching and direction under experienced surgeons. We have come a long way in medical and hospital libraries since then. No longer are librarians required to walk the wards to learn first-hand what their public (patient and staff) is going to want or be required to read, though such a plan might be beneficial in this modern age and in some instances conducive of a better understanding and appreciation of the whole problem.

Hospital libraries must take their place in the important contributions to medical science and education. It is said that interns and resident physicians are attracted to hospitals because of several important factors in their educational and training programs, principally the adequacy and diversity of clinical and laboratory facilities, the opportunities afforded for specialty service, diagnostics, consultation and the more important training opportunities offered by the calibre of its teaching and general staff. I think that were I a young man entering upon the profession of medi-

cine or surgery, I would add to my requirements in determining the choice of institution for my internship the question of whether that institution had a really adequate and properly staffed medical library to further my educational and research opportunities.

Let us always remember that the number of books in a library is no measure of its usefulness and value to the profession. Its real value depends upon the completeness of its journal file and important source books rather than upon any total number of books it may possess.

In the large hospitals, especially those serving mixed races and creeds, it will be found extremely desirable to maintain a foreign language section; that is particularly true in areas serving large numbers of foreign speaking patients who can be aided by bibliotherapy as any other group and possibly more, as it removes some of the language difficulties between patients and gives the non-English speaking person a release through reading something he understands.

I should like to see all religious literature of whatever nature, other than the *Bible* itself—and there is a tremendous quantity of this type of reading matter coming into the large public non-denominational institutions—become the responsibility of the library. I believe that Spiritual Therapy could in this way be greatly aided and the Chaplains' Office relieved of the responsibility it now has of this type of literature reaching the bedside of the patient. The hospital administration would also be relieved of many a headache occasioned through denominational conflict and variance of purpose and action. I think too, that many of the magazines, novels, funnies, horror books and the wild and woolly things in printed form which through good intentions often find their way into the hands of patients, sometimes to their positive detriment, should be brought under similar control.

I should like to see our large hospital libraries become not only a well organized



and functioning service of books, journals, periodicals, etc. but depositories for all films and film services, slides and photographs. Why not centralize these where they could be properly housed, cataloged and their benefits made more universally available instead of being scattered about the institution as they so often are, in a thousand little "pantry libraries"? Why could this phase of library service not be developed and efficiently organized by librarians?

#### THE HOSPITAL LIBRARIAN

A hospital librarian must have health, poise, dignity, maturity, sympathy, tact and a goodly amount of the spirit of social service. She must have a knowledge and love of books which, with a love of humanity, makes an ideal combination. Without a love of books and a love of people and also a touch of the psychologist, no one, in my opinion, has the remotest chance of becoming a top-flight librarian.

Patients, students and the medical staff are all better served when the very best professional library staff is made available—women who are talented and singularly devoted and who realize that their first duty is to the allied interests of the hospital and those they serve. It is well to remind ourselves occasionally that the best library in the world, unless properly staffed, will not function but is doomed to failure. To the end that our hospital libraries will not fail but will continue to function as they should, it is up to the librarian to make of herself an established member of the hospital staff. This should be each one's personal and individual responsibility.

Possibly the most difficult problem of the hospital librarian is giving service to and maintaining the interest of the patient; the most important, however, are those technical and research responsibilities of her relationship with the administrative and professional staffs and the students. She should learn the needs of the doctors and nurses. To do this she cannot sit behind her desk in the library

and expect them to come to her. She must take the library and its service to them. She should build up an awareness, a consciousness and a need for her library in their minds and thus do an inestimable service to patients, to staff, to the hospital, to herself and to her profession. She should acquaint herself with the interests of individual leaders and groups and notify them of new material in their line of work.

I believe that much can be gained by the librarian occasionally attending meetings of the internes and resident staff, discussing with them intelligently the facilities of the library, new material available, items of special and current interest, and finding out first-hand what new service the library can render. To inoculate a doctor with the library habit, he must be caught young. Books and library service must be put in his path so that he will stumble over them.

A similar relationship should be maintained with the nursing staff. Much is to be accomplished in that field, nor should the fertile field offered in the early development of a library consciousness in the nursing group be overlooked. This can be fostered by a frequent, friendly and helpful contact with the School of Nursing. Here the librarian can be particularly helpful in assisting or even directing their leisure time reading, as well as aiding them materially in the complexities of their professional requirements.

Every attempt should be made to interest physicians and surgeons in building up the hospital medical library. It should be remembered that those who habitually use a library acquire an obligation which impels them on occasion to donate or bequeath their private collections of books, etc. to the library. The librarian might also offer to assist doctors in cataloging and rearranging their private libraries. Many doctors regard an imposing personal library as "stock in trade"—many only in the light of "swank." A good hospital medical library could make the

private libraries of our leading staff physicians and surgeons unnecessary. The librarian should use her ingenuity to convince doctors that private collections can best become a legacy to their chosen profession and a permanent monument to themselves by giving their books to the hospital library.

The librarian could also suggest to patients and staff members that books they receive as gifts, either fiction or technical, could be of greater benefit to a larger number of people if left with her for inclusion in the library.

Books should be kept in good condition. They should never become so worn and dilapidated that a patient thinks that the librarian is in the business of serving worn-out books to worn-out people. There is a psychological effect in the appearance as well as the context of a book.

Every good medical library should have one or more librarians well grounded in

the research techniques to make technical material available to doctors and nurses. To the properly qualified librarian with a full knowledge of her specialty, subject bibliographies are not difficult unless the subject is new. No research librarian can afford to let a subject be too new. During war time and in the present postwar period it behooves the librarian to keep abreast of the times. There are a host of subjects which are appearing and will continue to appear in the field of medicine and research. Be prepared to meet these new demands. Keep awake and active; never hibernate or vegetate on the job. Hospital librarians have a big opportunity in a big undertaking; they must be prepared to grasp that opportunity when it comes. Fortunate will be the hospital administrator whose library takes its appointed place in hospital administration and its proper place in the advancement of medical science and education.

## BIBLIOTHERAPY AND THE LIBRARIAN

By MARGARET M. KINNEY

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New York, N. Y.

THE current recognition and use in medicine of many kinds of therapies and the rise of psychosomatic medicine is probably responsible for a renewed stress on what Karl Menninger (9)<sup>1</sup> termed "the relief of suffering by the psychological processes induced by reading". However, among the fifteen different kinds of therapy listed by Poffenberger (11) in his book *Principles of Applied Psychology* no mention at all is made of bibliotherapy. The omission may indicate that the term has not been generally accepted by psychologists. Indeed, few pub-

lic and school librarians are aware of its use and most treatises on library science fail to give any recognition to its existence. Among hospital librarians and psychiatrists, although it has been in use for at least 25 years (7), it is a term upon which there is increasing emphasis.

### DEFINITION OF BIBLIOTHERAPY

Bibliotherapy can be defined in various other ways. According to Webster's *New International Dictionary* therapy is "that part of medical science which treats of the discovery and application of remedies for disease". Bibliotherapy therefore can be described as that which treats of the use of books as remedies for disease. Dr. Gordon R. Kamman (8) has used the

<sup>1</sup> Numbers scattered throughout the text refer to like numbers in the bibliography at the end of the article.

term "psychological dietetics" to connote the prescribing of different kinds of books for the patient just as medicine and food are prescribed. A more terse definition from an army hospital manual prepared by the librarian of Fort Monmouth, N. J. (18) is that of "the science of treatment through literature".

In each of these definitions, however broad in meaning, there is emphasis on an exactness, a scientific attitude inherent in the case of the word "therapy". Dr. Alice I. Bryan (5), in her article "Can there be a Science of Bibliotherapy" stated the conditions under which this kind of therapy could be established on a scientific plane. She defines bibliotherapy as "the prescription of reading materials which will help to develop emotional maturity and nourish and sustain mental health". Her conditions for a science include an established recognition of the need, a working hypothesis, a broad definition, a method of collecting data and a group of skilled workers to organize, control and interpret the data they collect.

An examination of various articles written by hospital librarians and psychiatrists reveals that little scientific investigation has been made. Hospital librarians limit their observations to a few cases in which the patient comments upon how much good the book has done him. There is nothing to show that the change in attitude might be a result of other factors. The fact that a desire to say what is expected of him by the patient might be the reason for some of the responses is not considered. Elva R. Crain (6) in an article on the treatment value of the hospital library classifies various types of patients—the scholarly type, the matter-of-fact type, the business type, the nature lover, the poetry lover, etc.—without much indication that at some time each patient can be a combination of all or several. Ruth E. Rodier (12) describes in her article, "Prescribed reading in a Veterans Administration Hospital", how a querulous patient who was prostrated with long time

illness refused reading matter but to please the librarian permitted her to leave several copies of the *National Geographic Magazine*. The interest in birds and trees that was developed through these and other books the librarian supplied resulted in a disappearance of the patient's complete absorption in himself and improvement in his condition. Here too, no attention is paid to factors such as personality, physiological changes, etc., which may have influenced the patient's attitude.

Most emphasis on bibliotherapy is found in descriptions of the use of books in neuro-psychiatric hospitals. Since the illness being treated in these hospitals is in the area in which the influence of the book is directly concerned, it is probably easier to undertake objective studies. The most conclusive reports have been made by psychiatrists who have begun to use literature to help some of their patients.

Most of the definitions quoted heretofore have been suggested by psychiatrists and undoubtedly their interest is responsible for much of the attention being given to bibliotherapy. However, the majority of their reports have been confined to special cases and again attempts rarely have been made to interpret the conclusions. Dr. G. R. Kamman (8) suggests that "the type of patient who probably cannot be helped by bibliotherapy and who might be left to desultory reading is the one suffering from an organic psychosis. These patients have structural changes in the brain, are partially or wholly demented and have extremely limited capacity . . . We furnish these patients with something to divert and keep them occupied and that is all. There are other patients, however, who can be greatly benefited by properly supervised bibliotherapy. These are the people suffering from the functional psychoses and the psychoneuroses." Dr. Karl Menninger (9) received many letters from people reading his book *The Human Mind* who said they had been relieved of various symptoms as a result of the knowledge

thus gained. At a speech before an Institute on Library Service in Hospitals at Columbia University School of Library Service on April 6, 1946, Dr. Edward B. Allen described how he used books to reveal certain emotional states in his patients as well as to direct their attitudes. Dr. Thomas Vermer Moore (10) describes how he uses books with children to crystallize principles of value to the child in the conduct of his life. He emphasizes the therapeutic importance of questioning children to point out the principles in the book and stimulate their interest in finding them. The success of the method he attributes to the tendency of the reader to identify himself for the time being with the hero, whose ideals and principles are readily accepted by virtue of the mechanism of identification.

#### A SEVEN POINT PROGRAM OUTLINED

In view of the fact that most investigations and uses of bibliotherapy have been limited in scope and the method of approach haphazard and unorganized, in 1944 Dr. Jerome M. Schneck (17) now Senior Psychiatrist at the Menninger Clinic, began a Bibliotherapy Research Project on the order of the plan outlined by Dr. Alice I. Bryan (5). He outlined a tentative seven point program "to investigate the possibility of supplementing the treatment of psychiatric patients by means of contact with books."

The first step is to consist of a review of the literature of the subject. The second step is to be the study of responses of patients to specifically assigned reading as obtained by the various physicians during their interviews. In another study the reading material selected spontaneously by various patients is to be correlated with information available about them such as age, sex, psychiatric diagnosis, medical and surgical diagnosis, cultural, educational and financial backgrounds. The fourth study is to be an experiment in oral reading of plays by a group of patients, during which, in many cases, specific parts will be assigned for possible identi-

fication. Group contacts and oral expression in themselves are to be utilized in this study as a means of treatment of the patients. An additional study will attempt to determine the significance of library work such as shelving, cataloging, circulation, etc. for those patients who are permitted to engage in such activity.

Further investigation into the reaction of patients will be gauged by responses to a questionnaire to be distributed to those borrowing books from the library. Finally, book reviews prepared by patients will be encouraged and studied, not only for the amount of benefit derived by the writers but also for their influence upon other patients in interesting them in literature and furnishing them a means of social contact through discussion of books.

So far, the first step of the study has resulted in the publication of two bibliographies, (13), (16) and a general review of the literature on bibliotherapy (14). The second step is in the process of being developed.

At the beginning of this year Dr. Schneck (15) published a report of two case histories of the use of books as an aid to the treatment of neuro-psychiatric patients. In one case the reading was incorporated into psychotherapeutic interviews and in the second it was used as an adjunct to hypnotherapy. In each case the educational and recreational merits of reading were of value. In the case of the first patient the aid in eliciting conflict material was important. Dr. Schneck felt that the treatment time of both was abbreviated. Since the patients were members of the out-patient department the prescription of reading matter enabled treatments to be continued during their absence from the therapist and provided a means of terminating treatment gradually.

This comprehensive survey, if carried out as proposed, will be of great value to psychiatrists and librarians and can lead the way for other studies in the same field. In discussing his plan Dr. Schneck (17) emphasized the fact that it is to be

flexible and many changes may have to be made. It is quite possible that the study of the effect on the patients of work in libraries belongs to occupational therapy instead of to bibliotherapy.

As has been indicated the scientific approach to bibliotherapy has thus far been made by psychiatrists in neuro-psychiatric hospitals. The part of the librarian has in some cases been acknowledged by them as an aid in book selection and in making the books available. In other cases, however, no mention of a librarian's assistance has been made. It is very interesting to note that in the library of about 1,250 books at the Menninger Clinic Dr. Schneck (17) states "at present (1944) an educational therapist is acting as a librarian but in the past it has been supervised by therapists who were considered to be members of the recreational and occupational therapy departments." At another point he says "In any case rarely is one person sufficiently well versed in general literature and experienced in psychiatric work to permit him to bear full responsibility in a program of bibliotherapy. A team of workers is more effective, consequently, in order to prescribe the most effective literature for the mental patient."

#### PLACE OF LIBRARIAN IN BIBLIOTHERAPY

If Dr. Schneck's interpretation is accepted, the only place for the hospital librarian in bibliotherapy in a neuro-psychiatric hospital is that of an expert in general literature. A thorough knowledge of psychology, psychiatric techniques of scientific method and interpretation of data combined with a wide knowledge of books is needed, so that although the specific book will be selected by the doctor, the librarian can be called upon to suggest types of books for his use.

However, even if the librarian is not in a position to prescribe books for all kinds of patients her professional knowledge can be of value in experiments with book discussion groups and encouraging book reviews. Such groups as those out-

lined in Dr. Schneck's study have been organized in some of the Veterans Administration hospitals particularly at Lyons and Tuskegee but apparently have not led to any definite conclusions either as to technique used or results gained.

How the concept of bibliotherapy should affect the selection of books for all kinds of patients is another problem for hospital librarians. The function of the hospital library according to Dr. Kamman (8) is "to help get patients well and here the therapeutic effectiveness of a book should be the chief criterion". There seems to be some difficulty in the definition of "therapeutic effectiveness". Studies in psychosomatic medicine have shown that a sick or injured person is likely to have a less objective viewpoint than one whose physical condition is normal. It is logical to assume that books in which pain or discomfort are emphasized or deterioration rather than recovery is the theme should be omitted. However, in the case of a best seller such as *The Arch of Triumph* perhaps the social value of being able to discuss a current favorite would counteract the possible adverse effect of the description of questionable medical practices.

#### BOOK SELECTION FOR HOSPITAL LIBRARIES

The literature on book selection for hospital libraries which was examined, agrees that books that are depressing and those discrediting the medical profession should be omitted and discretion should be used in circulating medical books. It was the consensus of opinion that books for neuro-psychiatric hospitals should be more carefully culled for references to abnormal psychology, suicide, emphasis on methods of murder and undue emphasis on sex. However, no studies have been made to indicate that these assumptions are correct. Random incidents in the experience of individual librarians have been the basis for conclusions.

In some cases there has been a very literal interpretation of the word "depressing". As a consequence no book is

selected that might in any way suggest something unpleasant. Such a policy may have an effect upon the patients opposite to the one desired. World War II veterans have been accustomed to reading the realistic literature of their generation and have been given an excellent service in the liberal interpretation of book selection of the Library Division of the Army Service Forces. They do not seem to have the same reaction to literature dealing with sex as do veterans of World War I. Studies in psychology have shown that individual differences are great in any group of people. As a consequence what is depressing for one patient is not necessarily so for another. There are patients in all stages of convalescence from all sorts of ailments who also must be considered. The librarian in all kinds of hospitals, whether neuro-psychiatric, general medical or tuberculosis, has a great advantage in that all the data about an individual patient collected by the medical staff can be made available to her.

Furthermore, particularly in the case of long-time illness, she is in a position to meet the same patient many times in many moods so that she can become very well acquainted with him. Aided by a knowledge of applied psychology and ability to carry on and interpret surveys she can contribute much to a scientific approach to bibliotherapy.

Bibliotherapy as practiced by most librarians in hospitals may be considered nothing more than good library service which strives to take into consideration the individual differences of the patients including the factor which has resulted in their hospitalization. Such library service whether or not it extends into the field of bibliotherapy as such has a recognized contribution toward the well-being of the individual. It should not be forgotten that the influence of reading as recreation and amusement, to bolster morale (a factor of which the Army was well aware) and as a social aid to all kinds of patients is also a part of bibliotherapy.

#### CONCLUSION

If the library profession is interested in the establishment of bibliotherapy as a special technique of library service, it will be necessary to stress the importance of (1) courses in applied psychology in library schools, (2) knowledge of how to conduct and interpret surveys, (3) emphasis on studies in bibliotherapy as theses for masters degrees and (4) establishment of general standards for hospital library service based on surveys.

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## THE APPROACH OF THE LIBRARIAN TO THE NEUROPSYCHIATRIC PATIENT IN AN ARMY GENERAL HOSPITAL<sup>1</sup>

By JOSEPH J. MICHAELS<sup>2</sup>

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ONE of the reasons for choosing librarianship as a vocation is probably the fact that the librarian is curious about people and about books. In other words, because of their interest in people, librarians are interested in books and what light they may shed on human nature. The factor of morale is one of the most significant features of Army life.

In the Army, there are many short cuts; for example, the neuropsychiatric patient is referred to as an NP patient. There are many other abbreviations which I might mention but I should like to call your attention to the need of always bearing in mind that abbreviations are shortened terms to meet the Army situation which is an emergency. Any patient with a neuropsychiatric condition is an individual. An amputee is an individual who has had an amputation, and similarly with other medical and surgical conditions, it is always a person who has an illness. This conception is paramount in one's

approach to patients. Always remember that they are persons first, and whatever illnesses they may have are colored with personal subjective reactions as individuals. Those of you who have suffered illness realize that you had more confidence in and cooperated better with that particular doctor who regarded you and respected you as an individual in your own right. In other words, the need to maintain the dignity of the person is basic. When I was thinking of abbreviations, I pondered what term would be most suitable for a librarian. "BP" occurred to me. Maybe you are all not bibliophiles but if an abbreviated term were necessary perhaps that would be the most appropriate one.

### DIFFERENCE BETWEEN A CIVILIAN AND MILITARY HOSPITAL

Inasmuch as this paper is prepared for those in military installations, it is important to come to terms with the differences between a civilian and a military setting. It is unnecessary to describe or discuss the civilian situation. You are all aware of it. For instance, if you were working in a civilian hospital as a librarian, you would be only concerned with

<sup>1</sup> Address before Librarian's Conference of Fifth Service Command at Newton D. Baker General Hospital, Martinsburg, W. Va., on 27 June 1945.

<sup>2</sup> Dr. Michaels has recently returned to private practice.

your relationship to the patient as a patient. The patient would have a relatively simple relationship to the nurse, ward attendant, doctor, etc. In the Army, there is superimposed on the patient-librarian relationship, a military relationship of soldier and librarian, the soldier and officer, the soldier and nurse, etc. In other words there is a dovetailing of military and medical features. Unfortunately, some of us who have entered the Army from civilian life do not make this military adjustment soon enough. We must realize that we are in a hospital with a military environment dealing primarily with soldiers who are sick. We try to treat our patients as individuals who are soldiers. We must also remember we are dealing with soldiers who are patients.

You are in an advantageous position similarly as are Red Cross workers in that you play a neutral role. You are not officially responsible to the Army in the same manner as is the soldier or officer. You are not under the same rules and regulations as are Army Personnel. When the patient-soldier is approached by the librarian, he reacts to her as to a neutral individual, with the feeling that she is not his superior and that he does not have to maintain his subordinate position as he would to an officer. You will find that soldiers will talk to you freely, perhaps, and with less restraint than they feel toward officers. They will tell you their "gripes" and complaints and if you are interested in personality, your relationship to the soldier as a patient can be easily established. In the Army, the officer in his authoritative role comes to symbolize the strict father with his discipline. It is no accident that the commanding officer of a post is referred to as the "old man". In contrast, the Red Cross worker in her giving role comes to symbolize the indulgent mother with her forbearance. The soldier-patient will most likely associate unconsciously librarians as relatives of the Red Cross worker either as sisters or mothers.

At one time or another, each and every one of us has had emotional conflicts and problems. It is no secret that each of us has a psychoneurotic component, more or less, in our personality—in other words a psychoneurotic reaction is a caricature or an exaggeration of normal every day problems. Soldiers with psychoneurotic conditions are assigned to open wards with the same privileges as patients with medical and surgical problems.

The soldier with a psychosis (legal term is insanity) suffers with a more serious mental disorder. He is disturbed in his relationship to society, is not loyal to reality and may have distorted thought processes such as hallucinations and delusions. Because of the nature of his illness, the psychotic soldier may be maintained on the closed ward primarily for his own protection. Individuals who are afraid of their feelings and their personal problems experience difficulty in working with neuropsychiatric patients. The more one understands these conditions, the more one can take these patients as a matter of course, feel friendly, and be at ease with them.

#### DEFINITION OF PSYCHIATRY

This brings us to the definition of psychiatry. Psychiatry is that branch of the science of medicine which deals with the disorders of the person in contrast to medical and surgical problems. In the past, perhaps, physicians were more concerned with the specific illness of the patient and became engrossed in the diseased organ or the injury and did not pay sufficient attention to the individual having the specific illness. In convalescence, the attitude of the patient toward his illness is paramount in determining the rapidity of his convalescence. If a person is unhappy with his supervisor or wishes to run away from a situation, he wants to escape from something unpleasant. A medical or a surgical condition furnishes fertile soil in which conflicts can grow. Difficulties can be magnified and it becomes possible to escape from an intolerable situation by



flight into illness. The duration of convalescence varies with individuals and may be unduly prolonged because of secondary advantages gained from the illness aside from the fact that it was necessary to go to bed and take a rest.

In dealing with the disorder of the person, you might ask how do we come to understand his illness. This is a technical procedure and I would say, it is a matter of knowing the story of that person, the history of that patient. Novels reveal a great deal about human nature, in fact, Sigmund Freud, a great psychiatrist, stated that novelists often know more about human nature than psychiatrists. Freud attempted to develop a scientific method which would capture the intuitions of the poet and the artist; he formulated a systematic framework of reference which was useful to all students of personality.

On the wards and in contacts with ward officers, if one is truly interested in working with patients one can learn about their difficulties, understand them and work a great deal better with them. Eventually you will recognize the patient whose condition is primarily neurotic as characterized by anxieties and fears, the patient whose condition is psychotic as manifested by distortions (delusions and hallucinations) of reality. Soldiers with battle reactions belong to the former category.

I would like to mention some attitudes toward mental illness. When we first entered the Army, we heard a prevalent word—"goldbricking". This term is associated with soldiers who are supposedly feigning illness but more and more this term is disappearing and the real fact that most of these soldiers are sick is being recognized. I have yet to observe a single soldier in the hospital declared an outright malingerer. It is still unclear as to why the terms "goldbricking" and malingering are so easily invoked. People are still loath to recognize that there is such a thing as illness of the psyche. An individual may be sick in his personality just as he may have pneumonia or a fractured

leg; of course, if we are imbued with the idea that illness only exists where there is tangible concrete evidence of disease such as laboratory and X-ray findings, then it may be difficult to understand disorders of the person.

In ancient times, mentally-ill people were regarded as being beset by devils and witches. Even in the 1600's in our own country (Salem, Mass.) the mentally ill were jailed and punished by being chained and ducked in water. The modern point of view does not consider mental patients as being mysterious or belonging to a different species. They are recognized as sick people.

It is important to win the interest of the patient, in order to help him regain his confidence, his desire to work and his wish to take his place in society. In some of the more seriously ill patients (psychotic patients) there is a tendency to withdraw from external realities, and to reject the outside world. They wish to return to a simple childlike life where there are no problems and no conflicts. Any individual who succeeds in arousing the patient's interest in the tiniest iota, whether it is looking at a book, playing a game or doing something regardless of how trivial, that individual is forcing a wedge into that person's armor of protection. The librarian has as much of an opportunity as any other worker to stir and awaken interest of the patient. The librarian, if she likes people, will find it easy to be sympathetic with the sick soldier. Regardless of whether or not she does the right thing, if the patient feels her sincerity and her desire to help him she will have paved the way towards his return to society, calling forth a positive reaction from that patient. If, on the other hand, she is fault-finding and does not understand the patient and thinks that he is "just another nut", that patient will react negatively. Patients are more sensitive to feelings than the average human being. They can sense how one feels toward them by movement and expression

and by the manner in which something is said.

I would like to leave with you the phrase which characterizes the attitude of the good psychiatrist, "neutral sympathy". In other words you must have patience and warmth. One has to pursue a course of not becoming too much concerned with

the patient's problems and yet not remain too aloof. The ability to remain neutrally sympathetic is dependent upon your adjustment to reality. Your work will be successful to the extent that you direct the interest of the patient to yourself which in turn can be transferred to books and to other objects. Psychiatry is a challenge to carry out your interest in people.

## A LIBRARIAN'S WORKING KNOWLEDGE OF THE AGED<sup>1</sup>

By HELEN CINTILDA ROGERS

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**S**INCE the familiar injunction brought down from the mountain by Moses, "Honor thy father and thy mother that thy days may be long upon the earth the Lord thy God hath given thee," the literature on the aged and the aging has grown in volume and variety. Its course follows the rise of civilization and Christianity. We find reference to the aged and aging in Christian, Oriental and other religious sources, in anthropology and in sociology, in folk-lore, in poetry and in fiction, and in philosophic and other writings. Plato, Cicero, Zoroaster, the brothers Grimm, Omar Khayyam, Shakespeare and Charles Lamb are among those who have made a contribution to the shelves of literature on the aged.

Even primitive custom records, except in those cases where survival-of-the-fittest so dominates the pattern of culture that the old must be allowed to perish, that tribal leadership is given to older men and deference is always paid to the aged. We find through the ages not only a veneration for the aged, a responsibility for their care, and a protective attitude toward them as weaker members of society, but a respect for the wisdom of the old, and

a reliance on their decisions and guidance in affairs of nations, communities and families. Though the actual pioneering and the western trek through our own wilderness country and the first clearance and tilling of land was done of necessity by young men, the course of destinies of social, economic and political groups in the United States has been charted by their elders. This is illustrated by the Constitutional provision that no person under 35 years of age shall become president, and the actual fact that no man under the age of 44 has yet been elected president. It is illustrated by the attitude toward our Supreme Court which is traditionally made up of older men. It is illustrated by businesses looking toward senior members for guidance, and families turning to their elders for decisions. The literature of our ancestors picked up and reflected these attitudes. Respect and honor for the aged and the place of the aged in contemporary life have been well characterized by Longfellow, Hawthorne, Holmes, Julia Ward Howe and many others before and after them.

### ATTITUDE TOWARD AGED DURING AND AFTER VICTORIAN ERA

Sometime around the Victorian period standard props came into vogue for use in

<sup>1</sup> This article also appeared in *Public Welfare of Indiana* for May, 1945.

fiction and other types of literature. Heroines were frail anemic creatures; an elderly woman, typified by Whistler's painting, *My Mother*, sat in a chair with her knitting, dispensed advice on marriage, house-keeping and child raising and smiled sweetly at all who came her way; the elderly man invariably carried an umbrella, told tales, gave sweets to children, whittled and took long walks in the evening. From the literature of that era we gather that old folks didn't have a chance to be individuals. They were all of a type; they were gentle, sedentary, rich in the lore of the past and inactive in contemporary affairs.

As we emerged from the Victorian era several things began to happen that shifted the actual and the literary scene for the aged. We had a falling away from religion and a rise of "modernity" and "realism". The individual rose in importance at the expense of the family or community group; we began to lose sight of old family values, and the sense of responsibility of the family group toward its weaker members. The tempo of living changed too quickly from horse and buggy to automobile for oldsters to accustom themselves readily to the new rhythm. Our economic structure allowed self-made men to become millionaires at 30; our social structure relegated our aged to chimney corner and attic. The machine age obviated experience and judgment, and the man in his fifties or sixties was dispensed with in factory, store and office. Employment practices and insurance clauses set lower and lower age standards in employment. The man past 40 became, for employment purposes, an old man. There was too quick a transition from experience to education as a criterion of acceptance. The old were caught in the grinding wheels of progress and became a burden in our social and economic system, unable to adjust or be adjusted in the rapid change.

Literature retained either its sentimental prop picture of the "sweet" old

lady and the "good" old gentleman, or drew with cruel strokes of the pen a smug realistic picture of the less pleasant aspects of aging, and the uselessness of the old.

At the same time modern medical science was working and accomplishing great gains in longevity and life expectancy. We were actually increasing life spans and decreasing our birth rate thus shifting a larger proportion of our population into the "after 40" brackets at a time when we were closing our economic doors to our after-40's. Various persons and groups of persons recognized the growing problem and worked toward a solution. In 1908 Dr. Charles S. Minot, in his *The Problem of Age, Growth and Death*, protested against the "medical conception that age is a kind of disease, and that the problem is to explain the condition as it exists in man." Sociologists were probing into the problem of aging groups and their place in modern society. But the subject was not a popular one; it was not one that struck the public's fancy, nor even one that yielded a great deal of professional interest.

In the middle twenties psychologist E. L. Thorndike startled the world by announcing the results of tests of learning capacities in variously aged adults. Previously it was considered that the mind of the child was fluid and receptive; as he grew older his mind became more and more set and resistant to learning. Dr. Thorndike had found that the minds of older adults were not rigid and deteriorated, and that while the reaction time of the older person's mind was somewhat slowed, as were his physical processes, it was still receptive to learning. Many of the older persons actually excelled younger ones in speed of learning because they were able from their experience to organize and analyze their subject and to pick out pertinent and related data. Startling as were these findings, they did not become a pivot for change; for by that time the descending fingers of the depression were reaching toward us, and employment

management was not taking on new groups, but rather disposing of old ones. The individual, in that bleak struggle for survival, fought for his own toehold. Thousands of the old and the near old who would not otherwise have been economically stranded were thrown on relief sources. Some of them were bitter, many bewildered; a large number of them were well aware of their own plight, but more helpless against the problem in all of its ramifications than any other group.

#### EFFECT OF PITKIN'S *Life Begins at Forty*

The trumpet call to practical and widespread consideration of the aged came in 1932 with the publication of Walter B. Pitkin's *Life Begins at Forty* (McGraw-Hill, 1932). In it the author bulked together the problems of the middle aged and the elderly and offered the over-forty new hope. The book quickly caught popular fancy and in becoming a best-seller brought before all the people a new consciousness of aging and its problems. A whole flood of related articles and books followed. Personal statements from oldsters, articles, fiction giving prominent roles to older people, medical advice and many related writings were given preferred space in popular magazines. Whistler's mother appeared on a special postage stamp issue, Edith Wharton's *The Old Maid*, and the later play, *Arsenic and Old Lace* enjoyed long runs on Broadway, and Bess Streeter Aldrich's *Miss Bishop* went into a popular film version. Indiana's Hoagy Carmichael gave us his *Little Old Lady*. James Hilton's *Goodbye Mr. Chips* was a long time best-seller.

Older persons took courage to look at their own problems. Many and varied organizations of oldsters were formed. The Townsend group proved beyond all doubt the pressure value of organization. A concerted effort for employment and re-employment of the older person gained volume. A rising voice demanded rights for those who were no longer employable. Study of recreation, rehabilitation, hobbies and many other needs began to bear

fruit. Author Pitkin's statement "The single track mind once crystallized in its groove is a living death which knows not its own demise" awakened in many the determination to live the last years of life to their fullest capacity.

The oldster had come into his own; he had emerged as an individual.

Sentimentalism and the theatrical "realism" of earlier years began to give way to the newer "reality." The bright and shining armor of "modernity" took on more conservative hue. The church that had lagged for a few years behind the rapidly changing times shifted its emphasis and purpose to suit more nearly the modern world. At long last we realized that tradition and reality can lie down peacefully in a common bed.

Business and industry began to recognize that in placing arbitrary age limits they had lost much of value in judgment and experience, and had paid comparatively too high a price for the physical capacities, greater speed and adaptability of younger workers. Older workers were again hired as is shown in the survey *Workers over 40* (National Association of Manufacturers, 1938). Thorndike's study on the learning capacities of older persons was continued by personnel management and re-education for new vocations was instituted for older people who for one reason or another were not able to continue with their accustomed work. Pressure groups effected pension and assistance programs for those no longer self-supporting.

All this activity has brought on a tremendous flood of writings on the aged and allied subjects. We have now come to recognize age as a period of life, just as are babyhood, childhood and youth, with as definite physical and emotional problems and social patterns. It has only been within comparatively recent years that we have recognized and admitted needs of specific groups and started building up a body of knowledge to encompass the structures and problems of the particular

group, children, youth, handicapped, convalescents, etc. To-day we are building up a body of knowledge and literature on the aged.

Literature forms the basis for all teaching, for the planning and evaluation of work, and for the molding of attitudes. As such we cannot underestimate its value, strength and use. For some time we have recognized in our work with special groups, particularly with the aged, a need for a broadened point of view, understanding, and above all, tolerance. Literature is supplying these needs.

#### CONTRIBUTIONS MADE BY MEDICINE AND SOCIAL WORK

Medicine and social work have made the largest contribution of writings on the subject of the aged. We have separated those ills peculiar to age and those common to all ages from those simply incidental in higher age brackets, and studied their inter-relationship. There are books, pamphlets and magazine articles on physical and mental hygiene in middle life and in old age. Literature on the climacteric and the senium has progressed from supposition to scientific knowledge. Books and articles on recreation, diet, exercise and hygiene habits, work capacities, social and emotional needs have been written. The twin sciences of gerontology (the science of aging) and geriatrics (health and disease in aged individuals) have been born, and there is now added a third term, gerontotherapy (the treatment of the aging process as an entity). We are learning what weaknesses and slowing down of physical and mental processes to expect in the senium. We are learning that what we have always considered to be peculiarities of age should more accurately be understood as intensifications of personality characteristics. Social work has contributed many articles and books on the specific needs of older persons. Recent fiction and drama frequently delineate older persons as central characters, or in strong supporting roles.

It has been unfortunate that much of our earlier material on the aged was based on rather a poorer picture than the true one, due to the fact that inadequate groups had come under observation. Those persons who had been able to solve their own problems, handle their own needs and adjust to external conditions had been so well absorbed in our general population that we had not been conscious of them as part of the study group. Rather, we considered only those persons who had probably always had personality problems and adjustment difficulties, which in later years were magnified. Our newer material is remedying this focus by considering the entire group of aging and aged.

The future will bring a great deal more in books, complete studies and records or research. Present material is made up largely of articles in periodicals. Publishers, foundations and health and social agencies have brought together in pamphlet form much excellent ephemeral material. George Lawton, psychologist and director of the Old-age Counselling Center of New York City, recently edited a series of fourteen articles "having as its purpose bringing grandfather home." These were published under the title *New Goals for Old Age* (Columbia Univ. Press, 1943). The whole range of recent ideas concerning the nature and needs of older people is covered in this book.

Dr. Lillian J. Martin, a former Indianapolis school teacher, did much psychological and sociological work with aged groups. With Clare deGruchy she authored two of our best and most readable books, *Salvaging Old Age* (Macmillan, 1930) and *Sweeping the Cobwebs* (Macmillan, 1933) Dr. Martin was herself 81 on the publication of the latter. Since her death Miss deGruchy and the Old Age Counselling Center of San Francisco have published and distributed in her honor, Dr. Martin's *Handbook for Old Age Counsellors* and a series of pamphlets on the aged.

There are several outstanding medical books on the care and treatment of the

aged in health and disease. One of the more recent ones is *Care of the Aged*, by M. W. Thewlis (4th ed., Mosby, 1944). It and several others are part of the tools of a coming medical specialization; in the future we will look as readily to the geriatrician for medical care of an aged group as we do now to the pediatrician for medical care of children. Articles abound on special problems met in work with aged, for example: diet in health and in illness, care of the aged in the family, institutional care of the aged, senile and any other psychoses, sex in old age and specific problems met in senescence. Reports of institutions for the aged, factual reports and studies on aged groups add much helpful material. Work in hospitalization and nursing home care of the aged infirm, chronically ill and convalescent is reported, and forms a body of material on a subject yet needing much study and action.

#### READING FOR THE AGED

The bulk of all the material written on the aged has been based on study with older groups and much of it has been contributed by persons themselves in the higher age brackets. Its writing helps younger persons working with or coming in contact with older persons to have a basic understanding of them and their needs and problems. It helps the oldsters themselves to think through their own problems and to orient their lives to cultural, productive and recreational levels most compatible with their own desires and aptitudes. This brings us from "reading on the aged" to "reading for the aged." Not so long ago, in selecting reading material for grandmother or grandfather, we confined ourselves to the *Bible*, religious tracts, poetry, a sprinkling of philosophy, a little biography and a few historical novels. Today's oldster is not living in the past as did his tradition-bound ancestor. He lives in the present. He is interested in everything under the sun from current events through scientific developments to modern fiction. True, he wears

of a continual parade of jive jargon youngsters and romance among the college crowd, but so also does the average male tire of an over-dose of femininity in his reading. Oldsters are interested in books and articles about the world in which they live and the people who inhabit it. They want to read some of the books they didn't have time to read about in yesteryears, and to find out more about rubber plants, Hindu philosophy or the way their forefathers lived. These subjects tickled their interest in days long gone when the pressing needs of daily living prevented them from pursuing their interests. They want to read about Clemenceau, Gladstone, Franklin, Noah Webster, Sarah Bernhardt, Clara Barton, Margaret Armstrong and others who have made concrete contributions to the world in their latter years.

Occasionally in selecting reading for the elderly or in helping them select their own we must consider physical infirmities. If, for example, eyesight is failing we try to select fairly large print. If a book is to be read to the person we try to select one which is adaptable to reading aloud. If the elder's attention span has shortened or his memory is failing, we select short material. In working with the infirm or partially handicapped the physical make-up of reading material frequently needs consideration. The highly specialized work of bibliotherapy is indicated in working with those aged who have emotional difficulties.

To judge from the introspective literature on the aged that comes to us from earliest record to the present, there is a great personal need for a philosophy of age. Such material is prevalent in the current literature of the aged; it simply has changed from a sort of sentimental groping to a realistic approach which merely keeps step with our modern times.

Particularly are the aging interested in books that will help them adapt to a graceful, active and likeable old age. They want to know the problems they face and how

to avoid or meet them. They want to know about diets and physical and mental hygiene. They want to know about

hobbies and recreational activities, their own capabilities and limitations, and their place in the world of today.

## OUR NEW PRESIDENT

**B**ETTY JOY COLE, newly elected President of Special Libraries Association, needs no introduction to members of the Association. She has served S. L. A. in many capacities and in each of them she has given freely of her time and energy.

Miss Cole received her B. A. in 1921 from Sweet Briar College and her M. A. at Columbia University in 1924. Before entering the special library field she was an instructor in chemistry at Winthrop College, South Carolina, 1925-1927; laboratory technician at the Skin and Cancer Hospital, New York, 1927-1928; and Research Chemist at Calco Chemical Division, American Cyanamid Company, 1929-1930. Calco organized its library in 1916 and in 1930. Miss Cole was appointed its head, which position she has held ever since.

In 1935 when the New Jersey Chapter, S. L. A. was formed, Miss Cole was elected its first Vice-President, and in 1939, its President. Since 1942 she has been a member of the S. L. A. Executive Board, as Director for three years, then as first Vice-President and President-Elect. She has also served on numerous National, Chapter and Group Committees as well as

being Chairman of the Science-Technology Group, 1938-39; Chairman of the Committee of Three appointed to study Committee set-ups and functions, 1943-1944; and Chairman of the Publications Governing Committee, 1945-46. In addition, Miss Cole was editor of the 2d edition of the *Union List of Scientific Periodicals*, published in 1939, and has contributed several articles on library technique to professional periodicals.

With our Association and its members becoming more and more recognized as authorities in research and specialized library organization and development, we are to be congratulated that a person with Miss Cole's ability and background has been chosen to lead us for the coming year. That we shall achieve even greater recognition under her administration there is no doubt.

Miss Cole is also a member of the Business and Professional Women's Club of the Oranges (N. J.), a member of the Board of the Society of Mayflower Descendants of New Jersey and a member of the Association of Special Libraries and Information Bureaux. In her "spare" time she grows iris and collects stamps, first editions and old medical books.

A. C. M.

## CHANGES IN S. L. A. BY-LAWS

**A**T the Annual Business meeting held on June 15, 1946 at the Hotel Statler, Boston, Massachusetts, it was voted that BY-LAW VII, Section 4, be stricken out and the follow-

ing be substituted in order to simplify the bookkeeping records at the Executive Office and in order to install a number system for the membership as recommended by the auditor and approved by

the Executive Board. This *Section* now reads:

BY-LAW VII, SECTION 4. Dues Payable: All dues shall be payable annually in advance. New members joining prior to November 1st shall pay the full amount of dues for the current calendar year. New members joining on or after November 1st shall pay the full amount of dues for the following calendar year and their privileges shall begin immediately without additional charge.

It was also voted that BY-LAW X, *Section 2*, be amended, to insure that the elec-

tion by mail be entirely secret. This section now reads:

BY-LAW X, SECTION 2. Mailing: At least six weeks prior to the annual election the Secretary shall mail a copy of the Ballot to each member of the Association. Ballots shall be marked, sealed in plain envelopes and returned to the Secretary in covering envelopes bearing on the outside the name and address of the member voting, together with the words "Official Ballot". The Secretary shall check on a list of members the names of all members whose votes are received.

KATHLEEN B. STEBBINS,  
*Executive Secretary*

## NEW INSTITUTIONAL MEMBERS

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New York 16, New York

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## Announcements

### S. L. A. Officers, 1946-47

The result of the annual election of officers was announced at the Business meeting in Boston on June 15 as follows: **PRESIDENT**, Betty Joy Cole; **FIRST VICE-PRESIDENT AND PRESIDENT-ELECT**, Mrs. Irene M. Strieby; **SECOND VICE-PRESIDENT**, Ruth S. Leonard; **TREASURER** (re-elected), Mr. Paul Gay; **DIRECTOR** to serve for three years, Elma T. Evans. Dr. Mary Duncan Carter and Mr. Melvin J. Voigt, whose terms expire in 1947 and 1948 respectively, remain on the Executive Board, as does Mr. Herman Henkle, Immediate Past-President.

### New S. L. A. Chapter Formed

On petition of 17 Active and Institutional members, a new Chapter of S. L. A. has been formed in Louisiana, to be known as Louisiana Chapter. Action on the petition was taken at the Board Meeting in Boston on June 12 and announced at the Annual Meeting, June 15. Miss Gertrude Minsk, Librarian of the Engineering-Mathematics-Physics Library of the University of Louisiana, Baton Rouge, La., attended the meeting as representative of the new Chapter.

### Membership Gavel Award

The Membership Gavel Award for the year 1946 for the greatest percentage of increase in paid-up members was given the Western New York Chapter which showed a growth of 73.1%. The gavel was presented to Mr. Robert Christ, President of the Chapter, when the announcement was made at the annual Business Meeting, June 15, in Boston. The second largest percentage of increase was shown by the Puget Sound Chapter with 55.1%, and the third by the Greater St. Louis Chapter with a showing of 26.2%.

### Albany Chapter Disbanded

At the annual Business Meeting of S. L. A. in Boston, June 15, it was voted to discontinue the Albany, N. Y., Chapter. In a poll of the Chapter members it was found that very few wished to continue activities, and of these, few were willing to assume any responsibilities of office. Members were given a choice of remaining unaffiliated or affiliating with the Western New York or New York Chapters. With the formation of the new Chapter in Louisiana, the roster number of Chapters remains at 23.

### 1947 Convention in Chicago

The Illinois Chapter has reissued its invitation to S. L. A. to hold its 1947 Convention in

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Chicago on June 10-13, 1947, at the Drake Hotel. The 1946 invitation had to be rescinded because of the impossibility of finding a suitable hotel to accommodate the Convention. The present invitation was accepted at the Executive Board meeting in Boston on June 15.

### Library Association Conference at Blackpool, England

The annual Conference of the Library Association was held at Blackpool, England, May 6-9, 1946. A full account of the proceedings, together with reprints of the papers and discussions, appears in the May issue of *The Library Association Record*.

### Old Issues of Moody's Manuals Wanted

Anyone having back issues of Moody's *Manuals* of which they are willing to dispose, please write to Mr. John Van Male, University Librarian, University of South Carolina, Columbia, S. C., as he is most anxious to have them for use in the reference department of the University.

### "Special Libraries" Appointments

In accordance with the present editorial policy of *SPECIAL LIBRARIES* the newly appointed personnel of the Sub-Committee on *SPECIAL LIBRARIES* consists of Miss Fannie Simon, McCall Corporation, New York; Miss Estelle Brodman, College of Physicians and Surgeons, Library, Columbia University, New York; Miss Ruth Miller, Central Hanover Bank, New York; Miss Marguerite Rummell, Prudential Insurance Company, Newark, New Jersey; and Miss Alma C. Mitchill, Public Service Corporation of New Jersey, Newark, Chairman and Editor. Mrs. Elsa Wagner Nugent, Managing Editor, Mrs. Kathleen B. Stebbins, Executive Secretary, and Miss Lura Shorb, Chairman, Publications Governing Committee, are ex-officio members.

### S. L. A. Nominating Committee

The members of the new Nominating Committee appointed by President Cole are:

Josephine B. Hollingsworth

Dr. Else Schulze

Emily C. Coates

Mary Jane Henderson

Marion G. Eaton, *Chairman*

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Will you please send suggestions for the elective positions of First Vice-President (President-Elect), Second Vice-President, Treasurer and one Director to the Chairman of the Nominating Committee as soon as possible, since, according to By-Law IX, the Nominating Committee must report to the Executive Board at its Fall meeting.

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**Special Library Resources  
Volume II**

Special Libraries Association plans to publish *Special Library Resources* in four volumes. Volume II has now been completed and was issued in the spring of this year. The material in this volume, arranged alphabetically by state, then city, then name of library, covers over 800 libraries from Alabama to Montana, with organization and subject indexes at the end.

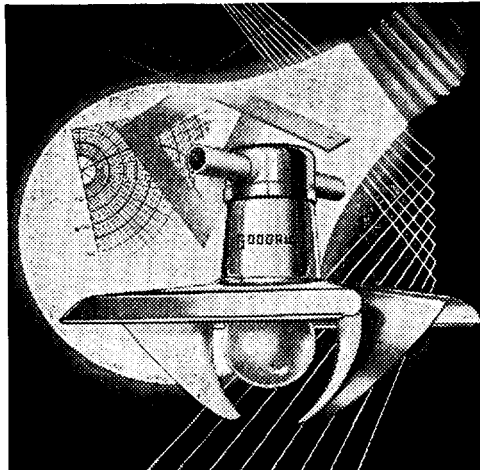
Volume II is an expansion of volume I in the sense that, for the most part, entries represent additional libraries and not revisions of reports in volume I. Some of the libraries in volume I are mentioned in volume II by see-references.

For those who are not aware of the value of a compilation of library descriptions it should be mentioned that information on each library is presented under three general divisions. The first division gives purely directory and administrative type of data including the position of the person to whom the librarian is responsible, the classification system used and the name of library publication, if one is issued. Interlibrary loan privileges and reproducing facilities, if any, are mentioned. The second division gives statistical data concerning the collections and special files, such as patents, house organs, herbals, portraits, maps, etc. and a brief descriptive note concerning the type of library covered and the major subjects included. The last division includes bibliographical data about specific significant titles, names and subjects of special collections, and information on special indexes on hand or in process which are the work of the librarian. Not only will this volume facilitate the work of investigators in all fields of knowledge, but it also will be of assistance to organizations planning to establish research or library departments by providing information on existing specialized libraries, and allow for exchange of experience.

It is recommended that a complete set of *Special Library Resources* appear in the collection of all special and many general libraries. Volume II is sold only with volumes III and IV, which are to be issued in the early fall. Price of the three volumes is \$22.90. Volume I, issued in 1941, sells for \$6.20. B. J. C.

**Report on the Activities of the American Book Center for War Devastated Libraries, Inc.**

The first annual meeting of the American Book Center was held on Wednesday, July 10, 1946, at the Association of the Bar of the City of New York. At this time the present officers and directors were re-elected to their respective positions. Mr. Kenneth R. Shaffer, whose resignation as Executive Director takes effect Sep-

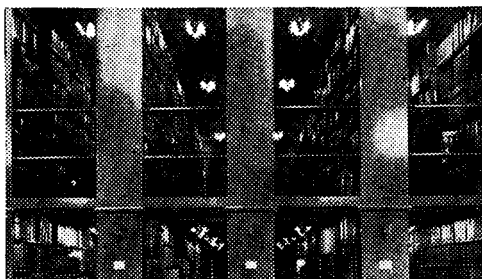


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tember 1, was unanimously elected as a member of the Board of Directors.

The Treasurer, Eleanor Cavanaugh, reported that the Center has, since its incorporation, received funds in the amount of \$96,500, which is sufficient to cover the administrative expenses of the Center until July 1947.

Mr. Shaffer reported that quantities of material are being received and shipped at the Center, which is housed in the Library of Congress through the courtesy of Dr. Luther Evans, Librarian of Congress. The Center is currently receiving 10,000 cases or approximately five tons of material daily. Of this amount, 2,000 cases, containing about 200 books each, have already been shipped to about 20 countries. In a previous shipment, made before the Center was actually functioning, 100,000 volumes had been shipped.

State Chairmen for all of the States have been appointed. These Chairmen are in turn appointing committees from their states. Subject Chairmen have also been appointed and will function through their subject groups.

Mr. Shaffer reported further that releases were sent out to 800 learned societies and library associations and that the publicity is just beginning to come through in desirable quantity. A general publicity release for wider distribution, particularly through state and other library conferences, is being printed and will be released around August 1.

The Center has now some 20 countries on its approved list and has made contacts in these countries for distribution of the materials as they are received at the foreign points.

Mr. Shaffer also reported that the Center has, as yet, received no funds to support a campaign for Great Britain, France, U. S. S. R. or the Philippine Islands. In addition to the accredited countries for whom finances have been received, there are 14 other limited participants, made possible by funds from the Rockefeller Foundation.

It was the consensus of the meeting that the American Book Center has developed into a joint agency working with library associations and other important associations such as the Engineers Joint Council and National Education Association, and that its prestige through these associations is rapidly growing.

The Center is operating with nine full-time and eight part-time assistants, and has every reason to believe that its goal of 1,000,000 items for distribution to devastated libraries will be greatly exceeded, probably reaching the 3,000,000 mark. Special libraries are sending quantities of excellent and valuable materials. Of all materials received by the A. B. C. less than 10 per cent has to be discarded.

Eleanor S. Cavanaugh,  
Treasurer of A. B. C. and  
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### Philadelphia Directory of Catalogers Available

The second edition of the Philadelphia Regional Catalogers' Group *Directory of Catalogers of the Philadelphia Area* is now available. Copies will be mailed for 30¢ upon application to the Secretary, Mary A. Crozer, University of Pennsylvania Library, Philadelphia 4, Pa.

### Chemists' Club Library Arranges for Microfilm of *Chemiker Zeitung*

The Chemists' Club Library has taken steps to obtain a microfilm of the complete run of *Chemiker Zeitung*, in order to preserve this journal which is undergoing physical deterioration. Other libraries which would like to profit by the opportunity are invited to subscribe for a positive copy of the microfilm. Strict specifications will be adhered to, except for certain volumes in the period of World War II which have already been filmed under very difficult conditions. The price, probably ranging between \$350 and \$400, will depend on the number of exposures in the complete set and the number of subscriptions.

Inquiries and orders should be addressed to Microfilms, Inc., Ann Arbor, Mich., where the work is already in progress.

### Swedish Technical Periodicals

In the January-March 1946 issue of the *Bulletin of the American Institute of Swedish Arts, Literature and Science*, is an article of special interest to technical librarians, "American Swedish Exchange of Information in the Technical Field", which contains a list of Swedish periodical technical publications arranged by subject. Anyone desiring a copy can secure it, free of charge, from: Swedish Information Bureau, 409 N. Y. Life Building, Minneapolis 2, Minn.

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