The patients' library movement: an overview of early efforts in the United States to establish organized libraries for hospital patients*

By Nancy Mary Panella, D.L.S.
Librarian
Director

Bolling Memorial Medical Library
St. Luke's-Roosevelt Hospital Center
New York, New York 10025

The patients' library movement in the United States, a dynamic, cohesive drive begun and sustained by librarians and physicians, strove to promote placement of organized libraries for patients in hospitals. It took shape in the early years of this century, evolving from its proponents' deeply held conviction that books and reading foster the rehabilitation of sick people. The American Library Association's World War I service to hospitalized military personnel dramatically reinforced the conviction; the post-World War I institution of public library extension services to general hospitals explicitly reflected it.

Enormous energy was infused into the patients' library movement. Throughout the first half of this century, there were sustained efforts not only to establish organized libraries for hospitalized people but also to expand and systematically study bibliotherapy and to shape patients' librarianship as a professional specialty. The movement's achievements include the establishment of patients' library committees within national and international associations; impetus for development of academic programs to train patients' librarians; and publication, from 1944 through 1970, of successive sets of standards for hospital patients' libraries. The first of these remain the first standards written and issued by a professional library association for a hospital library.

INTRODUCTION

When used to designate specific types of libraries in hospitals, the very broad descriptor hospital library can be dangerously misleading for both the casual inquirer and those engaged in systematic research. In the interest of clarity, especially regarding this paper, a brief overview of the term's use seems warranted.

During the first four decades of this century, hospital library most often meant a library for patients [1-5]. Because those libraries usually extended services to professional staff and other hospital personnel, they sometimes were called the "general library" or the "library for patients and personnel." Where an organized medical library existed in a hospital, it was called the "medical library," or the "hospital medical library"; other designations seen in the literature are "professional library service" or "staff hospital library." Libraries for nurses were usually the "nursing library" or, for nursing students, the "school of nursing library."

All of these were informal terms used by librarians, physicians, and hospital administrators; there was little in the literature to indicate professional library

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association concepts of hospital library. In 1943, how-
however, at the suggestion of the American Library As-
sociation (ALA), a Joint Committee on Hospital Li-
braries was formed to study hospital library service
and make recommendations for future service [6]. To
that committee, the term hospital library embraced pa-
tients’, medical, and nursing libraries. One year later,
the Special Libraries Association (SLA) established a
Hospital and Nursing Libraries Group and in so doing
classed only patients’ and medical libraries as “hos-
pital libraries” [7]. Later in the decade, the Medical
Library Association (MLA) formed its Hospital Li-
braries Group; the group used the term hospital library
exclusively to mean a patients’ library [8].

While much of this was going on and an awareness
emerged that client- or subject-specific names might
be used for libraries in hospitals, ALA’s energetic
Hospital Libraries Roundtable published Objectives and
Standards for Hospital Libraries and Librarians. Consistent
with the roundtable’s long-established focus, the
standards were for patients’ libraries [9].

The term hospital library continued to have different
meanings into the 1980s. In MLA’s Minimum Standards
for Health Sciences Libraries in Hospitals [10], issued in
1984, the designation “hospital library” was used
throughout to mean a medical or health sciences li-
brary. That same year, the International Federation
of Library Associations and Institutions (IFLA) pub-
lished Guidelines for Libraries Serving Hospital Patients
and Disabled People in the Community [11]. Those guide-
lines used the term hospital library to mean a patients’
library because there was no “short acceptable term”
that could be used in its place.

Considering all of this, it seems wise when study-
ing the history of any type of hospital library, par-
ticularly as the libraries may have developed during
the first half of the twentieth century, to keep the
term’s ambiguity in mind.

Regarding patients’ libraries in particular, given
that they were among the earliest libraries established
in hospitals and for many years were a phenomenon
of cross-disciplinary interest, it also seems wise in
reviewing their history to consider not only the lit-

erature of librarianship but the literature of medicine,
hospital administration, and the social sciences as well.

EARLY LIBRARIES AND COLLECTIONS

Although the inception of organized patients’ librar-
ies in the United States often is traced to the begin-
ing of this century, collections of library materials
for patients have existed in U.S. hospitals from at least
the nineteenth century. Dunkel described some of
these as they existed in selected early nineteenth-
century mental hospitals, noting that during that era,
reading was viewed as therapeutically significant in

the treatment of the mentally ill. As such, providing
reading matter for patients was consistent with com-
monly held institutional missions, which sought to
cure rather than confine [12].

Less is known about the number of general hos-
pitals providing libraries or collections for patients
before or at the turn of the century. Most often de-
scribed, and thought to be the oldest of its kind in
the United States [13], the Massachusetts General
Hospital’s General Library provided nonreligious
reading materials for patients beginning in the mid-
nineteenth century [14]. Founded in 1844, the library
seems to have prospered from the beginning [15].
Successive annual reports to the hospital’s Library
Committee registered the sustained growth of the
collection, while an 1860 annual report observed that
the library appeared to be “a great source of satisfac-
tion to the patients” [16]. In 1868, the Library Com-
mittee was informed that the General Library was in
a good condition, was much used, and that “there is
a constant demand for books” [17].

Close to the turn of the century, the General Library
merged with the hospital’s Warren Fund collection,
a repository of religious and moral reading materials
for patients established with Dr. John C. Warren’s
small contribution in 1823 [18]. The resulting facility
was named the “Warren Library.” In the early years
of the twentieth century, a substantive interlibrary-
loan system seems to have been in place at the Warren
Library: Materials were borrowed from various local
libraries, and they included technical books for those
wanting to work or study while hospitalized, books
in Braille, and foreign-language books for non-En-

English-reading patients [19].

Although it is unclear precisely what constituted
professional library training at the turn of the cen-
tury, it is known that the Warren Library hired a full-
time “librarian” in 1904 [20]. The same year, the Mas-
sachusetts General Hospital’s newly acquired psy-
ciatric division—the McLean Asylum—hired its first
“trained librarian,” Edith Kathleen Jones [21]. The
presence of a trained librarian responsible for orga-

nizing and administering a collection of materials for
patients seems to have become the criterion that, at
the turn of the century, began to distinguish “col-
lections” from “libraries.” That may be one reason
why the literature so consistently points to McLean
Asylum and Massachusetts General Hospital as main-
taining the first organized patients’ libraries. A sec-
ond and highly possible reason is the fact that Jones
considered that to be so, and her views—which often
became tenets—were cross-quoted in the literature
for several decades.

Jones was an energetic, articulate, and much-

published woman who was to become a dynamic force
in the movement to place organized libraries in hos-
pitals. Beyond developing her own library into an

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independent unit of the institution, she developed and published principles for administering patients’ libraries. Cited in the literature for many years, her principles were

- first, an organized central library . . .
- a librarian with personality, knowledge of books and library technic [sic];
- third, an annual appropriation sufficient for the purchase of new books as they are published;
- fourth, the exclusion of morbid, gruesome and unwholesome literature [22].

Although difficult to trace through the published literature, collections of materials for patients, if not organized, free-standing facilities themselves, probably existed in other general hospitals by the late nineteenth century. For example, unpublished primary documents show that the New Haven Hospital (now Yale-New Haven Hospital) in Connecticut kept a large collection of reading materials for patients by at least 1896. In that year, the hospital issued a twenty-six-page catalog, which listed the titles and authors of the several hundred books forming the collection [23]. Hospital directories from the turn of the century carry the phone numbers of a “patients’ library” and along with the catalog suggest that in the early 1900s, library materials for patients were kept by, or possibly as, a separate hospital unit.

THE EARLY YEARS

From 1906 through 1914, the movement to establish organized libraries for patients centered on private and state hospitals for the insane and on state-owned long-term-care institutions. Following the example of the McLean Asylum, private hospitals for the insane such as the Enoch Pratt Hospital in Maryland; the Butler Hospital in Rhode Island; and the Bloomington Hospital in White Plains, New York, either organized or reorganized their patients’ libraries [24]. Systematic development of library services to patients in state hospitals and other state institutions began in 1906, the result of a visit by Alice S. Tyler, secretary of the Iowa Library Commission, to a state mental hospital. Tyler “was appalled by the hopeless aimless way in which the patients just ‘sat around’ with nothing to do. It seemed to her that the Library Commission might get books to these state institutions as well as to the public libraries . . .” [25].

Tyler persuaded Iowa’s legislature to appoint an institutional library supervisor who would be responsible for organizing libraries in hospitals and other state institutions. Under what came to be known as the “group system” (one librarian responsible for library services in several institutions), the supervisor was to establish the libraries, select books for them [26], provide cataloging and technical services from a central office [27], and train an individual in each institution—usually a patient or an inmate—to act as librarian on a daily basis. The supervisor also was responsible for circulating traveling libraries to state institutions.

Miriam E. Carey was appointed the first supervisor in Iowa. In 1909, three years after establishing the state’s group system, she moved to Minnesota and began a similar project to provide libraries for hospitals and long-term-care institutions [28]. She later would note that the success of libraries under the group system was dependent in part on the interest taken in them by the person responsible for their day-to-day operations: “[S]ometimes the patient-librarian is full of enthusiasm and does instinctively the things that librarians are trained to do, such as visiting the wards with books chosen for special persons, reading aloud, story-telling, and generally exploiting the library in ways that have greatly increased its usefulness.”

Carey quoted one patient-librarian’s vision of libraries in hospitals for the insane: “[E]ach day I come to be more and more in contact with the readers and realize what a library means to them. It is to many their only soul-salvation, and were I to live long enough I would perservere until I had a building where all readers could go and sit off the wards—a quiet resting place, where we could read aloud, discuss our books, have lectures . . .” [29].

Nebraska, Indiana, and Vermont soon instituted similar programs in their state hospitals and institutions. The programs usually operated either through the state library commission or the state board of control [30].

In 1911, Edith Jones published the results of a landmark survey she had conducted on library service to patients in 121 hospitals for the insane in the United States and Canada. Disappointed by data showing that undesirable conditions and arrangements still existed in many hospitals, she urged that state library organizations devote increased attention to the “reading facilities offered by [their] institutions for the insane” [31]. The following year, in a moving speech delivered at the League of Library Commissions’ Ninth Annual Meeting, she again emphasized the need for organized libraries for patients:

[I]t is a fact recognized by all psychiatrists and at the basis of the treatment of the insane in all hospitals to-day, that whatever takes a patient’s mind off himself and his own troubles and directs his thoughts into other and more wholesome channels, contributes to his recovery . . . the insane want and should have the same books you and I read . . . I wish I could say this loudly and emphatically enough to be heard over the whole country, the insane are not imbeciles and they are not children . . . If the old ladies like to read the stories they loved when they were young, so do old ladies everywhere. . . . [32]
In 1915, Julia Robinson, then secretary of the Iowa Library Commission, reported on the status of libraries in long-term-care institutions in selected areas of the United States. She too found that the facilities surveyed were insufficient; although some type of library existed in most of the institutions, many were either partially or wholly inadequate, few were organized and administered according to accepted methods, and most appeared to lack sufficient funding [33].

If the patients' library movement experienced such disappointments and less-than-expected progress from 1906, the year 1915 brought a new kind of success: in response to a petition prepared by Robinson, ALA established its first institutional library committee, the Committee on Library Work in Hospitals and Charitable and Correctional Institutions [34]. In forming the committee, ALA's Executive Board noted, "... library activity [in these institutions] is a matter in which all librarians instinctively feel a sympathetic interest. Wisely guided and developed, such a movement will surely have deep and abiding social value" [35].

Almost immediately, subcommittees for library work in hospitals, reformatories, and institutions for children were established within the committee (generally known as the Institutions Libraries Committee). Over the next few years, committee members worked vigorously to promote organized patients' libraries: They contributed articles to Modern Hospital and to selected medical journals [36]; in Modern Hospital, they edited a column entitled "Institution Libraries"; they spoke at various conferences and before the governing boards of state institutions; and they wrote and published a Manual for Institution Libraries, a guide to the arrangement and care of institutional libraries [37].

Although set up as a special committee, the Institutions Libraries Committee was fruitful and effective enough that in 1920, ALA made it a standing committee [38].

THE WAR SERVICE

ALA's work with hospitalized military personnel in World War I proved to be a major catalyst for the development of patients' libraries in general hospitals, because it demonstrated that books and reading can contribute to recovery from physical as well as mental illness. The War Service began in June 1917 when ALA's Executive Board appointed a committee to organize and oversee distribution of library materials to U.S. soldiers [39]. Statistics speak to the program's extensive reach: By the end of the second year, more than 3,981 military service points "had been served" and reading materials distributed to the armed forces "in France, Germany, Russia, Siberia, the Philippine Islands, Alaska, the West Indies, the Canal Zone, Hawaii, the Virgin Islands, Guam, Samoa, Bermuda, Nicaragua, and China" [40].

The hospital library portion of the War Service was organized in 1918 when the U.S. government granted ALA permission to place librarians in base hospitals [41]. An equally complex undertaking, the program saw librarians and supervisors managing War Service hospital libraries both at home and in France [42]. Carl H. Milam, then ALA secretary, noted that 170 librarians were working in the War Service hospital library program at its peak and that by mid-1919, reading materials had been provided to "all hospitals and transcontinental hospital trains ... used by soldiers, sailors, and marines." Usually, librarians were provided for general hospitals having 1,000 or more beds and for reconstruction hospitals with 500 beds; smaller hospitals "were sometimes organized by field representatives ... closely supervised by public library librarians or secretaries of library commissions" [43].

Arthur P. Young, author of a monograph on the War Service, wrote: "Collections in hospital libraries without an ALA librarian probably averaged 1,000 volumes. Larger collections of 3,000 to 5,000 volumes were available in the hospitals served by a resident librarian. Approximately twenty periodicals were provided to each hospital. Considering the small size of these libraries, and hospital populations of no more than 2,000 patients and staff, circulation rates were very high" [44].

Following the armistice, as the military began returning to civilian life, ALA turned over its equipment and books to the army and navy [45] but, at the request of the U.S. surgeon general, continued working with Public Health Service (PHS) hospitals for disabled soldiers [46]. When, in the late 1920s, ALA had to suspend work with these hospitals due to fiscal constraints, there was "... so great a protest from commanding officers, patients and nurses over the threatened loss of their libraries that the Red Cross came to the rescue and financed the salaries of the librarians until the A.L.A. was able to ... carry on the work" [47].

Finally, in 1921, the federal government took control of the PHS libraries; these libraries were the forerunners of the Veteran's Bureau Facility Libraries [48].

Many who wrote or spoke of the War Service cited the therapeutic value that reading had for hospitalized armed forces personnel. Milam said, "As the result of this specialized library service in hospitals for the soldiers, sailors and marines, and for the disabled veterans of the war, there has come the new realization of the importance of libraries in the lives of men and women who are temporarily or permanently confined to hospitals. Many physicians and nurses who have seen the librarians at work have..."
Panella testified to the high therapeutic value of the service...

Young wrote,

Hospital librarians had an abiding faith in the curative power of controlled reading. That faith in reading as a therapeutic agent gained many converts during and after
the war. Bibliotherapy came of age during World War I, a
direct consequence of the Association's library service to
hospitals.

Former MLA President Walton B. McDaniel II, speaking
before ALA's Hospital Libraries Division in 1956, observed,

Not many, if any, of us... have personal recollections of
the enormous therapeutic value of the patients' libraries
that miraculously sprang into existence overnight in the
hospitals of the armies of the first World War... most of
this heterogeneous group of men bore their hardships more
easily by reason of reading matter that either diverted or
nourished them in some mysterious way. For perhaps the
first time since the days of ancient Thebes there was the
realization on a very large scale of the fact that books may
indeed be medicine for the soul—and, hence, the body.

Reconstruction methods used in the treatment of
hospitalized disabled soldiers immediately following
the war seemed to reinforce the observation that nat-
ural mental and physical recuperative powers were
brought into play when an individual's morale was
maintained. The concept of treating the whole per-
son, the individual as well as the disease, appears to
have been an outgrowth of reconstruction hospital
experiences. For the next several years, physi-
cians wrote and spoke enthusiastically of the ther-
apeutic benefits of treating the whole person, of the
usefulness of mental therapy as a means of promoting
physical healing and health, and of the need for and
usefulness of books and libraries in that treatment.

War Service successes culminated in a major post-
war effort to establish public library services for
peacetime general hospitals. The first program was
developed in 1919 in Sioux City, Iowa, by Clarence
Sumner, a former War Service Librarian. Working
with the superintendents of Sioux City's six general
hospitals, Sumner began a drive to collect books that
would form the nucleus of a permanent collection
for each hospital. Using the notion of extension ser-
vice, he assigned a librarian from his staff to organize
the collections, visit patients, and arrange for the loan
of materials from the public library when necessary.

Sumner's program enjoyed widespread notoriety, and,
by 1925, public libraries in cities such as India-
napolis, Indiana; Minneapolis, Minnesota; and Ban-
gor, Maine, were providing similar programs.

Sumner noted, "Hospital library work has gone for-
ward... in a remarkable and amazing manner during
the time since the War... Public libraries all over
the country, from coast to coast, have gradually es-
established hospital library service and we believe that
there has been no phase of library work that has had
any more rapid and more remarkable development
in as short a period" [62].

The literature suggests that in the post-World War I era, at least some patients' librarians also were re-
sponsible for their hospital's collection of medical
literature and for reference service to the professional
staff. Furthermore, some connected with hospitals—
physicians, librarians, hospital administrators—were
seen urging such an arrangement [63-66]. Although
the literature traces neither condition nor trend, it
does give one pause to consider to what extent and
in what way patients' librarians might have played
a dual role then. Future research might shed some
light on this issue.

BIBLIOThERAPy

Although the War Service brought a heightened
awareness of the interplay between mental state and
physical healing as well as of the role of books and
reading in that interplay, such an understanding
seems to have existed for centuries. Bruce-Porter, an
English physician writing in 1930, observed that in
the days of Caliph Al Mansur's great hospital in Cairo,
Egypt (c. 1276 A.D.), not only were provisions made
for the medical and surgical care of patients, but priests
were provided to read the Koran twenty-four hours a
day for patients wishing to listen. Bruce-Porter
viewed that approach as the first idea of a patients'
library and its importance in "aing recovery" [67].

Filcher, librarian in 1980 at the Oral Roberts Uni-
versity's Health Sciences Library, noted that the phi-
losopher Aristotle thought literature aroused emo-
tions that had healing effects [68]. And the 1969 edi-
tion of the Encyclopedia of Library and Information
Science notes that in eighteenth- and nineteenth-century
England, "physicians were prescribing types of read-
ing... [as therapy and were] urgently recommending
that... reading be adapted to suit the individual
capacity." The principles established by those physi-
cians "influenced, and were adopted by, American
asylums" [69].

John Minson Galt is thought to have been the first
in the United States to write specifically of biblio-
therapy. His work, On Reading, Recreation, and Amuse-
ments for the Insane (1853), cites principles and appli-
cations of bibliography and notes the "classes of pa-
tients and the types of reading most useful for them"
[70]. Dunkel provides an overview of Galt's philos-
ophies and writings.

The word *bibliotherapy* is derived from the Greek
words bilion (book) and oepatteid (healing). Among its many definitions promoted over the years, that of Gordon R. Kamman, M.D., seems especially precise: he described bibliotherapy as “that branch of therapeutics concerned with prescribing certain kinds of reading material for certain patients suffering from certain diseases” [71]. Even before the War Service demonstrated as much, those active in the patients’ library movement believed in the therapeutic value of books and reading, and they wrote and spoke on the subject from their own experiences. Miriam Carey, for example, believed that books were tools “to be used with intelligent expectation of getting results” [72]. Julia Robinson—responsible for the petition ultimately creating the Institutions Libraries Committee—noted in 1915, “If libraries are to become a real factor for good in institutional work, the book selection must be differentiated to meet the needs of the different classes of readers . . . [there should be] a competent institutional librarian . . . [who will have] sufficient knowledge of books and readers to be able to fit them together . . .” [73].

By about 1916, based largely on the empirical evidence of the compiler, annotated lists of books recommended for use in work with patients started to appear in the United States. Writings on the subject came from everywhere: McDaniel noted that during the 1920s and 1930s, articles on bibliotherapy emanated from “librarians, psychiatrists, psychologists, literary minded physicians, nurses, patients, juvenile court justices, and [possibly] Whistler’s mother . . .” [74].

But by the 1930s, the scientific basis of bibliotherapy began to be questioned, and concern seems to have shifted from compiling guides to developing a sound methodology for studying the effects of reading. A 1939 scholarly work done at Columbia University in New York City was but one study attempting to examine bibliotherapy’s scientific basis. However, the author could conclude only that although there indeed can be a “science” of bibliotherapy, the answers ultimately lies with the bibliotherapists themselves. She believed that bibliotherapeutic training should include studies in human psychology, personality development, and psychological adjustments [75].

In 1941, Mildred Schumacher, a practicing librarian, reflected on the crux of the problem, one that for years seems to have frustrated those who believed in therapeutic reading:

I realize that it is very dangerous to make claims for what books will do for a patient. We have no neat charts and graphs showing the effect of this book or that one on certain patients. And a sadder truth is that we never will have. The benefits derived from reading are far too intangible to chart. But there are enough facts to support the theories of those who do believe there is a definite therapeutic agent in the library [76].

(A strikingly similar observation on the measurable effects of reading had been made in 1919, some twenty-two years before, the author noting that reading leaves behind “some small therapeutic effect too subtle for analysis and often too intangible to record” [77].

Nevertheless, attempts to chart reading’s effects did follow. In 1944, for example, Ruth Tews, head of the Hospital Library Service at the St. Paul, Minnesota, Public Library, published detailed examples typical of studies of patients’ reading habits that the library had conducted at a local hospital [78]. The theory behind such case studies was that researchers, by systematically observing and recording patients’ comments as well as any behavior changes that seemed to reflect their reading, could at least begin to make broad deductions.

The same year that Tews published her case studies, Perri Jones, librarian and resolute champion of patients’ libraries and librarianship, wrote, “This whole question of what influences people and why is so tremendous [that it deserves] earnest attention and study. . . . There is a growing, conscious, positive realization that the courage, the sanity, the self-forgetfulness, the power of the will, the sublime goodness that comes to life through words, black scratches on white paper, is a reservoir we have not tapped as we might” [79].

So prolific had writings in the field become that in 1945, the Bulletin of the Medical Library Association carried the extensive and nearly comprehensive “Bibliography on Bibliotherapy and Hospital Libraries” [80]. Shortly after, the author, a physician, published a similar bibliography designed for use in mental hospitals [81].

Bibliotherapy remains an uncertain science. But consistent with the views of Young and McDaniel and assuming that the literature is an effective guide, it seems clear that the drive in the United States to employ reading as a therapeutic aid to physical healing sprang from War Service successes.

COMMITTEE EXPANSION

Edith Jones wrote that the tremendous impetus given to the idea of library services to hospitals after World War I placed ALA’s Institutions Libraries Committee in danger of being overwhelmed “with the variety and extent of the new demands made upon its members.” Because of that pressure, ALA formed a new committee in 1923, the Hospital Libraries Committee. It was not meant to replace the Institutions Libraries Committee but rather was to be a companion to it. The new committee would work with hospital li-
braries, while the Institutions Library Committee would continue to work with state institution libraries [82].

A short time before the Hospital Libraries Committee was formed, a group of unknown origin, the Hospital Librarians Roundtable, began meeting regularly at ALA annual conferences; by 1922, the group had been renamed the “Hospital Libraries Roundtable” [83]. Although the roundtable’s initial relationship to the Hospital Libraries Committee is unclear, it is known that in 1924, the newly formed committee voted to disband and turn its powers and duties over to the Hospital Libraries Roundtable [84]. However, the committee never disbanded; both it and the roundtable (which became a discussion group under the leadership of the committee) were active into the early 1940s. Perusal of committee and roundtable reports presented at annual ALA conferences from the 1920s through the 1930s suggests that the latter was the more dynamic of the two groups—its members seemed almost untiring in their efforts to promote patients’ libraries. Among their many accomplishments was the development and publication of “Objectives and Standards for Hospital Libraries and Librarians,” the first standards written and issued for hospital patients’ libraries [85].

In 1927, noting that it was desirable to bring hospital library work to the attention of hospital authorities, the Hospital Libraries Roundtable moved to approve and encourage the establishment of a meeting of roundtable members of the American Hospital Association (AHA). In so moving, the roundtable noted, “hospital libraries are an indispensible therapeutic agent . . . and it is of great importance that this attempt be successful” [86].

The committee was formed in the early 1930s [87]. It functioned for a number of years and among other things was responsible for the regular publication of the Quarterly Book List, a compilation of library materials for patients. Nearly concurrent with its formation was the establishment of two international hospital library committees, one under the auspices of the International Hospital Association and the second under IFLA’s sponsorship. It is unclear as to what constituted the former committee, but it is known that the IFLA subcommittee’s membership was drawn from thirty countries: two individuals from each country sat on the subcommittee, one representing a hospital and one representing a hospital library. An account of the formation of IFLA’s subcommittee noted that at the time, besides the United States, organized libraries for hospital patients existed in Germany, Sweden, Denmark, and England [88].

In the mid-1930s, reflecting on the energies of the U.S. patients’ library movement, a British librarian wrote, “Immensely fascinating reading exists in various American journals on the organization of hospital libraries; the kind of books that should be acquired and are demanded; the qualities and technique of librarians; and the differences in the requirements of certain types of cases” [89].

Although a recounting of the continued work of each of the committees is beyond the scope of this overview, the fates of the ALA committees should be noted. Early in the 1940s, the Hospital Libraries Committee disbanded [90]. Its members, and possibly members of the Hospital Libraries Roundtable (the group central to the development of patient library practice in the United States), were granted official roundtable status within ALA [91]. The roundtable, though, was short lived; it was dissolved in 1944 to make way for the establishment of what would be a more powerful Division of Hospital Libraries [92]. Roundtable members formed the nucleus of the new division [93], and officers of the roundtable initially acted as the division’s provisional officers [94].

In 1956, the Division of Hospital Libraries was merged with the Institutions Libraries Committee to form the Association of Hospital and Institution Libraries (AHIL). The purpose of AHIL was broad: to represent not only the needs of patients, inmates, and residents in hospitals and institutions but also those of libraries serving medical, nursing, and other professional staffs [95]. In 1973, AHIL was merged with the Roundtable for Library Services to the Blind to form the Health and Rehabilitative Library Services Division (HRLSD) [96]. Finally, in 1978, HRLSD was merged with the Association of State Library Agencies to form the Association of Specialized and Cooperative Library Agencies [97].

Ultimately, these successive committee mergers, which inadvertently diluted patients’ library representation within ALA, may have been a partial cause of the post–World War II decline in the visibility of patients’ libraries. According to the literature, that decline coincided with the growing visibility of hospital medical libraries. It seems that just as World War I proved a major impetus to the growth of hospital patients’ libraries, World War II was a driving force behind the growth and expansion of hospital medical libraries; during that era, partly in response to the needs of military physicians and the postwar demands of medical education programs, hospital medical libraries were organizing and expanding rapidly [98–99]. And although other factors undoubtedly were involved, it seems clear that federal funding, which later infused large amounts of money into medical library collections and programs, fostered the growth and expansion [100–102].

ACADEMIC TRAINING PROGRAMS

In the United States, academic programs that trained librarians to work with patients began in the early
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1920s. The School of Library Science at Western Reserve University may have been the first to provide such training. During the 1920s, lectures on hospital organization and service were included in the school's library administration course, and they were followed by two weeks of field work, taken either at the patients' library of a local hospital or at a public library that provided extension services to area hospitals [103].

In 1924, a five-year training program was initiated at the University of Minnesota School of Medicine. Designed by Richard Olding Beard, M.D., the program included several credit hours in foreign languages, biology, sociology, psychology, English, and history. One full year was devoted to general library training and a second year was given over to field work in hospitals [104].

Beard believed deeply in the therapeutic value of books and reading, and he believed as well that there was an urgent need for special training for patients' librarians:

Book selection, for therapeutic ends, is an art which depends, not solely, though primarily, upon the knowledge of books. It turns upon an understanding of human nature, in general; upon a knowledge of the condition by which human nature, in the particular case, is beset . . . The librarian has to deal with men, women, and little children; with the problem of age; with all degrees of acute and chronic disablement, convalescence, and recovery . . . [105].

Although AHA approved the course of study [106], few students were attracted to it, largely because of the lengthy training time required. After some years, the school discontinued the program [107].

Some level of training in hospital library work had made its way into several library school curriculums by the mid-1930s. A survey, conducted by ALA's Hospital Libraries Committee, of twenty-three schools in the United States and Canada during that time noted that thirteen schools included one lecture a year on hospital library work; the remaining ten schools at least mentioned that field in their lectures on the administration of special libraries and book selection [108].

By 1937, Western Reserve University's course on hospital librarianship consisted of fifteen credits [109]. For the next several years, the course centered on: the place of the patients' library in the hospital; its organization, administration, and relationship with other hospital departments and with the community; the principles and practice of book selection for children and adults and also for the nurses' professional library; medical reference; and work with mental patients [110].

In 1945, one year before an Institute for Hospital Library Service was held at Columbia University, that university's School of Library Service offered a summer program in patients' librarianship [111]. The program's core course, Library Work With Hospital Patients, was to be supplemented by "a number of pertinent courses and, probably, field work assignments for students desiring practical experience" [112]. In the summer of 1946, the school offered a second summer program, which included training not only in patients' libraries but also in medical, nursing, pharmaceutical, and dental libraries as well [113]. By 1948, Simmons College in Boston and the University of Denver offered similar course work [114].

Interest in establishing or expanding academic programs to train patients' librarians appears to have diminished in the 1950s. According to MacEachern, as of 1957, apart from courses in hospital librarianship offered by Atlanta University, the University of Denver, and Western Reserve University, library schools "offered small units of instruction on the subject in other courses" or arranged for the interested student to do special work in the field [115].

STANDARDS

From 1944 through 1970, ALA published four sets of standards for hospital libraries. The first two, one issued in 1944 and the other in 1948, were recommendations for libraries serving patients and personnel; the third, issued in 1953, was a set of recommendations for patients' medical, and nursing libraries; and the fourth, published in 1970, concerned patients' and health sciences libraries in every kind of health care institution.

The 1944 standards, Objectives and Standards for Hospital Libraries and Librarians, established levels to which patients' libraries should aspire [116]. The objective was to promote the establishment of libraries for patients and personnel in hospitals. The standards contained both qualitative and quantitative recommendations for personnel, qualifications and duties of the librarian, book collection, budget, housing of the library, and library service from outside library agencies. Recommendations for the book collection are noteworthy because they established a norm for all future patients' library standards: "The hospital library book collection should be the same well-rounded collection as should be maintained in a standard [public] library of similar size."

Almost concurrent with publication of the 1944 standards was the formation of ALA's Hospital Libraries Division. Together with SLA's Hospital and Nursing Libraries Group, the division revised the 1944 standards and published them in 1948 as Objectives and Standards for Hospital Libraries [117]. Although also focused on patients' libraries, these standards noted that the term hospital library should be interpreted to include service to the medical and administrative staffs.
of the hospital as well as to nursing students. Similar to the 1944 standards, this 1948 publication presented quantitative and qualitative recommendations for personnel, book collections, costs, and service provided by outside agencies.

The 1953 standards were developed partly in response to a growing demand for nationally recognized standards that would distinguish among the different types of libraries found in hospitals and partly because both MLA and SLA sought standards for hospital medical and nursing libraries similar to those published in 1948 for patients' libraries [118-121]. Developed through the joint efforts of ALA, MLA, and SLA and published by ALA, the standards were Hospital Libraries, Objectives and Standards [122]. As might be expected, they contained separate recommendations for patients' libraries, medical libraries, and school-of-nursing libraries. In both structure and format, the recommendations for medical and school-of-nursing libraries closely resembled—and were probably patterned after—those for patients' libraries. All of the libraries were discussed in terms of objectives, staff, library collection, budget, and location of equipment.

In 1970, ALA's AHIL, issued Standards for Library Service in Health Care Institutions [123]. Identifying two types of hospital libraries—health sciences libraries and patients' libraries—the format differed considerably from that of the 1953 standards. Because they were meant to apply to library services in every type of health care institution, these new standards recommended general principles for library management and organized them into one section of the document. In subsequent sections, recommendations were presented that were specific to health sciences libraries and patients' libraries.

With regard to patients' libraries, the 1970 standards recommended that materials be in a variety of formats and offer content “ordinarily found in a public community library”; that books, magazines, and newspapers be available in foreign languages where appropriate; and that library materials be available in clinics, waiting rooms, and day rooms. Recommended library-oriented activities included storytelling for children, literacy programs, and “great books” discussions for adults.

Finally, in 1984, IFLA published Guidelines for Libraries Serving Hospital Patients and Disabled People in the Community [124]. Designed to be more flexible than standards, the guidelines were comprehensive and specific nonetheless. In addition to recommendations for library services, they contain lengthy and detailed recommendations for the education and training of patients' librarians, and there is a clear statement concerning the need for representation of patients' librarians within national library associations. The working group developing the standards included representatives from the United Kingdom, Belgium, Norway, Sweden, France, the Federal Republic of Germany, and the Netherlands. The standards currently are being revised under the auspices of IFLA's standing committee, Libraries Serving Disadvantaged Persons (formerly the Section on Library Services to Hospital Patients and Handicapped Readers).

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