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SPECIAL LIBRARIES

Official Journal of the Special Libraries Association

VOLUME 38

July-August 1947

NUMBER 6

The Reorganization of a Special Library
Anne Patricia Wallgren

"Medical Care Second to None"
Mary L. Kent and Margaret M. Kinney

Library Service In A Veterans Administration General Hospital
Suzanne McLaurin Connell

Library Service In A Veterans Administration
Neuropsychiatric Hospital
Kathryn Mushake

General Library Administration In a Veterans Administration
Tuberculosis Hospital
Della R. Shapleigh

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*Indexed in Industrial Arts Index, Public Affairs Information Service, and
Literary Literature*

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THE REORGANIZATION OF A SPECIAL LIBRARY

By ANNE PATRICIA WALLGREN

Librarian, Carnegie Museum, Department of the Carnegie Institute,
Pittsburgh, Pa.

IN January 1946 the reorganization of the Library of the Carnegie Museum was begun. Designedly, it is a technical library for the use of the Museum's scientific research staff. Effectually, it presented, in 1946, a problem of 40 years' accrual in which the goats had flourished alongside the sheep.

There had never been a trained librarian in charge of the Library. It had formerly been under the care of a devoted and indefatigable custodian who had done very well under a handicap of no technical training. Whatever organization of material existed was due to her efforts, but the material had accumulated in greater quantity than it could be dealt with, and had far outgrown orderly shelving.

In a room with shelving capacity for a maximum 30,000 octavo, 350 quarto and 100 double over-size volumes, the Museum Library collection consisted of 38,000 bound volumes; 60,000 pamphlets; 5900 bookdealers' catalogs, ranging from 1895-1945; 3500 vaguely labelled pamphlet boxes; 40 cartons of unlabelled material; 50 portfolios and rolls of maps; 500 miscellaneous photographs; 100 boxes of unfiled index cards to the *Concilium Bibliographicum*.

This accumulation was placed on shelves crammed horizontally and vertically to capacity, piled on table tops, heaped on the floor of tiers, stacked on chairs in the gallery, and stored atop the cases of the gallery stacks. In the shelving there was a broad idea of subject order under which bound volumes in a generic field had been brought into general proximity on the shelves; but

the same subject recurred in various locations. Interspersed and mingled with these, bound and unbound material was placed wherever there had been room on the shelves to accommodate it. Although there were a number of separate card files, there was no complete set of records to serve as a reliable index to this unclassified and uncataloged cumulation.

To the physical state of the Library are added the following factors: (1) The collection increases at the rate of 125-150 serial items monthly; (2) along with the proposed reorganization, current operation of the Library has to be maintained; and (3) except for the part-time assistance of a high school boy, the librarian is the Cook and the Captain too.

To the newly-appointed librarian the challenge of existing conditions became an interesting professional experiment: Given the numerical magnitude of the collection and its disorganization, handicapped by the fact that no budgetary provision had been made for clerical assistance in the Library, *What was it possible to accomplish? and how could it be done?*

STEPS NECESSARY FOR EFFICIENT ADMINISTRATION

The initial step was to set up an efficient system for current administration. The librarian's desk was cleared and rearranged for expediency of operation with current files and routine equipment near at hand. The telephone was moved to a position of accessibility to the librarian at her desk. Supply cupboards were cleared out and rearranged

so that necessary supplies might be readily available. Because correspondence, binding, book selection and ordering had to be carried on without interruption, sufficient space was found in a nearby vertical file to accommodate current library business. Three shelves were cleared on an overflowing revolving case to house essential bibliographic tools.

The second step was to devise a method by which the scientific staff might be kept abreast of incoming publications. Between two wall racks for periodicals was a table on which such material had formerly been placed; on this table and in these racks was found an accumulation of unbound material dating from 1944. Thereupon the table and racks were cleared of 3000 serial items. From that time, serial numbers for recent months are arranged in alphabetical order on the racks. The table is reserved for acquisitions of the current week and on Monday morning the exhibition of the past week is removed. This procedure gives all interested staff members an opportunity to see current acquisitions before they are charged out to any one member.

In an attempt to make the Library both attractive in appearance and convenient in use, the third step was a rearrangement of the furniture. After that, the reorganization of the collection was begun with a sorting out and an orderly disposal of the miscellanea heaped on the table tops.

REORGANIZATION OF MATERIAL

It was obvious that the Library must undergo thorough reorganization, that the mountain of unclassified accumulation must be levelled and a substantial collection rebuilt in systematic organization based upon specialization in subject matter, and solidly constructed on a foundation to endure through future expansion. The principle to be applied here was the same as that to be followed in building a new library projected on a philosophy of sound construction and

usefulness. The difference in this instance was that first there was a mass of confusion to level, and that levelling had to be done within very limited shifting space.

The interests of the Carnegie Museum lie in the fields of natural history and the useful arts, with preponderant emphasis on natural history. In a program of planned specialization of subject matter all material irrelevant to the Museum's fields of interest could be discarded. This would eliminate the material on theology, literature, the fine arts, the physical sciences, medicine, political history and genealogy. Located in another part of the same building is the public library, the Carnegie Library of Pittsburgh, with whose various departments, in their functions and resources, the Museum librarian has the good fortune to be thoroughly familiar. Instead of proceeding as a geographically isolated unit, therefore, we have the advantage of this proximity to supplement, where necessary, the specialized resources of the Museum Library.

Incidentally, among the first policies to be established was one of cooperation and coordination with the other libraries in the Pittsburgh area, and of fostering cordial relations between the Museum Library and libraries throughout the country whose interests touch ours. With much good material on the biological sciences in its collection, one of the objects in the plan of reconstruction is to equip the Museum Library to take its place among its peers.

For bringing order from the prevailing confusion of subject matter and chaos of arrangement, the plan devised is five-point: (1) to keep accurate records of acquisitions from January 1946, as an inventory preliminary to permanent cataloging; (2) to eliminate duplicate and irrelevant material, thus moulding a basic collection useful within the scope of the Museum's interests; (3) to reshelve the collection in preparation

for and pending the initiation of permanent cataloging, thus establishing a systematic arrangement whereby books sought will be readily available; (4) to classify and catalog the collection; and (5) to unpack and to dispose of duplicate or non-essential items now in temporary storage.

This plan, simple though it is in design, will of necessity, because of the numerical proportions involved, require many years to complete.

At the time work was begun on Parts 2 and 3 of the above plan, there was in the Library no empty space in which to shift to an orderly arrangement. When a high school boy was provided to assist the librarian, we began to clear shelves for shifting. We started by disposing of obviously irrelevant material as it could be taken from the shelves. Hastily concocted lists were sent out to colleges, seminaries and bookdealers; the adjoining public library also was given what it wanted. In this way, from the accumulation were quickly eliminated 3000 non-essential items. Under brief entry, a listing of each item was kept for the records. The speed with which such disposal was made was not ideal; in this case, circumstances dictated its necessity.

In the gallery, the four farthest tiers were jammed, shelving and floor area, with material reputedly duplicate. These tiers were up a flight of stairs and farthest away from the most vital shelving area to be worked on, yet they offered the only hope of releasing some sections of shelving in sequential order. Nothing could be labelled duplicate until the original had been found and finding the original was a problem. By this time, however, storage space had been provided, for use by the Library, in the Museum's basement storeroom. We, therefore listed, packed into cartons, and placed in temporary storage 33,000 items which comprise scientific publications reputedly duplicate or already

established as duplicate, as well as those non-essential to the Museum Library, but possibly of interest to other libraries or to bookdealers. At the same time, we sorted all material from the floor areas, the chairs and the top of the stacks. We provided two more sections of shelving by discarding the bookdealers' catalogs, keeping only about 40 of these for the bibliographic information they contain.

With these tiers in the gallery cleared, we picked out, wherever we could locate them readily, 30,000 reprints or separata in the collection proper and began shelving them in the farthest case; 11,000 of these, on entomological subjects, are in order by author. The remaining separates were sorted, for the most part, into broad subject groupings under their original labels. These can not be further arranged in order until clerical assistance, to whom further arrangement can be entrusted is provided, or at least until the more vital part of the book collection has been completed.

The pressing need was to bring serial publications into orderly arrangement in one location. With four sections now empty in the gallery, set by set we gathered, from the shelving on the first floor, the serial publications of foreign scientific societies and shelved them in geographical grouping in the gallery, where half of such publications already were shelved. Within each grouping by country, we arranged the sets in alphabetical order by the city in which the society is located; within the city, alphabetically by name of the society or institution; finally, as the last subdivision within the alphabetic arrangement, by title of publication.

With consequent space cleared on the main floor, we next sorted and shifted the publications of the American scientific societies and institutions, shelving them in the same sort of alphabetic arrangement.

These latter projects involved the

shifting of 6,105 volumes, of which 2,185 were transported either up or down the gallery stairs. At the time of shifting, because of the great need for getting the serials in order rapidly, the contents of boxes vaguely labelled could not be investigated, but had to be shelved in order under advice of label only. The sections comprising the publications of scientific societies are now being groomed for their final reshelving. Through this grooming, the contents of all boxes marked miscellaneous or in similar condition of unidentifiability are being sorted, those items unwanted being eliminated, those retained being labelled accurately, and replaced in specific order. In the final reshelving, these sections may thus be shifted *en masse*. Meanwhile, sought-for numbers are quickly available; and to serial holdings now may rapidly be added those numbers currently filed. The former is important to prompt use by the research staff; the latter is important in the efficient filing of an average 200 items taken monthly from the current exhibition racks. With our present routine, in the total process involved in shelving accurately these items removed monthly from current exhibition, there is required only one hour or less per week of the assistant's time.

Original shifting must be distinguished from final shifting by the process of "picking out" and putting in order items to be shifted. Because of the confused shelving with which we have to deal, the librarian cannot instruct the boy merely to move the contents of these cases to the shelves of those cases. The librarian first goes over the collection, selecting a set from this place and another from that, and transfers an exact plan of the proposed shifting to paper; when shifted, the books are arranged on the shelves in pre-established order, with space left on each shelf to accommodate those hitherto unrevealed items which may later turn up in unsorted

sections of miscellany remote from the location in which the rest of the set was found. The advantage of this method—a very important advantage in the rearrangement of a collection of such proportions and handicapped, as we are, by limited shifting space and limited assistance—is that we have been able, for the most part, to limit the rearranging to two shifts. Even in the most congested and disordered areas we have had to use no more than three shifts.

Because of limited shelving space, it is necessary, in final arrangement, to shelve from both extremities towards the middle. To facilitate the process, a definite plan of categorical arrangement must be used as guide. For expediency in the reshelving program and for later expediency in cataloging, we are following, broadly, the Dewey classification outline; broadly, because in certain sections, such as in the present arrangement of the publications of foreign societies, easy availability has been the point considered. Consideration is furthermore given to accessibility in relation to the frequency with which material in a specific field is consulted. Pending classification and cataloging, single titles within a broad subject, such as Botany or Ornithology, will be arranged alphabetically by author. To conserve shelf space, it will be necessary to divide the alphabetical shelving of non-serial titles according to size. Adjustable shelves, however, make it possible to shelve the quarto section directly beneath each octavo section, at least until the collection has been classified, instead of removing the quartos to a distant location.

Because the research staff has been accustomed to go to memorized localities for material in specific fields, we have moved these assortments as little as possible until sufficient space can be made ready to which to shift them expeditiously and bring them together in systematic arrangement. At present, in

order to gain four more sections, we are sorting out 12,000 agricultural items, retaining about half that number to box, label and place in final shelving.

Whether the permanent classification of the collection will be according to the Dewey or the Library of Congress schedule, I am not yet prepared to state. Local conditions present arguments for the use of the Dewey; some types of material and certain features of grouping make the use of the Library of Congress system of some advantage. Though I ponder the merits and disadvantages of both schedules as I now work upon preliminary arrangement, I am postponing decision on the classification system until I can survey the basic collection.

INADEQUATE ASSISTANCE A HANDICAP

One factor must stand out as a major handicap in dealing with the problem of the Library's operation and reconstruction—that of inadequate assistance. Part of the "professional experiment" was to determine how much could be accomplished, and by what means, in simply making the best of the circumstances existing. In this instance, to this point, it was possible to operate with insufficient staff because practically all of the material dealt with, requiring as it does a certain familiarity with technical subject matter and an assortment of languages, had to be examined first by the librarian herself. The only wholesale handling which could be done was among the tiers containing the reputedly duplicate material. Though even here, where the material had to be listed for identification of what is in storage, there should have been clerical assistance, already trained in library form by the librarian, for the listing. As it was, much of this work had to be left, after rudimentary instruction, to a high school boy hired to do the manual labor.

Without undergoing reorganization, the Museum Library could not be administered to function according to the

principles of sound library practice; but there should have been, throughout the whole procedure, a clerical assistant to take over the routine, sub-professional tasks of both current operation and reorganization. A point to be emphasized is that no vital library administration, much less a reorganization program, should be attempted without competent clerical assistance to the librarian. There had been no budgetary provision made for a full-time assistant in the Museum Library because the Museum was on a present economy program, and its Library on one-half of its previous budget. Assistance in the Library is provided from a general "part-time" salary fund. It is up to the librarian, therefore, to use the funds available to the Library to the best advantage they will afford.

With 26,000 volumes still to be shifted and with 17,400 of these to be sorted and rearranged, some one to do the manual labor is, even now, essential. But at this point, clerical assistance for the purpose of arranging unbound material in order, typing records and labeling boxes, should also be provided if the reorganizing is to progress rather than to be retarded.

CONCLUSION

To level a mountain and repack its clay into a compact hill can be a very educational process. For the librarian to do most of the work herself, and closely supervise all of it, can be a professional experience of inestimable advantage. She learns from the ground up. She learns what it is possible to accomplish, how long it should take, what the accomplishment costs in time, energy and effort. She learns, as well, how it should not be done.

The work which has been carried on is an essential process in the sound reconstruction of the Museum Library; this work had to be done in order that the material which will form the basis of the permanent collection may emerge. The progress which we have

been able to demonstrate in little more than a year indicates that the project embarked upon can be, with time and assistance, successfully carried through

to bring about a well-constructed library. The most difficult and disheartening stage of the work is behind us, and the way ahead is broadening out.

“MEDICAL CARE SECOND TO NONE”

By MARY L. KENT AND MARGARET M. KINNEY

Chief and Assistant Chief, Library Division, Special Services
Branch Office No. 2, Veterans Administration, New York, N. Y.

AFTER his first year as Administrator of Veterans Affairs, General Omar W. Bradley aptly described the change in philosophy which has brought new life to the medical library service of the Veterans Administration as well as to all other phases of the care of the patients:

“The change-over in medical care called for a new and revolutionary concept of medicine and hospitalization in the Veterans Administration . . . We first sought a working alliance with the medical profession and the medical schools. We told them frankly we needed their help. They answered as plainly and gave it. Everywhere in medical centers and schools they have given us splendid support. Many of the nation’s finest physicians are serving as consultants or part-time practitioners in our veterans’ hospitals. The medical schools are developing our splendid type of resident physicians.

“One year ago—partly as a result of the war—we were tragically short of doctors, limping along on a handful, with most of them detailed to us by the Army.

“Today that picture is greatly changed.

“We have doctors enough to staff our hospital beds as fully as may be desired, except in isolated stations. And they are with us, not because they have been ordered here by the Army or Navy, but because they believed us when we said: ‘Good medicine comes first—give your heart to us, your talents to these young patients—and we’ll assure you an up-to-date practice with unequalled facilities anywhere.’”¹

This attitude on the part of the Administrator and his staff in Washington accounts for the revolutionary changes that have taken place in the medical libraries in the Veterans Administration Hospitals in this state since April 1946 when Branch Office No. 2 in New York City, one of the thirteen administrative subdivisions of the V.A., was activated and charged with the supervision of V.A. installations in this state and Puerto Rico. The changes that have taken place here have been repeated in the other twelve Branch Areas throughout the country.

INADEQUACIES OF MEDICAL LIBRARY SERVICE

In addition to directives and changes in policy and procedure, originating in the Library Service in Washington and in the Branch Office, the criticisms of the various consultants on the staff of General Hawley, Chief Medical Director in Washington, were of invaluable assistance in making the hospital managers aware of the inadequacies of their medical book collections. Once they realized the problems involved, most of the hospital managers were only too grateful for any suggestions made for improvement of service. The growth of the medical libraries was also accelerated in many instances by the necessity of the hospital to meet the requirements of the American Medical Association

¹ Bradley, Omar N., Administrator of Veterans Affairs. Speech before the 47th Encampment of the Veterans of Foreign Wars. Boston, Mass., September 5, 1946.

and the American Hospital Association for certification.

In March 1946, there were 3,350 volumes in the medical libraries of the eight Veterans Administration hospitals in New York State. They consisted primarily of standard texts, most of which were out of date. These were supplemented by a few journal subscriptions and incomplete back files since funds for binding were not available.

While the medical libraries were the responsibility of the Chief Librarian of the hospital, often this supervision was only nominal since many of the book collections were located in the medical conference room, a room which was not available to her during the working day because it was used continually for board and staff meetings, conferences, interviews and the like. It was usually left unlocked so that the medical staff was free to come and go. Often, too, the conference room was situated at the other end of the hospital from the patients' library so that the Librarian herself could not be at hand when the doctors needed assistance in locating essential material. No provisions were made for separate reading rooms or book collections for the nurses, and they, too, took their chances in finding material needed.

Book selection was strictly limited, since each order had to be approved by the Library Service and the Medical Service in Washington. Duplicate copies of essential books were frowned upon, as were any books dealing with experimental medicine. Even after titles were approved, delivery of new books required from six to nine months because of the red tape involved in government purchases. Also because of the red tape involved in disposing of government property, many librarians were unable to keep their small collections current because of the difficulty of discarding out-of-date and worn volumes.

GENERAL IMPROVEMENT DURING PAST YEAR

One year later the picture is quite different. There are now in the nine hospitals in this state and the one in Puerto Rico 10,863 volumes on the shelves or on order. Journal collections are being built up gradually; 915 journals, an average of approximately 90 titles per hospital, are being received regularly; back files for five years or more have been collected for 233 journals. Requisitions for binding are slowly being filled. Obsolete books are being discarded and active live collections are being established throughout the area. Book selection has been liberalized. Responsibility for the choice of books and journals now rests with the hospital. There the Librarian, with the advice and assistance of the Medical Library Committee, which consists of three members of the medical staff appointed by the hospital manager, determines and anticipates needs, and submits requisitions for the material selected. The librarians and their committees have been assisted in this task by lists prepared by the Library Service, Central Office¹ and by titles suggested by the Library Division, Branch Office.

Space and supervision are still pressing problems; however, here, too, there has been improvement. The medical libraries in four of the ten hospitals now occupy quarters adjacent to the patients' libraries so that in slack hours one librarian can adequately supervise both rooms. In five others, the medical libraries have been moved out of the conference rooms and set up in their own quarters. While in these hospitals the arrangement of the building is such that there is no place where the two

¹ Veterans Administration, Library Service, Office of Special Services. *Minimum medical library requirements for VA Hospitals and Centers*. Revised January 1947. Washington, D. C. *Selected list of books for VA Medical Libraries*. January 1947. Washington, D. C.

libraries can be located together, the change in location has meant an improvement in the services offered. In the remaining hospital, plans are under way for moving the library from the conference room, and before long it, too, will be available for use at least during the working day.

ADDITIONAL STAFF INCREASES EFFICIENCY

Additional professional staff in most of the libraries has also increased their possibilities for service. Special attention has been given to those hospitals with established residency and research programs, where the demand for medical reference work is particularly heavy. In the Bronx Hospital there are two medical librarians in addition to the five other professional staff members; in the largest neuropsychiatric hospital there is one medical librarian, in addition to the three other professional staff members. Arrangements are now underway for the authorization of another medical librarian in a third hospital where a residency and research program is also contemplated. Because of the increased emphasis on in-service training courses for attendants and nurses, and other employes, the reference needs of even the smaller hospitals have been enlarged. In those hospitals where the two libraries are adjacent to each other the library staff, never less than two professionally trained librarians, is able to give adequate supervision to both collections, and at least minimum service to the medical staff.

The greatest difficulties are encountered in those hospitals where the patients and medical libraries are separated. Various solutions have been tried but none have proved wholly adequate. One hospital assigns a librarian to the medical library for two hours a day and then leaves the room open to the doctors and unsupervised the rest of the time. Although an intensive edu-

cational campaign to convince the staff of the necessity for signing out books and journals has been undertaken by the hospital administration, it is still extremely difficult to locate material that is borrowed in the absence of a librarian. In another hospital, attempts have been made to solve the problem by keeping the medical library locked except during the one hour a day a librarian can be on duty there. This, too, causes hardship to the medical staff. A third hospital keeps the library open 40 hours a week with the services of a professional librarian two hours a day and a clerk the remaining six hours. While this eliminates the extraordinary loss of books that occurred in this hospital previously, it does not provide the best possible library service for the medical staff.

Comparison between the amount of library service available a year ago and today is difficult to make, since few statistics are available for the earlier date. And even today in some of the smaller hospitals no circulation statistics are kept. However, circulation in the Medical Library at the Bronx Hospital for March 1946 was 159 books and 126 journals; for March 1947 the figures were 479 books and 392 journals. At Northport, Long Island, another hospital with a residency program, the figures for March 1946 were 57 medical books, 108 journals; and for March 1947, 110 books and 66 journals. The decrease in journal circulation is due in part to more stringent regulations concerning the circulation of current issues, and in part to the fact that the library has been allocated enough space so that its patrons may sit down at leisure and read in comfort instead of checking out even the material that they want to glance through casually.

The medical libraries in these hospitals play an active role in the teaching program of the hospital. They provide bibliographic service to the limit of their ability, but because of the lack of

adequate staff, they cannot meet all the demands made upon them. In the smaller hospitals, and particularly those without a residency program, the need for such service is less acute, although more is required than can be provided as is the case in any library with unlimited imagination and without unlimited funds.

TECHNICAL LIBRARY SERVES AS CLEARING HOUSE

Arrangements have been made to supplement the resources and services available at the hospital level through the Technical Library at the Branch Office. Although this Library was originally set up to meet only the needs of the employes of the Branch Office engaged in planning and supervising the activities of the field stations, it is now serving as a clearing house for requests for supplementary information and material from both the patients and medical libraries in the hospitals in the Branch area. No attempt is made here to duplicate the large collections of the outstanding medical libraries of New York City; however, a standard working collection has been built up which will take care of all normal requests for material in the field of medicine. Slowly complete files of back issues of journals are being collected for the use of the hospitals on inter-library loan. Requests for all inter-library loans that cannot be filled locally are sent here. The librarians in the field have been encouraged to make full use of the library resources in their immediate vicinities before referring requests, and the hospitals in the metropolitan area make full use of the great medical libraries in the city whose response has been most generous. The Technical Library handles all requests from the upstate hospitals since material needed can usually be located here quickly by telephone and the hospital librarian is spared the time and effort previously required in contacting many sources by letter.

When the material cannot be borrowed locally by the hospital, or in New York City by the Technical Library, the request is forwarded to the Library Service, Central Office, in Washington. Here arrangements can be made for photostats or microfilm from the Army Medical Library, The Library of Congress or one of the other government libraries if the volume itself is not available. Only one hospital in the state did not use inter-library loan to supplement its resources in April 1947. The number of requests varied from one journal for a small hospital upstate to 39 books for a hospital in New York City. Apparently, the greater the library's resources, the greater the need for supplementing them from outside sources.

CENTRALIZED CATALOGING

In order to avoid unnecessary duplication of effort, as is done in every large library system, the Library Service, Central Office, has made arrangement for centralized cataloging. At the time each book is purchased, catalog cards, book cards and pockets are prepared from addressograph stencils and shipped directly to the hospital ordering the book. The Army Medical Library Classification System is being used through the cooperation of the Army Medical Library. Author, title, subject and shelf list cards are provided as well as additional unit cards in order to take care of the specialized subject headings required to fit local situations.

There are still many improvements to be made before medical library service in the hospitals of the Veterans Administration can be considered in General Bradley's words "Second to none".¹ Staff and space will always be problems. The most active of the libraries are already in less than a year outgrowing quarters that six months ago were considered adequate. Where satisfactory service has been provided for

¹ Bradley, Omar N. *ibid.*

the medical staff during the current year, superior service is now demanded. It is heartbreaking for a medical librarian to know that she is capable of providing the complete bibliographic service her doctors need, and yet be forced to eliminate service for individuals in

order to meet the needs of the group. But by and large much progress has been made, and more will be accomplished the second year than was possible the first. Medical Libraries, like Rome, can not be built in a day, or in a year.

LIBRARY SERVICE IN A VETERANS ADMINISTRATION GENERAL HOSPITAL

By SUZANNE McLAURIN CONNELL

Chief Librarian, Veterans Administration Hospital, Richmond, Virginia

McGUIRE General Hospital was transferred from the Army to the Veterans Administration as recently as April 1946 and, therefore, is still in its infancy as a Veterans Administration installation. This transition has particularly affected the Library since a complete reorganization of Veterans Administration Library Service is also in progress. However, with the usual adaptability of libraries and librarians under changing scenes and conditions, the library has given continuous service since it was first opened in June 1944.

First and foremost, hospital libraries are designed to serve the patient population. At the present time this General Hospital has approximately 1000 patients. Some idea of the problems encountered in rendering library service can be obtained from an examination of the types of patients included in this group. Of the total, 195 are medical (171 in the medical building—24 on contagious ward); 208 surgical; 149 paraplegic; 192 tuberculosis and 128 neuropsychiatric. In addition, the Library serves a professional staff of 76 doctors, 239 nurses and 1,343 employes.

In order to provide effective library service for the patients, professional staff members and employes, a broad and extensive program must be established.

Our program is based on the standard procedures for a public library as especially adapted to the peculiar needs of a hospital. For instance, book selection, an important function in any library, becomes especially important in a hospital library and turns into bibliotherapy. Whereas in a public library books may be chosen solely on the basis of their appeal to the library patrons, in a hospital library therapeutic benefit to their health must be considered as well. Also, in a hospital library, circulation of books must be adapted to the needs of patrons who are unable to visit the library and frequent trips must be made to all wards. Naturally, the library service is geared primarily to meet the demands of the patients with the interests of other groups taking a secondary, though still important, place. In addition to the General, or Patients Library, a Medical Library also is maintained for the use of the medical and nursing staffs.

"LIBRARY ON WHEELS"

The most important part of the library program is ward work with the patients. At this hospital regular visits with the book cart are made to each ward twice a week with many extra visits to deliver specially requested books and magazines. Specific buildings

are assigned for regular coverage by staff members. For instance, the Chief Librarian is responsible for one building and also visits all wards in the hospital in a supervisory capacity. Another staff member may be assigned to serving paraplegic cases for a two-months' period, while still another will devote the major portion of her time over a certain period to the 192 tuberculous patients. The Medical Librarian, too, assists in the General Library program by visiting the wards as a substitute for other librarians. In addition to the actual circulation of books and magazines on the wards, requests are taken for materials to be brought from the main library or to be borrowed on inter-library loan. Posters and book lists are distributed throughout the buildings and ward sun parlors are provided with deposits of paper-covered books and current magazines. Approximately 300 regular ward visits are made each month, supplemented by at least 100 extra visits to fill special requests. The circulation averages approximately 2000 books a month and over half of this is done on the wards. The best readers are bed patients and the most popular feature of library service is "The Library On Wheels."

BIBLIOTHERAPY

Book selection, as we have said, is one of the most important functions of the library and it especially taxes the ingenuity of the hospital librarian. Here we have the problem of reconciling frequently conflicting claims of bibliotherapy and reader's interest. Quite often our readers insist upon reading books which we think they should not read and refuse to read books which we consider good therapy! After all, we are dealing with human beings, all of them mature adults with well-developed habits and established tastes about reading or not reading, as the case may be. We try to give them what they want, except in the case of certain books which we feel might be harmful to the

morale of sick people. Of course, this is very difficult to determine at times for it has not been proved just what depresses people. Like the old adage, "One man's meat is another man's poison," what disturbs one patient may interest another. For instance, we think that sick people would enjoy light, pleasant and happy books, and we feel that there is no place in a hospital for gloomy, morbid books. However, a patient recently said, "It depresses me to read about happy people when I am sick. Give me a gloomy book with an unhappy ending. I feel better when I read about someone in a worse situation than mine!" There are as many reactions as there are patients and consideration must be given all of them in making a selection of books for the library. We try to avoid giving patients books closely connected with their diseases or those which concentrate on unpleasant topics. However, as books deal with life which is by no means always happy, we definitely find it an interesting and difficult problem to select books to suit the demands for both bibliotherapy and reader's interest.

Since reader's interest is so closely allied with book selection, an effort was made recently to determine reading preferences and the desires for special library programs. A questionnaire was compiled by the Library staff and approximately 500 copies were distributed, of which 83 were returned to the Library. The response was most interesting. Some patients refused to accept questionnaires because they were tired of filling in forms and answering questions; others refused them because they either could not or would not write; still others accepted questionnaires but did not return them. Those who answered the questions and returned the questionnaires to the Library gave much information which is helpful in determining their interest in books and library activities. These questionnaires are being used by the Library staff in selecting

books for various wards, for sending special magazines and books to patients who mentioned them as favorites, for arranging library programs and for contacting patients who might be interested in participating in these programs. The following is a sample of the questionnaire:

I. Check any of the following activities in which you would be interested:

- (1) Book talks by librarian or patients
- (2) Lectures by well known authors
- (3) Group reading
- (4) Discussion groups and open forum meetings
- (5) Radio talks
- (6) Creative writing
- (7) Literary clubs

II. Indicate your reading interests by answering the following questions:

- (1) What kind of books do you read most frequently?
- (2) What are your favorite magazines?
- (3) Do you read your daily newspaper in a certain way? If so, list your favorite features in the order in which they appeal to you.
- (4) Are you accustomed to consulting reference books frequently?
- (5) Do you have any special hobbies about which you enjoy reading?

III. Remarks

Please make any suggestions about the improvement of library service, the addition of special features, selection of new books or anything else which might occur to you.

Always an important factor in library service, publicity becomes particularly important in a hospital library. Our publicity must meet the needs of a population which is changing constantly and whose only contact with the Library may be through the book cart. At present, the following are some of the methods used to publicize the Library: weekly articles in the hospital newspaper, *The Vanguard*; weekly 15-minute radio programs; posters and exhibits in the main Library, wards and Arcade (popular center of the hospital where the Canteen, Post Office and Recreational Hall are located); book lists and news letters distributed on wards; and small colored

posters on ward bulletin boards indicating schedules for book cart visits. Other types of publicity are now being planned.

Volunteers have proved extremely helpful in rendering an effective library program. Services they perform by taking magazines and reserved books to the wards and various departments, working with projected book machines and other reading devices, assisting with many routine library duties, have freed the librarians for much work of a more professional nature and have definitely contributed toward raising the standards of service at this hospital.

READING MACHINES

No description of a hospital library is complete without mention of special reading machines and other aids which have been devised to facilitate reading by the ill. Projected book machines have been used by orthopedic, tuberculous and paraplegic patients and have proved of special value for those who must lie flat on their backs. The machines are well designed and adequately fulfill their purpose of bringing books to sick people who can not read in any other way. However, since nothing is as perfect as advertisements would have, patients have complained of the frequent need for repair and the insufficient variety of titles available on film. They have also suggested screens be provided to aid vision. The automatic page turner has been used by only one patient (a burn case who was unable to use his hands), so a complete report can not be made regarding its value. However, this slight use was sufficient to prove that it is a complicated gadget and difficult to work successfully.

Library service in a Veterans Administration General Hospital provides an interesting and varied experience for any librarian. It certainly is "Special Library" work in every sense of the word and it has many rewards for librarians imbued with a sense of service.

LIBRARY SERVICE IN A VETERANS ADMINISTRATION NEUROPSYCHIATRIC HOSPITAL

By KATHRYN MUSHAKE

Chief Librarian, Veterans Administration Hospital, Roanoke, Virginia

IT is a routine matter to be greeted by patients who ask cheerfully but persistently of the librarian on duty such questions as, "Can you help me find the secret of the wisdom of Solomon?" And when the patient further complicates matters by suggesting that Solomon carried this secret to the grave, the problem becomes more difficult and the puzzled librarian feebly offers him such material as the *Bible* and the *Encyclopedia of Religion and Ethics*. These fail to satisfy him for he begins research on his own and later brings forth this conclusion, altogether satisfactory to him, and boiled down to these simple terms, "If you know it, you can't tell it, for if you tell it, you lose it."

Baffling, but interesting. That is the life of a librarian at the Veterans Administration Hospital, Roanoke, Virginia. Although there are two large open wards of general medical and surgical cases, the majority of the approximately 1800 patients are hospitalized for mental illness, and it is about these we are most concerned.

First a word about our library set-up. We have five librarians and three libraries—Main, Branch and Medical, each supervised by a trained librarian. The Main Library, a cheerful room with taupe rugs and rose curtains, brings in the privileged patients for rest, relaxation and study, entertains groups from locked wards, and is the hub from which the librarians go out on daily rounds to wards with book carts.

As a part of their treatment in the group therapy program, as many pa-

tients as possible are brought in groups from locked wards to the library at scheduled times. They include prefrontal cases who are learning how to live all over again; disturbed patients around whom there is never a dull moment; patients brought in walkers or wheelchairs; deteriorated patients who affably trudge in and out, and the seemingly carefree alcoholics. For part of their visit they are allowed to wander about as they please, looking at the new magazines, selecting the books they want to take back with them, glancing through their home town newspapers, enjoying the Tru-View films, asking the advice of the librarian on duty, or merely chatting with her. For the remainder of the period the librarian reads to the group on some subject of general interest and invites discussion afterwards, or conducts a short quiz which ties in with books and reading. For instance a quiz on Mark Twain is designed to introduce his books which are prominently displayed.

It is true that many of our patients cannot read. They are too nervous, too withdrawn into their own worlds to be able to absorb the written word. Many are too deteriorated and, added to this, have never had the advantage of much education. If one of them can be persuaded to look at pictures of familiar things which might awaken some memory from his happier past and then further be persuaded to talk about it, that effort on his part will help, if ever so little, to clear away the fog of confusion. When read to, these patients comprehend only the simplest and most fa-

miliar of material. Simple games, an easy jigsaw puzzle devised from book jackets, a magazine with vivid pictures, all are good for this type of patient who needs constant encouragement.

Because they are its most frequent visitors, those who undoubtedly receive the greatest pleasure from the library are the permanent or semi-permanent patients, who, though unable to adjust to the stresses and strains of ordinary living, adapt themselves well to the hospital environment. Generally full-privileged and their mental abilities unimpaired, these patients are in good contact and have no trouble in assimilating the written word. They are interested in all types of material—current events, history, religion, solid non-fiction of all kinds, westerns, mysteries, etc. Sometimes they work on little projects of their own—studying Spanish with the occasional help of a Gray Lady, gathering information on plant culture, checking up on some statement in “Believe it or not,” studying correlated material in connection with a USAFI course. Often they require help from the librarian. This voluntary activity on their part keeps their minds alert and may even change their pattern of thinking and hasten the day they will leave the hospital.

A group of these patients is, at present, being gathered together to form a Sunday afternoon Library Forum. Here they will be led to familiarize themselves with our varied and worthwhile collection of current magazines, and encouraged to bring to the group the results of their own investigations. This is intended to result in a better informed and more intellectually curious group of patients.

Due to modern treatment methods, many patients are hospitalized for short periods only. For them, books on subjects of a vocational nature such as how to start a small business, fundamentals of electricity, diesel engines, farming, poultry raising, law, etc., are

placed conspicuously so that, during their enforced confinement, they may be thinking about their futures. It is surprising how many become interested and return for more, although often as not the law books are taken with a view to learning some legal loophole for getting out. At least that shows initiative!

Books often may bridge the gap between reality and fantasy. While a patient is reading he may forget his own abnormal pattern of thinking and more or less identify himself with the author or with the main character of the book. That is a normal reaction. It is true, however, that a number of patients read only to fortify their own fantasies and delusions. One patient, to feed his obsession, has had to read the news methodically and extensively for years so that, while he is “off” on certain phases of today’s events, he is still astonishingly well versed in current affairs. This has kept him alert through the ten years of his hospital stay.

READING HOUR

Work with the blind mental patient is particularly interesting and rewarding. One group of blind Negro patients greatly enjoys the reading hour which the librarian conducts. Their mentalities and tastes are simple, and it is difficult for the librarian to find subject matter for adults written in a manner comprehensible to them. Many times she has to interpolate or simplify as she reads. Generally, articles and stories about nature, hunting, fishing, farming, prize-fighting or religion are selected, and the closer these subjects are to the patients’ past experience, the more thoroughly they are appreciated and the livelier the discussions that follow. Our white blind patients have poorer contact and must be read to individually. They are jealous unless they have the whole attention of the reader and are as fractious as children. Yet they love to be read to, and, on their good days, even beg for it. Our Red Cross Gray Ladies

do excellent work in this connection.

Without our willing and cooperative patient detail the library could hardly operate. Each individual has a necessary and important job—typing, processing books, checking mail, routing newspapers, sorting and filing the incoming magazines, acting as messenger, pushing the book cart, taking care of circulation statistics, filing catalog cards, mending, binding and dusting books. These patients develop the ability to get along with people since naturally all of our visitors, in spite of discrepancies in behavior, must be treated courteously. It is interesting to note their eagerness to get to the locked-ward patients books and magazines which have been specifically requested. Having once been confined themselves, they realize to the full the importance of this service.

The stock in trade of a librarian in a mental hospital is her friendliness, her calm personality, her patience and, above all, her sincerity. She must be willing to listen to a tale of woe and know when and how to terminate it; she must find and bring to him what the patient wants if at all possible, no matter how obscure the request; she must have a sort of intuitiveness in selecting reading matter for each individ-

ual; she must know how to approach the shy unlovely patient or the rude obnoxious one, for he may need help most and be most in danger of not getting it. In roundabout and devious ways she manages to introduce a book to a patient who finds that, after all, he really likes to read. The patient is totally dependent on the librarian to fill his reading needs which loom even more important because his regular channels of activity are curtailed.

Recently this hospital received a new ceiling book-projector for bed-ridden patients. One elderly patient who has no use of his hands or arms had learned to work with his chin the controls, which are taped to his bedside stand. This makes him feel quite cocky and independent, and now he is reading a western story, *Cow by the Tail*, and enjoying it immensely.

Library service is but a part of the overall Veterans Administration program of treatment for these mentally ill, but we feel that it is an important and integrated part of the pattern. Through exposure to good and current literature, we attempt to do our share in awakening the lethargic minds and keeping the alert minds alert.

GENERAL LIBRARY ADMINISTRATION IN A VETERANS ADMINISTRATION TUBERCULOSIS HOSPITAL

By DELLA R. SHAPLEIGH

Chief Librarian, Veterans Administration Hospital, Oteen, N. C.

THERE are three general fields of hospital library work. One administers to the patients in the general hospitals, those men and women who are in the hospital for one week, two weeks or a month. One deals with hospitals which take care of the neuro-

psychiatric patients, and the last serves the hospitals which treat those men and women who are suffering from tuberculosis. Each field has its own problems, its own method of applying bibliotherapy. There have been many articles written by librarians, some few written

by doctors, on the theory of bibliotherapy. This article will deal solely with the administration of hospital library work in a hospital which treats tuberculous patients.

Naturally, the selection of books comes first. Literature selected for tuberculosis patients should stimulate what are known as the constructive rather than the destructive emotions.¹ The problem of morale is vital and no hospital library should include in its collection books that are too depressing or books that disparage the medical profession. In the treatment of the tuberculosis patient, the librarian is dealing with a patient not for weeks, nor months, but usually for a period of at least a year, and sometimes longer. She is dealing not with a mind regarding a brief period of hospitalization and then a return to normalcy, nor a mind fogged by the result of some psychiatric disturbance, but with a keen, intelligent mind that has had to face the reality that he will be away from his home, his friends, all old familiar contacts for a long, long period of time. Her patient is one who, after he is on his way to recovery, is much more like any normal, healthy individual, whose need is for escape reading and for study. These facts must never leave the mind of the hospital librarian.

The selector's own idea as to what is moral and what is good literature should never enter into the selection of a book for hospital reading. Will the book benefit the patient, or will it not? Will it serve the purpose of lifting him up mentally, while he is down physically? If for escape reading the patient wants to read Edgar Rice Burroughs or Thorne Smith, and these authors make him forget for a time his worries of family and self, are they not just as good for him as a dose of medicine

would be for a patient suffering a stomach ailment in a general hospital? If he is carried away for a short while from his hospital bed to another world by reading Gene Stratton Porter or Temple Bailey, should the fact that some librarians consider these books sentimental trash keep him from this brief escape from reality?

BOOK SERVICING

After the books are selected, there is the servicing of them to the patients. When a man is admitted to a tuberculosis hospital, reading is the one thing he is usually allowed to do. At a later period, medical rehabilitation—with all of its phases, occupational therapy, education, shop-retraining, etc.—will come into the scene. All the departments of Special Services will be brought into play; but, until the patient is strong enough for all of these activities, it rests on the hospital librarian to try to keep his mind so occupied that the days will not be spent in constant thoughts of himself and home. It is for this reason that the Veterans Administration has always kept its hospital libraries staffed with sufficient personnel so that every patient may have the benefit of personal service by a trained librarian.

It is difficult at times for people to realize the vast difference between servicing a general hospital, a neuropsychiatric hospital and a tuberculosis hospital. In the latter type, about 90 percent of the patients are infirmary patients. An infirmary patient is supposed to stay in bed. All services must be brought to him. Books are carried to him either on a truck on the twice weekly ward visit, or by hand by the librarian between visits. He does not come down to the library to obtain his books as do a large majority of the patients in general and neuropsychiatric hospitals. Group therapy cannot be practiced as it is in mental hospitals. Patients cannot be entertained with teas in the library nor with discussion groups in the

¹ The basic idea of this statement was originally expressed in *Hospital Libraries* by E. K. Jones.

evening, as they can in general hospitals. Nothing is supposed to interrupt their bed rest in the morning from nine until eleven except necessary services, which naturally include the library service. Nothing at all, not even these services, is allowed to interfere with the afternoon rest hours from one until three.

Only the ambulatory men, men who are almost well and are getting ready to go home, are supposed to be in the Library officially. When a patient is granted ambulatory privileges after ten or twenty months in bed, obviously, his interest in reading practically stops. The hospital librarian's job is almost finished. There are parties in the recreation hall, classes in the education department, fascinating work to be done in the occupational therapy and shop-retraining shops, the vocational rehabilitation men are helping him to prepare for work when he leaves the hospital. The patient no longer really cares much whether the library is open or not, and his old friend, the librarian, realizes this and does not force him to continue his reading. This is the reason why the medical staff at this hospital has never approved of having the Library open in the evening: the temptation would be too great for those who were not supposed to use it.

In a tuberculosis hospital, about 50 percent of a librarian's time is spent in the wards, with the other half devoted to routines within the library proper. For those interested, the breakdown of the work at this station is as follows: Visits to Wards, 50%; Desk Duty, 21%; Book Reviewing, 6% (as with most librarians, the greater part of this is done at home); Cataloging and Classification, Processing, Publicity, 23%. Publicity at this hospital covers book reviews for the monthly station paper, bulletin boards, book lists, and we hope, in two months' time, a daily reading spot on the radio.

The 50 percent of the time the libra-

rian spends in the wards is to her the most interesting. There are two distinct types of infirmary patients, those who have just come into the hospital and are in the receiving ward, and those who have been sent to their permanent ward. We will start first with the receiving ward. It is here that the opening wedge is made by the librarian for all of the work which will be done later. Library routine is explained to each patient. He is given a list of magazines to which the Library subscribes, 119 titles in all, and is told that, if he will check those in which he is especially interested, they will be sent to him regularly. He is also given a copy of the latest monthly booklist and told to check any books he wants to read and they will be reserved for him. He is told, at least once here and many times later, that the hospital librarians are there to serve him at all times, that he must never feel that any one of them is too busy to stop and talk to him, nor that the staff would be anything but pleased to have his nurses call down to the Library at any time for books or magazines, should he just happen to want something between ward runs. He is exposed to books on tuberculosis written especially for the patients. These books are never forced on him, but they are always on the trucks visiting the receiving wards, and frequently on those taken to the other wards.

The word "exposed" is used deliberately. No patient must ever feel that he has to read a book. The librarian may, through weeks or months, encourage him to read, but it must come as a voluntary action from him. There are too many things a patient must do in a hospital. Let the library and what it has to offer him remain one of those things to which he may say "No" if he so wishes, and still have the librarian stop by for a friendly visit on her next trip. It is up to the ingenuity of the librarian to see that he will want to read.

Mention was made in the preceding

paragraph of magazine and booklists. These are two lists which are especially important to the tuberculosis patient with his long period of hospitalization. The booklist is easily managed. Each month a list of all books which are new to the hospital library, whether they are new or old as to publication date, is given to every patient in the hospital who wants one. There is a short description of the book, and the patient may check any one or more of the books he wishes to see and they will be reserved for him. Some patients check only the new books; others keep the lists and gradually, one by one, check all of the books they wish to read. Some keep the lists for their entire hospital stay and thus have a record handy at all times as to just what has come into the Library and just what they have read. Then there are those who use it for scratch paper. But even at that, it is good scratch paper and often serves its purpose inadvertently. As one patient once said, "Say do you still have *For All Men Born*? I borrowed a piece of scratch paper from my buddy last night and noticed this list on the back. If you still have it, I'd like to read it."

MAGAZINE ROUTING

The routing of magazines is a much more difficult procedure. Someone once suggested that we order twice as many magazines and fire one librarian. It was a suggestion almost accepted, except for the one fact that we could order three times as many magazines, and we do take a large number, 119 titles and 469 copies to be exact, but the man who wanted to read the *Ladies Home Journal* regularly would not see it. It would naturally be sent to the women's wards. The woman who wanted to read *The Sporting News* and the one who reads *Outdoor Life* regularly would not see these magazines, for they would be sent to the men's wards. Nor would the situation be solved by ordering one copy of each magazine for each ward. There

are approximately 30 rooms on a ward. A magazine would most probably land in one of the rooms and stay there. There could be no guarantee that the man in the last room would see the copy of the *Nature Magazine* in which he was especially interested.

Therefore, a system of routing magazines was worked out many years ago at this hospital and, with improvements from time to time, has been followed by each incoming librarian. Each patient is given a list of magazines and he checks the ones he wants to see regularly. A file of magazines by title is kept at the main desk. Listed on these cards, by wards, are the men who want to read that special magazine. As the magazines are checked in, they are routed first to the men who have requested them. When all the patients requesting them have seen them, the routing slips are pulled off and the magazines go out to the wards for general circulation. There is no jealousy of those who receive the magazines first because every patient knows that he too may have his name put down for any or all of the magazines he wishes.

All routed magazines are kept track of on green circulation cards until every request is filled. Thus we know definitely that Smith did get his copy of *Ladies Home Journal*, Jones received her copy of *The Sporting News* and Ahern, her copy of *Outdoor Life*. Usually we circulate around 2600 special requests during a month. Yes, it is a lot of work, a great amount of detailed work; but, on the whole, the comments from the men when they are transferred to the ambulant ward where this service is stopped, and the comments from the men when they are discharged, show that it is more than worth the extra work. As one patient said when he came back for a check-up: "Hope you are still circulating your magazines. You know, I felt like a millionaire, sitting back and reading, *Fortune*, *National Geographic*, *Time*, *House Beautiful* and

the *Atlantic* each month. It was quite a come-down to go home and find that I couldn't afford such service anymore."

Just another case of where a small detail, so insignificant to a well person, swells to a thing of vast importance to those who have to lie facing a blank wall for 24 hours a day, seven days a week, four weeks a month, twelve months a year, and then maybe more. When you stop to think in these terms, nothing which the librarian can do to make them forget those walls for a little while is too trivial, is too much effort, or too much trouble. When I speak of blank walls, I do not mean literally blank walls. We have one of the most beautiful hospitals in the country, with a competent medical staff, auxiliary services of all kinds, and a view from most of the windows of the mountains which makes even agnostics think of the words, "I will lift up mine eyes unto the hills from whence cometh my help."¹

"LIKES" CARDS

After a patient is transferred to his regular ward, and has become adjusted to hospital routine, the real work of the hospital librarian begins. Does he read? And, if so, what? Does he want to study, and again what? How can one librarian remember the reading likes of 1000 patients? For this purpose we have a notebook for each ward. The notebook is used for taking requests on the ward, but also in its front is a pocket which contains what we call "Likes" cards. Just as soon as a librarian finds that a patient is interested in one special field, that fact is noted on the "Likes" card for that ward. If the ward as a whole is especially interested in one type of reading, that fact too is noted. Then when the truck is set for that ward, the librarian is guided by all the notations entered on the "Likes" cards.

For instance, when setting a truck for A-1, historical fiction which Bryant

has not read is put on the truck for him. Patterson gets two classics, and the titles are added to the card which reads, "Patterson wants to read all our classics. Take him two each time and enter below." Ausburne gets some westerns that he hasn't read, the note for him saying, "Remember Ausburne, some westerns with his sign \triangle in the front." "Long wants some comics, and Smith is reading all of Gardner two at a time." The Gardner list of books in the library, with Smith's name on it, is looked over and two more titles which he hasn't read, having been checked off the list, are put on the truck. After all the "Likes" are finished, the reserved books are put on the truck, and the balance of the space is set for the ward in general. Even with the books in general, the librarian must be certain that she is not taking into A-1, books that have been there within the last six or eight months. This means that the date due slip with the charge 1/1/47-A-1, must be checked for each book going on the truck. Thus, with the aid of the "Likes" list, any librarian can easily set a truck for any ward. Here at Oteen we rotate the librarians on the ward. That means that six different personalities are setting a truck for each ward in order. No matter how determined a person is that his taste will not enter into the setting of a truck, that he will put on books the patients will like, still his own personal liking is bound to enter into the final selection. With a rotating staff, the men see six different selections in six runs, instead of six selections all chosen by the same person.

There is one drawback. One librarian can get to know the patients much better if she sees a constant group. This fact is more than compensated for by the varying selections and the different personalities which the patients see, and they do like to meet them. As one patient said, "You know, I don't read much, but it is a lot of fun having your staff stop in and talk a little twice a

¹ Psalms 121:1.

week. They are all different, and it does help the monotony."

After the truck is set, the librarian starts the next morning on her ward run. With sufficient staff, the librarian will only cover enough rooms so that she will have time to stop and talk with her readers, find out what he has read, and what he wants to read. Keeping the fact that his stay is likely to be a long one constantly in mind, if he is a one-field reader she can gradually get him to read, without his knowing it, other types of books. There have not been too many westerns written during the years when you figure in the terms of the man who reads nothing but westerns and wants six or eight of these a week. Have you tried getting one of these western story readers to read a copy of *Billy the Kid* by Burns, then maybe some early western historical fiction such as *Long Rifle*, thence to other biography and travel in the west, and finally to general reading in many fields? It is well worth the effort, according to one of our staff. Here, as always, that effort must be known to the librarian alone. We are dealing with intelligent people who do not want to have their reading dictated to them.

COOPERATION BETWEEN DEPARTMENTS

It is in the wards, too, that the librarian has the opportunity of working in close cooperation with all the other departments of the hospital. This is most necessary for the successful administration of any hospital. Has Ausburne been reading twenty books a week? If you don't see any evidence of occupational therapy around, how about admiring the work of some of the other patients, and then asking why he has never done any? It may be that the doctor doesn't think he is well enough for it, or that he just hasn't thought he wanted to. If the latter is the case, sometimes by careful suggestion you can interest the patient in drawing or some other field. Then it is an easy matter to go over to the occupational therapy department

and tell them that you have left a book on drawing with Ausburne and you think he might like some lessons. They do the same for you when they think a man is working too much. The same holds true with the social service department and with all the various services which the hospital offers.

This cooperation with other departments cannot be overemphasized. From the time the patient comes into the hospital and the librarian works with the nurse in charge of educating the patient in the treatment of tuberculosis by keeping her supplied with pamphlets on tuberculosis, until he leaves and she works with the Vocational Rehabilitation Department, the librarian must always be willing to work with all sections in the hospital. She must know and contact the heads of the various departments, the Clinical Director and his medical staff, the Chief Nurse, the Chief Dietician, the Chief of Medical Rehabilitation and his various groups, to say nothing of the more closely allied Special Service Department under which, in the Veterans Administration, the Library comes.

TYPES OF READING EQUIPMENT

There are several types of reading equipment which the hospital librarian uses. There are the book projectors, the talking books for the blind, the magazines and books in braille, and, in a class all by themselves, the picture books. They are a most effective tool for the hospital librarian. Men may laugh at them at first, but gradually they become intrigued with them with the result that you cannot keep enough of them on hand. They are an opening wedge for the men who can read, but haven't, and a saving boon for those who are unable to read, either because of lack of education or because of poor eyesight.

This constant endeavor to keep the patient's mind so occupied that he can forget means work, but fascinating work for the hospital librarian. Each

day brings new angles to old fields, new faces, new ideas for reading for some patient who has just discovered what fun it is to read after all. As one new staff member recently said, "One thing, there is never a dull moment in this work." And that is one of the truest

statements about hospital library work. The librarian must be constantly alert as to the reaction of the patient, and his ideas which vary as the wind, or faster. There never is a dull moment for the hospital librarian who is truly interested in her work.

IRENE M. STRIEBY, OUR NEW PRESIDENT

MRS. IRENE MACY STRIEBY brings to her presidency of S.L.A. not only long activity in the Association but a richly varied experience and a great deal of understanding of both professional problems and that human element which so often tips the scales in weighing most problems. Mrs. Strieby became a member of S.L.A. immediately upon becoming a "special" librarian through assuming her present position as librarian of the Lilly Research Laboratories in 1934. From the beginning, S.L.A. has gained through her active participation, her vision and her leadership. She has held numerous Association, Group and Chapter posts all of which have well prepared her for her present responsibility. She served one year as First Vice-President and Chairman of the national Employment Committee in 1940-41; last year she served as Chairman of the Committee of Five in addition to her duties as Vice-President and President-Elect of the Association. She has long been active in both the Biological Sciences and the Science-Technology Groups, has served as Chairman of the former and has filled various other Group assignments, particularly in the field of public relations.

Mrs. Strieby is one of the 16 charter members of the Indiana Chapter of S.L.A., which was formed in 1941. She

had long supported the informal organization of special librarians which preceded Chapter formation. So when this embryo group acted as host to the 1940 Convention of S.L.A. it was only natural Mrs. Strieby should be chosen as Convention Chairman.

Throughout the years Mrs. Strieby has helped many a young librarian new to the "special" field, including the writer, to get her bearings and find her sea legs. She is always willing, even at considerable personal sacrifice, to give help wherever it is needed, and no matter what the time or the weather she is always ready to lend her weight to the strengthening and progress of her profession. Her enthusiasm and her excellent judgment have been an inspiration to all who have known her. S.L.A. is indeed fortunate to have Irene Strieby at its helm.

Although she has lived in the Carolinas, Georgia, Florida, Kentucky and Louisiana, Mrs. Strieby has that primary requisite for success in Indiana—she is a native-born Hoosier. Like so many other successful people of both truth and fiction, she was born and grew up in a small town. After college at Brenau where she majored in English, minored in the sciences and acted as chemistry laboratory assistant during her senior year, she taught school for a couple of

years. But her school teaching days were cut short by her marriage to a young navy officer during World War I. His death in 1927 left her with an eight-year-old son, a marine business in a resort town, and the difficult task which any woman faces under such circumstances of building a new life for herself. Between then and the time she took her present position with Eli Lilly and Company she studied library work at the University of Wisconsin and the University of North Carolina, spent three years as librarian of the Riverside Military Academy, a year with the University of North Carolina's Institute for Research in the Social Sciences, several months doing publicity for the Indiana Committee on Governmental Economy, and during intervals between was manager of a tearoom, dietician for a boy's naval camp, and house mother for the Dekes at DePauw. During the period of her librarianship of the Lilly Research Laboratories, the library staff has grown from 3 to 14 and its collection, from a hit-and-miss accumulation, to an orderly arrangement of some 25,000 volumes.

Though the library has developed a number of distinctive reference files and gives many different services, it is perhaps best known for its scientific abstracts.

Besides her S.L.A. participation, Mrs. Strieby or "Strieb", which she prefers to either Mrs. Strieby or Irene, has represented her organization for many years in the American Library Association, the Indiana Library Association, the Medical Library Association, the Indiana Association for the History of Medicine, the Indiana Adult Education Association, and various other related organizations; Strieb's social affiliations include the Delta Delta Delta Sorority and the Indianapolis Athletic Club.

Irene Strieby is certainly one person who never, either as a child or a woman, has said "Oh, I wish I had something interesting to do." Her interests and

hobbies have always run ahead of the time she had for them, and sometimes we suspect that only her conscientious adherence to a philosophy of first things first has kept her hobby interests from crowding further than they have into her time. She has a talent for making fun out of any goal she is pursuing, whether it be a picture of a 1790 New England pharmacy, the classification number for a book on a new development in clinical medicine, or the date her great great grandfather "entered land" in eastern Indiana. Though her hobby and leisure time activities have changed with her residence and range from gardening, trapping and ice-boating during the years with her husband to her more recent genealogical explorations, they cover a wide scope. She is an inveterate collector of things old and rare and interesting, but because there is a limit to the space a city apartment can render for grandfather clocks, antique furniture and old china pitchers, she confines her present collecting urges to old buttons. Any time you are visiting Strieb and find yourself bored with the conversation—though we guarantee that will never happen—just ask to see "the buttons," and you will become so fascinated with calicos and jets and puddings and swirls, all neatly classified and beautifully arranged, that you will forget to go home. Some people with collecting hobbies are, well, just a wee bit lop-sided and tiresome about it all. But not our Irene, and to prove it she has found time between official duties and genealogy and collecting, for travel in Europe and hostess duties at Fort Benjamin Harrison. In case anyone is still afraid her life may become dull, her grandson, young William Hadley Strieby, who has barely found his legs for locomotion and the English language for communication, is ample assurance otherwise.

H. R.

NEW INSTITUTIONAL MEMBERS

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Brewer was appointed Convention Chairman. This will be the fourth time the nation's capital city has been host to the Special Libraries Association. Conventions were held there in 1914, 1928 and 1929.

S.L.A. Nominating Committee

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

Evalyn F. Andrews
Marion L. Hatch
Pauline M. Hutchison
Fannie Simon

Josephine B. Hollingsworth, *Chairman*
Los Angeles Municipal Reference Library
300 City Hall
Los Angeles, California

Miss Hollingsworth, who served on the Nominating Committee last year, was again appointed to head the Committee this year as it is customary to retain one member of the previous year's Committee to serve the following year.

Will S.L.A. members 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 Committee must report to the Executive Board at its Fall Meeting, October 24, 1947.

Announcements

S.L.A. Officers, 1947-48

The result of the annual election of officers was announced at the Business Meeting in Chicago on June 13, 1947 as follows: President, Mrs. Irene M. Strieby; First Vice-President and President-Elect, Miss Rose L. Vormelker; Second Vice-President, Mrs. Ruth H. Hooker; Treasurer, Mr. Adrian A. Paradis; Director to serve for three years, Mr. Donald T. Clark. Mr. Melvin J. Voigt and Miss Elma Evans remain on the Executive Board, as does Miss Betty Joy Cole, Immediate Past-President.

S.L.A. Board and Council Meetings

The regular Fall Executive Board and Advisory Council meetings will be held October 24 and 25, 1947, at the Hotel Pennsylvania in New York City. The Executive Board will meet October 24, and the Executive Board and Advisory Council the following day. The latter meeting is open to all S.L.A. members and all who can possibly do so are urged to attend. Reservations should be sent to the Hotel Pennsylvania not later than October 10 to insure accommodations.

S.L.A. 1948 Convention

Following the showing of a film about the city of Washington at the close of the annual S.L.A. Business Meeting on June 13, 1947, in Chicago, it was announced that the 1948 S.L.A. Convention would be held June 6-12 at the Hotel Statler in Washington, D. C. Miss Jane

New Rare Book Room at University of Pennsylvania Library

Marking a new addition to library facilities in the Philadelphia area, a Rare Book Room with a specially-trained administrative staff and a capacity of 30,000 volumes was formally opened in the University of Pennsylvania Library on May 27, 1947. The new unit is designed for the preservation and the use of rare books and manuscripts under conditions in keeping with their importance, and will house the University's extensive and valuable collections in various fields. Made possible by extensive renovations on the second floor of the University Library, the new unit includes a large reading room, an office and workroom, exhibition hallway and segregated book stacks. Serving as curator of the rare book collection is John Alden, who formerly was associated with the Library of Congress and the Houghton Library of rare books and manuscripts at Harvard.

Indian Library Yearbook and Who's Who

Special Libraries Association will be represented in the new INDIAN LIBRARY YEARBOOK AND WHO'S WHO which will be off the press by the end of 1947 according to an announcement received at S.L.A. Headquarters from

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Sant Ram Bhatia, Editor, *Indian Librarian*,
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Medical Literature Exchange

The U. S. Army Medical Library in Washington has supplied UNESCO with a list of more than 700 medical monographs which it desires to exchange for medical literature published outside the United States. This material is offered on an approximate piece-for-piece exchange, and the Library is making the offer in expectation of deferred return. As exchange material, files of purely local serial publications will be accepted.

New TAAB Service

The American Antiquarian Booksellers, 529 South Melville Street, Philadelphia 43, Pa., announces the first number of a new TAAB library service to greatly increase the efficiency of *The Library Wants: The Central Library Want List Depository*. This new service is to be a cumulation of any or all back list material (unobtained and still required) in one alphabet, coded to the requesting library, and published in a handy volume for ready reference. Revised lists for the period prior to May 1, 1947, are especially requested. Revisions should be received by July 31 for inclusion in the first issue. This service in no way changes the publication of lists in *TAAB Daily* as they are received, and is without charge or obligation on the part of the submitting library.

Lincoln Autographs Solicited

The Abraham Lincoln Association, First National Bank Building, Springfield, Illinois, is soliciting information concerning the present private ownership and location of any document composed by Abraham Lincoln, whether or not it has been previously published. Documents in public institutions are readily accessible, but many of those held by individuals have not been located to date. The preparation of a complete edition of Lincoln's writings from original sources will be greatly facilitated by information leading to procurement of photostatic copies of documents held by private individuals. Acknowledgment of assistance will be fully made upon publication.

Appeal from Hungary

The Jozsef Muegyetem in Budapest is in need of books and periodicals in the fields of civil, mechanical and chemical engineering and architecture. Donations will be most gratefully received, and may be sent to the American Book Center marked for Jozsef Muegyetem, Budapest, Hungary. The ABC will send all such material to the Muegyetem.

Please Mention Special Libraries When Answering Advertisements

ASLIB Annual Conference

The Twenty-second Annual Conference of the Association of Special Libraries and Information Bureaux will be held September 20 and 21, 1947, at the London School of Economics and Political Science, Aldwich, London, W.C. 2. The annual Business Meeting takes place the evening before the Conference, September 19, at Canterbury Hall, Cartwright Gardens, London.

Duplicate Collection Available to Libraries

The Sun Reference Library, Montreal, Canada, has a large duplicate collection containing long runs of insurance yearbooks which are available to libraries on request for postage. Anyone interested in obtaining these may write to Miss Mary Jane Henderson, Librarian, Sun Life Assurance Company of Canada, Montreal.

Science-Technology Libraries Bibliography

A bibliography on science-technology library methods, procedures and standards covering the period from 1935 to date has been compiled by a committee from the S-T Group, ILLINOIS CHAPTER of the SPECIAL LIBRARIES ASSOCIATION.

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Membership Gavel Award

The Membership Gavel Award for the year 1947 for the greatest percentage of increase in paid-up members was again awarded to the Western New York Chapter for the second consecutive year. The Chapter showed an increase of 54%. The Gavel was presented to Mrs. Catherine Deneen Mack, President of the Chapter, when the announcement was made at the annual Business Meeting, June 13, in Chicago. The second largest percentage of increase was shown by the Washington, D. C., Chapter with 37%, and the third by the Michigan Chapter with 29.3%.

1947 Regional Library Conference

The Regional Library Conference extends an invitation to members of the various S.L.A. Chapters functioning in Delaware, the District of Columbia, Maryland, New Jersey, Pennsylvania and West Virginia to the 1947 Conference which is to take place October 9-10-11 at the Lord Baltimore Hotel in Baltimore, Maryland. Mrs. Kathleen B. Stebbins has been appointed by Mrs. Irene M. Strieby, newly-elected president of the S.L.A., to officially represent the Association at the Conference. The Conference theme for this year is: *The Education of This Generation*. On Saturday,

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October 11, the afternoon meeting will be devoted to special interest groups, one of which is Special Libraries. It is hoped that all S.L.A. members who can possibly do so will plan to attend the Conference.

Committee of the International Federation of Library Associations

The June 1947 issue of *The Library Association Record* contains an interesting report on the 13th Session of the Committee of the International Federation of Library Associations held at Oslo, Norway, May 20-22, 1947. The Sessions were held in the Nobelinstituttet, and 18 countries were represented by over 60 delegates. This issue is available on loan from S.L.A. Headquarters.

Norway Student Chosen for S.L.A. Fellowship Award

Miss Anne Margrethe Lovaas of Norway was chosen by the S.L.A. Executive Board at its June 9 meeting in Chicago to receive the first S.L.A. Fellowship Award. This award of \$2000, which was made possible through the 1946 operating surplus, will enable Miss Lovaas to visit various types of special libraries throughout the United States during 1947-1948.

Miss Lovaas graduated from the University of Oslo with honors in 1943. Her educational plans being of necessity suspended by the war, she served as secretary to a British naval officer until 1945, when she entered Upsala College, East Orange, N. J., on a scholarship. College authorities felt she was qualified for more advanced work than Upsala offered and in the late summer of 1946 she transferred to Columbia University in New York where she has been doing graduate work in the School of Library Service. Miss Lovaas is keenly interested in America, and eager to learn all she can of American special libraries and their techniques to take back to Norway.

Obituary

Miss Janet C. Gerson

Miss Janet C. Gerson, head of the Engineering Library of the Sperry Gyroscope Company, Inc., Great Neck, New York, met her tragic and untimely death in the airplane crash at LaGuardia Field on May 29, 1947. Miss Gerson was well-known and well-liked in library circles through her work as Chairman of the New York Chapter Science-Technology Group in 1943-44 and through her active participation in other library groups and functions.

Previous to coming to Sperry's in February, 1942, Miss Gerson had worked in the New York and Cleveland Public Libraries.

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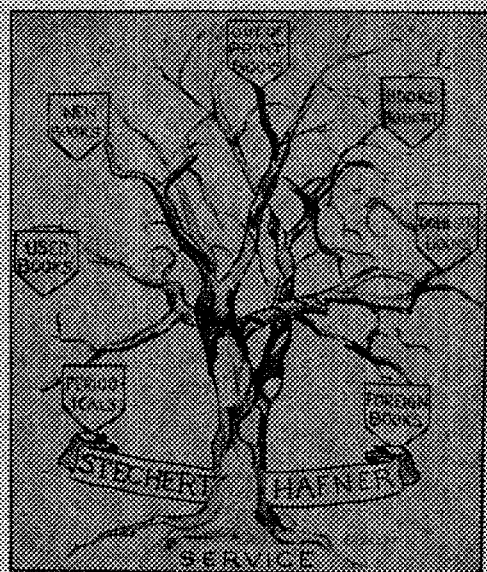
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