MEDICAL LIBRARIES *

"CRITO, I OWE A COCK TO AEscULAPIUS; WILL YOU REMEMBER TO
PAY THE DEBT?"—*Socrates*

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One of the serious problems which confronts the management of every library is the proper and equitable apportioning of the book fund to the several departments. The problem is, of necessity, a flexible one and varies with the environment, the resources and the policy of the individual library. To-day I propose to discuss only one phase of the question, and that a narrow one.

Is it expedient to establish a medical department in a free library? By this I mean not the sporadic buying of a book on hygiene or domestic medicine, but the regular and methodical acquiring of standard works as liberally as the budget and the demand will justify.

In the larger cities or in medical centers, where doctors are many and medical societies are numerically and financially strong, experience has fully demonstrated that the needs of the profession will be better met by separate libraries. The correctness of this contention is fully shown in the experiences of Cleveland and Cincinnati, the only cities in the state which belong to this class. Both have splendid independent medical libraries, managed exclusively by medical men, and in both the departmental plan was tried and abandoned.

In the smaller cities and the larger towns where the library book fund is correspondingly small, it would be ill-advised to attempt the building up of a formal department; here the end would be better reached by purchasing medical books, like other specialties, on the request of those wishing to use them.

This narrows the inquiry to libraries of medium size, or, speaking generally, those located in cities from 35,000 to 125,000 inhabitants, which presumably have a fairly liberal income.

I know full well that there is a diversity of opinion among intelligent librarians as to the propriety of the public library providing books for special or professional readers. From our viewpoint the negative sentiment smacks too strongly of a cloistered past. Is there a librarian here to-day who does not take pride, and justly, in what his institution is doing for the special student, the technical worker and the craftsman of every kind?

There is a general agreement among progressive librarians that the modern library should not only meet, as far as possible, every reasonable demand for wholesale reading, but that it should be boldly aggressive and meet the needs of all sorts and conditions of readers.

If I correctly interpret the contention of those who would build a Chinese wall of small dimensions around the library, it practically amounts to a discrimination against the three older professions—law, medicine and theology. But the conditions are so different that these professions can not be justly measured by the same standard.

As to the clergy, we will probably all agree that there is little call for a special department. A successful ministry must seldom, if ever, depend on the access to doctrinal works, which, as a rule, find their way to the shelves in rich abundance.

To compare the doctor with the lawyer is manifestly unfair. In altruistic concept and practice the two professions are as wide apart as the poles. I hold no brief for medicine, but its marvelous achievements within the past few decades alone are without a parallel in history, and in proof I need only to cite the Promethean gifts of anesthesia, sanitation and asepsis, a trinity which has let such a flood of sunshine into the life of the world. In no other branch of human endeavor do men give so freely of their time and labor for the good of their fellowmen, and there is no other profession whose constant effort in disease prevention tends inevitably to its own destruction.

The public so confidently associates charitable deeds with the calling of the doctor that it little notes the fact that he may be carrying more than a fair share of the burden which rests on society. Without special thought one can not appreciate the money value of the work done gratuitously and continuously by the rank and file of the profession.

The money value, very conservatively estimated, of the services rendered annually to the hospitals of my home city by their respective staffs is not less than \$65,000. This estimate, made by a better statistician than I am, does not include the extramural charity work of these men or of their colleagues. Nor does the experience which such service gives constitute a just recompense, for those who render the service received their appointments on account of their recognized ability and skill. It is high-class medical labor rendered by high-class medical men, and as such should have recognition. If the opportunity to acquire experience is so valuable, how does it happen that the court never orders the veriest novice in the law to defend the pauper criminal without adequate compensation in the coin of the country?

A recent discussion before a prominent library association is my justification, if any be needed, for writing this screed. The consensus of opinion was strongly adverse to the development of the medical department in the public library and the full range of objections was skillfully run. It was held that medical books were high-priced, short-lived in usefulness, unfit for general circulation, technical in character, and required special knowledge on the part of the librarian. Various speakers reiterated, with the monotony of parrots and the zeal of covenanters, the slogan, "Let the doctors do as the lawyers do, and furnish their own libraries."

Let us briefly consider this indictment against the medical department, taking the last and most specious count first. Confining the inquiry to our own state, there are in Ohio about sixty special law libraries organized under the legislative act of 1872. This statute, which has been favorably amended at various times, authorizes the commissioners of any county to contract with a library association to furnish book facilities for the judges and county officials. Under this law the commissioners of my own county, out of the general tax levy, have not only furnished and equipped elegant and commodious rooms in which to house the books, but provide heat, light and the salary of the librarian, amounting to over \$2,500 per annum. The library association in addition receives certain fees accruing from state cases in the police court. The membership fees go to the book fund.

Let us look at the other side of the shield. There is not a public library in the state which has a live, grow-

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ing medical department, unless by a stretch of the imagination the effort in Dayton can be so designated; nor is there in the state an independent medical library supported wholly or in part out of the general tax fund. One medical to sixty law libraries is the record. Gladly would the doctors fare like the lawyers. We have no quarrel with our friends the lawyers, nor would we lessen the number of their libraries, but we would build at least an equal number for the doctors. This is not asked as a charity; it is demanded as a right.

A further study of the condition in Ohio shows that a few libraries, rather than anger the friends of the dead, keep under key and cobwebs—mostly cobwebs—some long-neglected bequests. Some house the books of the local medical society, and others, constituting the majority, collect only the medical flotsam and jetsam which drift to their doors, and except in the rarest instances, these are not catalogued or properly shelved. Perhaps they are not worthy of better treatment, for a miscellaneous collection of old medical books is about the deadest thing known. Total annihilation is the proper remedy.

This is a sufficient answer to the taunt so often flung in the face of the profession, that doctors do not use the medical books now in the public libraries. Can they feed on husks? Would you employ a doctor who did use such books? Physicians do use the up-to-date independent medical libraries, and the accusation that they do not use the public library collections will cease to be true if the latter are kept fresh and serviceable.

There is no limit to the money that could be usefully expended in the founding and maintaining a medical department, but it is the minimum amount, not the maximum, that concerns us now.

Roughly estimated, the initial expenditure ought not to be less than \$500 to \$800 and largely invested in foundation books, like encyclopedias, atlases, the larger works of reference, transactions of the leading special and national associations and bound serials which, though costly, do not need early replacement. When the collection is once installed a yearly outlay of from \$200 to \$400 will provide a goodly number of the really valuable new books and several of the best foreign and domestic periodicals. Private contributions may be confidently relied on. Every physician subscribes for one or more medical journals and would rather place them where they would be cared for and be accessible for reference than to store them at home—possibly in the garret.

Since the formal opening of the medical department in the Dayton library, two years ago, there have been received from donations considerably over eight hundred volumes, most of which are obsolete and worthless, some are last editions, and not a few are rare and valuable classics. The permanent accessions have been carefully culled, for in no other department of literature should gifts be so closely scrutinized. It is the glory of modern medicine that a text-book ten years old has only the historical value of the fossil. This rapid superannuation of medical books is accepted as an excuse by certain librarians for refusing to buy them, but to my mind it has just the opposite meaning. If no further discoveries or progress were possible in the science of medicine there would be little need of books or libraries. A small collection would serve, by inheritance, many generations of doctors.

It goes without saying that there are medical books whose use by the patrons of the library should be restricted, but the number is not so large as one might assume without investigation. The same rules that safeguard the proscribed books in general literature, no small number in some libraries, will amply suffice. Young people and grown-up children prompted by curiosity or pruriency should be barred from the medical alcoves, but there is no valid reason why the collection should be closed to any adult of pure motives and ordinary intelligence. Never before were laymen so deeply interested in or so conversant with medical problems, especially of sanitation and disease prevention, and never before did medical literature so strongly challenge the attention of the world's ablest thinkers.

It was a layman's reading of Osler's "Practice of Medicine" which led to the founding of the Rockefeller Institute for Medical Research, one of the great institutions of the country, which has already rendered signal service to mankind in the discovery of a curative serum for one of the most dreaded of brain diseases.

Medicine is as old as the human race, its appeal is universal and to the best instincts of humanity, and the time has come when its teachings ought not to be a sealed book to the intelligent citizen of any community.

Unquestionably the best use of medical books requires the services of a specialist; and this arrangement will rarely be practicable in libraries of the size under consideration. The ideal way of offsetting the librarian's lack of technical knowledge would be to have a progressive doctor on the board of trustees to whom matters connected with the medical department could be referred. Another method of meeting the difficulty, and one which commands favorable consideration, is to elicit the cooperation of the medical society which now exists in every county in the state. An auxiliary committee thus secured can give valuable aid, apart from technical assistance to the librarian, in securing donations, in stimulating the zeal of the profession and by acting in a general advisory capacity.

The cooperative plan has worked well in Dayton. The medical society donates annually \$100 to the book fund. It appoints a committee to act with a representative of the library board, to which the general supervision of the medical department is given, subject to the approval of the trustees, which is the court of last appeal.

The output of medical literature is so immense that no library can obtain more than a fragment of the whole. But, by cooperation with neighboring libraries, and especially with the Surgeon-General's Library at Washington, the greatest collection of medical books in the world, a library may, without cost, save for transportation, greatly extend its resources and give fairly good service to its patrons.

To conclude, if I am right in my contention, the public, like Socrates, owes a cock to Æsculapius, and above other institutions the free, tax-supported library should be the Crito to see that the debt is settled: first, because the library pays in coin which will be most acceptable and most profitable to the doctor, for as Osler puts it, "to study the phenomena of disease without books is to sail an uncharted sea"; second, because in this way the public gets a speedy return on its investment, for the physician who accepts the payment will be the more competent to discharge the burden which society has placed on him.

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