CHAPTER-2

HISTORICAL DEVELOPMENT OF LIBRARY SERVICES TO THE HOSPITALISED PATIENTS

These days, in the treatment of patients, not only include medical treatment but it also includes many kinds of agencies and substances to give relief to suffering and disease, to bring into normal life. Modern treatment has gone far beyond the mere prescription of drugs. In the hospitals, the patient’s psyche of anxiety, fear and worry as well as his physical requirements and un-comforts have also to be taken into consideration.

For this purpose, the library can play vital role of the therapeutic equipment. According to Harvey Cushing, “No hospital which has due consideration for the welfare of its patients should be without a library for their purposes. Not only may the tedium of a prolonged hospital sojourn be therapy lightened, but convalescence is promoted and the entire moral tone of the institution benefitted”. Physicians like Sjogren has also considered the value of “reading of books which may come in as fine and desirable therapy from the medical angle and bibliotherapy in the true sense of the word”. In order to establish the hospital, properly organised and settled library can be indispensable as the management of the doctors and nurses. When analysing development in any subject field, the outsider’s view is largely found by what is published but here it must be appropriate to point out that study based on literature only can be false or at best biased.

Historical development of the libraries for patients at the very outset looks in the early writings and from the primitive hospitals. Library services to the hospitalised patients are not new but these are given from older times in the foreign countries. The origin and development of library services to the hospitalised patients has been described, in detail, by way of historical review of events at international level. History indicates that sometime such library services were provided within a country, sometime decision was taken at regional or continental level e.g. Europe, Asia, Latin America, Scandinavian countries, African countries etc. International Federation of Library Associations and Institutions (IFLA) also deliberated and resolved to provide library services to the hospitalised patients. Hence, it is not possible to trace the historical development region wise or country wise. Effort has been made to present the same in chronological order, irrespective of the places, nations, Library Associations, International Conferences or role of IFLA in this regard.

2.1 Prior to 19th Century:

Libraries for the patients, in one form or the other, have existed since the collection of reading materials were first brought together. At the Al Mansur hospital built in Cairo in 1272 A.D., hospital provided that the Koran be read aloud day and night in order to speedy recovery. In 1796 the Quaker sponsored mental hospital which was established at New York. There was equally famous similar hospital in Bethlem where patients were prescribed reading as a winter activity.

One of the early hospitals meant for reading for its patients was the famous hospital named Massachusetts General Hospital (Boston). According to F.A. Washburn, the need of patients for reading material was carefully considered from the very beginning. The visiting committee was given this work to look after the patients in each ward must be supplied Bibles and other

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3 Washburn, F.A.
pp. 411-12.
religious books, according to their needs and tastes. Soon after the opening of hospital in 1821, a committee was constituted to establish a library. $50 in the form of gift were donated and fifty books relating to religions were purchased.

The library in Mclean hospital is part of Psychiatric Unit of Massachusetts General Hospital. This hospital was established in 1835. Associations of women were made in Amsterdam and Rotterdam, in Netherlands (Holland), which distributed books to the hospitalised patients in the hospital in early nineteenth century. In Netherlands, these associations of women performed this work in addition to their own duties.

From the study, it appears that early collection of books were related to religious books with moral values in content, in the belief that sick, crippled and maimed patients wanted only spiritual satisfaction from reading. At this time, insiders and inmates of public hospitals and some institutions were mostly uneducated and some attempts were made to impart education. But these attempts were not successful because general public was not in favour and considered this futile. In 1843, it was felt that therapeutic value that reading had for their changes and some request came in the libraries of the hospitals that quantity of books should be increased by including diversional material. Massachusetts General Hospital organised fund of $1000 for purchase of books relating to religious and moral values and these books were given to the hospitalised patients. The first report of the library removed the restriction from religious books and moral value books that were necessary for patients of the hospitals. Further recommendations were made for purchase of amusing and interesting books for their entertainment and diversion of mind of indoor patients of hospital from anxiety, fear, worry and discomforts. All of these books would help the patients in the relief of their suffering and speedy recovery. A library was started at Worcester Royal Infirmary in 1847.

The first State Mental Institution in Minnesota to provide a library was the St. Peter State Hospital. By 1871, the library there contained 250 books, a
magic lantern and views, games and musical instruments for the hospitalised patients. In 1895, Library Association had undertaken to determine the extent of provision for the hospitalised patients in England.

An examination of her findings and implications revealed, makes it clear that provision of this kind was very inadequate since only 70 of the largest institutions were approached and half did not supply any information presumably because they had none to offer. The apathy reflected was equally by that of the professional librarians who listened to her and the library profession as a whole which, in England, did not concern itself with libraries for patients until 35 years had passed.

2.2 During 20th Century:

In the United States, two hospitals named as "Mclean Hospital" and "Massachusetts General Hospital", were established in 1835. In 1904 these two hospitals appointed the librarians on systematic basis. The Mclean Hospital was the such first hospital which had carefully selected library, with full time trained librarian who was the incharge of the library of Mclean Hospital. It also framed the norms to govern the organisation and running the administration of hospital libraries for patients. These principles were quoted by E. Kathleen Jones4, who was the librarian. These principles are similar basically as of today which are as follows:

(i) An organised centre library;
(ii) A librarian with personality, knowledge of books and library techniques;
(iii) An annual appropriation of new books as these are published; and
(iv) The exclusion of morbid, gruesome and unwholesome (unwanted) literature.

4 Jones, E. Kathleen. 
In the year 1904, Iowa created library history when secretary of Library Commission named Alice S. Tyler took the acceptance from the legislature for the selection of supervisors for libraries in the institutions and hospitals. The first such supervisor was Marriame E. Carvey. A German psychiatrist, Laquer published two articles in the very beginning of the twentieth century. In 1903, he laid stress on the use of reading as one of the auxiliary methods of treatment for his neurotic and mentally disturbed patients. He further recommended various kinds of literature, which is most suitable according to their requirements for different types of ailments. He divided the reading material according to their diverting, motivating effects and free from tension, anxiety, fear and worries. In the year 1908, Laquer emphasised the benefits of libraries in the institutions and suggested for funds to help the development of libraries. Baltimore hospital was opened in 1912, under a decree by the donar that at least two rooms be reserved for a library for patients and staff.

In 1913, Chromose advocated that hurdles and hindrances were in the progress in the development of Germany because experienced and expertised librarians were not found available, who could have sufficient knowledge of literature to judge the psyche of patients suffering from various types of diseases. It is ironically settled that the setting up of hospital libraries was taken on war footing to encourage and stimulate on any level in the formation what we expect now. In the year 1914, Mrs. H. M. Gaskell inaugurated library services and same was taken up subsequently by British Red Cross Society and order of St. John was sent and spread in many parts of the world, often similarly based on the work of voluntary effort. Soon after the success of this

service, which was initially for all and it was further divided into libraries for the fit and for the ill and wounded. It shows surprise to those who wanted to take initiative in this regard. Of course, it happened for the first time that sick from far and wide came from all sections of society. It was found how isolated and the unprivileged sick people were and the surprising results in terms of mental and physical rehabilitation, that reading would produce.

An account has been given by T.W. Koch\(^9\) of the War Library Service in Britain and the subsequent provision by the ALA for American soldiers. While, at times, his narrative is too sentimental for contemporary tastes and the many photographs which illustrate the book are obviously posed, (every individual in every photograph appears to be engrossed in reading) there is a sincerity and conviction which emerges and a wealth of quotation from soldiers correspondence, sometimes written after the war was over, which are the strongest testimonials for the service. It was suggested that scrap-books be made for those too ill to hold or read a proper book. Members of the public quickly produced these but had to be reminded that they were intended for grownup men, not children.

The American Library Association (ALA) decided to establish a systematic hospital library service for hospitalised patients in 1918. By June, 1919, there were 145 libraries and six supervisors were active in the war hospital service of the American Library Association. It is significant for future development that in the United States, the library profession became involved at such an early age. In 1920, the attention of the medical profession was attracted towards reading by a paper read in the conference of the Royal Institute of Public Health by Bruce, Bruce-Porter\(^10\). The paper entitled “The need for libraries in hospitals as a part of the scheme of curative medicine”.

\(^9\) Koch, T.W. 

\(^10\) Bruce-Porter, Bruce. 
eloquently conveyed his feelings were represented to Library Association conference at Cheltenham. “The importance of a library to the sick” he said, “far exceeded its value to fit persons, for to the sick the companionship of books is vital.” His challenging assertion that the post of librarian in a large hospital as a whole time, job failed to spark much response from library and hospital authorities.

In the United States, for future development, library professionals came forward at this stage. In France, 121 libraries were established. In 1921, government of United States took the responsibility of library service in the Veterans Bureau and thereafter absorbed the army and naval libraries also. During World War I, library services spread far and wide, the sick and wounded started feeling relief and satisfaction after reading of books and this proved bonanza for public that even the civilian could not escape from taking benefit from library services in this regard. The Public Library of Sioux City, which is situated in Iowa, started the first such library service which could provide services to community’s hospital.

During this period, the development of library services in the hospitals to hospitalised patients was on war footing and concrete even in the unorganised units. According to Jones 11, in 1922, value of hospital libraries was recognised and accepted with full response from public and future of hospitalised patients was safe and assured. Library services began to be considered more beneficial and advantageous for the hospitalised patients. Now it has become certain to those responsible for running such libraries by way of improving the services of hospital libraries to the hospitalised patients with sufficient knowledge of librarianship methods and devices. For the expansion and development of this concept many people were put into service who performed their duties on voluntary basis. Those who offered themselves for this purpose of library services were writers and also others having library

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connection, but it was found that lack of experience and knowledge of the volunteers was there.

There was appeal of donation of books during the war and public supported this appeal. To complete the projects of library services, there was need of funds and in this regard a grant was announced by St. John/Red Cross to continue the library services whenever the war would end, then grant will be stopped and was to be self-supporting. During this period learned people like Pritchard made appeal for donation of books, utilising of wireless methods to convey the messages to public for donating maximum books available with them. This unique method was developed by Miss V. Sachville-West.

Elsewhere in Europe, librarians were involved particularly in Scandinavia. In Denmark in 1926 a service was started at Udense, in connection with public library and development there quickly spread over the country. Sweeden had a state grant of one thousand Swedish crown a year guaranteed in 1920, provided an equivalent sum was raised by local appropriation (by 1921 libraries supported in such a manner had been established in seven hospitals). Norway had a hospital library service at Tonspery in 1926, organised from public library. In Germany, Leipzing Public Library was made some partition in 1926.

In North America, a service in Toronto, Canada, in 1921, was staffed by volunteers with no apparent aid from the public library. In America Cleveland Public Library began a service in the city in 1922, though the hospital divisions as an extension agency was not established until 1925. The Veteran’s Administrations Libraries Division has had a continuous history of service since 1923 though its services confined to the Veteran’s Administration hospitals.

Hospital libraries committee was constituted in the American Library Association in 1923. The first Chairman of this committee was Miss E.
Kathleen Jones. A book was published by ALA on Hospital libraries. The author of this book was Miss. E. Kathleen Jones\textsuperscript{12} who wrote first such book for Hospital Librarianship. The courses on hospital librarianship were presented by University of Minnesota at its library school from 1923-1931 but same library school inaugurated the first course on hospital librarianship in 1937. The history of hospital library movement in England from 1913-1930 was large scale development of the British Red Cross and order of St. John’s hospital libraries. This work was totally done by volunteers. World wide contacts and links were made in 1930. The Annual meeting of Library Association with the help of British Red Cross and order of St. John was held in Cambridge and England. These were known as two conferences. The first was in June in Royal Institute of Public Health which was addressed by a doctor Bruce, Bruce-Porter. He stressed the need of libraries in hospitals for patients and he considered this part of curative medicine.

In September 1930, another conference was held by Library Association. This was full session donated to hospital libraries. From the speakers, three were the librarians. Miss E. Kathleen Jones and Miss Perrie Jones from United States and Miss Elizabeth Ostenfeld was from Denmark. Miss Elizabeth Ostenfeld laid stress that there should be cooperation between hospitals and public libraries and by this better service can be given to the hospitalised patients. The immediate action was the appointment of Sub-Committee for hospital librarians of International Federation of Library Association. Thirty countries were invited to select members from public and hospital libraries.

The committee was constituted by Library Association which included hospitals, public libraries and St. John/Red Cross representatives. The Library Association Conferences were held in 1933, 1937 and 1939. Sir Bruce Bruce-Porter was invited to speak and hospital libraries were the subject of sessions.

\textsuperscript{12} Jones, E. Kathleen.  
Annual conferences of libraries were also held in Wales and Manmuthshire in 1931, 1932 and 1933. In 1935, two meetings on international level were also held by this committee with the Hospital Association in Rome and other with Library Federation in Madrid. The committee, which was constituted under the name of Library Association, presented a memorandum with suggestions for the establishing of hospital libraries meant for hospitalised patients which were distributed far and wide. Sub-Committee was formed by International Federation of Library Associations in 1932 for the hospital libraries. Twelve countries participated in its meeting in 1935. International Guild of Hospital Libraries was made in 1934. In 1935, the organisation published a journal named “Book Trolley”. In the beginning, this organisation had many overseas members and this organisation organised international conferences.

Helsink Public Library (in Finland) started the supply of books to the hospital libraries for patients. A complete library service for hospitals was started by Public Library at Hango in 1939. The library service was started at Eire in 1937, with the assistance of government but this had no public library connection. In 1936, the committee supported by the Belgian Red Cross was constituted for hospital libraries for patients and in 1937 first library came into existence in Brussels and started functioning for hospital patients as per their requirements. The association constituted under the name of “Assistance Publique” started library service in Paris in 1934 on a voluntary social service basis. In Denmark, in the year 1936, a guild of hospital librarians was set up, a Sub-Committee was formulated by the Danish Library Association for work of hospital library for patients and also in 1939, lectures on different topics on hospital library services relating to patients were delivered in the Library School. Outstanding work was being done in Scandinavian countries. Denmark developed highly organised system under the public libraries by appointing trained librarians. Other countries like Holland, Germany, France, Czechoslovakia, Spain and New Zealand etc. were not left behind but participated in showing various levels of development.
In Kent, in 1936, the Public Assistance Institutions were allowed to choose the method of service i.e. non-returnable collections or circulating collections. In the same year, 1985 books were lent and 3,219 books were read in the library. For this the Public Assistance Committee contributed of £100 a year and within two years it had asked that the service be extended to the staff. The county librarian of Kent was pleased to report in 1938 that only nine out of 43 county libraries gave no service to the hospitals. Many of the larger cities ran very efficient services, but it fell to Miss Ethel Gerard to put the case for smaller libraries. Her candour and common sense must have contributed much to the small town hospital library and she added the interesting fact that practically every library authority between Dover and Bournemouth viewed the service sympathetically but only two of the small systems had schemes in operation.

In 1937, the need was felt for the encouragement and development of hospital library service by Library School of University of Minnesota. The first course on hospital librarianship was started with the lectures delivered by Miss Perrie Jones who also the Director at that time. This course played very important role by way of providing a full quarter's work followed by a six week internship in an accredited hospital. Training was conducted including the work with mental patients. The introduction of the courses on book selection, hospital library administration and other references for patients of hospitals where as other library schools did not show any keen interest for offering comprehensive courses and training and need was felt for special courses and training for hospital library services to the patients. An experiment was made in Canada using graduate librarian in several Ontario hospitals for a period of 75 days in collaboration with University of Toronto Library School.

Croydon Public Libraries introduced bed side service in 1938, at the Mayday Hospital and in 1939, at Queen's Hospital under a trained librarian with a staff of voluntary helpers. One of the first appointments of its kind was
made in 1938, when Miss Peel became full time Hospital Librarian at the Old Church County Hospital at Romford in Essex.

War, during the first half of the decade, stimulated reading to an extent not known before. The valuable service provided by the St. John-Red Cross Hospital Library drew appreciation and awakened demand on a greater scale than had seen contemplated. “There has been an increased recognition of the therapeutic value of reading”, wrote Mr. Bedwell\textsuperscript{13} “and of the higher standard of education of the patients, enabling them to appreciate a wider range of literature…. The St. John-Red Cross Library decentralized its organisation by establishing seventy-seven book depots on a country basis at the outbreak of war, and received the support of library authorities, such as Kent county library which, in 1941, extended through all its branches, the appeal for books for hospitals. Kent also noted that the need for reading material had become great enough for dental clinics in 1940 to seek a supply of discards.

The cause of hospital libraries suffered greatly by the deaths of Mrs. Gaskell and Sir Charles Hagberg-Wright during the first year of the war. It was written of them that theirs was an ideal combination. His technical knowledge and ability, wide reading and understanding, combined with her imagination, courage, energy and powers of persuasion, carried all before them.

Durham County Library introduced its services to hospitals in 1941: books were sent to Sherburn Hospital, no charge being made. A member of the hospital staff acted as librarian. In 1943 Durham started a book service consisting of a collection of 300 books in the hospital library at Dryburn. These books were distributed by volunteers whose numbers dwindled until, in 1948, the county library authority undertook the distribution and at the same time appointed a Chartered Librarian to put all its hospital library services on a completely new footing.

\textsuperscript{13} Bedwell, C.E.A.
Re-organisation was in the air. Kent County Library reported in January, 1942, that, although voluntary helpers had done excellent work, it had become apparent that full-time professional librarians were needed at the two major hospitals and at the county headquarters. In September, 1942, the first full-time organiser, Miss Gilliland, was appointed. To meet the urgent need for new books, the Public Health authority transferred £800 for the use of the Education Committee; the number of books on loan to the hospitals in early 1943 was 4,400.

The St. John-Red Cross re-organisation, in 1945, was a major decision. During the war, hospital authorities had been quick to realise the value of voluntary librarians. Serious attention had to be given to training, which had to be simple and short. Its value and importance had to be realised afresh, not only from the medical point of view, but from that of the patients, many of whom had learnt the value of reading for the first time, either from lying ill in hospital, or from long years spent in a prisoner-of-war camp. The craving for books that had overtaken the entire nation during the war had also to be taken into account.

All these factors played their part in influencing the Order of St. John and the British Red Cross Society to consider hospital library work as an important field of post-war activity. In December, 1945, the services was re-organised. All hospitals were offered the free service which included books, specially designed trolleys, library supplies and repairs, use of Head-Quarters loan collections for special requests and voluntary staff twice a week. Special loan libraries were built up for Tubercular patients or readers in their own homes. The training of senior librarians later secured recognition when, with the active co-operation of the Library Association, a course of study and examinations was established. In 1954 the number of St. John-Red Cross librarians who had passed the course was 346.
In 1946 the Library Association had authorised the grant of a specialist certificate for work with hospital patients, open only to Chartered Librarians. The first course for the certificate provided the material for the Manual for Hospital Librarians by C.E.A. Bedwell. Lord Crawford praised, in a foreword, the combined action of the Library Association and the Guild of Hospital Librarians. Co-operative schemes between public libraries and hospitals existed in 1946 in Sheffield, Edinburgh and West Ham. A library at Newport served patients and staff. Bermondsey Public Library started a service in St. Olave’s Hospital which, history relates, once lent a book to a patient named ‘Angina Pectoris’.

Three notable developments occurred in the following year. Nottinghamshire County Library opened a sub-branch for the use of patients and staff in the Saxondale Hospital. Lancashire county library reached an agreement with the Lancashire Mental Hospitals Board to establish a branch at Lancaster Moor, to supply books and to employ a full-time librarian. These two hospitals afforded the library profession an insight into work with, mental hospital patients. The part that personality played in developing library services of therapeutic value may not have been widely appreciated, but few will read the foreword by Dr. J.D. Silverston, Medical Superintendents of Lancaster Moor, without being wiser about bibliotherapy. The third event of the year was the Scottish Library Association conference at Paisley which devoted its final session to the services in Scottish hospitals. Dr. A.D. Briggs, Medical Superintendent of a Glasgow hospital, stressed the value of the library as a branch of a therapy and the position of the librarian as a member of the therapeutic team.

A weekend conference was held in 1947 under the auspices of the Library Association and the Guild of Hospital Librarians and the later followed this, a year later, by issuing a Questionnaire to all readers of the Book Trolley. The editor, Mr. Roy Stokes, detected signs of cleavage among those interested
in hospital librarianship and urged all members of the Guild, professional and voluntary, to adopt a worthier spirit.

In Croydon, the service was extended to three other hospitals, and the Public Library formed a Hospital Libraries Section, to which was also entrusted the responsibility for old people’s reading.

In the United States, the standards of hospitals libraries were taken into consideration in 1937, and it was thought that these should not be delayed. Miss Peerie Jones gave new thought to this concept developed in her mind, drawing an outline which proved useful from the basis of standards which was published in 1948 and revised in 1953. In England, the library Association introduced a special certificate course on hospital library work as an alternative subject in its training course. Library Association published a manual for hospital librarians edited by C.E.A. Bedwell. The Sub-Committee of International Federation of Library Associations and Institutions on hospital library held its meeting continuously and published the output of their performance in the annual meeting of the Federation.

In New Zealand the professional librarians were incharge of National Hospital Library service that has specialised hospital training: Financial assistance was given by the National Library Service in Wellington to public libraries for updating hospital libraries for patients. In 1944, the further development was seen in the standards of hospital libraries. Divisions for hospital libraries were setup with the collaboration of American Library Association and the Special Libraries Associations. Aims, objectives and standards of hospital libraries were formed and these were given approval by the Library Medical and Hospital Associations. These standards made basis and requirement for hospital libraries for patients. By this, status of hospital libraries for patients increased and were equal to Head of other Departments. The Federal Hospital Library System was enhanced and reorganised since the World War II. Federal hospital had 12% of the total hospitalised patients in the
country and received library services. There were 354 librarians who performed library services to the hospitalised patients in 176 Veterans Hospitals. According to the survey made by the Association of Hospital and Institution Libraries of the American library Association, 40% indoor sick patients were given library service.

In Scandinavia, there was also development of hospital library service for the patients. For the expansion and proper reorganisation, a special state subsidy for the further development of hospital libraries was granted to Danish Public Libraries in 1947-48. In 1949, first course was introduced in Denmark for Scandinavia hospital libraries and hospital Librarians. It was state-subsidised and was attended by many hospital librarians from all Scandinavia. It can be mentioned here about unrealistic approach for the amount incurred upon purchasing the books was very small. To maintain standard for achieving the library services for patients had been decided by some of the big hospitals, when this change was introduced that the library services in the hospitals should be initiated, engaging skilled and professional librarians.

Gilbert Barker\(^1\), Librarian of the St. John-Red Cross Hospital Library, clarified the situation that arose in 1950 when the Ministry of Health approved an arrangement by which civilian hospitals, “should they so desire, were free to enter into a yearly agency arrangement for the supply of a library service by the Hospital Library Department...” Barker explained that the entire cost of the service to civilian, Service and Ministry of Pensions Hospitals upto June, 1950, had been borne by the St. John-Red Cross. “Increasing demands for its services were rapidly outrunning the money originally allocated, the primary liability continuing to be the provision, for a period of at least twenty years, of a free library service for ex-service pensioner patients in Ministry of Pensions Hospitals at home and for service hospitals both at home and abroad”. The

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\(^1\) Barker, Gilbert W.

“St. John and British Red Cross Hospital Library”. Libri. April 1954. pp. 393-400.
capitation grant agreed by the Ministry of Health in 1949 was 5s per annum per occupied bed. This rose in 1952 to 7s in 1955 to 10s and in 1961 to 13s.

At Whipps Cross Hospital, in 1951, the Leyton Borough Council took over a part-time library service which included a patient’s library and a separate nurses library, these were integrated and expanded by the Borough Library. Today two Chartered Librarians have responsibility for the well-developed hospital library services at Leyton. In 1951 Kent issued 157,647 books to readers in the various establishments served and it was noted that 18 percent were non-fiction books. Extensions of the service to include more old people’s homes were reported during the next two years and at Tonbridge a service to house bound old people was organised. The problems of books supply to Tubercular patients were met in Kent by the decision to base the circulating service upon Lenham Sanatorium. Some indication of the scope of the St. John Red Cross library service was given by the facts that in 1952, the number of hospitals being served was 1430, with 4800 voluntary librarians and the recorded issues for six months totaled 2,459,388. These excluded the services to overseas hospitals.

In 1953, the Hospital Libraries Division of American Library Association issued Objectives and Standards, a nineteen page publication based on standards developed in 1937. The publication represented the joint efforts of committees of three library associations i.e. Medical Library Association, American Library Association and Special Library Association. Publication was arranged in three parts i.e. Patient’s Library, Hospital Medical Library and School of Nursing Library. The standards covered objectives, staffing, collection, budget, location and equipment for each type. Each of the three parts carried not only the endorsement of the library associations but also that of other appropriate organisations: The American College of Surgeon, the American Hospital Association (AHA) for the first two parts and the National

League for Nursing for the third. In the same year i.e. 1953, new changes underwent the guild of hospital librarians who had shown remarkable and excellent results in inspiring the hospital libraries for patients in various parts of the world, came to a stand still. With the utmost and strenuous efforts made by guild of hospital librarians who played a very significant role for spreading the message of library services to the hospitalised patients, no doubt, it ceased in 1953. It was surprising to note here that it suffered a great set back in 1946 when association and affiliation with St. John Red Cross, respectively, was discontinued and further led to irreparable loss when the entire structure of library services had ceased at the international level constitutionally. The United Nations Organisation (UNO) utilised the word ‘International’ which was a source of misunderstanding. The reasons for the guild’s failure were mostly financial. This project could not succeed due to rift developed between the voluntary and professional librarians and non cooperation was clearly evident for its absolute failure. The contributory factor which was made in 1930, came to an end.

In consultation with Library Association, a group of hospital librarians was to be constituted, but it was not considered possible. It could not be successful because of feelings extremely isolated within their own profession and ultimately arrived at the conclusion to investigate the possibility of forming together. But sufficient numbers of members were not found to make this practical for the completion of this project.

In 1953, the authority of public health at the ministerial level of Czechoslovakia passed the orders regarding the establishment of libraries in health institutions and it was decided that in each patient department, must have a library for the hospitalised patients. To run the administration of hospital libraries for patients, an annual amount for book purchase and other reading material had been fixed. The new rules regarding the sufficient funds were made to run the libraries of health institutions, but hardships and problems being faced by these institutions but were sufficient skilled and
professional librarians and it was considered national scarcity. Due to this, psychologist school teachers and health workers were employed to organise and supervise the libraries. There after the necessity of supervising staff was felt and then superintendent was appointed by the ministry in the 1953, who looked after all libraries, (including patient libraries) but links could not be made with public libraries. In such circumstances when there were no contacts and links with public libraries, the necessity to revise the draft and regulation was felt.

After the reorganisation of American Library Association in 1956, the Association of Hospital and Institution Libraries (AHIL) came into existence as a bifurcation of American Library Association. The aims and objectives of American Library Association were to provide the library services to all handicapped readers including prisoners and inmates of correlated institutions i.e. health institutions. AHIL published a book guide named “Hospitals and Institutions Book Guide”.

The Division of Hospital Libraries was merged with the Institutions. Libraries committee helped to form the Association of Hospital and Institution Libraries (AHIL) in 1956. The purpose of AHIL was broad and vast to represent not only the requirement of patient’s inmates and residents in the hospitals and institutions but also those of libraries serving medical, nursing and other professionals staff etc. Attention had been attracted by the United Hospital Fund of New York’s publication in 1957 planning the Hospital Libraries which gave a plan for all libraries in hospital to be adjacently located in order that supervision could be maintained by one librarian. This was seen as one answer to problem of staffing and economy in materials and accommodation. Representation from the group resulted in the Ministry of Health making a similar proposal in a building note which included libraries as part of the basic accommodation of the new District General Hospital – a concept of the Hospital Plan for England and Wales.
In 1959, the American Hospital Association (AHA) pioneered hospital librarians training by coordinating yearly institutes for new-personnel. From 1959 to 1968, the AHA conducted seven week long training for institutes in different parts of the country. The Catholic Hospital Association, Veterans Administration and Medical Library Association (MLA) also provided continuing education for their members.

In England, professional librarians were still active and having lust for development and in 1959, their struggle resulted in a course on hospital librarianship being introduced at the schools of librarianship which is situated in North Western Polytechnic, London. The encouragement offered by this course was reinforced when the King Edwards Hospitals Fund for London Published “Hospital Library Services” a Pilot Survey, in 1959.

It was very shocking that early death of an eminent hospital librarian, Miss Sheila Moore of St. Thomas Hospital caused a great loss to her colleagues in the year 1960. Her early death proved bold from the blue. She was main pillar and pioneer for running the Library School course being mounted and had held many informal meetings of individual hospital librarians. For the development and rapid progress in the hospital libraries, the Library Association got in to contact with Miss Mona Going\textsuperscript{16} for publishing a book on Hospital Librarianship fully based on lectures delivered at the library school course in 1959 and there two things occurred together led to new attempts in 1961 to obtain nomination within the Library Association. This time the attempts remained successful and later in 1962, with the new development of Library Association, Hospital Libraries and Handicapped Reader Group came into existence. Miss Mona Going was the Chairman. Like its American Counterpart the group, as its names implies and its concerned with library provision for handicapped readers, both inside and out side the hospital. In the first year, a platform was introduced for speakers to deliver lectures on

\textsuperscript{16} Going, Mona E.
Hospital Libraries at the Annual Conference of Library Association. In 1962, Library Association established a committee. There were nominations from Hospital, Medical and Nursing Libraries.

In 1964, for qualifying examination, a new Library Association examination syllabus came into existence. This was introduced for the first time in the syllabus as a part of examination. This qualifying test in their terminology was an entrance test. A paper on Hospital Library as a part of the qualifying examination was introduced. During this course, the second part of two years course, is related mainly with General Hospital Library provision. With an introduction of two years course, some fields and areas like medical and nursing libraries were also included. During this fast changing scenario of the library services regarding the codes and norms of syllabus on hospital libraries, a separate option paper was added specifically with medical bibliography and librarianship.

It was realised by the Hospital Libraries Group that success is only possible if some development agenda for library services is taken up in the meeting. This group started holding the meetings frequently arranging from 3-4 times and a weekend conference school each year since its formation. The papers regarding the developments were also published and same were sent to all its members and papers then were replaced by a printed publication which has assumed the title, “The Book Trolley” in tribute to the earlier journal. The other non-professionals and overseas librarians were also entitled to get the printed copy on payment. The state grant of 45% is allowed in Denmark to public libraries for rendering its services to hospitals and similar services as per the Public Libraries Act of 1964 and 30% additional grant is also granted where more money is spent. Moreover, each hospital provides library service, but all hospital libraries have not trained professional staff due to acute shortage of staff. In Danish Hospital, yearly meetings are held wherein lectures are delivered at the library school and publication entitled “Hospital Biblioteket” is issued three times a year. The state grant up to 90% is granted to
public libraries in Finland as per the public libraries Act of 1962, for rendering library services to hospitals, providing certain conditions of staffing, accommodation, stock at books and other reading materials. This small unit played a vital role to serve large hospital libraries. Some amount of grant is retained for rendering services on a lesser scale of $2/3$rd costs in rural districts, $1/3$rd in towns.

As per the report published in 1965, nearly 70 hospitals, Old Peoples Homes etc were getting library services. A hospital library section was introduced with the assistance of Finnish Library Association. A special section for hospital libraries was organised in Sweden and meetings were held continuously every year. Largest organised service was provided in Stockholm, where in 1965, public library had fifteen trained professional staff and used to provide library services to 56 hospitals and institutions. In Gothenberg and Matmo, highly standardised services were provided by public libraries where the hospital libraries had branch status. The state grant was discontinued from those hospital library services, which came under the purview of local authority. There were number of hospitals which had own library services without any concern of public library but the participation was sought from public library.

In Scandinavia, accommodation in most places is very good which can be recalled hospital libraries in Helsinki Copenhagen, Stockholm, Malmo, Lund, Gothenberg and Glostrupp. Norway is the least developed of all countries in Scandinavia where three places employed professional librarians on a full-time basis Services in Health Care Institutions were endorsed by American Hospital Association. Emphasis had changed from “libraries” to “Library Service”, a unified library serving the entire hospital population was encouraged; quantities criteria were eliminated; elements common to both patient’s libraries and health sciences libraries were combined into a single action on “Management of Library Services” and Hospitals became “Health Care Institutions”. The idea introduced in 1953 that a qualified, competent and
professional librarians was the key to good library service, was reinforced in 1970. Both “The Health Science Library” and “The Patients Library” sections covered objectives, services, collections, space and equipments.

There has been rapid progress in West Germany also. Library services in hospitals is given by public libraries in Dusseldorf, Cologne, Mannheim and Munich to the hospitalised patients. It may be mentioned here specifically about the standards for hospitals libraries were published in 1966. A big conference was held in 1967 at Dusseldorf, in which hospital librarians from other countries who were fully keen for development of this movement, participated to provide library services to the hospitalised patients.

Library service in Australia spread to a far flung area and a new movement in the form of Australian Red Cross emerged which provided library service at national level through public libraries. New Zealand has a hospital librarian on the staff of the National Library service but only limited service is provided in hospitals, to the patients. Some public libraries are found active in this movement although they are less in number. Mostly library service is provided by voluntary arrangement in hospitals to the patients for rendering the library services to the hospitalised patients. Undoubtedly, public libraries played an important role for rendering services to the hospitalised patients. The development remained in limit and could not be covered at national level.

Wonderful example was set up by the Belgium Red Cross Volunteer Organisation which engaged professional librarians at its headquarter and it further enhanced the scope of establishment of more library services to the hospitalised patients. Approximately in 100 hospitals, 486 volunteer workers were engaged for rendering library services to the patients. This volunteer organisation not only employed workers, rather specific basic training for 77 hours was given to 50 employed workers. In order to strengthen this Patient Library Movement, a Central office in Brussels was organised for selecting and
processing the books. Books in Flemish and French were gathered which help a lot to the Central T.B. Library situated at its headquarter. Development in patient library was seen and a coding system commenced to define the classification of readers for whom books are suitable according to their tastes. It was felt that this movement could not succeed until or unless it assumed basic training courses. In order to give landscape to this movement, a film on the library service chamber 18 was invented in the year 1965 and the film was shown at the IFLA meeting the same year. It was absolutely impossible for the Belgian Red Cross Society to run its movement, that is why subsidy from Government was allocated which covered on quarter of the total cost.

In 1966, Survey was conducted for analysing hospital library service in France and Survey report was sent to different 120 hospitals out of which 30 responded and five sent message of no service. Some of the hospitals which were left got into contact with public libraries for providing library services to indoor patients.

In Russia, there is excellent arrangement in big cities and largest institutions but in other places there are familiar problems of shortage of staff and paucity of accommodation. In July 1962, Soviet Ministry of Health passed an order N-358 which provided library staff in health institutions i.e. 300 bed hospitals should have one librarian who would draw salary from the hospital budget. There is cooperation from public libraries in some areas but it is realised that this should be developed.

U.S.A. is still ahead of dominating hospital library service by extending its breadth of its activities, although it is realised that best instances of provision prescribed for this purpose in Britain and Scandinavia and now equal to best in the United States. Undoubtedly, the problem in the United States for rendering library services is size of area and it is hard to see how various types of authorities making regulation can ever become one harmonious whole. In order to make this movement a great success, two bills were passed in 1966.
One bill was related to extension of library services for blind to physically crippled and second bill related to amendment in Library Service and Construction Act. Part A of the previous bill passed is related to State Institutional Library Service where as part B of that bill deals with services for physically handicapped. The Federal funds are being given to support library service. To activate and tone up the system the activities of librarians are included a continuing examination of bibliotherapy. A whole issue of library system on the subject was adopted by an American Library Association Workshop in 1964. In 1963, the meeting was held at IFLA conference in which decision were taken to get information on hospital library provision for those having member countries of IFLA but even a single meeting of Sub-Section was not conducted till 1965. That action should be taken. The IFLA secretariat made requests and accordingly it was decided to make correspondence and also to take opinion from the experts for inserting the Sub-Section from IFLA member countries and further persuaded then for obtaining information on provision for hospital library so that international standard for Hospital Libraries could be established.

At the very initial stage of 1966, there were number of correspondence between twenty countries. Early in 1966, message to this effect was sent for information in order to provide assistance to correspondents for collecting the material and an idea having eight questions was sent for answering in the form of a statement. At the conference of IFLA held in 1966 the draft for standards was discussed and with the overwhelming response it was accepted with subject to one more amendment included in the final draft. But it was resolved that statistical data from existing standards should also be taken into consideration while publishing the same. However, it was seen that adding of such data in the publication form would be more meaningful to those countries where the library services in hospitals to patients has not progressed and inclusion of such data aimed at providing a library service to such an extent
It is very important to mention here that with the formation and previous growth of the Library Associations, Hospitals Libraries and Handicapped Readers Group were taken into account in five year’s work in librarinship, 1961-65 and further during the year 1966-70 the group and developments in the area of hospital library services for patients remained together and inseparable. The unity in the formation of group got recognition. A minister from the Department health and Social Security (DHSS) made a speech in the annual conference held yearly. Perhaps this happened for the first time in the history of Library Association Group which had been given a ministerial address. The conference was held at Cambridge in the year 1967. Activities regarding the conference were published and many interesting statements were added. A paper by allied workers in the hospital and welfare services areas of occupational therapy and social work, an international contribution on book selection by IFLA libraries in hospitals Sub-Section correspondents from Belgium, Finland and Sweden and Symposium on education and to impart training for hospital librarianship were taken up.

The Ministry of Health presented paper listing possible future development of libraries in hospitals. The ideas gathered from different regions for the development of libraries in the hospitals were taken into account. Regional librarian of the Wessex Hospital Board IFLA’s libraries in the hospitals Sub-Section, the training of volunteers and use of patients in this capacity and research into reading was need of the hour of that time for the welfare and development of visually handicapped. Although the Sub-Section was in small capacity even then it earned a good reputation as one of the liveliest and most hardworking classes in IFLA and its meetings were always attended with full strength. The papers, which were presented, talked about the following topics:
In 1970, the American Library Association (ALA), the Association of Hospital and Institution Library (AHIL) issued standards for library service in Health Care Institutions. Identifying two types of hospital libraries i.e. Health Science Libraries and Patient’s Libraries the format differed considerable from that of the 1953 standards, because they were meant to apply to library services in every type of health care institution, these new standards recommended general principles for library management and organised them into one section of the document. In subsequent sections, recommendations were presented that were specific to Health Science Libraries and Patient’s libraries.

With regards to the patients, the 1970 standards recommended that materials be in variety of formats and offer context “ordinarily found in a public community library”, that books, magazines and newspapers be available in foreign languages where appropriate and that library material is available in clinics, waiting rooms and day rooms. Recommended library oriented activities included story telling for children, literary programmes and “great books” discussions for adults.

Specialised services and new technologies were initiated in 1970 as hospital library role began to expand. In 1970, the Carnegie Commission conducted a study of professional health manpower shortages within the context of geographic distribution and education facilities. The study proposed
that Training and Continuing Education Centre be established in hospitals serving communities without a University Health Science Centre. These Health Education Centres led to an increased demand for library services. In response to the needs of hospitals that are unable to maintain even a part-time professional librarian, the Cleveland Health Sciences Library (CHSL) developed the Circuit Rider Librarian concept in 1973. This was one of many consortia approaches instituted in 1970.

In 1973, AHIL was merged with the Round-Table for library services to the blind to form the Health and Rehabilitative Library Services Division (HRLSD). Finally in 1978, HRLSD was merged with the Association of listed State Library Agencies to form the Association of Specialised Cooperative Library Agencies. A Caucus Committee was constituted in 1974 in which main concern for lack of development in field of library services to hospitalised patients in hospitals was taken by New Zealand Library Association (NZLA). The NZLA was of the opinion that a person under treatment in the hospital has an urgent need for books and information than the man in the street. This need of patients was declined to most patients in New Zealand hospitals because hospital boards are not authorized to use their funds by way of engaging professional librarians to provide library services to indoor patients in hospitals.

In Europe, particularly in Stockholm, the 41st conference of NZLA at Wellington was held in 1974 in which description of library services to the hospitalised patients in hospitals was made with relevance to New Zealand. The expert volunteers could be used to give library services in hospitals in New Zealand and public library cooperation was considered to be the need of the hour at that time, if hospital library for admitted patients was to be regarded as branch of Public Library rather than adjunct to the Medical Library.
In 1974, library services to indoor patients in hospitals started by Public Libraries in large cities of Japan. It was felt that such libraries which combine reading material for both staff and patients should be organised. This era witnessed a change in attitude on the part of hospital authorities and extending social welfare services in general.

In view of library services in hospital, a survey was conducted in Netherlands by Commission of Standards of Library Service to the Elderly, the Sick and the Handicapped revealed that development in the provision of library services to these groups remained slow because of paucity of funds and unwillingness of such groups who did not bother for the development of library services to the hospitalised patients. However, Dutch Public Library Act which talks about public library in the Netherlands to provide maximum library services to all members of the society. As per the provision of library services to elderly, the sick and handicapped need a professional expertise and qualified staff having patience and willingness to help the needy and the others.

Libraries of the Government Committee for Cultural Affair were given liability for progress of literature of all libraries in Sweden. Local Council was asked to arrange for finance for establishing libraries in hospitals and nursing institutions. Although closely linked to the local public library but it would be administratively independent. In the country like Finland, hospitals and nursing institutions remained with in its area and public library is liable for discharging its duties in view library provision settled for running the administration of library services to the hospitalised patients.

A model collection (Materialtheque) of therapeutic material was developed by the Information Centre of Montreal’s Saint-Justice Hospital to give aid to psychiatric patients to tide over the learning difficulties. With the invention of new techniques and devices developed in this regard, each item is marked for index minutely and file has been printed which shows creation of
A report on unique project regarding library services to mentally sub-normal children was prepared. These children have felt the same necessity for inspiration derived from books as normal children require but best choice was made as per different criteria adopted for the purpose of establishing good libraries in view of its appearance, content and subject choice for the hospitalised patients. This project commenced in 1976 and culminated in 1980 when talk about special care of the mentally handicapped was regionalised. The major target of the library service is to make the child normal in all probabilities. It is worth while to mention here that library of that period was well-equipped with books, picture material, cartoons, sound books, slides and large number of collection of music cassettes for entertainment of mentally handicapped patients.

In the city of Atlanta, function was held, in which an important paper was read on 16 May, 1978 at 10th Middle Atlantic Health Congress, in which the historical development of Standards of Library Services prepared by the Joint Commission on Accreditation of Hospitals was presented, laying stress on those elements of the present standards that will give advantage to those libraries which were established in hospitals. In 1982, Victoria paved a new way to provide library services for indoor patients at Moorabin Hospital. The hospitalised patients were fully satisfied with the library services which were given to them. They took maximum benefit and it further gave them speedy recovery. Staff of the hospital participated actively in providing education to the admitted patients.

Association des Bibliothecavies Francis conference also discussed the availability of library services in French hospitals and the Government did not show any interest of development as existing services are handled by variety of private associations. It was suggested as to how hospital library services could
be implemented with proper resources and finance. Library survey was conducted to under the study tour of hospital libraries in they year September 1982 and finally its report was submitted in 1984 wherein the examples of library services to hospitals, housebound and handicapped people were described.

During the training session, second Baden-Wurttemberg (Germany) of library week in 1984 meant for hospital libraries was organised with its central theme of books at the hospital bed side. Hospital Libraries played remarkable role to hospitals seemed-less impersonal and especially good in helping patients. One hospital namely Munich's Hospital Library Service proved a model to other hospitals showing speculative results for indoor patients in speedy recovery. A new healthy trend was developed and it has set an example for advancing system, to cater to the needs of indoor patients for whom illness can lead to a new interest in reading. It may be successful only if special attention is paid. Main success lies upon the shoulder of librarian who can provide new information regarding their sickness and illness of indoor patients.

The term “Hospital Library” continued to have different meanings until 1980s. In Medical Library Association's (MLA's) minimum standards of Health Sciences Libraries in hospitals issued in 1984, the designation “Hospital Library” was used throughout to mean a medical or health sciences library. That same year, International Federation of Library Associations and Institutions published guidelines for libraries serving hospitalised patients and disabled people in the community. Those guidelines used the term “Hospital Library” to mean a “Patients Library” because there was no “short acceptable term” that could be used in its place. Designed more flexible that, standards, the guidelines were comprehensive and specific nonetheless. In addition to recommendations for library services, these contain lengthy and detailed recommendations for the education and training of patient librarians and there is a clear statement concerning the need for representation of patients’ librarians within National Library Associations. The working group developing
the standards included representatives from the United Kingdom, Belgium, Norway, Sweden, France, the Federal Republic of Germany and the Netherlands. The standards currently are being revised under the auspices of IFLA’s standing committees, libraries serving disadvantaged persons (formerly the section of Library Services to Hospital Patients and Handicapped Readers).

The patient education rounds to the nursing floors have been an extension of the philosophy by the library staff at Englewood Hospital and Medical Centre, New Jersey (USA) in 1992 and expressed in the slogan “Encouraging Information Therapy”17. It was suggested in 1994 that “if the patients are unable to visit the library then information staff, in liason with medical staff concerned, could visit the hospitalised patients with the information required18.

Public librarians and professional organisation in Barcelona, Collegi (Spain) official are trying to address the issue of services to the indoor patients. They have established a discussion group on Patient’s Libraries with participation of medical staff as well as professional librarians. The group hopes to improve communication between the professions in order to improve services, at first in Catalonia, but also in other parts of Spain19.

In Andalucia (Spain), over the last twenty years there has been a strong development in the public library sector and almost all the municipalities with a population of over one thousand now has a public library. However, these libraries did not pay special attention to the needs of disadvantaged population groups like hospitalised patients. Since 1997, the situation has been changing under the leadership of staff from the Provincial Centre of Coordinated

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Libraries in Malaga. They have begun an information campaign about the needs of disadvantaged groups, and have provided assistance to local libraries in developing special services to hospitalised patients as disadvantaged class.

In October 1997, Kjerstin Thulin from Sweden, then Chair of the International Federation of Library Association and Institutions/Libraries Serving Disadvantaged Persons (IFLA/LSDP) section was invited by the Andalucian Public library to conduct a seminar about disadvantaged group of people and public libraries. Participants were librarians, library school students and representatives of advocacy and support groups for the targeted population groups.

In December 1997, the Provincial Centre of Coordinated Libraries in Malaga began a Pilot Project of serving hospital patients. The Project had two main purposes, namely:

(i) To provide information and material to patrons at the hospital site; and

(ii) To get these persons to become active users of the local library after being discharged.

Special funding was provided by the Andalucian Government for this project. A relatively small hospital was chosen as test and about 500 book titles were selected by library staff from the Department of Culture. Four Red Cross Volunteers and Social Workers from the hospital would interact with the patients and handle requests. The first three months were used to getting organised and publicise the new service to staff and patients. During next six months circulation gradually increased. Now hospital stays of hospitalised have become shorter than a few years ago, of the younger patients many preferred watching T.V., playing games, readings books etc. During these days, library services are too much popular in the hospitals of Spain.

In December 1998, two new projects to serve hospital patients were initiated in Seville and Huelva, adapted to the special conditions of each
facility. The experience with volunteers has been similar to that of the Malaga hospital. Some public libraries have started their service to hospital patients in Malaga, also relying on assistance from volunteers of Social Service Agencies.

Library of Congress launched Web-Braille materials on Internet in the year 1999 at Washington. Library users of the National Reading Programmes for blind and physically handicapped individuals access Web-Braille on Internet using an individual user ID and password. Web-Braille materials are available to eligible National Library users who are residents of U.S. or American Citizens living abroad.

"Hospital Libraries at Threshold of the 21st century" was the title of a conference held May 25-26, 1999, at the Clinical Hospital of the President of Russian Federation. The conference included practical workshops and formal research reports. Most of the papers dealt with the implementation of Information Technology in the hospital libraries and were presented by Psychologists, Philologists and Librarians, primarily for the benefit of medical staff and rarely touched on the topic of patient services. The few topics related to the hospitalised patient services were: “Bibliotherapy and its experiments with adults and children” and “Role of literature as an element of the healing process”. The need for highly trained hospital librarians was emphasised by several speakers.

Some of the participating hospital librarians recounted the history and practical process of establishing their libraries and described their current services and activities and outlined the problems faced by patient libraries. The need was felt to develop guidelines for library services to the hospitalised patients. The Conference included a round table discussion with participants from Russian State Library. All issues were the newly developed policies and regulations for the operation of hospital libraries. There was general agreement on the need and timing of these policies.
Two Librarians, the Director and Nursing Librarian along with four volunteers at Englewood Hospital and Medical Centre, New Jersey. They are providing consumer/patient information to the public and patients, usually via call on requests. Educational and informational packages are mailed out and delivered to patient's rooms or picked up.

During January 2002, five nurses called the library for patient education. In April 2002 two librarians at Englewood Hospital and Medical Centre implemented the performance improvement project (which was made by Health Sciences Library in collaboration with Meland Foundation for 2002) and began making patient education rounds on twelve inpatients nursing floors in order to identify patient education questions and provide materials. The total number of patient education information questions was 1182 for 2002. The total includes 323 requests from nurses, 52 requests from patients and 807 requests from the public.

As such, it is evident from the preceding pages that in USA and European Countries, library services to the hospitalised patients were provided since the 12th century, in one form or the other. Scandinavian countries, Asian countries, African countries, Australia, New Zealand and Arabian countries followed suit and made provisions for library services to the hospitalised patients. Various Library Associations also celebrated on the issue in the seminars and conferences. Role of IFLA is worth highlighting in this regard.

This confirms our Hypothesis No.1 that “Library services to the hospitalised patients are very common in the developed countries.” In India also the need of providing library services to the hospitalised patients is being felt and efforts are being made in this regard, but in a casual manner. There is a dire need of providing the same in all types of hospitals, at national level. Positive role of Union Government, State Governments, Non-Government

Organisations, parents bodies of the hospitals and Public Libraries is very essential to achieve this goal. There is also need for a viable model for providing such library services with a mechanism to implement the same appropriately. An effort has been made in this regard, in the following chapters of the present work.