

THE DISAPPEARANCE OF "JOE ROBINSON"

By ELIZABETH A. BERRY*

If you were busy some afternoon at the charging desk with the familiar cards associated with books and libraries, and suddenly looked up to see fifty men with fifty different backgrounds from fifty different sections of North Carolina and other Southern states walk in your door, you would know that you had switched from a general to a special librarian, and that you were sitting at the desk of the Patient's Library at the new Veterans' Hospital at Salisbury, N. C.

Your guests range in age from nineteen to seventy-nine. They have seen service in the military forces of your country from the Spanish-American through the Korean wars. They are in varying stages of treatment for mental disabilities which prevent them from discharging their normal social and economic responsibilities.

As librarian you will act as hostess to these ex-service men for the next hour, assisted by the two to four attendants who accompany them and library volunteers.

When this group leaves, their place may be taken by a corresponding number of women patients; this time from as far south as Florida, and as far west as Texas. In addition to the patients' visits to the library, the library cart is taken to all wards once a week.

For these special services, special education and training in addition to the basic library courses are desirable. Courses in sociology, general psychology, readings in psychiatry, and "on the job" training add to the contribution the librarian is able to make to the therapeutic atmosphere of the hospital. These courses are recommended plus a sort of internship such as the University of Minnesota offers as part of its hospital library course.

At the present time there are only three accredited library schools offering hospital library training: Western Reserve at Cleveland, the University of Minnesota, and the University of Denver.

There are four different types of hospitals which derive direct benefit from a hospital library: General Medical and Surgical, TB Hospitals, Domiciliaries or Soldiers' Homes, and Neuropsychiatric Hospitals. In each of these, the type of bibliotherapy employed is patterned on the short or long-time stay of the patient, and the disability from which he is suffering.

For the purpose of this symposium, I propose to use a government hospital library as an example inasmuch as it is this library which has had the most advantageous staff and equipment; and, consequently, has been able to achieve the most tangible results in the practice of hospital librarianship.

Our hospital library service is a two-fold service to medical staff and allied personnel through the medical library, plus service to patients through the patients' library. Service to patients consists of the book cart service and scheduled visits to the library, already mentioned; a radio program twice a month, use of Viewmasters, projected books and talking books. Group reading and discussion will be tied in with Book Week and introduced to the patients at our library during November.

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All hospital libraries include a great deal of material similar to that in a public library: atlases, all types of general reference books, something on almost every subject, arranged by the Dewey Decimal System. Our specific patients library is not quite two years old. It contains over 2,000 books of reference, general knowledge and fiction. We are trying to build up a collection of North Caroliniana. Our women patients have been very interested in finding out all they can about North Carolina.

We receive 100 or more magazines, for some of which we subscribe (76) and some are gifts. We also subscribe to 12 daily and 20 Sunday newspapers.

In the general medical and surgical hospital library you will find emphasis on light fiction, the currently popular hobbies, humor and poetry. These selections are based on short-time-stay patients.

In the long-time-stay TB hospitals the readers are in a young to early middle aged group. The fiction collection in such a library tends toward the encouraging and inspirational. Non-fiction includes vocational guidance, religion, philosophy, out-of-door activity, humor, poetry, and books about tuberculosis.

In the domiciliaries or soldiers' homes, the range in age is wide. As the name implies, this institution serves as a home for the men who are admitted. The first woman to enter a soldiers' home, you may have noticed in the papers, was welcomed just the other day. Books selected for these people are similar to those in a public library with some thought of the patients who require a minimum of medical or psychiatric treatment.

In neuropsychiatric hospitals, our readers are abnormal. They live in a world of their own, occupied with their own delusions, their own sufferings. They read their own thoughts into the books. The problem novel assumes a personal application, over which they brood. The morbid story depresses or excites; the book with a gruesome episode throws them into an agony of fear.

For library purposes, mental cases may be loosely classified into three groups: the depressed, the exhilarated, and the paranoiac. Depressed patients are often suicidal, the exhilarated and the paranoiac, sometime homicidal. All are self-centered and most of them have delusions, confusion of mind, and wrong thought habits.

The first thing we try to do is to divert their minds from these abnormal grooves—if only for a few minutes at a time, make them think of something normal, happy and outside themselves. Recently we tied our bulletin board display in with the World Series, interesting some patients in books on baseball statistics, biographies of the sports immortals, and baseball fiction.

The depressed patient, unable to fix his attention, may be given a picture book, followed next visit by a short story or a magazine digest, which will not tax his mind. Thus he may be led gradually to read longer novels with more involved plots.

The exhilarated patient usually knows what he wants and will make his own selection. It is advisable, however, to attempt to interest him in some particular subject.

The patients with delusions or paranoiac ideas present the most difficult and, at the same time, the most interesting problems. They will read their own delusions into whatever is given them. The librarian must be very careful to steer clear of their pet aversions; and, when they are harmless, cater to their ideas.

one morning and was severely called to account for his breach of discipline. His answer

Perhaps one or two examples may give you an idea of the part books can play in helping these men and women back to reality:

(1) A patient had been reading Davidson's *Educational Metal Craft* at one o'clock was, "I don't care a fig. It did me good! Since I've missed sleep reading about metalcraft I have not thought of Joe Robinson. When three days go by and I'm so taken up with my work and reading that I do not once recall Joe Robinson, I know I'm getting better." It seemed that "Joe Robinson" was an obsession with the patient and he had not told the doctor about him. After he had held forth in a long denunciation of "Joe Robinson," Joe ceased to be an obsession.

(2) A librarian in a Veterans' Administration hospital here in the South tells of working with a very difficult young man. He could not be interested in anything. The librarian continued her chats with him during her visits to the ward. During the course of conversation one day the librarian learned that the patient enjoyed listening to the radio and watching TV, and that his favorite program was the Edgar Bergen show. On her next ward visit she left a copy of Bergen's book, *How to be a Ventriloquist*. The patient made no sign that he had received the book, but on the day it was due, he asked for its renewal. It was renewed for him at regular intervals.

One day when the librarian entered his room a voice from the ceiling, then one from under the bed, had some rather withering remarks to make. The patient had begun to give vent to all his ill feelings through this medium. Although the nurse in charge threatened to "sue" the librarian, everybody who had worked with the patient was happy at the change in the young man since he became more cooperative in every way, and it wasn't long before he was on the road to recovery.

(3) Here is another example I like to give. A hospital librarian is frequently asked if books really have any bad effects on patients? The answer is, decidedly, *yes!*

For example, under protest from the librarian in one mental hospital, a hospital staff member to prove her point that books had no effect on patients, deliberately gave Phillpotts' *The Gray Room* (a mystery) to a ward. In the story everyone who slept in the "gray room" was found dead in the morning. The cause of death: bedsprings filled with poison. To the absolute vindication of the librarian the entire ward refused to go to bed that night!

In Salisbury we have two separate libraries under our supervision: the patients' and the medical libraries. There will be a third library on the TB ward when it opens.

The material in all of these libraries can be made available to other veterans' hospitals in the state, area, or in the United States. Some of it can be loaned to other types of libraries on interlibrary loan.

To conclude this thumb-nail sketch of the coming's and going's in our "special" library, perhaps I should tell you that in return for the 12-year investment in good health, keen sense of humor and emotional stability demanded in working with and adjusting to patients in this type of hospital, my personal compensations have been: the feeling of personal satisfaction that anything that I have been able to do for a patient has been worthwhile, the knowledge that quite a few people have been led to read while hospitalized, and, that I have helped to establish library habits which will continue when the patients are back in their home communities. Too, there is a keener sense of appreciation for what I have, developed by furnishing pleasure and knowledge to the many veterans who have visited the libraries of the several government hospitals of whose staff I have been a member.