The Hospital Library Committee:

Its Composition and Tasks*

BY FRANCIS SCHILLER, M.D.
GERTRUDE H. MERRITT, Medical Librarian
Kaiser Foundation Hospitals
San Francisco, California

ABSTRACT

Since a sizeable hospital must have a library, it must have a library committee. Like all hospital committees, this one is to help maintain standards of medical care and to mediate between staff and administration. Unlike others, it clusters around not one but two of its members (one elected, one hired): the chairman and the librarian. This inclusion of a second specialist who is not a physician gives to the committee a unique aspect: a dynamic librarian can and should influence and inspire the committee's deliberations. In return, and in the interests of the library and of the medical staff, the librarian must count on the support of his or her medical comembers.

Committees as a rule have only an advisory capacity. In our case this is true too, as our requests are subject to the approval of the chief of staff and the administrator; the budget is approved by an even higher authority. Again, unlike most other committees, this one initiates action and through the librarian participates directly in hospital activities.

COMPOSITION

The composition of the library committee depends upon several factors. Participation is, of course, voluntary. Each year the president of the staff association sends a questionnaire to the members in order to ascertain their preferences for committee service, and appoints the chairman. Recruitment and selection are also done by the committee's chairman directly. He may invite a promising colleague to join. The librarian too may suggest one or another doctor who has shown genuine interest in the library's welfare—by donations of books and journals or by frequent use of the library.

The selection aims at having as many services represented as possible, or at least to have a varied and adequate representation from the administration. Unlike the others, the library committee is bifocal, so to speak; it clusters around not one but two of its members (one elected, one hired): the chairman and the librarian. This inclusion of a second specialist who is not a physician gives to the committee a unique aspect: a dynamic librarian can and should influence and inspire the committee's deliberations. In return, and in the interests of the library and of the medical staff, the librarian must count on the support of his or her medical comembers.

Railroads have their sidings; human organizations have their committees. Anything that might upset the timetable gets shunted over to them, as to the workshops for dismantling outworn stock and for checking what's in use, for suggesting and testing what's new. The average traveler sees little of them, and occasionally he wonders what goes on. In the history of popular jokes the subject of committees comes in somewhere between those about the mother-in-law and the computer: an area in and about which we may get rid of excess steam.

Some of the following remarks about the hospital library committee will naturally be personal or will apply only locally, but the composition and the tasks cannot vary too greatly from place to place. Inasmuch as a large or medium-sized hospital must have a medical library, it must have a library committee. All hospital committees, including this one, are created to watch over the standards of medical care and to mediate between the staff and the

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medical and surgical specialties. The reason is obvious: the most qualified and expert men ought to have a say in the selection of publications from each field. Limited as it must be to a reasonable working number, preferably well below ten, the committee refers for an opinion of possible interest to the appropriate chief or subchief of the department or specialty that happens not to be represented on the committee.

As a rule the chairman serves for two years. Also, to assure some continuity, the vice-chairman, elected by the committee, usually moves up to the chair as the man most likely to have acquired an adequate familiarity with the running of the library and an awareness of its problems. There is no bar to any member's serving one or more years, but fresh personalities and ideas are desirable.

At least in our experience, the library committee is hardly faced with a dearth of aspirants. These ought to be motivated and qualified by their love and understanding of books, and not by their feeling, rightly or wrongly, that they are unfit for the rigors of say, the Perinatal Mortality Committee, or the Chart Committee. They ought not to be lazy yes-men. On the other hand they should be without a special axe to grind and should not be subservient to any outside interest. And they should be chosen for that rare quality; good judgment.

The members meet once a month. Ideally, but alas, not too frequently, they have prepared themselves by scanning a great deal of material dealing with new publications, at least in their own specialty. They do read, but they do not always take notes. In practice it is the librarian who prepares most of the agenda and keeps the minutes.

The agenda ranges from the quarterly reports about expenditures, gifts received, binding, losses sustained; to questions of equipment, utilization of space, lack of shelves, ancillary personnel; down to the bad boys, the old delinquents, who will not return borrowed items. But the main topic of discussion will always be books and journals and their acquisition. It is the librarian who scrutinizes all announcements received in the library and who does the first gross weeding process; anything not pertinent to the entire program of the hospital is discarded. She (or he) maintains a special file marked "for the attention of the library commit-
tee" in which all requests, suggestions, and circulars are filed for that purpose. Such requests are encouraged from both the attending and the resident staff. The librarian prepares the material by noting, for example, on a circular whether the library has previous editions of the forthcoming books or a lack of material in a given field.

The accumulated material is carefully examined by each committee member, and a notation is made whether to purchase or not. Majority rule decides these issues. Each member defers to the expert knowledge of the specialist on the committee, and the agreement to the purchase of a given item is surprisingly often unanimous. The discussion may be animated, grave, or jocular; it hardly ever is heated. Where a question arises regarding a particular publication, the librarian is consulted on the number of books on the subject already in the library, how recent their publication, and how frequent their use. Added subscriptions to journals are screened with particular care, and much caution is exercised in their purchase. In a given subject the number of journals already subscribed to is checked and the real need for the additions discussed: Is this new journal an excessive fragmentation of a subject adequately covered in publications already received? Another consideration is the large amount of library space required by journals and the cost of the subscription and the binding. While it is true that journals form the backbone of a library's holdings, great care is taken not to clutter the place with journals not strictly necessary to the fundamental needs of the hospital.

A similar policy pertains to books. Budget-bound on the one hand, inundated on the other by their colleagues' requests for purchases, the committee members must keep their heads above a flood of advertised titles. The expansion of knowledge is frightening and so are the shoals of reviews, brochures, catalogs, circulars, announcements of publication, to say nothing of publishers' representatives. The committee has to choose its 1 or 2 percent from the 10,000 journals that our world is currently publishing in the health sciences alone, a number which is increasing day by day. A much higher percentage is selected from the medical texts; 1,454 were published in the English language during 1964.
What fundamentally guides these decisions are the needs of the staff as a whole rather than the fancies of individual members. A special eye is kept on the front line: the interns and residents. Unfortunately, books wear out as fast as clothes in an ever-growing family; few books have the life span of daddy’s old tweed jacket. Funds are kept fluid. No sums are allocated according to the size of the department, for such a basis is considered irrational and conducive to petty jealousies.

The best selling textbooks are usually valuable standard works. Their frequent new editions are justified, for they contain an adequate digest of recently acquired information. Their purchase is therefore recommended at the sacrifice of the preceding editions on the shelf. Monographs are desirable in fields that command a growing interest, as are those which view or isolate a relevant part of an old subject from an original angle. A splendidly illustrated and graphically instructive work may be forbidding in price but hard to resist; it may crop up through several sessions and finally make the grade; and so may a book originally rejected but repeatedly asked for by more than one member of the staff. Occasionally a publisher sends a copy for inspection, but most books are ordered by “rule of thumb” rather than by being thumbed through. Staff members are encouraged to make donations and to send their unwanted journals to the library both for use there and as duplicates for exchange with other libraries. To acquire, in this fashion, runs of wanted items, or to replace an issue which has taken wing, serves as a balm to the budget.

In many hospitals, especially where the library finds itself relegated to an outlying corner, many seekers of information clamor for the allocation and dispersion of books to close-by quarters. In this perennial battle for decentralization, the library committee must assume the unenviable role of the staunch defender of principle. Books and journals are unable to take care of themselves. The poor things have to be ordered, unpacked, and have their invoices checked; they must be marked, cataloged, shelved, recorded, dusted, loaned, and policed. For this, only a librarian can be responsible. Librarians are indivisible and ubiquitous only by multiplication. It is often thought that the mentioned activities might be done by almost anyone—let books and journals just file in or pile up in a department. Now, even in libraries with full-time librarians, the losses are shocking. What might be the drain on collections in departments where there is no one specifically responsible for their supervision, no one able to keep accurate records of who has what and when?

The problem of all small hospitals is to provide the funds for a good library, and that represents not an inexpensive little item. Hence it is imperative that all funds expended for its maintenance should include the proviso that every item purchased be kept in the library so as to insure maximum use by the whole staff, not by a particular department. All too often the excuse is offered that a special monograph on, say, pathology is of interest only to the pathologist; it might as well, therefore, repose in the pathology department’s office. How valid is this argument? In our opinion, departmental book and journal collections are outside the scope of the central hospital library, its budget, its single librarian, and the library committee.

The best guarantor of intelligent direction and growth of a library devoted to the health sciences is the medical library committee with its highly specialized knowledge, working in cooperation with a trained, competent, and energetic librarian and with an enlightened hospital administration.