HOSPITAL LIBRARY SERVICES

A Pilot Survey

Report of an Independent Committee

sponsored by

KING EDWARD'S

HOSPITAL FUND FOR LONDON

1959

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Contents

CHAPTER I

INTRODUCTION

This survey owes its origin to a proposal made by a representative of the Library Association in a sub-committee of the Joint Committee of the Order of St. John of Jerusalem and the British Red Cross Society. (The abbreviation "St. John-Red Cross" is used throughout the report both for the Joint Committee itself and for its hospital library sub-committee.) In a memorandum submitted in 1956 Mr. F. M. Gardner argued that the future of efficient hospital library services could only be assured if fuller knowledge were available of existing services and their cost; he suggested that a survey of a limited area should prepare the way for a conference of all interested bodies in the country.

The initiative in setting up a survey committee was taken by Sir Arthur Bryant, chairman of the St. John-Red Cross hospital library department, who enlisted the support of King Edward's Hospital Fund for London. The King's Fund generously undertook to finance a survey in an area within its competence. The area chosen was that administered by the North West Metropolitan Regional Hospital Board, whose chairman, Lord Cottesloe, promised the sympathetic interest of the officers of the region.

The King's Fund invited Mr. J. A. M. Ellison-Macartney, chairman of St. John's Hospital for Diseases of the Skin, to act as independent chairman of a committee representative of the principal organizations that provide hospital library services. Nominations were invited from St. John-Red Cross, the Library Association, the Women's Voluntary

Services for Civil Defence, and Toc H; and in June 1958 the committee was formed as follows:—

Chairman

J. A. M. Ellison-Macartney, Esq.

Representing St. John-Red Cross:

G. W. Barker, Esq., Deputy Chairman, Hospital Library Department.

Miss B. E. Buxton, County Organizer, Essex.

Representing the Library Association:

S. G. Berriman, Esq., F.L.A., County Librarian, Middlesex.

F. M. Gardner, Esq., F.L.A., Borough Librarian, Luton, Beds.

Representing Women's Voluntary Services:

Lady Gent, Health and Hospital Department, W.V.S. Headquarters.

Representing Toc H:

Mayne Elson, Esq., Secretary, North and West London Areas.

Report Secretary:

Simon Nowell-Smith, Esq., formerly Librarian, The London Library.

The committee adopted the following terms of reference:—

(i) To ascertain the present coverage of library services to hospital patients in the hospitals administered by the North West Metropolitan Regional Hospital Board;

(ii) To ascertain the comparative responsibilities of the various agencies providing hospital library services in the area;

(iii) To obtain reliable statistics of the actual and comparative costs of the services;

(iv) To ascertain whether a more economic and efficient service to patients can be obtained by increased co-operation between the various agencies; and

(v) from the above, to make recommendations which may be applicable to hospitals throughout the country.

The survey was conducted by questionnaires and personal visits. Different forms of questionnaire (see Appendix) were sent to

(a) all organizations known or likely to be providing library services to hospitals in the area;

(b) the secretaries of the hospitals; and

(c) the working "librarian" in each hospital.

After the replies to the questionnaires had been collated, members of the committee visited a number of hospitals of different sizes and functions and with different library facilities. The present report is in effect a collation of the answers to the questionnaires and the reports on the personal visits.

The thanks of the committee are due to the many organizations and individuals who have generously assisted its labours.

CHAPTER II

SCOPE OF THE SURVEY

The North West Metropolitan Region covers about a quarter of the County of London, the whole of Bedfordshire, substantial parts of Hertfordshire and Middlesex, and smaller parts of Buckinghamshire and Berkshire (see map). It is metropolitan, surburban, provincial and rural, and in it are to be found hospitals of almost every variety of function and size, from the 2,000-bed mental deficiency institution or mental illness hospital to the maternity home or cottage hospital with ten or fifteen beds.

The accompanying tables shew the variety of the hospitals in the region. It must be emphasized that no rigid classification is possible: while many hospitals serve single specialized functions, others house under one roof—or, to the perplexity of librarians with trolleys to push, in widely scattered houses and huts—acute, casualty, maternity, geriatric, children's, tuberculosis and other wards. The classification in the tables is based on that of the *Hospitals Year Book* of 1958, slightly simplified and modified according to later information. The statistical information in this report relates almost entirely to the late summer of 1958. Later variations in beddage, due to rebuilding or to a change of function (*e.g.* closing of T.B. wards) or similar factors, have for the most part been ignored, as revision of the figures would have entailed delay in publication without significantly affecting the conclusions arrived at. The break-down into categories according to the number of beds has been made in order to illustrate the problems facing librarians.

TABLES

Note: In Table A each main hospital figures as a single unit. A subsidiary hospital or annexe is counted as a separate unit only if it enjoys a different library service from the parent hospital or if it is excluded from the service enjoyed by the parent hospital. On this basis the total number of hospitals in the region is reckoned as 133.

Tables B, C and D combine to give an apparent total of 167 hospitals. The discrepancy arises because a hospital figures more than once if it enjoys more than one library service—*e.g.*, W.V.S. in general wards and St. John-Red Cross in T.B. wards, or books from a local public library and librarians from a local voluntary body.

TABLE A

Distribution of Hospitals by Number of Beds

No. of beds	No. of hospitals	Hospitals with no (or negligible) library facilities
11-30	19	11
31-40	18	6
41-60	21	7
61-100	19	5
101-200	15	2
201-500	22	1
501-900	11	—
1200-2250	8	—
	133	32

TABLE B

Hospitals not employing Outside Bodies

	General	Mental Deficiency	Mental Illness	Chronic Sick	Infectious	Maternity	Convalescent	*Total*
Hospital's own service ...	3	2	2	2	—	—	—	9
No library service ...	3	10	—	4	3	9	3	32

TABLE C

Hospitals served by Voluntary Bodies

	General	Mental Deficiency	Mental Illness	Chronic Sick	Orthopaedic	Infectious	T.B. & Chest	Maternity	Convalescent	Other	*Total*
St. John-Red Cross											
Bedfordshire ...	2	1	—	3	—	—	1	—	3	—	10
Berkshire ...	1	—	—	1	1	—	1	—	—	—	4
Buckinghamshire ...	1	—	—	—	—	—	—	—	—	—	1
Hertfordshire ...	4	—	2	—	—	—	3	1	1	—	11
London ...	7	—	—	2	—	—	—	—	—	2	11
Middlesex ...	13	—	—	8	—	1	3	—	2	—	27
H.Q.	1	—	—	—	—	—	—	—	—	—	1
											65
Toc H	3	—	—	1	—	—	—	1	—	—	5
W.V.S.	4	—	1	4	—	—	1	1	—	—	11
Other Voluntary Bodies ...	9	—	—	4	—	1	1	—	—	—	15
											96

TABLE D

Hospitals served by Public Libraries

	General	Mental Deficiency	Mental Illness	Chronic Sick	Cancer	T.B. & Chest	Maternity	Convalescent	*Total*
Bedfordshire									
Bedfordshire County Library	—	—	1	1	—	—	—	—	2
Bedford Public Library ...	—	—	—	—	—	—	—	—	—
Luton Public Libraries ...	1	—	—	—	—	—	2	—	3
Hertfordshire									
Hertfordshire County Library	3	4	1	—	—	—	—	—	8
Letchworth Public Library	—	—	—	—	—	—	—	—	—
St. Albans Public Library	—	—	—	—	—	—	—	—	—
Watford Public Libraries	2	—	—	1	—	—	—	—	3
Middlesex									
Middlesex County Libraries	4	—	1	—	1	1	—	1	8
Acton Public Libraries ...	—	—	—	—	—	—	—	—	—
Brentford & Chiswick Public Libraries ...	—	—	—	—	—	—	—	—	—
Ealing Public Libraries ...	—	—	—	—	—	—	—	—	—
Finchley Public Libraries	—	—	—	—	—	—	—	—	—
Hendon Public Libraries...	—	—	—	—	—	—	—	—	—
Heston & Isleworth Public Libraries	1	—	—	—	—	—	—	—	1
Hornsey Public Libraries	—	—	—	—	—	—	—	—	—
Southall Public Libraries	1	—	—	—	—	—	—	—	
Twickenham Public Library	—	—	—	—	—	—	—	—	1 —
Willesden Public Libraries	—	—	—	—	—	—	—	—	—
Wood Green Public Libraries	—	—	—	—	—	—	—		—
Berkshire									
Berkshire County Libraries	1	—	—	1	—	1	—	—	3
Maidenhead Public Library	—	—	—	—	—	—	—	—	—
Buckinghamshire									
Buckinghamshire County Library	1	—	—	—	—	—	—	—	1
County of London									
Nine borough libraries ..	—	—	—	—	—	—	—	—	—
									30

(The public libraries in the County of London mentioned in Table D are those of the Boroughs of Hammersmith, Hampstead, Holborn, Islington, Paddington, St. Marylebone and St. Pancras, the Royal Borough of Kensington, and the City of Westminster.)

The hospitals listed in the tables are those that come under the jurisdiction of the regional hospital board, and it is with these alone that the present limited survey is concerned. There are however in the geographical area a number of hospitals outside the board's jurisdiction, such as teaching hospitals and their subsidiaries; branch hospitals whose parent hospitals are in other administrative regions; hospitals "disclaimed" under National Health legislation; service hospitals and sick bays; and prison hospitals. These have their libraries and their library problems, and so do T.B. out-patient clinics and old people's hostels administered by local authorities. Moreover, the libraries of some of the hospital-supplying bodies provide books for home-bound patients. It must not, therefore, be supposed that the figures in this report give an overall picture of the library services to the sick throughout the geographical area.

Two examples will illustrate this point:—

(i) In that part of the North West Metropolitan Region that lies in the County of London, St. John-Red Cross serves more patients in teaching hospitals (2,500 beds in 19 hospitals) than in hospitals administered by the regional hospital board (2,100 beds in 12 hospitals).

(ii) While the table on page 11 shews that no one of the nine metropolitan boroughs in the region provides a library service in any of the board's hospitals, nevertheless it would be wrong to assume that these local authorities are uninterested or idle. The Holborn Public Libraries supply books to the National Hospital, Queen

Square; the Hammersmith Borough Council makes an annual monetary contribution towards the library service in the Hammersmith Hospital; and so on.

Neither "talking Books" nor Braille, both of which are the preserve of independent organizations, have been deemed to come within the terms of reference of the survey.

CHAPTER III

SERVICES AVAILABLE

The responsibility for providing reading matter for patients rests with the hospital management committees, who either run libraries themselves or make use of the services of local government libraries or of charitable organizations.

For convenience the services operating in the region may be considered in the following order:—

St. John-Red Cross.
Public library authorities.
Hospitals' own libraries.
Toc H.
W.V.S.
Other voluntary bodies.

These independent services often work in conjunction with one another. At one large mental hospital, for example, the St. John-Red Cross service, with salaried librarian, is supplemented both by loans of books from the local county library and by voluntary helpers organized by Toc H.

ST. JOHN-RED CROSS

Historical.—"The wounded are pouring into our hospitals where the need for literature far exceeds all previous needs. We require an enormous and immediate supply of magazines and books easy to handle." So begins one of the appeals put out in 1915-16 by the then librarian of the London Library, Sir Charles Hagberg Wright, in his capacity as honorary secretary of the Red Cross and St. John Ambulance War Library. For practical purposes this is the beginning of the history of hospital library services as we know them to-day. It took a major war—indeed a series of major defeats and an unprecedented casualty list—to bring home to

doctors and hospital administrators the great potential value, both psychological and therapeutic, of reading.

The work begun for war casualties was continued from 1919 in civilian hospitals. Similarly since 1945 the resources and experience built up in the second world war by the hospital library department of the Red Cross and St. John War Organization have been made available to the civilian hospitals, in so far at least as this has been held to be compatible with the separate constitutions of the parent bodies—the British Red Cross Society and the Order of St. John—and with their joint obligation towards subscribers to a war-time appeal on behalf of service men.

Thus the largest existing supplier of library services to hospitals of all kinds throughout England, Wales and Northern Ireland is an organization created in one war and greatly developed in another, an organization moreover with wider obligations to its service and ex-service than to its civilian beneficiaries*. This is not a mere fact of past history but is significant for both the present and the future.

The existing organization of the St. John-Red Cross library department dates from 1 December 1945. In the next two years the department, from its London headquarters, decentralized the library service on a county basis, appointed county organizers in each county, and set out to establish depot libraries and book-repairing centres in each. Until 1949 the cost of the service to civilian hospitals was borne by St. John-Red Cross from its own funds, but in that year the Ministry of Health addressed a circular to all regional boards and hospital management committees agreeing that a contribution could be made by hospital authorities desiring a library service at a rate of 5s. per occupied bed per annum.

* In principle St. John-Red Cross considers that no part of the cost of the library service to civilian hospitals—primarily a State obligation—should ordinarily be met from St. John-Red Cross funds, which may be required for war-disabled ex-service men and women.

This capitation fee could be met either by funds made available by the Ministry or from the hospitals' existing amenity funds. The capitation fee was increased from 1 July 1952 to 7s. and from 1 April 1955 to 10s. 6d., at which figure it now stands.

From 1957 Treasury grants have been available to Service Ministries for service hospitals. These grants are now based on 10s. 6d. per bed, and those in respect of the War Office and Air Ministry are administered by agreement with the Ministries concerned by St. John-Red Cross. The Admiralty decided not to avail itself of the Treasury grant.

Staff.—St. John-Red Cross provides voluntary librarians in all the hospitals it serves. Where requested to do so, it employs paid librarians whose salaries are reimbursed by the hospital management committees. No professional qualifications are demanded. Short basic courses in hospital librarianship are taken by most of the helpers, and are followed whenever possible by more advanced and refresher courses: certificates are awarded either by the Order of St. John or by the British Red Cross Society after an examination judged by a panel on which the Library Association is represented. Special courses are also arranged for training county organizers, depot librarians and training librarians. Officers from headquarters visit the counties at regular intervals to help organize training days at which all aspects of hospital library work are considered.

In all counties, as well as at headquarters in London, book-repairing centres are maintained. Training in book-repairing is also given and certificates are awarded by the Order of St. John and the British Red Cross Society after an examination conducted by a panel which includes professionally qualified book-binders.

Books and magazines.—Depots under the direct care of a depot librarian are maintained in every county, and from these

the libraries are supplied on an exchange system, a proportion of the volumes being changed every three months or so. The stock in the depots is maintained principally by purchase. Each county also organizes collections of books as gifts, but the value of books so received varies considerably; only a very small proportion can be put into circulation, the remainder being, when possible, sold and the proceeds of sales being devoted to new book purchases. When new hospitals join the service, special grants are available from headquarters to assist in stocking the library. Purchases of new English books, both at headquarters and in the counties, are carried out under licences issued by the Publishers Association: this allows St. John-Red Cross a saving of 10 per cent.

Besides the county depots, the London headquarters maintains a loan library of some 45,000 volumes, including books in foreign languages, which can be borrowed for use in hospitals served by St. John-Red Cross in any part of the country. In theory St. John-Red Cross librarians can also supplement supplies from their own organization by borrowing out-of-the-way books from local public authority libraries. This however is less often done than might be expected.

Headquarters also maintains special loan libraries of books for circulation only among T.B. patients. The problems involved in supplying T.B. patients are referred to on page 40.

The St. John-Red Cross library service is not intended for the use of the nursing or medical staffs of hospitals.

Other supplies.—The St. John-Red Cross service includes the provision of book trolleys and all other necessary supplies and equipment. Reading aids for disabled patients are available as part of the service: these include microfilm projectors and electric page-turners. The loan library of microfilmed books at present consists of some 760 volumes,

additions being made as requests demand, and the current issues of *Readers Digest* are available on microfilm.

PUBLIC LIBRARY AUTHORITIES

Historical.—Public libraries exist under two main legal provisions. Urban libraries were founded by an Act of 1851, since modified several times. County Councils, non-existent at the time of the first Libraries Act, were not created library authorities until 1919; until then most rural areas were without library services. In the counties the public libraries are under the general jurisdiction of the education authority. In urban areas they are usually separate departments.

All public libraries are supported by local rates; there is no government grant in aid. Each library authority—and there are more than 500—has complete jurisdiction over what service shall be provided. Expenditure, and with it the quality of service, varies widely as between authorities. The problems arising from these disparities have been the subject of recent inquiry by a committee set up by the Ministry of Education (the Roberts Committee).

The pattern of administration for public libraries does not therefore in any way fit in with the pattern of hospital administration. Many large hospitals in county areas draw patients not only from urban areas within the county but also beyond county boundaries. Even when the supply of books is possible, the provision of public library staff, who may have to travel long distances, is difficult.

Services provided.—Within the boundaries of the North West Metropolitan Region there are 31 public library authorities. It is probably true to say that every one of these would be willing, on request, to lend needed books to hospital patients, and most of them no doubt have from time to time done so. Only nine, however—all five county libraries and four of the 26 city and borough libraries—provide any regular service to hospitals.

The services provided by these nine authorities vary to a remarkable degree both in extent and in cost to the hospitals. Questions of finance are discussed later in this report. It is sufficient here to mention that one borough library provides a full service of books and staff for an annual charge of 2s. 6d. per volume in stock at the hospitals; one county authority charges 4s. per volume per annum in a hospital which has its own voluntary librarian: and another county authority provides books (but no staff) to several hospitals wholly free of charge.

Not only is there no agreement on the degree of responsibility for hospital library services, or on what charge if any should be made, but there is no real agreement on whether service to hospitals should be provided at all. The attitude that local ratepayers should not "foot the bill" for services to patients from other areas may be considered parochial, but "the bill" could in fact be a large one for a small library authority in whose area there happened to be a large hospital. The view has also been expressed that hospital libraries are not within the scope of public library service.

Public libraries lend books not only to hospitals for circulation among patients, but also to nursing staffs. In some cases one supply of books serves both purposes; in others the patients may be supplied by a voluntary organization and the nurses separately by the public authority.

The public libraries of England and Wales have stocks totalling over 60,000,000 volumes, and their annual expenditure on books is nearly £4,000,000. Through the national inter-library loan scheme a public library can supply to any reader almost any book required for study, but in practice this facility is not often invoked on behalf of hospital patients.

Staff.—The provision of staff by public library authorities is very much subject to local circumstances. Five of the nine libraries supply books to hospitals as part of the general public service and leave the distribution of books among

patients to the hospitals, which organize this through voluntary channels. A sixth provides staff as reliefs during local difficulties in obtaining the regular services of voluntary helpers.

The remaining three public libraries include the provision of staff as part of their responsibilities, a factor which is reflected in the financial arrangements between hospital and library except in one case where the hospital is small and within a few paces of the public library. With the two which have reached a higher standard of integration between hospital needs and public library facilities, it is apparent that not only do public library staff visit the hospital and assist patients in their selection of reading but that more time is given by the public library staff at their central library or headquarters in dealing with the supply of books sought by individual patients.

HOSPITALS' OWN LIBRARIES

Hospitals running their own libraries range from those, mostly large, that maintain a full service, comparable to that provided by St. John-Red Cross, to those, mostly small, that are content with a cupboardful of paperbacks for periodic distribution by a ward sister.

One or two large general hospitals in the region run full-scale libraries with paid staff. One or two large mental deficiency institutions and mental hospitals entrust the running of their libraries to the chaplain. In most cases these hospitals rely to a great extent upon the public libraries for the supply of books, and in some cases they rely upon voluntary helpers and patients to supplement their own paid staff.

Two examples will illustrate the methods adopted:—

(i) General hospital with some 2,000 beds (1,000 in main building, 1,000 in subsidiary hospitals and annexes). A library of 10,000 volumes is maintained, of which 80 per cent have been acquired

by purchase, 10 per cent by donation, and 10 per cent are borrowed without charge from the local public library. The hospital management committee spends between £300 and £500 a year on books and binding, and some £1,200 a year on the salaries of a chartered librarian and a clerk. W.V.S. and other volunteers help in the outlying hospitals. Nearly 45,000 volumes are circulated in a year (including over 10,000 to the hospital's own staff). This is one of the few hospitals in the region which houses its library in a separate building—albeit one not originally designed, nor ideally suited, for the purpose.

(ii) Mental deficiency institution with 2,000 beds but few readers. Some 1,300 books are kept, and 300 (250 for patients, 50 for staff) are exchanged three times a year by the public library. The books for patients are charged at 4s. per volume per annum. The mental age of the patients being about eight, only children's books are much read: many of the public library books, being unsuitable for the patients, are read only by the hospital staff. The chaplain acts as librarian. No ward rounds are made. The cost to the hospital (excluding any part of the chaplain's salary) is estimated at £150 a year.

TOC H

Toc H was founded soon after the first world war as an interdenominational association for Christian social service. Besides many other forms of service, members early realized from their own experience as patients how greatly books were needed in hospitals. They also found that running a hospital library helped them to make friends with lonely people.

Manchester Royal Infirmary is believed to have been the first hospital served in this way by Toc H; the first books

were given by members or collected by means of a local press appeal. Later the co-operation of Manchester City Libraries was obtained. There is now a Manchester and Salford hospital library committee which advises all hospitals in the locality. Some libraries are staffed by Toc H and some by other bodies.

This is the pattern of much Toc H service throughout the country. Some 200 hospital libraries are organized and/or staffed (wholly or in part) by Toc H members. There is no central organization for library purposes, though there is some co-operation between the various branches.

Many branches maintain their own stock of books, which have usually been obtained by donation. Neither Toc H headquarters nor any of the branches has funds specially allocated to hospital library work. No charge is made to patients or to hospitals. No paid staff is employed and no professional qualifications are demanded.

WOMEN'S VOLUNTARY SERVICES FOR CIVIL DEFENCE

In 1948, when the hospital welfare department was inaugurated at the W.V.S. headquarters, it was found that several W.V.S. centres were already providing a reading service in a small way. In some cases the initiative had come from the public libraries who invited the W.V.S. to take the books to the hospitals, issue them to the patients, and discover what types of book were most popular. In other cases the suggestion came from the W.V.S. to the local authority librarian. At this stage the W.V.S. were not responsible for any full-scale library service, although in some hospitals they were assisting the St. John-Red Cross Service.

Later, more particularly after the institution of a fixed capitation fee for the St. John-Red Cross service, the W.V.S. began to be asked directly by the hospital management committees to start library services, grants being made by the committees for the purchase of books. Pioneer work of this kind was done in the north-west of England. In recent

years W.V.S. activity has continued to expand, and full responsibility is taken for library service in a number of large general and mental hospitals—though not, in fact, in the region which is the subject of the present survey. In this region the principal work undertaken by W.V.S. members is the distributing in the wards of books supplied by public libraries or other bodies. One W.V.S. member usually assumes responsibility for a rota of helpers. All work is entirely voluntary.

In some hospitals with W.V.S.-run libraries, books are also provided for the hospital staff.

OTHER VOLUNTARY BODIES

Other voluntary organizations—Rotary Clubs, Past Patients' Guilds, Leagues of Hospital Friends—provide the staff, and sometimes the books and periodicals, in a number of hospital libraries in the region. The volunteers are local residents, often well known, especially in rural areas, to many of the patients. Few would claim any specialized knowledge of librarianship but all are devoted to the needs of the patients.

In some hospitals the volunteers work under a salaried librarian employed by the hospital. In others they undertake responsibility for running a library of books supplied by the hospital or by the local public library. In others again the voluntary body itself provides the books, though this generally applies only in small hospitals with minimal facilities: in these instances there is seldom any quick turnover of book stock; books, as one voluntary librarian expressed it, are acquired on the "beg, borrow or steal" principle.

In no instance does the voluntary body make any financial charge beyond, occasionally, a charge for travelling expenses.

CHAPTER IV

COMPONENTS OF A LIBRARY

The principal components of a hospital library service are books and periodicals; accommodation and equipment; and librarians. It would be easy, on the evidence collected by the survey committee, to criticize unfavourably the choice and condition of the books, the inadequacy of the accommodation, and even—though less often—the inefficiency of the librarians, in certain individual hospitals. However, it will perhaps be more valuable at this stage to set down what the committee consider to be the standard to which libraries should aspire, and to point out how and why these standards are in many instances not achieved.

THE PATIENTS

First, however, a word about the patients. The justification of a hospital library service is that reading is good for those patients who wish, or can be brought, to indulge in it. "Good" may mean merely that it relieves boredom; or, more constructively, that it assists a mental patient's rehabilitation or helps a recently active-bodied man to adjust himself to earning a living as a cripple. Some patients enter hospital with the conviction that their time there is of no consequence except to get cured of illness, and they write off their stay as otherwise valueless: if these can be persuaded to read it may help to keep their minds off their illness and give them a fresh interest. The therapeutic value of reading is agreed by most of the hospital authorities who answered Questionnaire B*: with many it is a matter of strong conviction.

* Replies to the question whether reading was considered of therapeutic and/or social value were as follows:—both, 62.4 per cent; therapeutic only, 2.4 per cent; social only, 8 per cent; neither (including "recreational only") 7.2 per cent; no reply, 20 per cent.

Reading patients may be roughly divided into those who read for a purpose and those who read to pass the time. By far the greater number of hospital patients fall into the latter class, and by far the largest categories of books read are "westerns, thrillers and light romance". But if the more discriminating readers are fewer, they are just as insistent in their demands.

The view has been expressed in some hospitals that the installation of sound radio and television has tended to reduce the demand for books. The committee have no firm evidence that this is so to any material extent. There are indeed a few counter-indications that, as in normal life outside hospitals, some broadcasts stimulate reading.

ACCOMMODATION AND EQUIPMENT

The nature and size of the accommodation both for books and for librarians must vary with the size and type of hospital. At one extreme a large hospital with ambulant patients will require a reading room where patients have space to choose their own books and also to sit and read. At the other extreme a small short-stay hospital may need no more than a shelved cupboard for the books and a desk and chair for the librarian. However small the hospital, there is always essential work to be done with the books—preparing for circulation, repairing, etc.—and adequate records must be maintained. Accommodation should therefore include sufficient working space for the librarian with good light, heating and ventilation.

This is the accommodation that the committee, visiting hospital libraries, found most often neglected. A shelved cupboard in a corridor, with no working space for the librarian, is not adequate by any standard; and even in large hospital libraries, where stock ran into some thousands of volumes, the provision of a comfortable office where books could be prepared for circulation and clerical work done was very rare.

In the opinion of the committee far too little thought has been given by hospital authorities in general (there are notable exceptions) to the needs of libraries and the convenience of librarians. Often no doubt this has been due to the haphazard way in which library services have grown up over the years. But often also there are signs that hospital authorities regard a library as a mere amenity of little real importance and tend, when money or space is needed for other hospital purposes, to push the library into more and more cramped quarters.

In none of the plans for the extension of hospital premises which came under the notice of the committee was any adequate provision made for proper library service facilities. The best was a vague hope that some effort would be made to incorporate the necessary accommodation "since the management committee were aware of the existing shortcomings". The lack of conviction with which these words were spoken demonstrated all too clearly the Cinderella-like attitude to this service and the practical certainty that at best the library would be allotted an otherwise unwanted nook or cranny.

It is difficult to lay down standards for accommodation in view of the widely different demands in hospitals of varying size and type. But certain basic principles should apply when planning new accommodation or making changes.

Premises.—Although the size of the library room must depend on the amount of use, certain considerations may be useful as a guide. The room should be central and accessible, well-heated and ventilated. If shelving is to be arranged round the walls the total space required can be calculated by the fact that 50 books, on five shelves, will take up one foot's width of wall space, so that a stock of 3,000 volumes would require 60 feet of wall—or 30 feet of floor space, if double-sided book-stacks were used. Floor stacks should be at least 7 feet apart.

In any library of 3,000 volumes or over a small workroom of about 150 sq. ft. should be provided: a sink with running

water is essential, and further space should be made available for sacks of books withdrawn from circulation and awaiting collection as salvage.

When a library room is also used as a reading room, about 30 sq. ft. per reader is necessary.

Shelving.—There should be shelving for the whole of the book stock, with an allowance for books withdrawn awaiting repair or for other purposes. There are few things more frustrating than having to keep books in boxes where they cannot be readily checked.

Shelves should be not less than 7 in. wide, constructed of ¾ in. planed timber with not more than 3 ft. between uprights. All shelves in a library ought, if possible, to be of uniform length in order to facilitate interchange between different bookcases or stacks. In a larger library, or one to be used by patients, adjustable shelving is more economical, but where fixed shelving is used the vertical distance between shelves should not be less than 8½ in. for fiction and 10 in. for non-fiction. For shelving used only by professional library staff, tiers of seven shelves are permissible, but for libraries used by patients, who may be infirm, or served by voluntary librarians, who may be elderly, the tiers should be of five shelves only and the bottom shelf at least 1 ft. 6 in. from the floor. Low bookcases of the type fitted in private houses are wasteful of space and involve much stooping.

Furniture.—The furniture required will depend on the size of the library, the uses to which the library rooms (book stacks or office or reading room) are put, and the number of library staff to be accommodated.

However small the library, a desk and chair for the librarian are essential: the desk should be large enough to hold stationery, records and other equipment. Further tables and chairs will obviously be required in larger libraries with more library staff, and these should be suitable for such tasks

as preparing card catalogues and repairing books. Other equipment will include issue trays, a trolley for shelving, book-ends for shelves, guiding plates and a catalogue cabinet.

Where there is no reading-room but readers, whether ambulant patients or hospital staff, visit the library to exchange books, chairs should be provided: most people like to spend some time in choice.

Where the library includes a reading-room a properly designed issue desk will be required, with space for the librarian or an assistant and with issue trays on the "In" side and a flat counter on the "Out" side. Comfortable chairs should be provided for the readers in well-lit positions. While decoration should be attractive, it must be remembered that books themselves are decorative, and attention should be given principally to good shelving that will display the books in the most convenient manner. Floor covering should be resilient and not noisy.

On general equipment and furniture for the larger library the committee believe that any local public librarian would be glad to advise if consulted, or that the Library Association would name a consultant librarian.

Records.—Any library of over 500 volumes should be catalogued. A simple author catalogue on cards is sufficient for most hospital libraries.

Issue recording is simplest, quickest and most accurate by the "card in pocket" system used by most public libraries and in most St. John-Red Cross libraries. For books issued to hospital staff the "card in pocket" system is the only safe method since it cannot be disputed.

Trolleys.—Most books reach patients by way of trolleys. Many public and academic libraries use standard trolleys, designed for use by their staff in rooms and passages on a single level: these usually resemble deep trays on wheels and are wholly unsuitable for hospital ward-rounds, where it

should be possible, by the use of tilted troughs, to make the titles of the books clearly visible by patients in bed. No such standard model, so far as is known, is manufactured by the ordinary library-suppliers, with the result that hospitals and charitable bodies have had to design and make their own, with varying success.

A full selection of books for an average ward-round represents about 100 lb. in weight, and this in turn demands a strong heavy trolley. As a result of years of experience and experiment St. John-Red Cross has evolved a good standard wooden model, which is used in almost all its hospital libraries. It weighs 48 lb. unloaded and about 1¼ cwt. when loaded with books and magazines. It is however possible that a rather lighter and more easily manoeuvrable metal trolley might be designed which, if sufficiently widely adopted throughout the country, need not be any more expensive to manufacture.

Lightness and manoeuvrability are all the more important because in many hospitals trolleys have to be pushed up ramps (even up steps) and for long distances on winding garden paths. A good braking system is essential for descents. In certain wide-spread, hutted hospitals a powered trolley would be a great boon.

Reading aids.—As has been said above, St. John-Red Cross provides various reading aids such as page-turners and microfilm projectors. There is no evidence before the committee that these are provided by any other organization. In proportion to the total number of patients the use of these aids is no doubt small, but it is an invaluable service which ought to be available to any long-stay patient, in whatever hospital, who cannot read without them.

BOOKS AND MAGAZINES

It is an axiom of hospital library work that patients should be given the books they want. (This does not prevent much useful work on the part of librarians in widening the

reading interests of patients who, for the first time, find leisure to think about types of books they had never previously heard of.) An average trolley-load on an average ward-round, therefore, contains more "westerns, thrillers and light romance," together with magazines of various kinds, than general literature (history, biography etc.) or technical or specialist books. The committee believe however that no patient in a hospital with a library run by a public authority or by St. John-Red Cross need ever lack, and that few such patients do in fact lack, a proper supply of what may be termed "serious" reading. A great deal of trouble is taken in many hospitals to provide foreign-language books for foreign patients, technical books for specialists, text-books for students, and so on. This cannot unfortunately be done in some libraries, even in quite large hospitals, where the service is provided by small voluntary bodies from inadequate stocks and funds.

Book stocks may be deemed inadequate if they are not sufficiently often turned over—that is, at the lowest, weeded and replenished by gifts, or, at a proper level, wholly or partly exchanged at regular intervals by recourse to a large and intelligently administered source of supply such as a public library or a St. John-Red Cross county depot or headquarters library. The frequency of such exchanges must often be a matter of local convenience, and the proper ratio between patients and volumes in stock will vary to some extent according to the type of hospital. Broadly speaking, the permanent stock should be as large as the staff can cope with, and the exchanges as frequent as possible.

The life of a book.—The life of a book is dependent on the amount of wear it receives and may vary between 20 and 50 issues before rebinding.* After rebinding it can last almost

* The use of plastic covers, outside the paper jackets of new books, greatly extends book life. Covers are available in all standard sizes—though not all books are of standard sizes—the cost of a crown octavo cover being about 6d. Many public and other libraries use a machine which reduces the cost of securing the cover. It should be emphasized however that a certain degree of skill is involved.

indefinitely with reasonable care. In a hospital library, where reading conditions are good, a book should last for at least 30 issues before rebinding.

A bigger problem is probably "out-of-dateness". A book is only useful in a hospital library so long as it is being used. As soon as use declines its place is in the depot, the public library store or the dustbin: otherwise it not only wastes useful space, but distracts attention from active stock.

Condition.—The standard of condition of books in hospital libraries varies greatly. The highest standard is that of some of the public libraries that provide a regular loan service—the standard in fact that the local ratepayers demand for ordinary public library books. Second come St. John-Red Cross libraries, where every effort is made to maintain a high standard although inevitably some books overdue for repair or replacement are kept on the shelves for lack of sufficient funds. A few small hospital libraries are deplorably lacking in clean, let alone new, books. This again is no doubt largely due to lack of funds: it is a reflexion less on the librarians than on those hospital authorities who are content with an inadequate service so long as it is cheap or even free.

The secretary of one hospital that runs its own very efficient library writes: "I think it is particularly important that patients should be able to obtain certain books in popular demand at the moment, and that the books should be clean and well-bound. Patients should not feel that they are given 'throw-outs' to read." This is counsel of perfection: but so far as it is practicable it is the view of the committee.

Largely no doubt as a result of public appeals in times of real book-famine—in both world wars, for example—the idea is widespread that hospitals will willingly accept the throw-outs, not only of public libraries, but of any private person with an attic full of junk to dispose of. The committee think it deplorable that any public library, by unloading outworn stock in this way, should encourage hospital authori-

ties to accept a standard of condition which would disgrace its own shelves. With throw-outs from private attics the problem is more complex: no charitable organization wishes to check the charitable impulses of the public. On the other hand it is on record that only about 2 per cent of the books given by the public to St. John-Red Cross in the London area are good enough for hospital library use. It is obvious that any organization with a less scrupulous standard than St. John-Red Cross, or any hospital library complacently boasting that it runs on the "beg, borrow or steal" principle, is likely to put into circulation more than a mere 2 per cent of gifts if by doing so it can avoid the cost of acquiring presentable copies of the books the patients really want. This practice, all too common, cannot be too strongly deprecated. It creates a vicious circle, in that the library is little used because the stock is poor, and the hospital authorities think the library is not needed because it is not used.

Where a hospital library service is provided by a local organization, other than St. John-Red Cross or the public library, the committee think it important that the organization should not be left dependent upon gifts of books. In this way a valuable piece of public service is virtually nullified. In accepting the services of a local organization the hospital should ensure the usefulness of those services by providing for a proper supply of books and good working conditions.

Size and turnover of stock.—The committee consider that expenditure on books could well be increased and still be small in comparison with the cost of other amenities normally provided in hospitals. Certain standards might be arrived at to provide a stock of clean, up-to-date and attractive books in even the smallest hospital.

1. The stock should be at least three times the number of beds, thus allowing two books per patient and a reserve for choice. Having regard

to the varying tastes of readers, the smallest stock should not be smaller than 250 volumes.

2. Where the stock is provided by an outside organization it should be frequently changed: the aim should be to renew the whole stock once a year at a rate of a quarter of the volumes every three months.

3. To maintain the stock where the library is run by the hospital itself an expenditure on new books of at least 6s. per bed per annum is required.

Cost.—In suggesting the figure of 6s. per bed per annum at 1959 values as a standard, the committee have had in mind that the Roberts Committee on public library administration recommended an expenditure on books of 2s. per inhabitant, or about 8s. per reader, at 1958 values. (According to public library statistics the cost of books, considering fiction and non-fiction together, now averages something approaching 12s. a volume.) In many big hospitals the library is used by a large percentage of the patients and issues are high: the suggested figure of 6s., related to the figure recommended for public libraries, is not unreasonable for most hospitals.* In some types of hospital of course, such as mental deficiency, the proportion of readers is much lower and the figure should be amended accordingly. On the other hand where staff are allowed to use the library the amount of money should be proportionately increased.

Magazines.—Magazines and paper-backs, being more quickly expendable, present less of a problem. Most hospitals surveyed appear to have sources of more or less regular supply, varying from gifts of well-read back-numbers to an expenditure, in one large mental hospital, of some £700 a year on current magazines and newspapers. The

* It is of interest that H.M. Commissioners for Prisons pay a public library 7s. 6d. per prison inhabitant per annum for a supply of books to form a prison library.

provision of daily, Sunday and local newspapers is not a function of a hospital library service, nor is the provision, in a general hospital, of the common run of cheap weekly magazines (through this may well be a legitimate charge on a hospital's amenity funds or an activity proper to the voluntary body which is also responsible for the library service). But certain periodicals—such, notably, as *Readers Digest* and the *Geographical Magazine*—which form the staple intellectual diet of many of those patients who derive most benefit from reading, ought, in the opinion of the committee, to be available in all hospitals.

LIBRARIANS

The term "librarian" is used in this report for all those who work in hospital libraries, ranging from the full-time, salaried, chartered librarian to the occasional voluntary helper. The great majority of persons so engaged are volunteers, the largest group being women aged between 50 and 70. That they should be mature is perhaps no disadvantage, though the recruiting of new volunteers in the next lower age-group presents growing difficulty.

The committee put a very high value on the voluntary element—the spirit of goodwill and sense of service that lead women and men to devote time, energy and persistence to this work. In one aspect hospital librarianship is a particular form of sick visiting. Several hospital secretaries and matrons have emphasized that, quite apart from reading books, patients enjoy the library service as a contact with persons not in the hospital's employ, and as reassuring evidence that they have not been forgotten by social organizations in the outside world. One matron writes: "Patients in the chronic wards *only* [our italics] take books for the sake of the librarian's weekly visit."

For this reason the qualifications for a hospital librarian include something of a sense of vocation, as well as the kindliness and patience demanded of all visitors in hospitals. The committee would deplore any changes in hospital

library services at large that tended towards the elimination of the voluntary element. At the same time not every good sick visitor makes a competent hospital librarian—just as no doubt it takes more than a diploma from a school of librarianship to make a good sick visitor. The committee believe therefore that the ideal hospital librarian is one who combines a desire to serve the sick with a trained understanding of at least the elements of modern professional library techniques. This is in effect the type of librarian that the St. John-Red Cross training courses seek to produce.

The larger the hospital the greater the need for an element of professionalism. A small number of large hospitals in the region, both general and mental, employ a full-time salaried librarian assisted by volunteers. For the most part these are chartered librarians whose salaries may be presumed to bear some relation to the scales laid down for professional local government officers. St. John-Red Cross pays only a few full-time librarians, whose salaries are reimbursed by the hospitals concerned: as St. John-Red Cross demands no professional qualifications, but only its own librarian's certificate, the salaries are usually considerably lower. In London, owing to the difficulty of recruiting volunteers in a few specific areas, St. John-Red Cross employs a few "mobile librarians" whose services and salaries are shared by various hospitals. Thus in the great majority of the hospitals it serves St. John-Red Cross employs only voluntary librarians, though all are encouraged to take the organization's various training courses.

Librarians from Toc H, W.V.S. and other voluntary bodies are all unpaid, and no special qualifications are asked of them. A few indeed have had professional experience and one or two are working public librarians who devote spare evenings to hospital work. On the whole, however, the standard is necessarily less high than that of St. John-Red Cross librarians. The survey committee feel that the standard would be greatly improved if the St. John-Red Cross

training courses could be thrown open to members of other organizations.

Inevitably public librarians tend to believe that a greater degree of professionalism would improve hospital library services. An extreme, and unhelpful, example is that of a borough librarian who, himself serving no local hospital, writes:—

> The local hospitals have a library service provided by, I believe, the Red Cross. More and more hospitals throughout the country are changing over to a service provided by the municipal library, in the majority of cases bringing about an improved standard of service.

This librarian was evidently unaware of the successful co-operation, within a few miles of his headquarters, between the local county librarian and St. John-Red Cross. Equally it is true that strong advocates of the voluntary principle tend to discount the value of professional services. A better balance is expressed by another public librarian who, in reply to Questionnaire A 22 ("Have you any suggestions for improving the service?") gives lack of continuity and control as the weaknesses of the present system.

> Permanent, paid, trained library staff [he writes], with an official position in relation to patients and hospital staff, are the real answer. But this would be quite uneconomic for most of the hospitals in the county, and therefore the answer seems to be a unified hospital library service with a certain number of paid permanent staff who could co-ordinate the work of volunteers at the smaller hospitals. If such a service were run, not as a part of the public service, but by an outside body, the fullest co-operation would be advisable to take advantage of the book resources and professional knowledge of the public library staff.

The committee are wholeheartedly agreed that the fullest co-operation is desirable between voluntary and professional staff. They believe that the best use cannot be made of untrained voluntary labour except under the guidance of librarians who have undergone training, and that those voluntary librarians whose training has been elementary would for that reason welcome guidance from chartered librarians.

DOCTORS AND NURSES

With the exception of one or two hospital-run libraries (*i.e.*, where the management committee has not delegated responsibility to a public library or a voluntary organization), no provision is normally made for the supply of books to hospital staffs. The problem would be outside the terms of reference of the present survey were it not for the tendency of hospital staffs to complicate the work of librarians by borrowing without authority, and frequently failing to return, books which are intended only for the patients. To quote only one out of many similar answers to Questionnaire A 21 ("What serious difficulties occur in providing this service?")—

> Tendency of nursing staff to take books from the wards, particularly on patients' discharge. The librarians have to do a fair amount of inquiry to recover them, often in unpleasant circumstances.

In this particular instance the borough librarian concerned is able to point out that in fact it is no long distance from the hospital to his library, so that the nurses could without difficulty get all the reading they need as ordinary members of the public. This of course is not always the case.

As has already been said, it is not a normal function of St. John-Red Cross to provide reading for nurses: neither publicly subscribed funds nor Ministry grants are intended for this purpose. Different public libraries take up different attitudes, the most enlightened practice perhaps, under present conditions, being to charge the hospital for bulk loans for patients' use and at the same time to lend to nurses individually (or in bulk in remote areas) without charge.

The problem is a live one. The committee believe that an ideal hospital library service would cater for hospital staffs as well as for patients. It is clearly uneconomic to house a patients' library and a separate staff library under one roof, as sometimes happens.

It is worth putting on record that a few hospital-run libraries cater for the leisure reading of the medical staff; and also, as an example of local authority activity in the region, that the St. Marylebone Public Library is greatly used by doctors, medical students and nurses as the library specializing, under the metropolitan special collection scheme, in medicine.

PATIENTS WITHOUT BOOKS

Tables A and B (pp. 9-10 above) record that 32 hospitals in the region have no, or negligible, library facilities. To these must be added "excluded beds" in other hospitals. Leaving aside the blind, the illiterate and the ineducable, the following categories are specifically excluded in certain hospitals from the library service enjoyed by other patients in neighbouring wards:—

Type of Patient	*No. of Hospitals*
Children	16
Geriatric	2
Infectious	2
Maternity and gynaecological	12
Private wards	3
	35

The largest group of bookless hospitals (Table B) consists of those for mental deficients, adult or children. In some of this group it is possible that no form of hospital library, as the term is normally understood, would be of any value. For the rest there seems to be no compelling reason why so many patients should be deprived of the benefits of a library.

The second largest group of bookless hospitals, and the second largest group of excluded wards, are maternity and

gynaecological. One hospital officer writes: "It is not considered advisable for a maternity hospital to circulate books"; but the committee have not discovered any medical ground for this view.* Another writes, "Patients find the day all too short with learning how to care for their babies." A third, on the other hand, has found by experience that "patients who get weary of waiting are glad to read." Perhaps the best evidence of the value of a library service in such cases is that one public library claims to circulate 10,000 volumes a year in a maternity hospital of fewer than 80 beds—though no doubt the hospital staff account for a proportion of the circulation.

In one rehabilitation hospital the absence of a library is excused on the ground that an active social life, with television thrown in, makes reading unnecessary for ambulant patients. From another similar hospital comes the view, "Many patients on discharge have to face a radical change in their lives; a good library service, especially an adequate reference library, provides a means whereby they can find new interests and so helps towards rehabilitation."

Similar contradictions of opinion could be quoted with regard to infectious wards—the difficulty of disinfecting books, pleaded by one hospital, is successfully overcome in others—and with regard both to the chronic sick and to the short-stay convalescent. In one or two small hospitals "it has been impossible to find room" for a library service.

The committee believe that generally speaking what one hospital can do another can do; that the reason why whole hospitals, or individual wards in hospitals, are without library services is often simply administrative convenience or the apathy or lack of imagination of the hospital authorities; and that in the great majority of cases the difficulties could be, and should be, overcome.

* In cases of dangerous infection, books, like other objects, are normally disinfected or destroyed.

BOOKS FOR T.B. PATIENTS

The provision of an adequate library service for T.B. patients presents many problems. The average length of stay in sanatoria is considerable and T.B. patients from the nature of their illness are generally avid readers. This problem has always been a special pre-occupation of St. John-Red Cross, which not only provides special collections of books for T.B. patients in county depots but runs a bulk loan system from headquarters whereby sanatoria receive exchanges of books at regular intervals. A large loan library is also maintained at headquarters in London in order to meet T.B. patients' special requests in all branches of literature. In a general hospital with T.B. wards the books are kept wholly separate from those circulated to other patients. In some hospitals St. John-Red Cross is asked to look after the T.B. wards only, the others being served by other organizations.

The only other full library service for T.B. patients in the region is provided in one hospital by the local county library. In this instance the books are "stoved" by the hospital before further use.

There appears to be some doubt whether the precautions taken are necessary on strictly medical grounds—whether, that is, books are capable of carrying T.B. infection. Research into this question is overdue. Meanwhile although the number of patients suffering from T.B. is declining the provision of books for sanatoria remains important, and any relaxation of the existing precautions, unless they had been clearly proved valueless, would be strongly resisted by public opinion.

CHAPTER V

FINANCE

No clear picture emerges, from the available evidence, of the over-all cost of running an efficient hospital library service. Not only must costs vary according to, say, the distance of a hospital from the county library that supplies it, or the availability of unpaid labour; but there are too many variations in methods of accounting, and too many concealed or omitted items in any balance-sheet. Some hospitals regard the lighting, heating, cleaning and porterage required for the library, not to mention the rental-value of accommodation, as a legitimate charge on general hospital funds; others not. Some librarians are licensed by the Publishers' Association to buy new books at a discount; others not. Public libraries, if they make a charge for their services (and not all do), base that charge "per volume per annum": on the other hand St. John-Red Cross is re-imbursed on the basis of a capitation fee "per agreed occupied bed".* W.V.S., Toc H and other voluntary bodies make no charge for their services though they have many concealed costs, and therefore such accounts as they keep have been of little assistance to the survey.

The most detailed figures have been supplied by St. John-Red Cross. The following table relates to the cost of the service to civilian hospitals throughout England, Wales and Northern Ireland. The figures are based on audited accounts for the year ended 30 June 1958. The costs of the service to civilian patients and to the armed forces and war

* The fee as approved by the Ministry of Health is assessed "per occupied bed". In practice, because many patients from the nature of their complaint or from inclination are non-readers, the average number of beds occupied by reading patients is sometimes "agreed" between the hospital authorities and St. John-Red Cross. Hence the phrase "per agreed occupied bed".

pensioners are not separately accounted in St. John-Red Cross's books: apportionments have therefore been made of certain expenditure, including the salaries of supervising librarians and administrative costs. No allowance is made for those hospital librarians' salaries which, as mentioned above, are re-imbursed to St. John-Red Cross by the hospitals.

ST. JOHN - RED CROSS

Cost per bed of library service to civilian hospitals

Headquarters Expenses			
Salaries of administrative staff ...	6.648 d		
Salaries of librarians and bookbinders	10.968 d	17.616 d	
Office and library accommodation	7.528 d		
Other costs including postage, telephones, freight and packing ...	10.632 d	18.160 d	35.776 d
Depot Expenses			
Salaries of organizers, librarians and bookbinders		41.186 d	
Travelling expenses		11.064 d	
Library accommodation ...		13.176 d	
Other costs, including postage, telephones, freight and packing ...		4.248 d	69.674 d
Books			
Cost of books, bookbinding materials, projectors and library supplies			25.264 d
			130.714 d
Less cost of books met out of earmarked donations and special income			6.336 d
NET COST PER BED			124.378 d

A note accompanying this table states that in 1955 the capitation fee, then raised to 10s. 6d. per bed, approximately covered the cost of the service. The note continues:—

> Since that date costs have risen on all fronts but it has been a matter of financial policy to restrict expenditure so that costs in total fall within income. The view was taken that the increase of income resulting from a higher capitation charge would be more than offset by the withdrawal from the service of those hospitals which were not able, or did not wish, to incur greater expenditure on this amenity.
>
> From 1950 to 1956 the Joint Committee made substantial contributions to meet unrecovered costs incurred in the provision of a library service for civilian hospitals, and only since 1956 can it be said that income and expenditure have been approximately in balance. The present state of balance is increasingly difficult to maintain as additional economies, without a lowering of the standard of the service, are no longer possible.
>
> Furthermore the contraction of the size of the armed forces reduces the extent of the need for the free hospital service which the Joint Committee continues to provide for Army, Navy and Air Force patients, and consequently the civilian service has to meet an increasing proportion of the department's administrative and library costs. Similarly any significant reduction in the number of civilian beds served would make it impossible to continue a national service of the character at present provided.

From the above table it appears that, after all economies had been made, the net annual cost to St. John-Red Cross (exclusive of hospital librarians' salaries) in the year ended 30 June 1958 was a fraction under 10s. 4½d. per bed.

The net annual cost of the library run by the South-West Middlesex hospital management committee for its group of hospitals (including the salaries of one chartered librarian and one clerk, but excluding heating, lighting, cleaning, porterage and the use of a separate library building) was estimated by the hospital authority in 1958 at £1 8s. 3d. per bed.

The net annual cost of the service provided in three hospitals by the Borough of Luton Public Libraries (including

salaries and transport) was estimated by the borough librarian in 1958 as between £3 and £4 per bed.

So far as any conclusion can be drawn from figures so variously based, the survey committee believe that £3 per reading bed is a reasonable minimum in a medium-to-large hospital employing some professional library staff. This figure would not include basic equipment, rental of premises, or other normal overheads. Nor would it apply to very small hospitals or to hospitals with special problems.

CHAPTER VI

RECOMMENDATIONS

The recommendations which follow should be considered in the light of the limitations imposed by a survey of hospital library services in a single Metropolitan Regional Hospital Board area.

1. In general, hospital library services require a "new look". The committee believe that a library service has both therapeutic and amenity value, a belief that is shared by the majority of hospital authorities consulted. It is suggested therefore that hospital authorities at the highest level should regard it as an essential duty to see that an efficient service is provided in all hospitals (except where special circumstances render it undesirable) rather than leave the decision to be taken at a lower administrative level.

2. A far greater positive interest in the library service should be taken at all levels of hospital authorities and staffs. They should cease to regard a service given in the main by volunteers as a service requiring the minimum of support in interest, funds and equipment.

   There is evidence that that willing horse, the voluntary librarian, is frequently asked to draw loads up hills when neither the load nor the hill need exist. Since so much of the labour is voluntary there is all the more compelling a case for strong support in interest, funds and equipment.

3. The new look should begin with the planning of a new hospital or of extensions to an existing hospital. All architects' plans should include library accommodation, conveniently sited; and there is a strong case for allowing the library staff and a professional consultant librarian to comment upon the proposed accommodation and equipment before the plans are adopted.

4. Certain standards for accommodation and equipment are recommended in Chapter IV above (pp. 25-29). The committee offer these for consideration by hospital authorities planning to set up new libraries, and also as a measure of comparison for those hospitals that already enjoy a library service.

   Conditions and needs will vary in different hospitals. One factor common to the great majority of hospital libraries is that in whole or part they are run, and are likely to continue to be run, by volunteers, many of them women of middle age, on whose goodwill the whole service ultimately depends. For this reason alone the siting of the library accommodation, the height of the bookshelves, the weight of the trolleys, the heating and lighting and ventilation, are matters of paramount importance.

5. The standard of books provided in hospitals should be that of books provided to the general public by the best public libraries. This applies both to the types of book made available and to the condition of the books. The committee cannot too strongly emphasize their view that hospital patients have a right to at least as great a consideration of their reading needs as have other members of the public.

   Specific suggestions are made in Chapter IV above (pp. 29-34) with regard to the size of book

stocks to be maintained, the sources of supply, the condition of the books, and the approximate cost. The committee recommend, as a general rule for a hospital of average size, an expenditure on new books of not less than 6s. per bed per annum.

6. All hospital library services should include the provision of books to hospital staffs. (The supply of books for professional study by doctors and nurses is outside the terms of reference of the committee).

7. The committee suggest for consideration that the valuable training courses run by St. John-Red Cross should be thrown open to all hospital librarians.

8. The committee urge that the question whether books are capable of carrying T.B. infection should be scientifically investigated and an authoritative pronouncement made.

9. The committee believe that, with the existing variety of library services, full efficiency cannot be attained on a basis of less than £1 per bed per annum at present prices (inclusive of the 6s. per bed for book purchases mentioned above but exclusive of librarians' salaries and normal hospital overheads), or £3 per bed per annum if salaries, but not overheads, are included.

CHAPTER VII

THE FUTURE

Our final recommendation spoke of "the existing variety of library services". There are, as has been shewn, hospitals with several of the varieties working together, or even working independently, under one roof. As a committee of individuals we represent a number of these existing services and we might be supposed to have as many axes to grind. In fact however we are all agreed that the ideal for hospital library services would be less variety and some approach to unification.

The greatest weakness uncovered by our survey, apart from the apathy of some hospital authorities and officials and the inadequacy of much accommodation, has been the quality of the books provided by the smaller voluntary organizations. Even the largest of the voluntary organizations, St. John-Red Cross, cannot always afford to maintain the quality it would wish—the standard which we regard as fit for hospital patients and to which only the best public authority libraries, with the pressure of ratepayer-readers behind them, can aspire. The public libraries, considered as a nationwide entity (which of course administratively they are not, though professionally they are closely inter-allied), have at their disposal a vast stock of books, constantly renewed. We believe that in the ideal hospital library service of the future the public libraries would be the major source of supply of books, and that this would be a recognized function, and a duty, of all such libraries.* We believe moreover that many of the small voluntary bodies would be glad, while continuing the personal contacts between their librarian-members and

* It is true that some local authorities in our region, and no doubt in other regions, hold that it would be improper to spend their ratepayers' money on hospital patients normally domiciled in another county or borough. But on the face of it we do not see that the full cost of the service to such patients need fall on the ratepayer. If some local libraries are already paid for providing books to hospitals there seems no reason why others should not be.

the hospital patients, to be relieved of the onus of providing books through charitable appeals.

On the other hand one of the great strengths revealed by our survey is unquestionably the supply of voluntary librarians. We hope we have made it abundantly clear that we put a very high value on the voluntary element in the existing services and that we should regard any diminution of this as disastrous. We believe that ideally the staffing of hospital libraries could be undertaken by voluntary organizations in conjunction with the local public libraries that would supply the majority of the books. At the same time we have no less clearly advocated professional guidance in hospital libraries staffed by untrained or partially trained volunteers. St. John-Red Cross, the largest, oldest established and most widely experienced of the voluntary hospital-library suppliers, has done remarkable pioneering work in the field of hospital library organization. It may well be that this could become the foundation stone of a single nation-wide hospital library service with the supply of books as a function of the public libraries and the training and supply of librarians a function of the voluntary organizations.

For the immediate future we should like to see much closer contacts and co-operation between the voluntary organizations and the public library authorities. Already some contacts exist and co-operation is slowly improving; but while it is incontrovertible that the voluntary librarians are, and are likely to remain, the backbone of the service, we think it ought to be more generally recognized that a greater degree of trained guidance would be of advantage to the volunteers themselves, to the service as a whole, and so to the patient.

Various approaches to this problem suggest themselves. Public library authorities with a number of hospitals within their boundaries could lead the way by offering the joint appointment of a chartered librarian whose responsibility would be to bring together, and promote the full use of, the hospital library resources in their areas. Again in each hospital group area there might be set up a permanent standing

committee including representatives of the hospital authority, the local public library authorities and the voluntary organizations: the main function of such committees would be to secure co-operation in the provision of books and staff. We recognize the difficulties involved, but believe that these would be two immediate practical steps towards more coherent hospital library services of generally high standards.

Meanwhile at a national level we suggest that talks might be encouraged between the organizations of local authorities and the Library Association on the one hand, and the principal voluntary organizations on the other, on the supply of books. Only so can the fullest range of knowledge and experience be brought to bear on problems which we believe to be nation-wide and urgent but which, in their very width and urgency, go far beyond the terms of reference of our own limited pilot survey.

APPENDIX

Questionnaire A

Addressed to Organizations providing Library Services to Hospitals in the North West Metropolitan Regional Hospital Board Area

Name and address of Organization: .....

(1) How many hospital libraries in the area do you serve.....

(2) How is your service organized.....

(3) If professional staff employed, please state: (a) Salaries.....

(b) Qualifications required.....

(4) If voluntary staff employed:

(a) Is there difficulty in obtaining this assistance.....

(b) Is attendance regular and conscientious.....

(c) Do you ask for qualification or knowledge of books.....

(5) Is the turnover of staff considerable.....

(6) Do the staff receive any travelling or other expenses.....

(7) How is cost of service met..... .....

(8) What is the approximate annual cost of the service per bed.....

(9) Is any annual grant received from the hospitals, if so how much.....

(10) In your opinion what should be the annual income of the service.....

(11) Is there co-operation between the various units of your service.....

(12) Does your library service serve, and if so how many:

(a) Civilian hospitals:

General	Infectious diseases .....
Mental	T.B. and chest .....
Chronic sick	Maternity .....
Orthopaedic	Ear, nose and throat .....
Cancer.....	Convalescent .....

(b) Service hospitals ..... (c) Prison hospitals .....

(13) Does your service provide any source of books other than the library in the individual hospital.....

(14) How many books are issued per annum from (13).....

(15) What percentage of books in stock are changed annually.....

(16) Do you administer training courses for hospital librarians.....

(17) If so, (a) Are these voluntarily attended.....

(b) Of what duration ..... (c) How frequent.....

(18) Do the courses include bookbinding instruction.....

(19) Do you have conferences for hospital librarians.....

If so, how often.....

(20) Do you publicize the service and if so how.....

(21) What serious difficulties occur in providing this service.....

(22) Have you any suggestions for improving the service.....

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(23) GENERAL REMARKS .....

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Questionnaire B

Addressed to Hospital Secretaries

Name of hospital ..... Type .....

Address ..... Number of beds.....

GENERAL

(1) Does your hospital have a library service.....

(2) Serving all, or how many, beds..... If not all, what beds are omitted.....

(3) What organization supplies the service.....

(4) Is the service to patients and/or staff.....

Number of (a) Patients..... (b) Staff.....

(5) Is the service fiction and/or non-fiction .....

(6) How often per bed does the service operate.....

(7) If the service is NOT satisfactory, why not:

(a) Insufficient books ..... (b) Stock not up-to-date .....

(c) Stock not clean ..... (d) Visits to patients too infrequent...

(e) Other reasons .....

(8) Could the service in your opinion be considerably improved by:

(a) Different organization ..... (b) More staff .....

(c) More time ..... (d) More money spent .....

(9) Do you consider the library service has therapeutic and/or social value.....
(If so, please elaborate in GENERAL REMARKS below)

FINANCIAL

(10) What charge if any is paid for library service.....

(11) What is the basis of the charge.....

(12) At what rate .....

(13) If the hospital's own service, what is the annual cost.....

(a) How much is spent per annum on new books.....

(b) How much is spent per annum on rebinding.....

(c) How much is spent per annum on staff salaries.....

(14) Would the hospital authority be prepared to increase payment to improve the service .....

(15) Cost of service per annum expressed as cost per person (patients and staff) .....

STAFF

(16) Does the hospital employ a salaried librarian (a) Full time.....

(b) Part time (state number of hours worked).....

(17) Does the hospital employ salaried library staff (excluding (16) above).....

(a) How many full time.....

(b) How many part time (average hours).....

(18) Are there facilities for training librarians or library staff.....

(19) Do you require librarians or library staff to have qualifications and if so what .....

(20) Is the service maintained/supplemented by voluntary staff, if so how many .....

(21) GENERAL REMARKS .....

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APPENDIX

Questionnaire C

Addressed to Hospital Librarians

Name of hospital ..... Type .....

Library Service supplied by.....

(1) Number of beds served.....

(2) Number of library staff employed:

(a) Salaried ..... (b) Voluntary .....

(3) How often are the wards visited.....

(4) What average time is given to each patient per visit.....

(5) What accommodation is available for stock.....

(6) Is there a reading room.....

(7) Do ambulant patients draw from the library.....

(8) Do staff draw from the library..... If so, what percentage of total issue.....

(9) How long is the library open per week.....

(10) Approximate number of books in the library: (a) Fiction.....

(b) Non Fiction ..... (c) Children .....

(11) Number of books issued in 12 months to 30 June 1958.....

(12) Number of books added to the library in 12 months to 30 June 1958 .....

(13) Sources of book supply (give percentages) Public library.....

(b) Hospital library service ..... (c) Purchase .....

(d) Donation..... (e) Others .....

(14) If you get some books by donation, how is their collection organized and how many books do you receive annually.....

(15) Do patients generally get the books they require from stock.....

(16) If a book is not in stock can it usually be obtained.....If so,

(a) From where ..... (b) How long does it take .....

(17) Are there many "unusual" requests such as:

(a) Foreign books ..... (b) Courses of study .....

(c) Technical subjects.....(Examples would be useful)

(18) Are there any outstanding problems arising from:

(a) Nature of hospital .....

(b) Situation of hospital .....

(19) If your book supply is from a central source, how often is your stock changed.....

(20) If professional staff are employed please state (a) Salary paid.....

(b) Qualifications required .....

(21) If voluntary staff employed:

(a) Is there difficulty in obtaining this assistance .....

(b) Is attendance regular and conscientious.....

(c) Do you ask for qualification or knowledge of books.....

(22) Is the turnover of staff considerable.....

(23) How long have the present members of your staff been engaged on this work .....

(24) Do the staff receive travelling or other expenses.....

(25) How is the cost of the service met.....

(26) What is the approximate annual cost of the service per bed.....

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

(26)