

## STATE CONTROL OF STATE HOSPITAL LIBRARIES.

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In a previous paper \* statistics were given from ninety-six hospitals concerning their libraries. With these statistics came many letters from the various superintendents deploring their scarcity of books and their lack of trained librarians, and giving as the reason the want of funds sufficient for the purpose. This reason strikes at the root of the matter, for a good, readable library cannot be maintained without a liberal appropriation for the purpose and the supervision of someone who knows books. A mere collection of books donated from the attics of friendly patrons does not constitute a library in the modern sense of the word, and it is safe to assume that if we ourselves relegated these volumes to the attics because we did not care to read them when we were well and out in the world, we need not expect our friends to hail them with delight when they are sick and in hospital. And while the first assistant physician, the stenographer, or even the janitor may be able to give out books quite satisfactorily in addition to his other duties, he can hardly be as efficient as a trained librarian who devotes her whole time to the problem of building up the library.

On the other hand, we cannot blame the state if it does not see the necessity for providing libraries and librarians in eleven state hospitals (as in little Massachusetts) or in sixteen (as in larger New York), or even in the three or four of some of the Southern States, at an annual cost of not less than \$800 each, including books, periodicals, binding and librarian's salary. It is obvious that in some states the cost would be enormous, and, indeed, prohibitive.

But with these letters came two from Iowa and Minnesota suggesting a way of escape so thoroughly reasonable, modern and altogether obvious that one wonders that every state in the union

\* Libraries for the Patients in Hospitals for the Insane. By Edith Kathleen Jones. *Am. J. of Insanity*, LXVIII, No. 1, July, 1911.

did not long ago solve its institutional library problems along the same lines. In Iowa the "Board of Control" has assumed the charge of all state institution libraries, sending its own librarian to organize and catalogue them and give training and advice to those in charge. Minnesota has met her problem a little differently; her Public Library Commission sends out the organizer, who, in addition to the work done in Iowa, is allowed to select traveling libraries for the institutions. These two states seem to have been the pioneers in this cooperative movement, but several others in the west have followed suit. Indiana stands ready to offer the services of her Public Library Commission to the hospitals as well as other state institutions, though she was never called upon for help in the former till January, 1912. In Nebraska, the last legislature made a direct appropriation to the Public Library Commission for the establishment and maintenance of libraries in the various state institutions, the money to be spent entirely at the discretion of the library commission. They have already bought about three hundred volumes for each of their three hospitals, and will build up the individual libraries rather than try the traveling library plan. Wisconsin finds the same problem—few books and no organization; as her Free Library Commission has no funds at its disposal for institutions, it can help only by reorganizing such libraries as already exist and giving training and advice.

These are only a few of the states in which interest has been aroused in the library question in state institutions, but they seem to be about the only ones which are including the hospitals and asylums in the scheme. Many other states are providing reading matter for their prisoners, but as yet the old idea seems to prevail, that insanity means imbecility and therefore the inmates of the state hospitals are incapable of any mentality.

It will be seen that in all these states except Iowa the Public Library Commission has simply added the state institutions to its list for supervision, traveling libraries, etc., and in the western states, where the hospitals as well as the town libraries are comparatively few and the territory large, this would seem to be the best plan. But in our smaller, more crowded eastern states, where the library commissions are already over-taxed to fill the demands upon them, the addition of from eight to sixteen special libraries means another burden involving much extra labor and at least

one more librarian. It would seem that in such states the Board of Insanity, or its equivalent, should assume entire charge of this branch, hire its own librarian, and develop its own institutional and traveling libraries, of which it should have complete control. Its librarian should visit each hospital in turn; put in order what books there are; add new ones at her discretion; advise the assistant in each hospital regarding the best ways of interesting the patients in reading; select and buy traveling libraries composed of biography, illustrated books of travel, out-door books, popular science comprising books on birds, flowers, trees, animals, astronomy, etc. This institutional librarian should have her headquarters at a center, either at the State House or in one of the most accessible state hospitals, and keep her records there.

The traveling libraries should be sent from the center and returned to the center. The public libraries have so thoroughly demonstrated that any efforts to reduce expense of transportation by transferring from one point to another without going back to the center only results in loss and damage and irresponsibility, that it is useless to try any other system—unless the librarian transfers both the center and herself for the time being to that hospital which is to send out the traveling library. At the center, the books would be unpacked, checked, cleaned up, rebound if necessary, and got ready for the next hospital. Strong packing boxes holding about sixty books, with handles on the sides and strongly hinged and padlocked lids, are not expensive and are easily packed and handled. They could be made at one of the hospitals, and possibly the books might be rebound at one of the state institutions, thus saving a little in cost. The length of time allowed each of these libraries in a hospital would depend somewhat upon the number of reading patients, but probably would average about three months.

An objection to this plan will at once be made that three months is a long time to wait for new fiction. This may easily be met by buying the three or four best books of each month in such quantities that each hospital may have one or more copies immediately for its individual library. And after the traveling libraries have gone the rounds, they too might be distributed among the various hospitals. In this way each hospital would be adding little by little to its own collection.

As to the selection of books, what was said in the paper referred to above concerning the sort of reading for hospital libraries applies equally to this plan. All fiction should be censored, that nothing morbid be put into the hands of the patients. This is one very good reason why the State Boards of Insanity should have control rather than the Public Library Commissions. In those states in which supervision of the prison and reformatory as well as the hospital libraries is in the hands of the institution librarian, separate traveling libraries for fiction should be maintained, although the other books, especially those in biography, travel and the handicrafts would be equally interesting and valuable to both classes.

There is one point which cannot be over-emphasized: the need of an intelligent assistant in each hospital who is well-read and knows books, and who, if not already trained in library methods, is capable of receiving suggestions and of being interested in the work. Anyone can give out books, but not everyone can give them out intelligently, and only the trained librarian can appreciate the vast amount of wasted energy represented in a library which is not kept up. Of course the ideal situation is that in which each hospital has its own library and trained librarian, but as has already been stated, this is often impossible in state institutions because of the expense involved. But a compromise might be effected. In most hospitals the stenographer has charge of the books in addition to her own duties. Why not employ, instead, a trained librarian who is also a stenographer? The library schools throughout the country are graduating just such girls every year—girls college-bred and trained to use their brains; trained too, not only in library work proper, but also in shorthand, typewriting, and the modern methods of filing which are of the greatest value to the hospital superintendent with his innumerable letters, bonds, case-records, reports of other hospitals, etc., all of which must be kept ready for reference at a moment's notice. Such a business-trained, intelligent woman would be able to attend satisfactorily to both branches of hospital service, and her salary would be but little more than that of the average stenographer who knows only her own branch. And the institution librarian would breathe freely while upon her rounds, knowing that she left behind her a person who would co-operate intelligently with her efforts to reach the patients.

Besides providing books and trained service for the patients in these state hospitals, this scheme might well be enlarged to also include the medical department. Of course there are certain books on psychiatry, psychology and general medicine which should be in every hospital for the immediate use of the medical staff; but there are many others to which it is desirable to have access from time to time, which are too expensive or not enough used to duplicate. It might be well for the librarian to keep a catalogue of all the medical books in the different hospitals, add to them upon recommendation of the various superintendents, and upon demand to send any book to any other hospital in the state. This would be especially advantageous for those hospitals which are not near any of the large medical libraries, and would prevent duplicating. Then, too, some of the medical periodicals, especially the more expensive foreign ones, might be subscribed to by the state, the institution librarian ordering, receiving, checking and sending them in turn to the various hospitals for a week or so at a time. The bound volumes of these could be distributed among the different hospitals, each having one or more sets.

The advantages of this scheme of state control are many, but it will readily be seen that the post of institution librarian is no sine-cure and should be well paid. This brings us to the cost of organized, centralized, cooperative state control versus duplicated, individual libraries. In 1910, thirty-six out of sixty hospitals in the United States claiming to have libraries paid \$4725 for books and periodicals for their patients—an average of \$132 per hospital. The other twenty-four did not add one cent's worth of reading matter, so far as could be learned, except what was given them. Just half of these thirty-six hospitals paid \$100 or over, two of them reaching \$500, and the other eighteen ranged from \$25 to \$75 each. Now it is perfectly apparent that not much can be done in any one hospital in the way of books and magazines for \$132—still less for \$25. But we will suppose a state maintaining ten hospitals and asylums expending on each \$130 for reading matter—an aggregate of \$1300. For that amount an institution librarian could purchase about 800 volumes for the use of all ten hospitals instead of eighty books for each. Now suppose each of these ten hospitals employed a librarian in addition to its stenographer; their combined salaries would add about \$5000 a year to the state ex-

penses. As a matter of fact, however, a good library with a competent librarian should cost at least \$800 a year exclusive of medical books and periodicals, or \$8000 in our supposed state of ten hospitals. On the other hand, for from \$3000 to \$4000 a year, this same state could maintain one first-class institution librarian; ten traveling libraries of about sixty volumes each; about 400 volumes of new fiction divided as soon as published among the ten hospitals; the best current periodicals; medical books and periodicals; the expenses of binding and expressage—and give efficient service and equal advantages to each hospital. Further, by replacing the stenographer with a librarian who is able to combine the two offices—which would be quite possible where the state takes charge of the buying, cataloging, classifying, etc., thus relieving the hospital librarians of the duties which take the most time—the extra salaries of individual librarians in addition to stenographers would be saved.

Therefore, as a matter of economy as well as of increased efficiency, organized state control would seem to present the most practicable means of maintaining our institution libraries.