GOVERNMENT PUBLICATIONS SIGNIFICANT FOR MEDICAL RESEARCH

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INTRODUCTION

In accepting a place on the 1935 program of the Medical Library Association the writer was concerned with a number of problems that are not adequately covered by the above title. It seemed desirable to bring to the attention of the members of this organization certain neglected categories of research materials. With reference to these a joint committee, representing the Medical Library Association, the Special Libraries Association, and the Public Documents Committee of the American Library Association, might well be named to plan, with the aid of research workers, a program of action. This program should include:

1) a definitive statement of which categories of source materials relating to the social aspects of medicine deserve more attention than they have hitherto received in the collecting activities of libraries;

2) a national plan for the systematic collection of these materials in strategic geographical and scholarly centers.

The types of material under consideration are chiefly public documents and related source materials. They are primary rather than secondary or derived sources. The research for which they are needed is not merely medical research in the technical or limited sense. In the last two decades there have evolved new points of emphasis dealing directly with social, governmental, administrative and public welfare aspects of problems of sickness, disease and organized methods of dealing with or preventing these problems. Witness, for instance, the Publications and Reports of the Committee on the Cost of Medical Care. Irrespective of whether one agrees with its conclusions, it must be admitted that the Committee has opened up many previously unexplored phases of medical care that call for further scientific study.

There are also other problems such as the growth and decline of population, birth control, social hygiene, mental hygiene, public health, health and accident insurance that require research in which social scientists and medical men should cooperate. But before such research can be pursued effectively the data bearing upon them must be made available.

CATEGORIES OF RESEARCH MATERIALS RELATING TO THE SOCIAL ASPECTS OF MEDICINE

Official Publications

Without attempting to give a definitive statement it might be helpful, for purposes of orientation, to classify some of the neglected categories in two broad groups—those published by official bodies, i.e., publicly supported agencies, and those published by privately supported agencies. In the former the following categories should be stressed:

Read at the 36th Annual meeting of the Medical Library Association, Rochester, N. Y., June 17-19, 1935.
1) Vital statistics. Nearly all vital statistics are published officially. A recent publication entitled *Guides to vital statistics in the United States*, by Joseph V. De Porte,1 which deals only with births, stillbirths, infant mortality, marriages and divorces in the United States for the period 1900 to 1929, indicates the type of material that is available as a result of the work of the Bureau of the Census. In the United States some of the vital statistics are collected and published by the Bureau of the Census, but most state and some city boards of health issue equally significant data. It is reasonable to expect that the faculties of medical schools and social scientists in graduate schools should have access to at least the vital statistics of the United States and of the respective states and cities in which the institutions at which they work are situated. Beyond this, for which other states and cities should these documents be systematically collected in leading American research centers? These documents have hitherto been used more extensively by social scientists than by medical men. Hence, in acquiring these materials, it is to be expected that medical librarians should cooperate with the directors of university libraries, with whom they are associated or who are their near neighbors. Such cooperation is essential to avoid unnecessary duplication and to utilize available resources to the best advantage.

In the Army Medical Library in Washington there is a unique collection of vital statistics published by foreign governments. This collection was assembled by Dr. Frederick Hoffman for the Prudential Life Insurance Company and then presented to the Army Medical Library. If a committee from the Medical Library Association were to inspect this collection, it would unanimously conclude that the primary data in it are sufficiently vital to the study of problems of world wide significance that they should be gathered systematically in at least several American libraries.2 Certainly no mature student of population trends would attempt to define national population policies nor to ascertain the appropriate place of birth control in such policies without having had access to such sources. Moreover, there is currently much sentiment in favor of a national program in the United States to provide old age pensions. But what do we know about invalidity and vitality among the aged in the United States? How can we know anything about it scientifically without competent comparative collections of vital statistical material? Also how can wise measures be proposed to provide for old age security unless the sources showing how different measures have worked out in other countries are at hand? Pertinent sources are voluminous and highly varied in quality as is indicated by Miss Hasse’s recent bibliography.3


2The serial titles on vital statistics that are at present received by the Army medical library are recorded in its publication *Periodicals currently received*. Washington, D. C., 1933, p. 41-3.

A further question arises. In which centers is it appropriate that competent collections of these voluminous reports of vital statistics for foreign governments should be gathered? In view of the large outlay of funds that would be required to purchase the long back files of foreign government publications, the heavy costs of transportation, binding and housing, few libraries will be financially able to acquire, maintain and service a competent collection of the official reports of vital statistics of foreign governments. Moreover, the number of centers in which continuous reference would be made to these foreign documents is limited. Nevertheless, they are indispensable in more than one great American medical library situated on the Atlantic coast. They are needed in at least several regional centers, but which are they to be?

2) A second body of official materials that deserves systematic collection and preservation is the publications of public health departments and bureaus—federal, state, county and municipal. This would include annual reports, bulletins, news releases and special research reports on all phases of public health: incidence and control of contagion; infant and maternity care; pure food and drug control; sanitation; pharmaceutical examinations; dental, nursing, and medical licensing, etc.

For historical and comparative research the publications of health commissioners of the leading foreign nations and the larger foreign cities are also indispensable. These publications are especially desirable in medical and nursing schools offering courses in public health and public health nursing on the graduate level. They are also essential in social science research dealing with research on the incidence of disease, studies of vitality and health in relation to environmental factors including medical facilities, and in population studies.

3) Closely related to these materials is a third category: the reports and archives of city school departments dealing with physical examinations of school children, the incidence of defect and disease in the school population and organized efforts to meet these problems. The study of such reports by doctors and laymen is fundamental to the building and maintaining of our national health. The reports are immediately useful in medical schools and schools of education that offer courses and carry on research on medical work in the public schools. They also supplement public health reports and vital statistics in vitality studies such as were made by the President's Committee on Social Trends.4

4) A fourth body of official materials is represented by the publications of general and special hospitals for veterans and tubercular patients of cities, counties, and states. State hospitals are in most states affiliated with state medical schools and are doing research and treating the indigent sick on such a large scale that libraries, especially those concerned with accumulating significant sources on social aspects of medicine, cannot afford to ignore them.


These publications are also basic to studies concerned with cost and improvement of technique of hospital administration. The studies of Dr. Michael M. Davis in these fields indicate the type of research that is needed and that can be expected if the required source materials are made more readily accessible.

At present there is pressure for adopting health insurance as a national policy in the United States. Yet recorded data that would show the incidence of disabling illness in the United States and record the outcome of health insurance in Germany and other foreign countries where it has been adopted as a national policy are lacking. It is significant that one of the leading—if not the leading professional journal on the care of the sick—the Zeitschrift für das gesamte krankenhauswesen is apparently complete in only one American library and is received currently in only two American libraries, according to the Union list of serials.

Where is there an American library center that has collected systematically the general hospital reports of the great hospitals of the world? These would tell much regarding the incidence and character of illness, disease and accidents.

Recently Dr. Davis and his assistant, Miss Gertrud Kroeger, searched in vain the documentary holdings of medical libraries in New York City, Washington, and Chicago for source materials that deal systematically with the operation of health insurance in European countries. They found interesting fragments but no collection reporting over a sufficient period or territory the outcome of health insurance to afford a basis for conclusive research. Dr. Davis is of the opinion that it will require field work in Europe to find the relevant published sources.

5) A fifth category of materials is the official publications of hospitals for mental patients. These are nearly all operated by state governments but the federal government and some of the larger municipal governments also maintain and operate hospitals for mental patients. Annual and biennial research reports and all other special bulletins of these institutions and of their governing bodies should be systematically collected. Equally indispensable as source materials are the special reports of the United States Bureau of the Census dealing with the insane and feeble minded, as are also the records of the work of public schools that deal with retarded and feeble minded children through special classes.

6) A sixth and much neglected category of materials is the medical reports of physicians and psychiatrists working in prisons, reformatories and industrial schools. These have received little attention from doctors, criminologists and social workers, nevertheless, they are essential in a scientific study of the causes of crime and American methods of treating the offender.

The above categories of official publications deserve special stress because as source materials, official reports: 1) carry with them a degree of authenticity that is rarely attained in publications of private agencies;

2) have as a rule, a large scope: geographically, in numbers of persons or institutions covered, and in the time period for which data are available; 3) tend to be impersonal and unbiased; and 4) lend themselves to the present trend for gathering standardized data that are comparable. Hence these reports are becoming increasingly valuable for research.

Publications of private agencies

While the official reports relating to the social aspects of health and medicine are important it must be admitted that frequently private agencies contribute equally significant source materials. The following are some of the categories:

1) The scientific and popular journals, and reports of foundations and private laboratories dealing with medical and health problems deserve systematic collection. Witness the work of the Rockefeller Institute for Medical Research. According to the 1930 Annual report of the Twentieth Century Fund there are at least twenty-two American foundations directly interested in health.7 There are a large number of private, national, state and municipal organizations that carry on educational, research and propaganda work in fields dealing with:

1. Birth control
2. The blind
3. The control of cancer
4. The deaf
5. Eugenics
6. The handicapped
7. Health education
8. Industrial hygiene and injuries
9. Maternal and infant hygiene
10. Medical care
11. Mental hygiene
12. Pre-school health work
13. Public health
14. Public health nursing
15. School health
16. Social hygiene

None of these problems can be understood currently or historically unless a full record of the activities of their educational and promotional agencies is preserved. It is generally conceded that in the development of social movements that relate to health and medical problems the voluntary agencies play a more significant role than do the official agencies, for they develop and maintain favorable public sentiment that is indispensable to their work—witness the work of the National Tuberculosis Association, with state and local agencies to make it effective, the American Red Cross in its public health and nursing activities and the National Committee for Mental Hygiene. The Social work year book8 for 1935 discloses that there are more than one hundred national agencies concerned directly or indirectly with the various aspects of health work stated above. The directories of social service agencies of the larger cities also disclose an elaborate organization of private health agencies that are actively engaged in promoting specialized phases of community health work.

3) The publications and reports of national, state, and local medical and nursing associations should have more attention than they have received. The highly trained medical scientist and specialist is likely "to pass up" these publications as too trivial and ephemeral to be acquired, bound and preserved in medical libraries. Yet, is there a state or

large city for which the history of medical development can be written without access to the weekly or monthly bulletins, special and annual reports of local medical groups? These record: (1) the reports of special committees; (2) local clinical observations and experiences of physicians; (3) activities of the professional group, and (4) biographical material.

4) Further, the special research and annual reports of psychiatric and behavior clinics should be gathered especially by institutions offering courses in psychiatry or that carry on research on problems of behavior and of mental disorders. The Directory of psychiatric clinics for children in the United States9 prepared by the National Committee for Mental Hygiene shows how extensive the development of these clinics has become.

THE NEED FOR A RATIONAL PLAN

The foregoing outline stresses only some of the categories of material for the collection of which medical and social science librarians should develop a rational plan. Scarcely any of these materials can be obtained through commercial book channels. Nor are they accumulated in the Library of Congress as a matter of copyright routine. They are published and distributed outside of the organized book market. The inexperienced person will say: "They cost nothing, for they can be had for the asking." That is a misleading half-truth. The fact is that the acquisition of these publications is highly costly in terms of service required: 1) to discover what is published; 2) to discover gaps in library files; 3) to solicit material promptly as issued; 4) to locate older files which can frequently be purchased only from collectors and second-hand book dealers; 5) to preserve the material which constitutes an equally costly problem because of the cost of binding, filing, and housing the bulky files.

Recently the collection of these materials in America has been complicated by the extensive use of "nearprint" methods of publication involving the use of highly perishable paper and ink. While the content of many of these publications tends to be ephemeral, nevertheless, historically they are significant because they represent the only record issued to cover definite problems of health and of organized methods of dealing with them.

GUIDES TO MATERIALS ISSUED ARE ESSENTIAL

The acquisition of the research materials referred to above is at present exceedingly difficult and costly because there are no adequate current guides or checklists to what is issued. A number of the foreign government stationery offices issue catalogs of their publications, but it is costly for a competent person to scan them regularly to discover what is currently issued. For American federal documents there are the checklists of the Superintendent of Documents and for American state publications there is issued the Monthly checklist of the Library of Congress, which lists a goodly number of the publications of the states—perhaps seventy per cent. For American city official publications there are no checklists that report regularly official publications issued by health departments, city hospitals and medical departments of city schools. For the publications of private

*Published by the Commonwealth fund. 2d. ed. 1928. 181 p.
agencies operating in the fields of health and medical care the situation is worse. There is no single source to which libraries and research workers can turn to discover what is issued by these agencies in America. Some of the publications herein considered are listed in Public affairs information service, although that service is chiefly devoted to other types of materials. In Germany there has developed a useful guide to such materials,—the Deutsche national-bibliographie: Reihe B. Neuerscheinungen auserhalb des buchhandels, prepared by the Deutsche Bucherei.

Selection Is Crucial

Obviously, if the research materials under consideration are to be acquired economically the first requisite is a well organized guide to materials currently published to simplify solicitation and ordering. Such a guide would also facilitate planning the scope and content of the acquisition work to be projected, because if responsible librarians had before them a survey of what is being issued currently they could select those best suited to the future needs of their institutions.

In addition to a guide to current publications there is need for a definitive bibliography to provide an outline and appraisal of the existing body of data pertaining to social medicine.

The amount of material published in the fields herein considered is great and varied so that not only is careful selection of the titles to be systematically acquired imperative, but there should be a division of labor among the institutions of a given geographical region, that are interested in these sources to allow each institution to concentrate upon definite areas or definite types of materials. Otherwise there is danger that the subject matter of titles collected by a given library will be so discrete that selections will represent a piecemeal attack upon a wide range of source materials. It will be wise for most institutions to concentrate their collecting activities with a view to attaining competency for the materials published either in a restricted geographical area or on certain specific subjects in representative areas and countries. But here two additional suggestions will not be amiss: (1) The materials to be gathered relate to specific problems, and (2) in America there is much confusion concerning the social aspects of medicine.

Inter-Discipline Problems

In the selection libraries are to make of the research materials covered by this paper still another point deserves emphasis. In the main the source materials described herein relate to social, economic and medical problems that fall between or cut across the interests of two or more academic subjects or disciplines as now organized in medical and in social science graduate schools. They represent interstitial areas in our professional literature as well as in our social and professional organization. That is perhaps one reason why these categories of research materials have been neglected or dealt with unevenly and sporadically by librarians. Whose problem, for instance, is health insurance? Who should do the scientific research upon it that is prerequisite to intelligent social planning and action? Obviously the medical profession is vitally concerned because of its vested interests in its relation to public welfare. But the economist, the
political scientist, the public health official, the sociologist, the social worker, the social reformer and the public are all interested in certain aspects of health insurance. Hence, the acquisition programs of a library center that is expected to serve these various groups must be based upon an informed consideration of their needs. The pertinent knowledge, skills and viewpoints of these various sciences and disciplines must be brought to bear upon the question of what are the most useful data. No single discipline should dominate in determining collecting activities. Therefore, large research centers that are planning collections of these materials should set up a local advisory committee to develop a collecting policy useful to all of the disciplines whose research interests are involved.

**Social Medicine Misunderstood in America**

Further, the attitude of medical men in America in the past toward the subject of social medicine is no doubt responsible in part for the lack of a definitive body of literature on the subject as well as for the failure of libraries to build up competent collections of the pertinent primary sources. In discussing this problem recently Dr. Davis and Miss Kroeger pointed out that:

"The literature in the United States on the social and economic aspects of medicine has been largely controversial and ephemeral. A more substantial intellectual output on the subject has appeared in several European countries. In Germany numerous books written by physicians and by scholars in the social sciences have appeared under the title of "Soziale Medizin" and "Sozialhygiene." The compendious volume of Dr. Walther Ewald (Soziale Medizin, Berlin, 1914), for example, includes a study of a number of diseases, reviewing their etiology and their social-economic implications, a combination of a clinical and a social-economic approach which is rare among physicians in America. Some attention is also given to health insurance. Treatises on Social Hygiene cover somewhat the same ground as those published under the title Soziale Medizin. By no means is this concept limited to venereal disease as in America, but it refers to all matters, causes as well as effects, in the relationship of medicine and social economy, including also such subjects as population problems and eugenics. Rene Sand's recent book (L'Economie humaine par la medicine sociale, Paris, 1934) illustrates a somewhat similar approach from one of several French authors who have touched the subject.

"The concept of social medicine and social hygiene as expressed in these works differs essentially from the current American use of the same terms in academic circles and in popular language, and in many American medical minds there seems to be a common confusion between social medicine and state medicine. The Committee on the Cost of Medical Care did a good deal to develop research into certain phases of this field, but found it difficult to escape from current controversies. There is obvious need for the pursuit of research from the joint approach of the medical and the social sciences. Collection in our libraries of the leading European works and periodicals on the
subject, also of basic American data; and the compilation of an adequate bibliography are immediate needs."\(^\text{10}\)

**The State Document Center Plan**

A framework for the type of planning of document collections of the medical materials outlined above has already been set up—at least in part. In 1929 the Social Science Research Council initiated what has become known as the State Document Center Plan. In its varied research activities over a period of six years the Council discovered that "the enlargement, improvement, and preservation of materials for research," especially the primary sources, constitutes one of the urgent problems that calls for attention. Hence, it made this one of its major objectives for the future. As one of its approaches to realizing this objective it launched the State Document Center Plan.

This plan provided for the designation in each state by the Council of one or more libraries that seemed peculiarly qualified and willing to undertake to collect, organize, and preserve as complete a file as possible of public documents and related material originating in that state. The plan did not seek to place any limitation on the collecting activities of any library, but sought to establish a nation-wide network of state document centers that would assume responsibility for collecting and preserving these primary source materials. By means of field work in most states an attempt was made to find one or two libraries that had already established as part of their policy the collection of the primary source materials of their respective states—especially the official publications originating within their state. An effort was also made to find such libraries, if possible, in strategic scholarly and geographic centers.

At the time of the meeting of the American Library Association in New Orleans in April, 1932, the Council had designated one or two libraries in each state as state document centers.\(^\text{11}\) The Council felt, however, that the development of an active nation-wide movement to collect and preserve the primary source materials in each state, especially the official literature, was essentially a library function. Hence, it requested the American Library Association to take over the project for further development. This was done, and the project was turned over to its Public Documents Committee, with the understanding that under its leadership an attempt be made to define the types of research materials that should be preserved for the social sciences by state document centers, and that such steps should be taken as would promote an active movement for the collection and preservation of such materials in those states where this seemed especially necessary.

The writer participated in the preliminary work of the Social Science Research Council in selecting and designating state document centers, and it became clear that if this project were to become more than a beautiful idea, or a paper plan in most states, it would have to be developed into an active movement: (1) to enlist the appropriate libraries, institutions and

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\(^\text{10}\)This statement grew out of an interview that the writer had with Dr. Davis and Miss Kroeger to discuss a preliminary draft of this paper.

\(^\text{11}\)For a list of state document centers see Proceedings of the American Library Association v. 26, 1932, p. 553-55.
persons in the preservation of primary social science source materials; (2) to locate existing neglected source materials; (3) to set in motion machinery for their preservation, preferably in centers where they would be readily accessible to scholars—an action which calls for division of labor and agreements between libraries as to special fields to be covered so as to avoid unnecessary duplication and omission of vital material; and (4) to diffuse information regarding available resources.

To further the development of this plan a state chairman was appointed in nearly every state to build up a committee of research workers and librarians, who would be interested in preserving social science sources in their respective states.

While the state was recognized as the first unit within which collecting of public documents and related materials was to be systematized, nevertheless, it was clear from the beginning that most of the larger institutions would have to carry on collecting activities on a regional and national basis and for certain subjects on an international basis.

Thus in casting about for a practical plan for building up in appropriate library centers the source materials above outlined, it is desirable that we bear in mind that some of them have already been collected by medical libraries and especially in the social science divisions of the large research and university libraries. Nearly half of the state libraries have also built up partial collections of the publications issued by state hospitals and state public health departments. A few of the large special libraries, essentially concerned with medical research and life insurance have also gathered some of the source materials herein considered.

Conclusion

In this discussion we have sought to outline certain categories of public documents and related source materials that are especially vital for research on the varied social aspects of medicine. While there have been many uncoordinated and partial efforts to collect and preserve these sources, these are now unsatisfactory because of the increased demand for these materials. The material to be collected is so voluminous and variable in quality and its acquisition too costly to make it wise to continue uncoordinated efforts.

As Chairman of the Public Documents Committee of the American Library Association, the writer would urge the appointment of a subcommittee representing at least the Medical Library Association, the Special Libraries Association, and the A. L. A. Public Documents Committee to define the categories to be collected more sharply and to work out a feasible plan for the systematic collection of the sources herein discussed in appropriate library centers.

It would also seem appropriate to have the Social Science Research Council recognize the field of social medicine as a desirable area of concentration in which it might set up a representative committee to initiate and supervise or actually carry on the necessary research and bibliographical work.