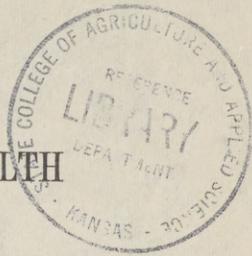


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M 46/7 A NATIONAL LIBRARY OF MEDICINE

GOVERNMENT  
Storage



HEARINGS  
BEFORE THE  
SUBCOMMITTEE ON HEALTH  
OF THE  
COMMITTEE ON  
LABOR AND PUBLIC WELFARE  
UNITED STATES SENATE  
EIGHTY-FOURTH CONGRESS  
SECOND SESSION

S. 3430

A BILL TO PROMOTE THE PROGRESS OF MEDICINE AND  
TO ADVANCE THE NATIONAL HEALTH AND WELFARE BY  
CREATING A NATIONAL LIBRARY OF MEDICINE

S. 2408

A BILL TO ESTABLISH A NATIONAL LIBRARY OF MEDICINE

S. 2482

A BILL TO ESTABLISH A NATIONAL LIBRARY OF MEDICINE

APRIL 10 AND 11, 1956

Printed for the use of the Committee on Labor and Public Welfare



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## A NATIONAL LIBRARY OF MEDICINE

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TUESDAY, APRIL 10, 1956

UNITED STATES SENATE,  
SUBCOMMITTEE ON HEALTH OF THE  
COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Washington, D. C.*

The subcommittee met, pursuant to call, at 10 o'clock a. m., in the Old Supreme Court Chamber, United States Capitol, Senator Lister Hill (chairman) presiding.

Present: Senators Hill (chairman), Lehman, Kennedy, and Purtell.

Also present: Committee staff members: John E. Forsythe, William G. Reidy, Michael Bernstein, and Mary DiDio.

Chairman HILL. The subcommittee will kindly come to order.

The subcommittee has met this morning to hold hearings on Senate bills 3430, 2408, and 2482. All of these bills have as their objective the transformation of the existing Armed Forces Medical Library into a National Library of Medicine, properly housed, adequately financed and properly located, both geographically and administratively.

We are delighted to have with us this morning a member of the Senate Committee on Labor and Public Welfare, who is one of the coauthors of Senate bill 3430, Senator Kennedy, of Massachusetts.

We are happy to have you and delighted to have you make any statement that you will at this time.

### STATEMENT OF HON. JOHN F. KENNEDY, UNITED STATES SENATOR FROM THE STATE OF MASSACHUSETTS

Senator KENNEDY. Mr. Chairman, as a cosponsor of the bill to create a National Library of Medicine, I wish to note publicly my enthusiasm for this bill and the privilege of cosponsoring such important and beneficial legislation.

I am sure that it is obvious to everybody present today, as it is to the entire membership of Congress, that your great personal interest in the field of medicine and health, and your tireless efforts on behalf of furthering medical science and in bringing the benefits of that science to the people of our country, have made you the outstanding congressional leader in the field of medical legislation in the Nation today.

As each year passes, I believe that we in the United States become more conscious of the benefits that result from research. We are still frequently criticized for expecting our research to produce immediate and profitable results, and for devoting such a small percentage of our resources and talent to basic research, preferring to exploit the original work of others.

But regardless of how merited this criticism may have been at one time, it seems to me that we are now experiencing a widespread realization of the necessity for continuous and comprehensive research programs.

I believe it is worth noting that the Hoover Commission, a group dedicated to economic and efficient government, gave long and careful study of the role played by the Federal Government in research and development.

And although the general tenor of the Hoover Commission reports and recommendations was toward a reduction of governmental activity, it is significant that when its study convinced them that the Federal Government had not devoted sufficient funds and effort to research, the Commission urged the Government to speed up its participation in these fields and even to spend more money in the process.

I know that the people assembled here today, and certainly the members of this committee, do not need to be told of the importance of a library for research. Certainly it is no exaggeration to state that without adequate libraries there cannot be effective research. When one realizes that a single post card directed to an efficient library might prevent a tedious and expensive duplication of an experiment successfully performed earlier, the value of such a library is readily apparent.

For many years the medical library of the Armed Forces has served, in fact if not in name, as the Nation's primary medical library. Those of us who have examined the situation, however, have discovered that, as effective as the library has been in its present organizational position and under its present form of operation, there is considerable room for improvement.

It is very nearly incredible to think that the Nation's—and in fact the world's—greatest collection of medical literature is today, at this very moment, housed in a building which has been condemned for years. Built in 1887, this structure, with a leaky roof and with sagging floors and buckling shelves, conservatively is less than inadequate.

Surely the Department of Defense should not bear the sole responsibility for this condition. The Department's prime responsibility is the maintenance of the defense of our Nation. There are, of course, subsidiary and corollary functions undertaken by the Department, including the maintenance of an effective Medical Corps.

But when the problem of allocating funds and assessing priorities arises within the Department, it is only natural that the auxiliary and subsidiary functions are the first to be shunted aside.

The bill which Senator Hill and I introduced is not intended to be simply a switching of boxes on an organizational chart on someone's wall. Rather it is intended to result in substantive changes.

First, it will provide express statutory authority—which is presently lacking—for the diverse functions performed by the library for the various departments and agencies of the Government and for the general public.

Secondly, the expense of constructing, maintaining, and operating a national library should not be charged against the Department of Defense. Our military budgets are sufficiently large without including in those budgets functions which should appropriately be assessed to other departments and agencies of the Government.

Furthermore, sound procedure requires that the Congress know how much money is being used each year for this particular function. It is disconcerting, therefore, that one can search the Department of Defense budgets in vain for reference to the medical library.

Thirdly, the duplication of medical library facilities by the various governmental departments and agencies should be eliminated, or at least drastically reduced. Although each agency might prefer to have its own outstanding library, such a course would obviously be uneconomical and a disservice to the American taxpayer.

There will of necessity be working libraries in other departments, but no Government agency should build an extensive research library in competition with the National Library of Medicine.

Finally, there should be a broader range of interests represented in the control of the library. The Armed Forces is to be commended for having developed so fine an institution, but a library, national in scope, should not be controlled by a single agency dedicated to defense. The board supervising the library should include in its membership representatives of the various branches of medical science, both public and private.

Because of the work of the Reorganization Subcommittee of the Government Operations Committee, of which I am chairman, I have had occasion to examine many of the Hoover Commission reports and recommendations.

It seems to me that, of all those I have examined, the recommendation that a National Library of Medicine be created is perhaps the most outstanding.

Moreover, I have been aware of the enthusiasm of the people in the medical fields for this proposal. Especially significant has been the interest of those prominent leaders who served on the Medical Services Task Force of the Hoover Commission, some of whom are here this morning to tell the subcommittee their views on the National Library of Medicine.

Mr. Chairman, I am convinced that this bill is a sound one. I am sure that after the testimony that will be received today and tomorrow, this committee will be in a position to report the bill quickly, and it will receive the prompt and enthusiastic approval of the Senate and of the House of Representatives. The National Library of Medicine, I am both proud and delighted to say, will soon be a reality.

I believe that the establishment of such a National Library would be a major step forward in improving health.

Chairman HILL. Your statement here this morning is just another evidence of your deep interest in this bill to create a National Library of Medicine, and your great desire to move forward along the whole line to bring better health to all of our people. I hope you will remain with us, Senator.

At this point in the record I will insert copies of the bills and also a copy of the explanatory remarks of the sponsors when the bills were introduced.

(See p. 105 for explanatory remarks of the sponsors.)

(S. 3430, S. 2408, S. 2482, and the explanatory note are as follows:)

[S. 3430, 84th Cong., 2d sess.]

A BILL To promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That there is hereby created an establishment by the name of the "National Library of Medicine" at the head of which shall be a Board of Regents (hereinafter referred to as the "Board"), to be composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress, who shall be ex officio members, and twelve individuals appointed by the President by and with the advice and consent of the Senate and without regard to political affiliation. The appointed members of the Board shall be chosen from such fields as medical research, medical education, medical practice, and medical librarianship; preventive medicine and public health; dentistry; hospital administration; and pharmacy and pharmaceutical production; and shall include outstanding lay citizens who have demonstrated a keen interest in advancing the health of the Nation. Each appointed member shall hold office for a term of four years, except that (1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and (2) the terms of the members first taking office shall expire, as designated by the President at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment. None of the appointed members shall be eligible for reappointment within one year after the end of his preceding term.

SEC. 2. (a) The members of the Board, while serving on business of the Board, shall receive compensation at the rate of \$50 per day, and shall also be entitled to receive an allowance for actual and necessary travel and subsistence expenses while so serving away from their places of residence.

(b) The Board is authorized without regard to the civil service laws to appoint a Director of the National Library of Medicine, who shall receive compensation at the rate of \$15,000 a year. The Director is authorized, subject to the civil service laws to appoint, and in accordance with the Classification Act of 1949, as amended, to fix the compensation of, such other officers and employees as are necessary to carry on the business of the Library. The Director shall act as Secretary to the Board without vote.

(c) The Board shall elect one of their number as Chairman, who shall be the presiding officer of the Board. The Chairman shall serve for a term of two years.

(d) The Board shall determine the time for holding its regular meetings which shall be at least twice in each calendar year; and on application of any five of the regents to the Director, it shall be his duty to arrange a special meeting of the Board of which he shall give notice, in writing, to each of the members. Nine of the members of the Board shall constitute a quorum to do business.

SEC. 3. (a) The Board is authorized and directed to have prepared drawings and specifications for, and to construct, a suitable building or buildings for the use of the National Library of Medicine, in a location suitable for the purpose of enabling persons most concerned with the health affairs of the Nation to have ready access thereto. For such purpose the Board is authorized to acquire land by purchase, condemnation, or otherwise, or to accept the transfer of any land for a site from any executive department, independent establishment, or other Federal agency, and any such Federal agency is authorized to make such transfer.

(b) The preparation of said drawings and specifications, the design and erection of the building or buildings, and all work incidental thereto, shall be under the supervision of the Administrator of the General Service Administration in accordance with provisions of the Public Buildings Act of May 25, 1926, as amended.

SEC. 4. (a) It shall be the function of the National Library of Medicine—

(1) to acquire and preserve books, periodicals, prints, films, recordings, and other library materials pertinent to medicine;

(2) to organize the materials specified in (1) above by appropriate cataloging, indexing, and bibliographical listing;

- (3) to publish the catalogs, indexes, and bibliographical listings referred to in (2) above;
  - (4) to make available the materials specified in (1) above through loans and through photographic or other copying procedures;
  - (5) to provide reference and research assistance as may be deemed appropriate; and
  - (6) to engage in such other activities as the Board may deem appropriate.
- (b) Subject to the direction of the Board the Director of the National Library of Medicine may—
- (1) exchange or otherwise dispose of those books, periodicals, films, and other materials not needed for the permanent use of the Library; and
  - (2) furnish to governmental agencies, private organizations, institutions, and individuals copies of the catalogs and other publications of the Library, photoduplicates of materials in the Library's collections, and other Library services; but such services may, in the discretion of the Board, be on a reimbursable basis, the charge therefor to cover the cost or expense of making these materials and services available.

(c) The Library's collections, bibliographic services, facilities for research, and other services shall be made available, under rules prescribed by the Board, and subject to such authority as is now or may hereafter be provided by law, to medical activities of the Federal Government, other governmental agencies, and to private organizations, institutions, and individuals.

SEC. 5. (a) The Board is authorized to accept for the National Library of Medicine and to hold and administer gifts, bequests or devises of money, securities, or other property of whatever character. Unless otherwise restricted by the terms of the gift, bequest, or devise, the Board is authorized to sell or exchange and to invest or reinvest in such investments as it may determine from time to time the moneys, securities, or other property composing trust funds given, bequeathed, or devised to or for the benefit of the National Library of Medicine. The income as and when collected shall be placed in such depositories as the Board shall determine and shall be subject to expenditure by the Board.

(b) The Board is authorized to give suitable recognition of the receipt of any gift, including extending to the donor membership in such honorary association as the Board may see fit to establish.

(c) The actions of the Board involving any payment made or directed to be made by it from any trust funds, shall not be subject to review by any officer or agency other than a court of law.

SEC. 6. The Board is authorized to adopt an official seal which shall be judicially noticed and to make such bylaws, rules, and regulations as it deems necessary for the administration of its functions under this Act, including, among other matters, bylaws, rules, and regulations relating to the acquisition, exhibition, and loan of library materials, the administration of its trust funds, and the organization and procedure of the Board.

SEC. 7. The President shall, at the earliest practicable moment, provide for turning over to the National Library of Medicine the existing Army Forces Medical Library, its collections, records, and equipment.

SEC. 8. For the purposes of this Act the terms "medicine" and "medical" shall be understood to include both preventive and therapeutic medicine, dentistry, pharmacy, hospitalization, nursing, and such other fields of study or activity as the Board may deem related.

SEC. 9. The Board shall make annually to the Congress a report on the affairs of the National Library of Medicine for the preceding fiscal year, and said report shall include a statement of operations and progress as well as an account of receipts and expenditures.

SEC. 10. There are hereby authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

[S. 2408, 84th Cong., 1st sess.]

A BILL To establish a National Library of Medicine

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That there is hereby established in the Smithsonian Institution a division to be known as the National Library of Medicine, which shall be under the direction of board of trustees of — members (hereinafter referred to as the "Board") to be selected by the Board of Regents of the Smithsonian Institution. The members of the Board first taking office

shall have terms expiring one each on July 1 of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, as designated by the Board of Regents. A successor to any such member shall be selected in the same manner and shall have a term expiring \_\_\_\_\_ years from the date of the expiration of the term for which his predecessor was chosen, except that a successor chosen to fill a vacancy occurring prior to the expiration of such term shall be chosen only for the remainder of such term.

SEC. 2. (a) The Board shall fix the time for the regular meetings of the Board, and is authorized to adopt an official seal which shall be judicially noticed, and to make such bylaws, rules, and regulations as may be necessary to carry out its functions under this Act. The Board may function notwithstanding vacancies, and \_\_\_\_\_ members of the Board shall constitute a quorum for the transaction of business.

(b) The Board is further authorized, without regard to the civil-service laws and the Classification Act of 1949, as amended, to appoint and fix the compensation of a librarian, a secretary and such other officers and employees as it deems necessary for the efficient administration of its functions.

(c) Each member of the Board shall receive \$50 per diem when engaged in the actual performance of duties vested in the Board, plus reimbursement for travel, subsistence, and other necessary expenses incurred by him in the performance of such duties.

(d) The Board shall submit to the Smithsonian Institution an annual report of its activities under this Act.

SEC. 3. The site for the National Library of Medicine, which shall be in the District of Columbia, shall be selected by the Board, and the Board shall have authority, subject to the approval of the Board of Regents of the Smithsonian Institution, to provide for the design, construction, maintenance, and operation of such building or buildings as may be necessary for such library. The total cost of the library and grounds, including improvements thereto, shall not exceed \$\_\_\_\_\_.

SEC. 4. There are hereby transferred to the National Library of Medicine all property, records, personnel, and unexpended balances of appropriations, allocations, and other funds available or to be made available, of the Armed Forces Medical Library.

SEC. 5. There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, such sums as may be necessary to carry out the provisions of this Act.

[S. 2482, 84th Cong., 1st sess.]

A BILL To establish a National Library of Medicine

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That there is hereby established in the Smithsonian Institution a division to be known as the National Library of Medicine, which shall be under the direction of a board of trustees of \_\_\_\_\_ members (hereinafter referred to as the "Board") to be selected by the Board of Regents of the Smithsonian Institution. The members of the Board first taking office shall have terms expiring one each on July 1 of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, as designated by the Board of Regents. A successor to any such member shall be selected in the same manner and shall have a term expiring \_\_\_\_\_ years from the date of the expiration of the term for which his predecessor was chosen, except that a successor chosen to fill a vacancy occurring prior to the expiration of such term shall be chosen only for the remainder of such term.

SEC. 2. (a) The Board shall fix the time for the regular meetings of the Board, and is authorized to adopt an official seal which shall be judicially noticed, and to make such bylaws, rules, and regulations as may be necessary to carry out its functions under this Act. The Board may function notwithstanding vacancies, and \_\_\_\_\_ members of the Board shall constitute a quorum for the transaction of business.

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#### ARMED FORCES MEDICAL LIBRARY

##### *History*

The Armed Forces Medical Library was founded in 1836 as the library of the Surgeon-General's Office, United States Army. Under the leadership (1865-95) of John Shaw Billings, and down through the years, the library has grown in size and importance until it has become the greatest collection of medical literature in the world. From its very beginning the resources of the library have been available to all members of the health professions, military and civilian; it serves as the national library of the medical sciences, and readers come to it from all over the United States and from all parts of the world.

##### *Size and scope*

The Armed Forces Medical Library contains almost a million books. Besides its outstanding collections of historical works, medical theses, portraits and photographs of medical men, and its unique section of American and foreign government and statistical documents, the completeness of its volumes of periodicals make it a fountain-head of information surpassed by few other scientific research libraries. Over 10,000 serial publications are currently received, and altogether about 100,000 journals and monographic pieces are acquired yearly, representing literature on medicine, dentistry, pharmacy, and allied sciences, in all languages and of all times.

##### *Publications*

The two major publications of the Armed Forces Medical Library are the Current List of Medical Literature which appears monthly, and the annual Armed Forces Medical Library Catalog. The current list provides subject and author indices to over 100,000 medical periodical articles each year, selected from 1,500 medical journal titles. The catalog provides a subject and author listing of monographs received at the library; the first quinquennial cumulation (1950-54) of the catalog has just appeared in six volumes. The library also publishes occasional bibliographies, such as the Structure, Composition and Growth of Bone (1955); soon to appear is a massive bibliography on the Chemotherapy of Cancer.

##### *Services*

The library loans books to other libraries throughout the United States. It extends its loan services more widely through a photoduplication section which fills some 8,000 orders every month. Its staff includes reference librarians who aid in searching out required information, and who provide bibliographical lists on request.

##### *Need for a new building*

The Armed Forces Medical Library has been housed in its present building since 1887; since 1942, for lack of space in Washington, a large segment of the library has been located in rented quarters in Cleveland, Ohio. Since 1918 repeated attempts have been made to obtain a new building for the library, in order to relieve serious overcrowding and to provide suitable care for the rapidly growing collections. All such attempts have failed; the latest attempt, carried to a high point in 1955, stalled when the Department of Defense decided that

construction funds for a new building would not be carried in the Defense budget for fiscal year 1957, now before the Congress.

*Legislative action*

In February 1955 the Task Force on Federal Medical Services of the Hoover Commission released its report. Subsequently, in the summer of 1955, five identical bills looking toward implementation of the recommendations of the Hoover Commission were submitted to the Congress. In the Senate these bills were referred to the Senate Committee on Labor and Public Welfare, of which Senator Lister Hill is chairman. Senator Hill and his colleague, Senator John F. Kennedy, have now drafted a substitute bill which was submitted to the Congress in March 1956 under the title "A bill to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine."

Chairman HILL. We want to welcome you, Dr. Gregg, and the other distinguished members of your panel at this time. We are very proud and happy to have you here, sir. We realize you are very busy men—men engaged in most vital and important work. We appreciate your coming here at great personal sacrifice.

The very fact that you are here testifies to the importance and the urgency of the passage of this bill. I am going to ask you, please, sir, for the sake of the record, to just present each member of your panel at this time, and then you may proceed.

**STATEMENT OF DR. ALAN GREGG, VICE PRESIDENT OF THE  
ROCKEFELLER FOUNDATION**

Dr. GREGG. Senator Hill, the panel here assembled is first, Dr. De Bakey, who is professor of surgery at Baylor University College of Medicine in Dallas; Dr. Churchill, on my left, professor of medicine and chief of the General Surgical Services at Massachusetts General Hospital, who was with me on the Hoover Commission task force; Dr. Frank Glen, professor of surgery, Cornell University School of Medicine, representing the American College of Surgeons; Dr. Frank Forster, second on my left, dean of medicine at Georgetown University, who represents the Association of American Medical Colleges; and Dr. Henry K. Beecher, professor of research and professor of anesthesia at the Harvard Medical School.

Chairman HILL. And you are vice president in charge of medical affairs of the Rockefeller Foundation?

Dr. GREGG. Yes; technically I am just simply vice president. Medical affairs have been my main concern these many moons, since 1931.

I want to start very simply and I will cut my time down so my colleagues can have more. I just want to make 1 or 2 simple points.

Nobody denies that a library is the source of information. Take that word "source"—what is it in French? It is "source." It means a well.

There are two kinds of wells. One is a hole that is driven in the ground deep enough to get the seepage of the water. Water just naturally collects there. And some libraries are just natural collections.

The other kind of well is a well that is also called a spring or a well spring. And out of that comes water all of the time. And it is usually found at the head of large rivers because it is producing the water that will make what we call a river.

Now, those are really quite suggestive as an analogy to two kinds of libraries.

One is a library that acts purely as a storage place. And the other is the constant source of water coming out steadily under something like its own pressure.

Now there are libraries in other countries—and I won't make any invidious remarks, but there are countries that I have seen and lived in where libraries are simply deposits, one might almost say prisons for books. Nothing ever gets out of the library. And the loss of a single volume is considered a complete calamity. The number of users is a matter of complete indifference. And those I would compare to stagnant wells.

It is not too much of the spread eagle to say that one of the really high quality things we do in this country is the management of libraries—this, together with the delivery of clean milk every day regularly and the management of good telephone service. It is a peculiar genius of American civilization to run libraries that are used, usable, and the servants—the eager servants—of people.

Now we have both of those functions, storage and use, in the Surgeon General's Library to a degree that is extremely important.

The American view of the library is that of a flowing spring.

I would like to speak very briefly on two things. First is the relation of the library to research. It is absolutely essential in the early stages of planning research work to find out what other people have thought and have done in the field. And with the Government spending as much as it is now spending in the support of medical research, I should think it is foolish to pay no attention to the maintenance and the serviceability, the effectiveness, of the greatest collection in the world.

Incidentally, the Surgeon General's Library as it used to be called, has won great admiration in the medical schools and research institutes in Europe where I was for 7 years. They are filled with indebtedness and gratitude to America for maintaining such a thing, especially the index medicus which was a running account of the publications of the world.

The relation of a good library to teaching is shown by the fact that all good universities have a university library, a central point which functions and services every department and all of the combinations of departments that are found in universities, and it is centralized.

One thing I want you to bear in mind in contrast, is the equipment necessary to do many kinds of research. That is, that with the passage of time, if the books are well housed, the library's value constantly increases. That cannot be said of instrumentation.

So you are on something that is steadily growing more valuable if the rain does not come in on it and if the volumes can be taken care of in the way that they require.

I am going to leave a great deal of the statistics, so to speak, and the simple facts to my colleagues; but there are over a million titles in that library now, 25,000 volumes a year are received, 133,000 volumes are put in the hands of workers. It is 69 years old and the present housing is something of which perhaps the less said the more comfortable we would be. But not the better.

Another thing, the art of communication of the printed word and diagrams is steadily improving. I would not put it past possibility that if well housed this library could be made many times more effective for the quick and wide dissemination of information.

And I think further, that under national auspices, the chances are that support would come from foundations in various fields which does not come now, because the library is considered almost a private preserve of one branch of the Government.

One more thing: I would like to render tribute to the amazing phenomenon of the biggest medical library in the world being maintained, first, by the Army exclusively and then by the Armed Forces. It is an astonishing treasure house.

I think much is to be credited to the genius and the brilliance of Billings who was the head of it from 1865 to 1895 and built up a magnificent institution.

I now would like to call on Dr. De Bakey.

Chairman HILL. Dr. De Bakey.

**STATEMENT OF DR. MICHAEL E. DE BAKEY, PROFESSOR OF SURGERY, BAYLOR UNIVERSITY COLLEGE OF MEDICINE, HOUSTON, TEX.**

DR. DE BAKEY. Mr. Chairman, I would like to begin my statement by reading a very brief statement that I have prepared upon what I regard as the need for and significance of the National Library of Medicine.

The fundamental need for the establishment of a National Library of Medicine lies in the essential purposes it serves in preserving, supporting, and advancing the health of the Nation.

These purposes are achieved through its functions of providing ready accessibility to recorded knowledge in all phases of medicine and related fields of endeavor. To carry out this function it must collect, house, and index publications in medicine and allied sciences from every available source including book, monographs, journals, periodicals, and other documents.

By maintaining such a repository of medical and health literature and with appropriate cataloging and indexing to provide adequate bibliographic control this knowledge becomes readily available for both research and educational purposes to advance the medical and health standards of the Nation.

Access to this recorded literature and the ready dissemination of this scientific information are of vital concern to research workers. Progress in medical research is dependent upon the development of new ideas and hypotheses and new techniques as well as the provision of scientific data.

As these are recorded in current medical scientific literature they become available to research workers, but the availability of this recorded material is dependent upon adequate indexing or bibliographic control.

This then becomes a vital and essential function of the library, for through this activity research workers can easily find and quickly obtain current scientific information on new ideas, techniques, and other experimental developments which may be drawn upon and incorporated in their own studies to advance the frontiers of medical science.

I have dwelt upon this point because I regard it as one of the most important functions of the library. And it is a function which the present library, medical library, has attempted to do under the most

difficult circumstances because of the inadequacy in my opinion of the legislative basis for their present function. I will come to that in just a moment.

Similarly in the practice of medicine and in the application of new knowledge to provide a better understanding of disease and its effective control, the library serves an essential purpose. By collecting and indexing current medical literature the latest information on disease processes and their effective treatment becomes currently available for clinical application by medical practitioners in their efforts to promote and elevate the health of our people.

Still another and highly important function of a National Library of Medicine lies in its usefulness for intelligence purposes. By collecting medical publications from all countries and in all languages it becomes possible to draw inference regarding the state of medicine in these countries and their health resources, as well as special disease problems that may be indigenous to particular areas. Such information is of value in estimating the basic economic situation of a country as well as their level of scientific development.

These and other important activities of a National Library of Medicine emphasizes its highly important function in preserving and promoting the health of the Nation. It is, therefore, essential that our Government establish and support such an institution.

Now I would like to turn to a point about the library which I think is essential to this legislation.

In 1951 I wrote a little article on the current situation in the Army Medical Library which the following year became the Armed Forces Library and to which reference has already been made by Dr. Gregg.

And I would also like to express my own appreciation and tribute to the Armed Forces and, particularly, to the Army Medical Department for the manner in which it attempted to develop this library as the greatest medical library in the world today.

After reviewing the effort that had previously been made to provide adequate funds to carry out the functions of the library in a manner in which we all wish to have it carried out as a national library and also in a manner in which the Surgeon General of the Army had himself tried to establish the library as a National Library of Medicine, I made the following statement:

I should like now to consider certain factors which have increasing importance in my field.

The first concerns the functions of the library and the legal basis for these activities. Actually, the present functional activities of the library have simply grown like Topsy, chiefly through the momentum provided by the genius of Dr. Billings.

No one would deny the importance of these activities to medical science. Indeed, they have become an indispensable service which can be supported only through Federal funds. But authorization for expenditure of funds for this purpose has at best been on a tenuous legislative basis.

Although Army regulations state that the Army Medical Library is a National Library for Medicine and Related Sciences—that I might say is the effort on the part of the Surgeon General to develop the library along the lines which we have indicated—there is no firm legislative basis for this statement.

Legislative authorization for the library lies in the provisions of the Joint Congressional Resolution of April 12, 1892 and the act of March 3, 1901, which placed the resources of the Army Medical Library at the disposal of the duly qualified individuals in the States and Territories and the District of Columbia.

The real effort on the part of the Armed Forces, the Army, to develop the library as a national library began at that time.

In these congressional resolutions there is no evidence that it was the intent of Congress to have the Army Medical Department operate a National Medical Library despite the interpretation given them in the Army regulations. But Army regulations do not constitute adequate authority for expenditure of funds for this purpose.

The fact remains, however, that it has grown into our only national medical library, to a large extent owing to the interest of Dr. Billings, and to the stimulus provided by the growing need for one. No one would deny this latter fact. Indeed, much of the criticism concerning the operation stems from the belief that it does not meet this need adequately.

The Army Medical Library is now in the curious position of having been developed by a military agency into a national institution, primarily for civilian purposes and expected to fulfill this function without proper authorization.

This I believe is the heart of the problem. It accounts for much of the difficulties encountered in the proper development and operation of the library.

When the Surgeon General attempts to seek adequate funds to operate it properly as a National Medical Library he encounters difficulties in justifying it either on military or legislative bases. Even the funds which are now expended in its operation and which are admittedly inadequate for the purpose of national purposes of the National Medical Library are questioned on this basis both in the Military Establishment and in the Bureau of the Budget.

Moreover, as the cost of the Military Establishment increases producing growing competition for these funds, such scrutiny of the library departments will be greater, not less.

For these reasons I have come more and more to the conviction that the problem of the library cannot be resolved without adequate legislation to define this responsibility and establish it clearly as the National Library of Medicine.

Thank you.

Chairman HILL. Thank you.

Dr. GREGG. I have nothing more. I would like to introduce Dr. Churchill.

**STATEMENT OF DR. EDWARD D. CHURCHILL, HARVARD UNIVERSITY SCHOOL OF MEDICINE, CHIEF OF THE GENERAL SURGICAL SERVICE OF MASSACHUSETTS GENERAL HOSPITAL, AND FORMER MEMBER OF THE HOOVER COMMISSION TASK FORCE ON MEDICAL SERVICES**

Dr. CHURCHILL. I have no formal statement to submit, sir.

I was a member of the task force of the Hoover Commission that brought forth this recommendation. I need hardly remind this audi-

ence that the governing spirit of the Hoover Commission was one of economy, the establishment of efficiency.

Yet this recommendation which in essence is to spend money to build a building was thoroughly discussed under the leadership of the small group headed by Dr. Gregg, and it was taken to the Commission almost as an urgent measure before the formal report was submitted.

In essence we were striving for economy. We were striving to prevent waste. The Government already possesses this library. A library is not a building. It is a collection of books. This already exists.

We simply are urging proper housing, proper legislative authorization for this library, so that it can continue to function.

How does this library work? Before I knew of this hearing today, last week I had a chance to come across a reference that I thought would be important in my work. I wrote it out on a slip of paper and handed it to my secretary. "Would you get me this book?"

Within 2 or 3 days it was on my desk. She said, "You know, we had to send to the Surgeon General's Library for this book."

I said, "Oh, did you?"

Now we have a few books around Boston. We have three university libraries. We have three medical school libraries. We have the great collection at the Harvard University. We have the Boston Medical Library—one of the other great collections of medical books in this country. It was not available in the Boston area.

If it had been a particularly precious book then I would have probably been provided at small cost with a photostatic copy of that book which I could have had.

That is the way this library actually works in day-by-day service to people in medicine and allied fields.

These interlibrary loans bring this great collection to the desk of any doctor in the country.

Thank you, sir.

Chairman HILL. Dr. Gregg.

Dr. GREGG. I would like to call on Dr. Glen, professor of surgery at Cornell.

#### STATEMENT OF DR. FRANK GLEN, PROFESSOR OF SURGERY, CORNELL UNIVERSITY SCHOOL OF MEDICINE, REPRESENTING THE AMERICAN COLLEGE OF SURGEONS

Dr. GLEN. Gentlemen, I am primarily a school teacher, concerned with training surgeons in this country. It has been my life occupation.

One of the most important things that we have to do today is to make use of the available facilities that we have in this Nation of ours.

Over the past number of years there have been a great increase in our hospital beds and in our hospitals. There probably has also been an increase in the proportion of doctors to our population.

Now the advancements in medicine over this period have been much more rapid than ever before. In order that we may have a source of authoritative information available for those who are using these increased facilities which provide for the better care and health of our people, it is most important that we try to keep a library abreast with what is going on. It is important that we give it as much attention

as we give the modern structures that we are building to take care of the individual patient. The future depends in our patient care upon our ability to do research work and to teach those who are going to use these facilities.

I need not tell you that the physical facilities of the present buildings are not adequate. There are in cities far removed from Washington books that we need very much to have housed here so that they can be more effectively used. That is an extremely important thing for our medical schools. And if it is important for our medical schools, it is important for our hospitals; and, therefore, for our patients.

The surgeons of this country, I can assure you, are very much in favor of this. I officially represent the American College of Surgeons. It happens that I am at present attending a meeting in White Sulphur Springs where is meeting the American Board of Surgery, and yesterday they took official recognition of this bill to record in the minutes of their proceedings an enthusiastic and unanimous support of this proposed legislation.

There is also a meeting the latter part of this week, of the American Surgical Association, a group of surgeons that are highly representative of teachers of this country. I am sure this will be discussed there. I think that I can assure you that they will support this in every way they can.

We have not only an obligation to take care of what we have in the way of whatever is in our library at the present time, but we have an obligation to protect the future, the new developments and the making of them available in the easiest possible way to our people.

In New York City the New York Academy of Medicine is indeed a fine library. I can duplicate somewhat Dr. Churchill's statement by saying that we frequently have to go to the Surgeon General's Library for additional material. If this be true for a metropolitan area like New York, then surely the same will hold true throughout the breadth of our land.

Chairman HILL. Thank you, Doctor.

Dr. Gregg.

Dr. GREGG. Next we call on Dr. Frank Forster, dean of medicine at Georgetown University, who will represent the Association of American Medical Colleges.

**STATEMENT OF DR. FRANCIS FORSTER, DEAN OF MEDICINE,  
GEORGETOWN UNIVERSITY, REPRESENTING THE ASSOCIATION  
OF AMERICAN MEDICAL COLLEGES**

Dr. FORSTER. Mr. Chairman, it is a privilege to represent the American Association of Medical Colleges.

I am Dr. Francis M. Forster, dean of Georgetown University School of Medicine, and am here today representing the American Association of Medical Colleges. This association represents all the medical schools of the United States and the purposes of the association are the interchange of knowledge on medical education and the maintenance of standards of medical education.

This association has a great interest in the education of future physicians and the development of medical research from the standpoint of its impact on education. With these interests in medical

education, the American Association of Medical Colleges is quite naturally deeply concerned over the status of the Armed Forces Medical Library.

The Armed Forces Medical Library is the repository of almost all of the advances made in medicine. The Armed Forces Medical Library is unique in its adequacy, as there is no other collection of medical literature that can compare with it in this country, or indeed in the world.

The library presents the greatest collection of current journals available. There are older medical libraries in this country, such as that of the College of Physicians in Philadelphia, of which I am privileged to be a fellow, and the Boston Medical Library.

While these other libraries are outstanding, they in no way approach in completeness the coverage provided by the Armed Forces Medical Library. Careful husbandry and gathering of volumes over a period of many years has built for the Armed Services Medical Library a tremendous collection of complete volumes of journals. The collection of monographs and books is as near to perfection as is humanly possible.

The American Association of Medical Colleges is interested in this library, not as a collectors item, but as a functional utilitarian service to medical education in this country. We as educators are fully cognizant that any advance in medicine that was ever written down has almost certainly been recorded in this great library.

This means that the faculty members of the some 80 medical schools in this country can obtain by means of the postal service and micro-filming service, within a few days, copies of the originals of these priceless manuscripts, books and other references, and get them into any nook and cranny of the country.

The service that the library renders to medical education can best be demonstrated by quoting from the statistics of 1955. The total circulation from the library was 168,125.

This included 92,000 photo duplication requests, 37,265 library loan requests.

In order to appreciate these services it must also be realized that the more common journals are seldom requested from the Surgeon Generals Library because these are available in many of the smaller libraries. These requests then are not for the Journal of the American Medical Association, or some equally easily obtainable journal, but are for the rare and difficult issues.

The tremendous volume of service rendered, however, is more fully appreciated by realizing that in 1955, 1,640,732 pages of scientific documents were filmed by the library. In this way priceless volumes that could not be entrusted to leave the library itself were made available to any educator or scientist, in any nook or cranny of our country.

In addition to this million and half pages filmed, the library provided 704,785 photostats and photoprints, thus making available documentary evidence of advances in research and education.

During 1955 some 10,000 investigators and educators were having difficulty finding a key reference and in all these instances the library was able to place the scientist on the trail of the muchly needed reference; 405 times the library was able to prepare a complete bibli-

ography for an investigator, thus gathering all the references for all the work that was ever done on the particular subject in medicine.

Through the years the library has rendered similar service and the year 1955—from which these figures were quoted—is not an exceptional one by any manner or means.

That the library has long served such a function can be illustrated very well by the contributions of an alumnus of Georgetown, Dr. Fielding H. Garrison. Dr. Garrison was a lieutenant colonel in the Medical Corps of the Army and by working closely with the librarian he wrote the first edition of his *History of Medicine* in the year 1913.

Garrison's *History of Medicine* is the outstanding volume in the field of history of medicine and is the reference to which we still turn for definitions of achievements in medicine.

Without the Surgeon General's Library this volume could never have been produced. These services rendered by the Armed Services Library add a note of completeness in the teaching of medical students and the research carried on in the medical schools.

Medical education at the present time in the United States is at its highest level and is undoubtedly the finest in the world. This status of medical education, indeed of medicine, in this country is in no small part due to the Armed Forces Medical Library.

This great library, standing as it does in an antiquated condemned structure, is in a more precarious position than was the great library of Alexandria, when Egypt fell before the conquering hordes, but the danger is greater than the danger to the library of Alexandria, because the Armed Services Medical Library is superior from the standpoint of medical education to anything available in ancient Greek or in modern times.

The American Association of Medical Colleges earnestly requests that the Congress of the United States authorize and appropriate for proper housing for this great library. Considered only as an archives, or as a collectors item, this library deserves adequate housing. Considered as a functional dynamic force in medical education and research, the need for housing is even more obvious and so also is the need for providing continuing guidance and direction under scientifically and professionally capable supervision.

Chairman HILL. Thank you, Doctor.

Dr. GREGG. Now Dr. Beecher.

**STATEMENT OF DR. HENRY K. BEECHER, DORR PROFESSOR OF RESEARCH IN ANESTHESIA, HARVARD UNIVERSITY, AND DIRECTOR OF THE DEPARTMENT OF ANESTHESIA, MASSACHUSETTS GENERAL HOSPITAL**

Dr. BEECHER. Dr. Gregg, Mr. Chairman, the Armed Forces Medical Library is already a matter of national pride, I think it is fair to say. This is everywhere recognized.

The question is, at least as I understand it, how best to preserve this extraordinary possession of the Nation.

My colleagues have already summarized many excellent reasons describing the importance of this library and as to why it might better be preserved in another form. And I would like to comment on what Senator Hill has already spoken very well in the Congressional Record, of another reason, namely, that if this were made into a National

Medical Library it might be the target for many private gifts. There are well-established precedents for that in the National Art Gallery and other national institutions.

Certainly, this library can best be preserved and utilized, I believe, as a national library.

Well, the significance, of course, is to the Nation as a whole, but like all great institutions of that kind it has meaning for individuals.

I should like to mention as pointedly as I can what this library means to me as a working medical investigator. My secretary and I checked up to see how much use I had made of this library in the past 6 months. I find that I have written 6 letters to Colonel Rodgers, all of which he has answered. I have written 12 other notes to the library as a whole. And in that half year period notwithstanding the fact that Boston has many excellent medical libraries I have had copied 282 articles in their entirety.

Well, this is a personal matter, but when this is multiplied by a good many thousand instances, I think that the usefulness of this library becomes at least very great.

It seems to me that anything that might be done to facilitate the usefulness of this library and to lighten that load would be an admirable thing. In fact, I think this whole proposal can only be described as a most admirable thing.

Chairman HILL. Is there anything else you would like to add?

Dr. GREGG. That terminates the first list of witnesses.

I would like to say that I have studied all 3 of these bills. I have discussed S. 3430 more than the other 2. I think the precise wording of S. 3430 is, from a brief glimpse of the complexity that I have seen in making bills, astonishingly good. I have no single point to take exception to.

And in a certain sense, I know more about, and feel more enthusiastic about, S. 3430 than the others. I do not want to make any invidious remarks. But I have to stick to what I know the best.

I would simply like to finish this end of it by saying this: This is a deeply important thing to the future of medicine. It is a curious fact. It is a deeply important thing from a human point of view, because it isn't this country alone that this library services, it serves all of the serious workers in the world in the field of medicine. And this isn't merely fighting a rearguard action to protect a collection. It is giving a real youth and real energy to the library because with the improvement of communications, techniques like scanning machines and reproducing machines of one kind or another, we can all go to this much more effective source or origin or wellspring of medical knowledge.

Chairman HILL. Are there any questions?

Senator PURTELL. I would like, first, to thank the gentlemen for coming here and giving us the value of their knowledge, on this most commendable piece of proposed legislation which I cannot visualize as having too much opposition.

I wondered, however, whether you or your colleagues would like to express an opinion as to this—and I think probably this is the only unresolved question—whether this library should be independent or under Health, Education, and Welfare or under the Library of Congress or the National Institutes of Health. Would you wish to express an opinion, or would any of your colleagues like to?

Dr. GREGG. I would like to ask any of my colleagues that want to say anything on that first to express themselves.

Dr. DE BAKEY. I would like to express an opinion in regard to the importance of the medical library being associated with or in some way having a medical climate, so to speak, because it has been the general experience, I believe, and history has shown, that a medical library grows and flourishes under the influence of medical needs. It stimulates the need for a medical library which makes it grow and develop and flourish.

In that regard I believe that while it possibly could serve the purpose, we believe it should serve as an entirely independent agency. I think that in time it might be best placed in Health, Education, and Welfare, but I would like to at least express the belief that the principles of the Board, the Board of Regents, as so well described in the bill S. 3430, that that be preserved no matter where it is placed, because I think a governing board having an intimate contact with the operation of the library could help give it the guidance which I believe is essential to its greatest development.

Chairman HILL. I think Dr. Glen wished to make a remark.

Dr. GLEN. Yes, Senator. I would like to support what Dr. De Bakey has said, and emphasize the importance of maintaining a board such as is set forth in the bill to control, such as stated in the bill, the library so that we will maintain wide interest in it. It is most important as this country grows, as it continues to grow, that there be good representation on the Board.

This good representation, it seems to me, must not only come from those who are directly in contact with medicine but from those lay groups who are supporting such a structure.

Senator PURTELL. May I say I am most interested in hearing this. It occurred to me that the best place for it certainly would be under a board such as has been suggested or a board of like nature under Health, Education, and Welfare.

I am very happy to hear the doctors say so.

Chairman HILL. Are there any other comments?

Dr. CHURCHILL. Sir, I think we are all university men. And we discussed this point at great length. A collection of books transcends any department in the university. It is not departmentalized. A curator usually is responsible only to the university president or trustees. We took that pattern because we saw the wisdom, we thought, with reference to our Federal Government.

We are amateurs so far as the Federal Government is concerned.

You will notice in our report of the task force we suggested attaching it in some loose way to the Smithsonian Institution but I think the phrase "almost autonomous" was used. We thought we had to connect it in, as the Army says, with supplies and maintenance.

Personally, I would prefer to see it absolutely independent, transcending any Government department, if Congress in its far greater wisdom of organizing could agree to that.

Chairman HILL. Any comment?

Dr. GREGG. I would like to make this comment, that in working on the Hoover Commission, there seemed to be one rather categorical objection to making it completely independent. And that was we were told that Mr. Hoover was not going to create any more completely independent organizations in Government. [Laughter.]

That was, so to speak, the thing I did not want to hit. It was suggested that the Library of Congress take it. I went all through that and found that the Library of Congress did not want it.

I was also told that there was something roughly the equivalent of sibling rivalry between the Surgeons General. And that it would be better to give it some sort of status independent of the four Surgeons General.

I was told that the Smithsonian had a lovely arrangement on the subject of the National Art Gallery. And maybe the Smithsonian would be amenable or open to a comparable suggestion. This I cleared in a completely informal way for reasons, we will say, of discretion.

It does not trouble me at all that the present bill suggests that it be put in as a part of Health, Education, and Welfare or of the United States Public Health, with one rather important provision: I want it to have an identity of its own, so that it does not get treated as just one of these departments. I want to keep in mind the idea that a university library has a status peculiarly independent and yet is serving all of the other departments. I think with that I make my point clear.

Do any of my colleagues want to add to that? If not, that is it. Chairman HILL. Are there any other questions?

Senator PURTELL. No.

Senator LEHMAN. I notice in S. 3430 that provision is made for turning over to the National Library of Medicine the existing Armed Forces Medical Library's collection of records and equipment.

Is it proposed that the collection of any other libraries now under Government control also be turned over?

Dr. GREGG. No, sir; not to my knowledge.

Senator LEHMAN. I assume—I do not know—that the Public Health Service because of its long experience has a great many valuable records brought together. I assume that the Library of Congress also has such.

Would these remain attached as they are now or would they be in any way brought into the field of the new library?

Dr. GREGG. It is not planned so far as I have understood in reading S. 3430 that any other libraries are now committed to this plan of the future. I haven't any doubt that there will be examples in the future where it is found more convenient to have them in the central library and that will be done on the responsibility and free will of those libraries that want to turn some of their books over.

I think it is a very reasonable assumption to say that the work of the Library of the United States Public Health at the present time is more on the side of, though it may not be exclusively so, of a working library for the needs and, especially one might say, the past needs of the United States Public Health.

Senator LEHMAN. Would the working libraries of the various medical schools remain undisturbed and unattached?

Dr. GREGG. Yes.

Senator KENNEDY. Some reference has been made to the service that the library is now performing to the medical profession. How, exactly, under its new status, if this bill is passed, would the library be of greater service under an independent status than it has been up to the present time?

Dr. GREGG. I think that my first inclination is to say that the proper housing and arrangement of the collections would facilitate enormously that outside lending and provide the necessary machinery as well as make possible greater economy.

I would also think that by so much as the library establishes its status as a national library and in a certain sense not just the prerogative of the Armed Services, there would be more of an inclination both to use it and to contribute toward its support on the part of persons in civilian life. Those seem to be the main two.

I have no doubt Colonel Rodgers would be a better person to tell you the answer to that question than am I. But I am certainly sure of those points.

Senator KENNEDY. What is the opinion of this panel representing a wide group medically interested, whether it would make a substantial contribution to medical progress if it were removed from the control of the Department of the Army, the Department of Defense, however well they have handled it, and it were placed in an independent status? What is their opinion?

Dr. GREGG. That is the old factor of participation. If you get the people behind the thing on paper to actually participate, some very unexpected advances accrue.

Senator KENNEDY. Thank you very much.

Chairman HILL. I think, Doctor, we will all join in the tribute that you paid to the Armed Forces. And, particularly, I think we should pay tribute to the Army and to the Surgeons General of the Army who have built up this magnificent library through the years.

Dr. GREGG. A perfectly remarkable accomplishment. I very sincerely feel that. I do not see how it was done. But it is done and here it is. It is a heritage that we might make more valuable than otherwise it would be.

Chairman HILL. As so well suggested by Senator Kennedy's timely question, to take this library and house it and set it up as is now proposed, as you gentlemen are asking, would make it much more of an object, may we say, for contributions from people everywhere. They would take an interest in it and make contributions. And surely I think it would be much more of a challenge so far as its use is concerned.

Dr. GREGG. That is correct.

Chairman HILL. Just lift it up—isn't that true?

Dr. GREGG. I think you will have testimony from some of the librarians here today on just that point.

Chairman HILL. I think the analogy that you drew between the proposal for this library, and the National Gallery of Art, which we usually speak of as the Mellon Art Gallery, is a very apt analogy.

Gentlemen, we certainly want to thank you. I will have to admit my partiality to doctors as a son of a doctor, a nephew of a doctor, the brother-in-law of 2 doctors, the first cousin of 5 doctors, and as one who bears the name of a very great doctor, Joseph Lister; and I think I might add one who has two trademarks on him, having been twice operated on by the late great surgeon, Dr. Charles Mayo of the Mayo Clinic.

But I think I can say this in spite of my partiality—having been in Congress some thirty-odd years, in the House and in the Senate—I do not think I have ever witnessed a more brilliant array of dis-

tinguished, outstanding witnesses than we have here this morning. You gentlemen of this panel and the witnesses who will follow you, truly to me represent a very inspiring group.

I know that you are in a hurry to get back to your other meeting at White Sulphur Springs. On behalf of the committee I thank you and express our deep appreciation.

Dr. GREGG. We thank you very much.

Chairman HILL. Dr. Frank Berry.

Doctor, you are here as Assistant Secretary of Defense on Health and Medicine, representing the Department of Defense. We want to welcome you and tell you we are very happy to have you here. We will be delighted to have you proceed in your own way, sir.

#### STATEMENT OF HON. FRANK B. BERRY, M. D., ASSISTANT SECRETARY OF DEFENSE (HEALTH AND MEDICAL)

Dr. BERRY. Mr. Chairman and gentlemen, it is indeed a privilege to appear before you today to present the opinion of the Department of Defense, as well as my own, on S. 3430, a bill to establish a National Library of Medicine.

To review its history briefly, in August 1950, the Secretary of Defense requested that the Division of Medical Sciences, National Research Council, study the question and advise upon the status of the Army Medical Library. Its report was dated May 5, 1951 and concluded:

The Army Medical Library has become in the fullest sense the National Medical Library. Its services must be continued in the interest of both military medicine and of the civilian profession. Their magnitude is so great that continued financial support by the Government is necessary.

The Army Medical Library should continue to be operated as a National Medical Library under the administration of the Department of Defense.

Legislation on behalf of the library should prescribe the creation of a small governing board including representatives from the medical and library professions, drawn from nongovernmental as well as pertinent civil and military agencies. This board should be given detailed responsibility for directing the policy of the library.

A new building is imperative. This should be designed primarily for safety, efficiency of operation, and ready expansion.

These are the pertinent recommendations from the report of that committee. Because of the trouble in Korea and the unsettled conditions of world affairs, no immediate action was taken.

The needs for funds within the Department of Defense for purely military purposes were so pressing that action was deferred by the Secretary of Defense, although this subject was repeatedly considered by him.

The Hoover Commission of 1955 recommended, as you know—

that legislation be enacted to establish a National Library of Medicine as a division of the Smithsonian Institution, with a board of trustees to be selected by the Board of Regents of the Smithsonian Institution; and that the board of trustees be responsible for directing the policy of the National Library of Medicine.

The medical collections, staff, and activities of the Armed Forces Medical Library should be transferred to these trustees. Housing and a budget adequate for the National Library of Medicine should be provided.

Almost coincident with this report the Congress appropriated \$350,000 through the Department of the Navy to draw up plans for

the establishment of this library within the Department of Defense. Therefore, the Department of Defense with full concurrence of the three Surgeons General commented as follows:

The Department of Defense reserves comment on its support of the above recommendation. The Armed Forces Medical Library has operated in the past under the auspices of the Department of the Army. The Armed Forces justifiably take great pride in its accomplishments and ownership. The basic reason advanced for its transfer by the Commission is to obtain better housing and operational budget for the library.

If the Department of Defense is provided the funds for operation, the cost involved in a functional transfer will be saved and the operational policies for the best interest of the services will continue.

Plans are under way for development of a new building for the library by the armed services. This library is national as well as international in character. To maintain the eminence that has been attained, requires that it remain under the operational authority of a medical service where the needs for understanding and support of its mission will receive conscientious consideration.

It is a matter of record that the Smithsonian Institution has had great difficulty in obtaining funds for its needs over the past years. As recommended, however, the medical library would be under the direction of its own board of trustees within the structure of the Smithsonian Institution.

Without a basic endowment for administrative purposes, who knows whether or not the proper financial support would be improved by such transfer. Another basic argument against its continuance under the Department of Defense is that it must compete budgetwise with missiles, weapons, and materials more germane to the Department of Defense.

Unless assurance can be given of proper endowment and adequate budget support each year under the proposed recommendation, then there is no advantage in such a transfer. The essential problem is what is best for this internationally famous medical library, the foremost library of its kind in the world.

Again, because of the greatly unsettled condition of the world, the size of the defense budget and the very great need for expansion in our weapons field, increasing length of runways, need of continuing development in our airplanes and guided missiles, these appropriated funds could not be apportioned by the Navy for the plans for the Armed Forces Medical Library, situated on the property of the National Naval Medical Center at Bethesda, Md.

The Secretary of Defense personally reviewed these apportionments and conscientiously believed that with the present state of world affairs, as far as the Department of Defense was concerned, the library would again have to be deferred for the above-stated reasons. We were very happy, therefore, to note the introduction of the present bill by Senators Hill and Kennedy, establishing a National Library of Medicine as an entity in its own right.

On January 6, 1956 we amended our original reply to recommendation No. 23 of the Hoover Commission as follows:

Since the original preparation of this report by the Assistant Secretary of Defense (Health and Medical), certain actions have been taken which have resulted in further delay in the proposed construction of the Armed Forces Medical Library facility.

The important factor to be considered in this instance is the assurance of early construction to house properly this priceless library and to obtain legislative authority to assure the necessary funds for maintenance and operation on an adequate and continual basis. A building site is presently available on the grounds of the Naval Medical Center, Bethesda, Md.

It is reiterated that the operation of this library of national scope should be under a Federal agency with a definite medical interest where understanding and support of its mission will receive conscientious consideration, and with its own board of trustees or governors. It is recommended that the Surgeons General of the Army, Navy and Air Force be members of any such board of gov-

errors due to their long interest and experience in the management of this facility.

In going over this matter with the three Surgeons General, it has appeared to all of us that the paramount goal to be attained in order to protect the library building and this priceless collection of books, both of which are rapidly deteriorating, is by legislation which will provide for a new and adequate building with adequate room for expansion and with provision for adequate funding and annual budgetary needs.

Thus the now separated collections in Cleveland and Washington can be brought together under one roof. The Department of Defense and the three Surgeons General regret that it appears to be unwise to attain this objective within the Department of Defense because of the original conception of an establishment and development of this library by the Department of the Army, and more recently by the three armed services.

There is, therefore, much sentiment attached because of the interest of the Department of the Army since 1837 when Surgeon General Lovell first gave his personal collection of books as the nucleus upon which this great library was founded.

We believe that while tradition and sentiment should yield and grow with the times, they should not be cast entirely aside. They have certain inherent values in the growth and character of any nation.

My recent conversations with the three Surgeons General were therefore in favor of this bill but would prefer that the bill as finally enacted would provide for the continuance of this National Library of Medicine under recognized medical auspices, such as the Department of Health, Education, and Welfare. This great Department truly represents civilian medicine and forms a close link between civilian and military medicine. We urge also that the Surgeons General of the three Armed Forces be members of the Board of Regents as a recognition of their work in the past in developing and carrying on this great library.

I trust the committee will accept this statement in place of the usual letter form report.

Chairman HILL. Doctor, you then with the three Surgeons General favor the transfer of the library, but it is your preference that the transfer be so made as to have the library under the Department of Health, Education, and Welfare, is that correct?

Dr. BERRY. That would be our preference; yes, sir.

Chairman HILL. Doctor, I presented you as Assistant Secretary of Defense, which you now are, but you will give us for the record, too, your position before you came with the Department of Defense?

Dr. BERRY. Yes. Before I came here I was professor of clinical surgery at Columbia University.

Chairman HILL. That is the old Physicians and Surgeons?

Dr. BERRY. The old P. and S.

Chairman HILL. Senator Purtell.

Senator PURTELL. Nothing at all except I am most interested in hearing the doctor's testimony.

Senator LEHMAN. No questions.

Senator KENNEDY. Doctor, the testimony by the previous panel indicated that one of the reasons that they made their recommendations that connection be established with the Smithsonian, was the feeling

that the Chairman of the Hoover Commission would be reluctant to add to the present burden.

We have been holding hearings in the Subcommittee on Reorganization on the Hoover Commission reports, and President Hoover has testified about his concern that there are 65 independent agencies now reporting to the Government.

My own feeling—and I would be reluctant to make this the 66th under ordinary conditions—but I am not sure that this would in fact increase the present burden very substantially, particularly with the Board of Regents set up to supervise it.

So long as you are going to take it out of the Department of Defense and make it a National Library, it seems to me that there would be some advantage in having it have an entirely independent status belonging to all of the agencies of Government and belonging to the country, rather than making, which inevitably it would become, less of a National Library and more of a wing of the Department of Health, Education, and Welfare.

Does not that seem to you to make sense?

Dr. BERRY. I think you gathered both from Dr. De Bakey and Dr. Gregg that the establishment of the National Library with adequate support is really the important thing. It is purely a matter of slight preference one way or the other with us, so long as everybody wishes and desires that there may be continued support for this library which is now suffering so badly.

Senator KENNEDY. In other words, while there may be some slight feeling that it should be under the HEW, the Department of Defense in transferring its interest does not, in your opinion, feel strongly on this question. You would accept the subcommittee's judgment on this matter? It is not a matter of great importance to the Department?

Dr. BERRY. Yes, sir.

Senator KENNEDY. Thank you very much.

Senator PURTELL. May I ask you this? You are expressing now your own opinion in this particular matter as to whether it is of great moment whether it becomes a part of HEW or completely independent of any other agency.

Dr. BERRY. No, sir; I expressed the opinion of the three Surgeons General as well as our own and the members of my civilian council—of which there are six from civilian life with several alternates—in stating that the paramount issue is a new building and adequate funds to support it and what in your judgment, in your knowledge of the Government, you deem would be best long those lines, in the best interest for it.

Senator PURTELL. Of course, obviously, the paramount matter is this building and a place in which we can house these necessary volumes.

But then we come to the question of most effectively using them. It seems to some of us—certainly it seems to me—that it was a little more than just, well, I might say, of little importance—it is just more of little importance, to be housed in such an agency of HEW where perhaps greater use can be made of it, an agency which is presently looking after the national health of the people.

I gathered that you indicated it was not of major importance or even of much minor importance. I wonder whether that was the weight you wished to give to your words?

Dr. BERRY. That entered into our decision that we thought here was a going agency that had recently been established, and well established, by the Government, that perhaps that would take care of it along those lines.

Senator PURTELL. Thank you.

Chairman HILL. Do you not think the important thing is to put this library in a position where it is recognized and appreciated by all of the American people as a great National Medical Library, where there would be an incentive, an invitation, you might say, for contributions, and also for the widest possible use of the library—is that not true?

Dr. BERRY. Yes, sir.

Chairman HILL. Thank you.

If there are no other questions we certainly want to thank you very, very much.

Now, Dr. Lowell T. Coggeshall.

I believe you will be accompanied by Dr. Scheele, Surgeon General of the Public Health Service.

**STATEMENT OF LOWELL T. COGGESHALL, M. D., SPECIAL ASSISTANT  
TO THE SECRETARY, DEPARTMENT OF HEALTH, EDUCATION,  
AND WELFARE**

Dr. COGGESHALL. That is correct, sir.

Chairman HILL. We are glad to have both of you gentlemen here with us.

You have come as the medical adviser of the Secretary and we welcome you.

You might state for the record your position before you came to the Department.

Dr. COGGESHALL. I am glad to. Before I came to the Department some 2½ months ago, I was dean of the Medical School and the Division of Biological Sciences at the University of Chicago, and also on the executive council of the American Association of Medical Schools and Universities.

I do not know of any more pleasure that could come to me than to be able to testify on this National Library for Medicine, as you consider the future of the Armed Forces Medical Library. I speak not only as Special Assistant for Health and Medical Affairs to the Secretary of Health, Education, and Welfare, but also from a background of familiarity with the library.

For many years, as a medical investigator and educator, I have used the library and know at firsthand how valuable it is.

The addresses made to the Senate by you, Mr. Chairman, and by Senator Kennedy upon the introduction of S. 3430 demonstrated a thorough appreciation of the indispensable nature of medical libraries in general and of the unique stature of the Armed Forces Medical Library in particular.

As you know, the conquest of disease and the attainment of good health is one of mankind's most arduous and complex endeavors. Virtually the whole of man's achievements in science, in commerce, in technology, in education, and in Government contributes in some measure to the improvement of man's health.

Medical progress—as epitomized by the dramatic discovery of the cause or cure or control of a dread disease—is thus dependent to a large extent upon advances made in many other fields, especially the allied and underlying sciences.

Science and medicine move always from the known into the unknown. Most of what we know of scientific importance has been set down on pieces of paper, published in periodicals, compiled in books, and collected in libraries. The safe storage and ready and wide accessibility of this information is no less important than its original discovery and documentation.

The indispensability of proper organization of the facts we already know was brought home to John Shaw Billings, to whom the Armed Forces Medical Library owes much of its present eminence, while Billings was still an undergraduate student of medicine.

As a student, attempting to write a paper on the surgical treatment of epilepsy, he first became aware of the absence of any index or guide to the published literature bearing on his subject.

In his lifetime, Billings went on to remedy this defect in the structure of scientific medicine through his index catalog and his contributions to the upbuilding of what is now the Armed Forces Medical Library.

Bibliographical facilities such as those built up by Billings have great usefulness. I need not labor this point before this committee which has over the years made plain its understanding of and enthusiasm for medical research.

Let me suggest only that we think for a moment of the medical discoveries which might be delayed because existing scientific facts are not readily available. The history of medicine is replete with instances of the rediscovery of previously known but ill-documented facts.

One student of the subject has observed that—

it may prove quicker to rediscover a known fact than to search and find that fact in the published literature.<sup>1</sup>

A comprehensive medical library, properly organized, staffed, and housed, and extending its services widely throughout the health professions, can help prevent costly duplication of effort and delay of this kind.

I want also to emphasize that the Armed Forces Medical Library is truly a national institution serving all physicians—whether they be engaged in practice, in research, in teaching, or in public health work—and therefore this library serves all of our people.

It is a unique resource that is widely used (as Dr. Gregg pointed out) by all scientists engaged in health research. It serves those in Government laboratories as well as those in private institutions.

Although it was developed originally to meet the needs of the military, the Armed Forces Medical Library has over the years become a depository of unsurpassed importance to civilian medicine.

Through its interlibrary loan service, I am told the library places about 133,000 volumes each year into the hands of those who need them. The staff also answers more than 1,000 inquiries a month (may I say that they answer them promptly), many of which require the preparation of lengthy and detailed bibliographies.

<sup>1</sup> Dick, W. E. *Science and the Press*, Impact 5 : 143 (September), 1954.

Services of this kind are possible only because the Armed Forces Medical Library is the most complete institution of its kind in the world. It is so important to progress in health and medicine that I believe it should be located organizationally in the Federal agency whose primary mission is the promotion and maintenance of better health—that is, the Public Health Service of the Department of Health, Education, and Welfare.

Although the library as developed in the Department of Defense has made its facilities and services widely available, its greater usefulness in the future will depend upon its links with scientific institutions throughout the United States.

I believe that the Public Health Service, through its well-established position in the health field, would offer the library the best possible opportunity to make its optimum contribution.

Especially through its extensive program of research grants and fellowships, the Public Health Service is in continuous and close association with individuals at research and educational institutions throughout the country.

In looking to the future of the proposed National Medical Library, I visualize that it will grow rapidly. As the members of this committee know, the last 10 or 15 years have been years of enormous advance in scientific medicine, due largely to the development of new chemotherapeutic agents and antibiotics. Almost half the highly potent drugs available today were unknown 15 years ago.

As these new products have issued from laboratory and clinical research centers, they have been preceded and accompanied by a torrent of scientific articles in professional journals.

One count made recently showed, for example, that more than 8,000 papers on aureomycin (one of the new antibiotics) alone were published in only 1 year.<sup>2</sup>

Another study indicates that published reports on adrenocortical (hormones) preparations increased from fewer than 50 in 1945 to more than 1,100 in 1952.<sup>3</sup>

With medical research expanding rapidly today, it is clear that the medical literature also will expand rapidly. It is essential, therefore, that suitable facilities be provided promptly for the proposed National Medical Library.

The construction of a new building should be given high priority, and appropriations adequate for the continuing and necessarily expanding operation of the library will also be needed.

I can assure you, Mr. Chairman, that if the Congress decides that this library should be made a part of the Public Health Service, the Department of Health, Education, and Welfare is prepared to support it fully. We are highly conscious of the value to medical progress of this unique and irreplaceable collection of medical literature and of its potentialities for the future.

Mr. Chairman, Dr. Scheele is here and will follow me with a statement of his own.

Chairman HILL. Very well.

<sup>2</sup> Bjorneboe, J., Responsibility of the Author and Editor in Preparing Manuscripts for the Press. *World M. J.*, 1: 111 (March), 1954.

<sup>3</sup> Waife, S. O., The Present Plight of Medical Literature, *Annals Int. Med.*, 43: 908 (October), 1955.

**STATEMENT OF DR. LEONARD A. SCHEELE, SURGEON GENERAL,  
UNITED STATES PUBLIC HEALTH SERVICE**

Dr. SCHEELE. Mr. Chairman and members of the committee, I am happy to have this opportunity to appear in support of legislation to establish a National Library of Medicine. The Armed Forces Medical Library has in fact served as a national library for many years—with most inadequate facilities (as has already been stated) and under great difficulties.

I am in profound agreement with all that Dr. Coggeshall has said on the vital importance of such an institution—for medical research, for teaching, and for medical care, conducted both within and outside the Federal Government.

Dr. Coggeshall has also described the role that a National Library of Medicine should play in the complex activities that make up the scientific and medical life of the country.

The Public Health Service would welcome the responsibility—and the opportunity—of carrying on the task begun by the Army Medical Department and the Armed Forces and of making it possible for the library to realize an even fuller potential than it has to date as a national resource for the public health and for the advancement of medical science.

I should like to discuss our plans for carrying out these responsibilities if the committee should conclude that it is desirable to locate the library within the Public Health Service.

We have now furnished the committee with a draft bill which would show the operation of such a library in the Public Health Service. The proposed bill, the draft bill, has the approval of the Bureau of the Budget.

(The proposed bill is as follows:)

A BILL To promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine, and for other purposes

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "National Medical Library Act."*

PURPOSE OF NATIONAL LIBRARY OF MEDICINE

SEC. 2. The purpose of this Act is to assist the advancement of medical and related sciences, and to aid the dissemination and exchange of scientific and other information important to the progress of medicine and to the public health through the establishment of a National Library of Medicine to collect and house books, monographs, journals, films, recordings, and other library materials in medical and related fields, and to serve as a national library in the fields of health and medicine.

AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

SEC. 3. Title III of the Public Health Act (42 U. S. C. ch. 6A, subch. II) is amended by adding at the end thereof the following new part:

"PART H—NATIONAL LIBRARY OF MEDICINE

"ESTABLISHMENT OF LIBRARY

"SEC. 371. There is hereby established in the Public Health Service a National Library of Medicine (hereinafter referred to in this part as the 'Library').

## "FUNCTIONS OF THE LIBRARY

"SEC. 372. (a) The Surgeon General, through the Library and subject to the provisions of subsection (c), shall—

"(1) acquire and preserve books, periodicals, prints, films, recordings, and other library materials pertinent to medicine;

"(2) organize the materials specified in clause (1) by appropriate cataloging, indexing, and bibliographical listing;

"(3) publish and make available the catalogs, indexes, bibliographical listings, and abstracts referred to in clause (2);

"(4) make available, through loans, photographic or other copying procedures or otherwise, such materials in the Library as he deems appropriate;

"(5) provide reference and research assistance; and

"(6) engage in such other activities in furtherance of the purposes of this part as he deems appropriate and the Library's resources permit.

"(b) The Surgeon General may exchange, destroy, or otherwise dispose of any books, periodicals, films, and other materials not needed for the permanent use of the Library.

"(c) The Surgeon General is authorized, after obtaining the advice and recommendations of the Board (established under section 373), to prescribe rules under which the Library will provide copies of its publications or materials, or will make available its facilities for research, or its bibliographic, reference, or other services, to public and private agencies and organizations, institutions, and individuals. Such rules may provide for making available such publications, materials, facilities, or services (1) without charge as a public service, or (2) upon a loan, exchange, or charge basis, or (3) in appropriate circumstances, under contract arrangements made with a public or other nonprofit agency, organization, or institution. Insofar as feasible and taking into account library practice, such rules shall provide for the imposition of charges in cases in which the Library's publications, materials, facilities, or services convey a special, identifiable, added benefit to particular individuals, agencies, organizations, institutions, such charges to be established in the light of the cost and limited usefulness to the public of the particular publications, materials, facilities, or services involved.

## "NATIONAL MEDICAL LIBRARY BOARD

"SEC. 373. (a) There is hereby established in the Public Health Service a National Medical Library Board (referred to in this part as the 'Board') consisting of the Surgeon General of the Public Health Service, ex officio, who shall be chairman, the Surgeons General of the Army, Navy, and Air Force, the Chief Medical Director of the Department of Medicine and Surgery of the Veterans' Administration, the Assistant Director for Biological and Medical Sciences of the National Science Foundation, and the Librarian of Congress, all of whom shall be ex officio members, and sixteen members appointed by the Secretary without regard to the civil-service laws. The sixteen appointed members shall be selected from among leaders in the various fields of the fundamental sciences, medicine, dentistry, public health, pharmacology, or scientific or medical library work, or in public affairs. At least six of the appointed members shall be selected from among leaders in the fields of medical, dental, or public health research or education.

"(b) The Board shall advise, consult with, and make recommendations to the Surgeon General with respect to the acquisition of materials for the Library, the scope, content, and organization of the Library's services, and the rules under which its materials, publications, facilities, and services shall be made available to various kinds of users, and with respect to other important matters of policy arising in the course of Library operations.

"(c) Each appointed member of the Board shall hold office for a term of four years, except that (A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and (B) the terms of the members first taking office after the date of enactment of this part shall expire as follows: four at the end of four years after such date, four at the end of three years after such date, four at the end of two years after such date, and four at the end of one year after such date, as designated by the Secretary at the time of appointment. None of the appointed members shall be eligible for reappointment within one year after the end of his preceding term.

"(d) Appointed members of the Board who are not otherwise in the employ of the United States, while attending conferences of the Board or otherwise serving at the request of the Surgeon General, shall be entitled to receive compensation at a rate to be fixed by the Secretary, but not exceeding \$50 per diem, including travel time, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law (5 U. S. C. 73b-2) for persons in the Government service employed intermittently.

#### "GIFTS TO LIBRARY

"SEC. 374. The provisions of section 501 shall be applicable to the acceptance and administration of gifts made to the Library or for the carrying out of any of its functions, and the Surgeon General shall make recommendations to the Secretary relating to establishment within the Library of suitable memorials to the donors.

#### "DEFINITIONS

"SEC. 375. For purposes of this part the term 'medicine' and 'medical' shall, except when used in section 373, be understood to include preventive and therapeutic medicine, dentistry, pharmacy, hospitalization, nursing, public health, and the fundamental sciences related thereto, and other related fields of study, research, or activity."

#### LIBRARY FACILITIES

SEC. 4. There are hereby authorized to be appropriated sums sufficient for the erection and equipment of suitable and adequate buildings and facilities for use of the National Library of Medicine in carrying out the provisions of part H of title III of the Public Health Service Act. The Administrator of General Services is authorized to erect, furnish, and equip such buildings and facilities. The sums herein authorized to be appropriated shall include the cost of preparation of drawings and specifications, supervision of construction, and other administrative expenses incident to the work. The Administrator of General Services shall prepare the plans and specifications, make all necessary contracts, and supervise construction.

#### TRANSFER OF ARMED FORCES MEDICAL LIBRARY

SEC. 5. (a) There are hereby transferred to the Public Health Service in the Department of Health, Education, and Welfare, for carrying out the purposes of section 4 of this Act, the balances unobligated on the date of enactment of this Act, as determined by the Director of the Bureau of the Budget, of sums which were appropriated by the Act of August 4, 1955 (69 Stat. 450, 453) for the purpose of developing plans and specifications for a building to house the Armed Forces Medical Library, to be located on the National Naval Medical Center grounds at Bethesda, Maryland, as authorized by the Act of July 15, 1955 (69 Stat. 324, 334).

(b) All civilian personnel, personal property, records and unexpended balances of appropriations, allocations, and other funds (available or to be made available), which the Director of the Bureau of the Budget shall determine to relate primarily to the functions of the Armed Forces Medical Library, are hereby transferred to the Public Health Service in the Department of Health, Education, and Welfare for use in the administration and operation of part H of title III of the Public Health Service Act. Such transfer of property, funds, and personnel, and the amendments made by section 3, shall become effective on the first day, occurring not less than thirty days after the date of enactment of this Act, which the Director of the Bureau of the Budget determines to be practicable.

#### SUMMARY OF NATIONAL MEDICAL LIBRARY ACT

##### *In general*

The proposed National Medical Library Act would amend the Public Health Service Act by adding a new part H to title III to establish a National Library of Medicine within the Public Health Service and to transfer thereto the Armed Forces Medical Library.

##### *Purpose and functions of the proposed library*

The purpose of the proposal, as set forth in section 2 of the draft bill, are to establish a National Service Library in the fields of medicine and health for the collection, dissemination, and exchange of information important for the progress

of medicine and the improvement of the public health. The functions of the proposed library (proposed new sec. 373 of the Public Health Service Act) would include all the usual activities of libraries and such special services, essential to the particular purposes of this specialized institution, as the preparation of bibliographies, indexes, abstracts, translations, and the provision of reference and research assistance. The terms "medicine" and "medical" are broadly defined in the draft bill to encompass all the related fields of scientific investigation and practice important to progress in health and medicine.

The Surgeon General would be authorized to make rules, after consultation with the National Medical Library Board, governing the use of library materials and facilities and the provision of library publications and services, including the establishment of charges in appropriate cases. The imposition of charges would be required, if feasible and taking into account library practice, in cases in which the services involved conveyed a special, identifiable, added benefit to particular individuals, agencies, organizations or institutions.

#### *National Medical Library Board*

A National Medical Library Board would be established to advise and assist the Surgeon General on all matters of important policy including the acquisition of materials for the Library, the scope, content and organization of the library services, and the rules under which its materials, publications, facilities and services would be made available. The Board would be composed of the Surgeon General of the Public Health Service (who would serve as Chairman), the Surgeons General of the Army, Navy, and Air Force, the Chief Medical Director of the Department of Medicine and Surgery of the Veterans' Administration, the Assistant Director for Biological and Medical Sciences of the National Science Foundation, and the Librarian of Congress, as ex officio members, and 16 members appointed by the Secretary from among leaders in the various fields of the fundamental sciences, medicine, dentistry, public health pharmacology or scientific or medical library work, or in public affairs. At least six of the appointed members would be required to be selected from the fields of medical, dental, or public health research or education.

#### *Gifts and memorials to donors*

Under the bill, the gift provisions of the Public Health Service Act and the authority to establish suitable memorials to donors would apply to the acceptance and administration of gifts to the library.

#### *Library facilities*

Erecting, furnishing, and equipping suitable buildings to house the library would be authorized. The bill would also authorize the immediate transfer to the Public Health Service of funds remaining unobligated which were previously authorized for plans for a new building for the Armed Forces Medical Library.

#### *Effective date*

The proposed amendments to the Public Health Service Act and the transfer to the Service of the property, civilian personnel, funds and records of the Armed Forces Medical Library would become effective on the first day, occurring not less than 30 days after enactment, which the Director of the Bureau of the Budget determined to be practicable.

DR. SCHEELE. On the matter of administrative organization, our first concern would be to obtain for the library the administrative strength and stability which come from operation within an established executive department with a strong medical program and understanding of the importance of strengthening the library, without sacrificing flexibility or the substantive values which flow from the active participation of persons eminent in the many scientific fields and activities which the library's operations will encompass.

We would therefore propose amendment of title III of the Public Health Service Act by the addition of a new part H, which would constitute the basic charter of the National Library of Medicine.

Thus, the library operations would be buttressed by all the general administrative and substantive authority now contained in the Public

Health Service Act. I should like to come back to this point a little later on.

In addition, we suggest the statutory establishment of a National Medical Library Board to advise and assist on major policy matters that arise in the course of the library's operations.

The composition of this Board would be similar to that of the Board proposed in S. 3430, but somewhat enlarged. The Surgeons General of the Army, Navy, Air Force, and Public Health Service, the Chief Medical Director of the Department of Medicine and Surgery of the Veterans' Administration, the Assistant Director for Biological and Medical Sciences of the National Science Foundation, and the Librarian of Congress would be ex-officio members.

The Surgeon General of the Public Health Service would serve as Chairman. The 16 appointed members would be selected for appointment by the Secretary of the Department of Health, Education, and Welfare from among persons who are leaders in the multiple fields of science that contribute to medical progress, or in the special activities making up the library's functions, or because of familiarity with the public interests which should be served by an institution of this kind and stature.

At least six of the appointed members of the Board would come from the fields of research or teaching in medicine, dentistry, or public health. Among the policy questions on which the Board's advice would be of great value are such important matters as acquisition of materials for the library's permanent collection, the scope, organization, and content of the services it offers and the bases upon which or the rules under which it should undertake to make its publications, services, research facilities, and other resources available to governmental agencies, scientific research and educational institutions, individual practitioners and scientists, and the general public.

At this point I should mention the operation of our various advisory councils in cancer, heart, and other fields with which you are, of course, very familiar.

This Board would function in much the same fashion except that it would be concerned with matters of the library.

Returning to the matter of the administrative framework for the library, there are two areas in which the general provisions in the Public Health Service Act would have special importance and value for the library.

First, the Public Health Service has authority to make appointments of the grade and with the compensation necessary to command services of the caliber required for the professional staffing of the library.

Under the commissioned personnel system it would be possible to assign commissioned officers of appropriate grade to the work of the library and, under section 208 (g) of the Public Health Service Act, the Secretary is authorized to establish in the Service positions for specially qualified scientific or professional personnel with salaries up to \$15,000.

I believe that the executive pay bill now pending proposes to elevate this top salary level to \$17,500.

Second, it is of the utmost importance to an institution such as the National Library of Medicine to have adequate operating authority

for the effective use of gifts and donations from foundations and other private sources.

The experience of the Library of Congress demonstrates the keen interest which the public takes in supporting such national institutions.

The Public Health Service Act (in sec. 501) now contains broad discretionary authority with respect to the acceptance and administration of both conditional and unconditional gifts, which is perhaps even more adequate than that now provided for the Library of Congress, and which has proved a satisfactory basis for the handling of donations to the various research institutes of the Service.

Conditional gifts may be accepted by the Secretary upon recommendation of the Surgeon General, and the principal and income may be used in accordance with the conditions of the gift.

No gift may be accepted which is conditioned upon any expenditure unless the expenditure is to be met from the gift or income thereof, or the expenditure has been approved by act of Congress.

The basic charter of the library itself should be the governing consideration in exercising administrative discretion in accepting gifts for specific purposes.

From the point of view of related functions and complementary activities, the continuing responsibilities of the Public Health Service would make it an especially harmonious setting for the library's effective operation.

The Public Health Service is the principal agent of the Federal Government in a broad range of activities which are directed toward the promotion of overall national health goals.

Improvement of the public health and advancement of medical science are the central purposes of our many programs designed to aid public and private health agencies, the health professions, universities, medical schools and hospitals in the discovery and application of new knowledge and skills.

Our grant and training programs, the collection of vital statistics, the reporting system for communicable diseases, and our proposed new program of national morbidity surveys, all establish a country-wide pattern of reliance on the Public Health Service for technical and other information and assistance.

Provision of the resources of the library for use by professional health workers throughout the Nation would follow this familiar pattern.

Title III of the Public Health Service Act, in which we suggest incorporation of the library's charter, now contains our broad basic authority for Federal-State cooperation in health matters and for our research and informational activities.

It includes a number of provisions specifically authorizing functions kindred to some of the major activities of a National Medical Library.

For example, collection and dissemination of information on research and its application, making available research facilities to health officials and scientists engaged in special study, securing consultation and assistance from scientists and scholars in this country and abroad, establishment and maintenance of research fellowships, and finally, the conduct of programs designed to expedite the application of new knowledge in public health and medical practice.

We believe that our present activities and the library's resources and services will strengthen and support each other, and that because of these existing authorities and responsibilities the Public Health Service is in a unique position to aid the library in increasing its usefulness as a central national resource for scientific and other information on medicine and health. You might, in fact, say an international resource rather than a national resource.

We suggest that the question of site location be left open, as in the bill, S. 3430. The Public Health Service has not had an opportunity to review this question sufficiently to make a recommendation at this time.

If decision as to the library's location should be left to the Public Health Service we would propose to make it only after consultation with the Board and a review of any previous exploratory work done at the time when a move to the Naval Medical Center at Bethesda was contemplated.

Our guiding concern would of course be the maximum usefulness and accessibility of the library to all organizations and individuals actively concerned with the improvement of health and the progress of medical science.

Finally, I should like to spend a moment on the question of appropriate transfer provisions with respect to the Armed Forces Medical Library. We would propose the immediate transfer of any unobligated balances of sums provided by the Supplemental Appropriation Act, 1956, for the purpose of developing plans and specifications for a building for the Armed Forces Medical Library at the Naval Medical Center.

Funds so transferred could be used for planning purposes and for any expenses incident to consultation with the Board on the question of site selection. Preparations for the transfer of the Armed Forces Medical Library should be begun as soon as possible.

The transfer of that library—its property, funds and personnel, and the administrative responsibility for its operations—and the amendments to the Public Health Service Act should not become effective immediately upon enactment, but as soon thereafter as practicable in view of the necessary administrative arrangements.

In this way we would hope to avoid unnecessary confusion with respect to budgetary and administrative responsibility.

Chairman HILL. You speak about the establishment of a National Medical Library Board to advise and assist on major policy matters, et cetera.

How much authority would that board under your proposal have?

Dr. SCHEELE. The board, Mr. Chairman, would be advisory. The Board would not be an operating board. It would not make final determinations. On the other hand, I would point out that in the operation of the Public Health Service with our statutory councils, for all practical purposes these councils have literal operating activities because with possibly three exceptions since 1937 when the Cancer Institute Act passed, we have followed the grant recommendations of our councils explicitly. Those three items involved special problem cases.

It is our general feeling that the final responsibility has to be vested in a full-time Government official, but I would also point out that we see this Board as a very powerful board.

One of our reasons for suggesting that the Board be somewhat larger than was suggested in the chairman's bill, and Senator Kennedy's bill, was to make sure to get enough outside representation so that we would have a real good cross section of people from outside, to guide the activities of the library.

The Public Health Service itself, and I as Surgeon General, certainly, do not have any technical skill for running a library of this type, and, therefore, we would have to accept guidance from this Board.

Chairman HILL. With reference to your present groups—you do not call them "boards," you call them "councils"—you advise with them, but do not ask for the amount of money that they think should be asked for; isn't that true?

Dr. SCHEELE. Yes, sir. We haven't always agreed with them.

Chairman HILL. You have not always agreed on that. And within the Public Health Service today, of course, you have many, many different activities—and maybe you will not agree with this and I do not want to put any words in your mouth—but in a sense they are vying with each other for funds.

Dr. SCHEELE. That is correct.

Chairman HILL. As you know, General, I happen to be the chairman of the subcommittee of the Senate Appropriations Committee that handles the bills that carry the appropriations for the United States Public Health Service.

There we find many different activities today in the Public Health Service. I do not contemplate this library just as an agency or an activity within a department or even a division of the department—I want it to stand up on its own.

You spoke about the Library of Congress. The Library of Congress is an independent agency; is not that true?

Dr. SCHEELE. Yes; it is. It is an agency of the legislative branch.

Chairman HILL. But the truth of the business is that the Library pretty much runs itself; is not that true?

Dr. SCHEELE. Yes; that is right.

Chairman HILL. Just as the National Gallery of Art runs itself. It has a prestige, it symbolizes in a way something unique. I am not sure that you would find that same symbol or that same standing or prestige if it were just an activity within some other agency, no matter how fine that agency might be, no matter how well that agency might administer it.

Are you receiving any grants from these other agencies or activities from outside?

Dr. SCHEELE. Are many donations coming in?

Chairman HILL. Yes.

Dr. SCHEELE. Yes; there are small gifts from time to time. I do not have a listing of those.

Chairman HILL. They are rather small, though, aren't they?

Dr. SCHEELE. They tend to be small.

Chairman HILL. In connection with the overall amount that we are expending, they really are pretty small, aren't they?

Dr. SCHEELE. We have a gift of land which had value as high as \$250,000.

Chairman HILL. That land was given, was it not, on the condition that a building would be put there or some laboratory operated or something of that kind?

Dr. SCHEELE. In this instance it was given because the family had an interest in multiple sclerosis and a member of the family gave it outright. This was land and a large house in New York.

Chairman HILL. What are you using that land for today?

Dr. SCHEELE. We could not find a use for it, so it was disposed of. It was sold.

Chairman HILL. Those funds went into the research on multiple sclerosis?

Dr. SCHEELE. Not all of them. That was not the condition of the gift. But we did, I think, devote half or more of it to that purpose with the full concurrence of the family.

Chairman HILL. I think at this point we ought to have in the record the report of the Department signed by the Honorable Harold C. Hunt, Acting Secretary.

(The letters, dated April 10, are as follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
Washington, D. C., April 10, 1956.

Hon. LISTER HILL,

Chairman, Committee on Labor and Public Welfare,

United States Senate.

DEAR MR. CHAIRMAN: This letter is in response to your requests of July 9, 1955, July 13, 1955, and March 15, 1956, for reports on S. 2408 and S. 2482, identical bills, to establish a National Library of Medicine, and S. 3430, a related bill, to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

S. 2408 and S. 2482 follow the recommendation of the Commission on Organization of the Executive Branch of the Government to provide for establishing in the Smithsonian Institution a division to be known as the National Library of Medicine. The library would be under the direction of a board of trustees whose members would be selected by the Board of Regents of the Smithsonian Institution. S. 3430 would establish a National Library of Medicine as an independent Federal agency under the direction of a board of regents to be composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress, who would be ex officio members, and 12 individuals appointed by the President by and with the advice and consent of the Senate. All of the bills would transfer the present Armed Forces Medical Library from the Department of Defense to the proposed National Library of Medicine and would authorize appropriations for a new building to house the library.

We are in complete accord with the primary objective of the bills—namely, to give appropriate recognition to this important library facility as a national health resource. The following excerpts from the Report of the Task Force on Medical Services of the Commission on Organization of the Executive Branch succinctly summarize this objective and the need for legislation to assure its attainment:

"While every credit should be given to the Surgeons General of the Army who, in the past, created and maintained the library, today neither its name nor its placement in the Department of Defense suggests the degree to which it serves the needs of national medical research and teaching. The character of this library has changed with the passage of time. It has gained in value, importance, and potential usefulness.

\* \* \* \* \*  
 "What is needed to enable the library to function properly as a truly national institution is legal status with an administrative organization appropriate to a National Library of Medicine, an effective building, and an adequate budget."

Although status as an independent agency or as a part of the Smithsonian Institution might contribute to the attainment of this objective, we believe that establishment of the library within the Public Health Service of this Department would be clearly preferable to either of these alternative proposals.

In our opinion, the status, administrative organization, and financial support required for a realization of the library's full potential can best be accomplished by location of the library within an executive department having broad and continuing responsibilities in public health and medical fields. The Public Health Service is the one Federal agency which is concerned comprehensively with all phases of health—including medical research, preventive and curative medicine, hospital and other medical care facilities, and professional education and training. It works closely not only with governmental organizations concerned with health at national, State, and local levels, but also with professional organizations, scientific societies, educational institutions, research laboratories, and hospitals. The purpose of the proposed National Library of Medicine, therefore, is entirely compatible with the overall objectives of the Public Health Service. Administration as a component part of an executive department also offers advantages for efficiency and economy over the establishment of duplicatory administrative arrangements and housekeeping machinery for an additional independent agency.

We would therefore recommend the enactment of legislation to establish within the Service a National Library of Medicine to be administered by the Surgeon General under the supervision and direction of the Secretary of the Department of Health, Education, and Welfare, and with the advice and assistance of a special board appointed for this purpose, and to transfer thereto the Armed Forces Medical Library.

In accordance with your request of March 16, we are developing legislative provisions for effecting this recommended establishment of the library within the Public Health Service. We shall not undertake in this report, therefore, to outline in detail our recommendations regarding the role and functions of the library and its administration as a component unit within the Service. Since many of the substantive points involved will also apply, with certain modifications, to the alternative bills establishing the library as an independent agency or as a component part of the Smithsonian Institution, we shall also defer detailed evaluation of specific provisions of the bills currently before your committee.

In summary, we are in complete accord with the objective of S. 2408, S. 2482, and S. 3430, but believe that a preferable approach would be to establish the proposed library within the Public Health Service of this Department, and we are submitting separately our suggestions for legislative provisions to effect this recommendation.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your committee.

Sincerely yours,

HEROLD C. HUNT, *Acting Secretary.*

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EXECUTIVE OFFICE OF THE PRESIDENT,  
BUREAU OF THE BUDGET,  
*Washington, D. C., April 10, 1956.*

HON. LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,  
United States Senate, Washington, D. C.*

MY DEAR MR. CHAIRMAN: This will acknowledge your request of March 15, 1956, for the views of the Bureau of the Budget on S. 3430, a bill to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

This bill would create a National Library of Medicine headed by a Board of Regents who would be authorized to plan and construct a suitable building or buildings for the library. The existing collections, records, and equipment of the Armed Forces Medical Library would be transferred to the new National Library of Medicine.

The Bureau of the Budget is in agreement with the bill's objectives of recognizing the national importance of the Armed Forces Medical Library and of obtaining better housing for the library's collection. The creation of another independent Government agency, however, is an undesirable method of accomplishing these objectives because it complicates the President's tasks of supervising and coordinating the work of the executive branch. The Hoover Commission found that the number of agencies now reporting to the President is so large as to be beyond his ability to give them adequate personal supervision.

Rather than add to this problem it is suggested the committee give consideration to locating the National Library of Medicine in the Department of Health, Education, and Welfare as a part of the Public Health Service which is concerned with the health affairs of our Nation. If a part of the Public Health Service, the library might appropriately be located at the National Institutes of Health where it would be readily available to Government agencies, private organizations, and individuals concerned with health. In this setting a library board of regents would be inappropriate but in lieu thereof there could be established an advisory council similar to the advisory councils for the divisions of the National Institutes of Health. The library advisory council could have the same membership as proposed for the board of regents and your committee may also desire to provide for ex officio memberships for representatives of the Veterans' Administration and National Science Foundation. The proposed authority for the board of regents to appoint a library director, to plan and construct suitable housing for the library to direct the operation of the library and to accept and administer gifts and bequests should, if the library is located in the Department of Health, Education, and Welfare, be vested in the Surgeon General of the Public Health Service to be administered under the supervision and direction of the Secretary of Health, Education, and Welfare.

In keeping with the sense of the Congress as expressed in title V of the Independent Offices Appropriation Act, 1952 (5 U. S. C. 140), it is suggested that the library be authorized to establish a schedule of fees to cover special services when furnished to private organizations, institutions, and individuals under section 4 (b) (2). However, such fees in total need not cover the cost of furnishing materials to cooperating institutions and to private organizations who regularly provide the library with similar materials on an exchange basis, and should be consistent with the purpose and function of the library.

Accordingly, the Bureau of the Budget recommends against enactment of S. 3430 but would support the enactment of legislation establishing a National Library of Medicine in the Department of Health, Education, and Welfare.

Sincerely yours,

PERCIVAL F. BRUNDAGE, *Director.*

Chairman HILL. Are there any questions, Senator Purtell?

Senator PURTELL. An observation. When we talk about the Library of Congress, obviously, that is an overall library. We could not set up a library of labor for the Labor Department. So I do not think the cases of these two libraries we are talking about are analogous at all.

I do not think it is to be compared with the Library of Congress because it serves an overall purpose; while this is specific insofar as a library of medicine is concerned.

It did occur to me that the arguments that were advanced, or the reasons given for its inclusion under HEW would seem to me to be valid, that would in the long run make this perhaps even more valuable, permitted to offer more valuable services as a library of medicine if it were operated under HEW, rather than being completely independent.

It would occur to me that from a financial angle it might be easier to obtain the additional necessary funds as they will be required. Of course, this library will have to be expanded, perhaps, under HEW, more than it might under an independent agency. It is not similar to the Library of Congress.

Senator KENNEDY. Do you have a library now?

Dr. SCHEELE. Yes, sir; we have a working library at the National Institutes of Health, in the Clinical Center. We have small working libraries in our other laboratories, in Anchorage and Atlanta and Cincinnati.

Senator KENNEDY. Do the National Institutes of Health have their own library?

Dr. SCHEELE. They have their own library but they make very extensive use of this library.

There is a great deal of crossover, back and forth. Our staff has been working with Colonel Rogers and members of his staff in development of bibliographies and things of that sort over the past several years. There has been exchange of volumes, more than just borrowing them. We have given volumes from our library to them, and certain things they have given to us from time to time.

Our library is not a library that loans books outside the Public Health Service nor is it a service library to other Government agencies except from time to time if we have something special, naturally we would loan it or give them copies.

Generally speaking, it is not a lending library. That is, in the same way the Armed Forces Medical Library is. It is the Public Health Service working library for our own scientists.

Senator KENNEDY. Thank you.

Dr. SCHEELE. I may add one thing. We haven't built that library up beyond its current size for the very reason that we had this library available to call on when necessary. And there was no point in duplicating.

Chairman HILL. If there are no other questions, do you want to say something?

Dr. COGGESHALL. I would like to make one comment in relation to the question of location which is obviously very important. And I have thought of it a good deal since the possibility of transfer came up.

And I have two points of view here, location either within an existing Federal agency, or independent.

First is that this should truly be a National Library of Medicine. I think everyone agrees to that. It is a repository of books and a place where information can be collected and disseminated.

If it is set up as an independent unit—and there could be arguments for that—I think it runs certain risks of lacking support and the cross-fertilization it needs to give it the stature that it deserves. As a separate unit in HEW, which has a research grants program and other advantages, it can develop well.

I think its primary use will be for researchers, so the more intimately you tie it with a research unit I think the more healthy it will grow.

This does not say it could not happen if it were set up independently, but it is my considered judgment, and not particularly from the standpoint of HEW, but, as viewed from several different perspectives, it would serve in the long run its greatest usefulness identified with an active program that this entire country has and will support.

Chairman HILL. Thank you.

Senator KENNEDY. In talking about its being in HEW, do you think that idea should be carried one step further and should come under the jurisdiction directly, not exactly, of the Secretary, but of the Public Health Service; is that the view of HEW?

Dr. COGGESHALL. No, sir; I have not had an opportunity to discuss this with the Secretary, but I am sure that his views will coincide with mine. It is my very definite opinion that it should not be directly under the Secretary of HEW, because I view that activity primarily as one of policymaking. We do not have operational activities.

I think actually it would be more healthy, would serve the country best, if it were a part of the Public Health Service. That is my opinion at this time.

Senator KENNEDY. Thank you.

Chairman HILL. Any other questions?

If not, Dr. Coggeshall and Dr. Scheele, we want to thank you very much. We appreciate your courtesy.

Dr. Middleton.

You are Chief Medical Director of the Veterans' Administration, here representing them. We will be very happy to hear you and will be delighted to have you make any statement that you see fit.

I think I have not had an opportunity to discuss this matter with Senator Kennedy who is coauthor with me of the bill, S. 3430, but my thought was that somewhere in the drafting of this bill the Medical Director of the Veterans' Administration was left out as a member of the Board.

I think that the committee will certainly want to consider and correct that omission. Go ahead.

#### STATEMENT OF DR. WILLIAM S. MIDDLETON, CHIEF MEDICAL DIRECTOR, REPRESENTING THE VETERANS' ADMINISTRATION

DR. MIDDLETON. Mr. Chairman and gentlemen, as a representative of the Veterans' Administration, it is a privilege to stand witness to the necessity for a National Library of Medicine.

In responding to the recommendation 23 of the Hoover Commission, the Veterans' Administration went on record unequivocally supporting a National Library of Medicine.

Turning to the function of the Department of Medicine and Surgery of the Veterans' Administration in the care of the sick and disabled veteran, it is inconceivable that we could operate without libraries. We have small working libraries in each of our stations over the country, but it is essential that there be a large central reference library. The Armed Services Medical Library has served this purpose. If we did not have such a library it would be necessary for us, the Veterans' Administration, to attempt to duplicate such a function in a central library. Obviously, it would be futile to attempt to match the present and incomparable collection of incunabula, textbooks, systems, or monographs, medical journals and various pamphlets, and reprints, et cetera, of the Armed Forces Medical Library. However, this is a very real operating consideration and indicates our firm feeling of the necessity for the perpetuation of this particular type of library at a central point.

If I may turn to my personal experience, as a citizen and as a consumer, for 45 years, I may say, that there has never been a time in this period, whether in Philadelphia, Madison, or Washington, when I have not found the utmost of support in any study I was making from the Armed Forces Medical Library which succeeded the Surgeon General's Library. There is, of course, always the deep concern that comes to a lover of books when he goes into the stacks, and the antiquated quarters in Washington, or goes to the detached elements in Cleveland, to find that usage and the ability to follow through is not as intimate as it might be in a well-organized and well-operated library where the facilities are complete.

Actually, I come out of the stacks of our library here in Washington with a feeling of tremendous apprehension and a sense that the American people has not had the proper sense or feeling of responsibility for these treasures in medicine, medical literature, that cannot be duplicated in the world at large. So that one gathers the definite impression that we have dawdled over time, place, and money, when there was not the provision for protection, for utilization, and for expansion of this magnificent collection. Before the time is too late, I believe that those in responsible positions must consider their responsibility to posterity. I view this in a very serious light because in time to come, if this opportunity passes, we shall be held responsible for lack of vision and provision to care for this very crying need.

Thank you very much.

Chairman HILL. Would you supply us for the record, and tell us what was your position before you became Chief Medical Director of the Veterans' Administration?

Dr. MIDDLETON. Professor of medicine and dean of the Medical School at the University of Wisconsin.

Senator KENNEDY. I want to say I believe your experience as Medical Director has been very fine in the Veterans' Administration.

Dr. MIDDLETON. Thank you sir.

Chairman HILL. Doctor, do you have any figures or statistics that would show how much the Veterans' Administration makes use of this library?

Dr. MIDDLETON. That would be impossible to gather except by station communication. We have 173 hospitals with all of its staff, and then the Medical Division of our regional offices, some 70, and the central office.

Speaking for myself, there has not been a week in the past year I have been in Washington when I have not used the facilities of the Armed Forces Medical Library. But in this relation, Mr. Chairman, may I point out that I am just one of some 220,000 physicians in this country. And there are all of the ancillary services, including dentists, nurses, and technicians in various areas and the need of this library, in the protection of the health of the American people cannot be exaggerated.

Chairman HILL. Doctor, we certainly want to thank you very, very much. I join in all that Senator Kennedy said about having you as our Medical Director of the Veterans' Administration.

The fact of the business is that we have had some very distinguished men here—Dr. Berry and Dr. Coggeshall and Dr. Middleton—who have been willing to come into Government service and now render very fine service.

Dr. DANIELS, will you come around and bring your panel with you.

We are certainly very happy to have you and the members of your panel here. You represent, I believe, the Society of Medical Consultants to the Armed Forces.

Dr. DANIELS. Yes, sir.

Chairman HILL. I have had personal insight into your very great and deep interest in this library, in its preservation and in its future when it might be built into a greater institution than it is today.

I spoke a few minutes ago of these distinguished men who have come into the Government Service. I do not have to recall the fact that you are the very worthy son of a very great public servant, the

late Josephus Daniels, who was our Secretary of the Navy and also one who made a very great record as Ambassador to Mexico.

We are delighted to have you here, sir.

**STATEMENT OF DR. WORTH DANIELS, OF WASHINGTON, D. C., REPRESENTING THE SOCIETY OF MEDICAL CONSULTANTS TO THE ARMED FORCES; ACCOMPANIED BY MISS JANET DOE, LIBRARIAN EMERITUS, OF THE NEW YORK ACADEMY OF MEDICINE, REPRESENTING THE MEDICAL LIBRARY ASSOCIATION; DR. SANFORD V. LARKEY, DIRECTOR, WELCH MEDICAL LIBRARY OF THE JOHNS HOPKINS UNIVERSITY; AND FREDERICK G. KILGOUR, LIBRARIAN, YALE MEDICAL LIBRARY, YALE UNIVERSITY, REPRESENTING THE AMERICAN LIBRARY ASSOCIATION**

Dr. DANIELS. Thank you, sir.

Senators, I would like to introduce my associates first, Miss Janet Doe, emeritus librarian of the New York Academy of Medicine, Dr. Larkey, director of the Welch Medical Library, and Dr. Frederick Kilgour, librarian, Yale Medical Library.

I would like to make a statement, if I may.

Chairman HILL. Dr. Kilgour also represents the American Library Association.

Mr. KILGOUR. Yes.

Dr. DANIELS. He is Mr. Kilgour, which is a most honorable title.

I am a member of the Armed Forces Medical Library Advisory Group, but I do not presume to speak for that body.

I am here to represent the Society of Medical Consultants to the Armed Forces. This organization is composed of civilian medical men who served in uniform during World War II as consultants to the Army, Navy, or Air Force.

At the end of the war when we returned to our civilian duties, we organized ourselves into a society in order to continue as a group to help the military services with their medical problems. Certain of our members serve as an advisory committee to the Surgeon General of the Army and many function as civilian consultants in military hospitals.

The society has long been interested in the Armed Forces Medical Library, which we believe is the greatest single resource this country has for the support of medical teaching, medical research, and medical practice.

Last year I testified for the society before the Senate Committee on Appropriations in order to try to obtain funds for a new building for the library, under Armed Forces auspices.

Though the last Congress appropriated funds for finished plans and site preparation for a new building for the library, the Secretary of Defense did not ask for an apportionment, feeling that other military needs were more pressing.

The Department of Defense has asked for no funds for construction for the library in the 1957 budget. The Society of Medical Consultants to the Armed Forces is, therefore, convinced that safe and adequate housing for the library cannot compete with guns, ships, and missiles in the Department of Defense.

Dr. Berry's testimony indicates that he and the three Surgeons General have come to the same view.

The society has officially directed me to testify today in support of S. 3430, which we believe is of the highest merit. For the first time in 120 years this bill would clearly establish the national status and national significance of the library on a firm statutory basis.

For myself, I believe it would be wiser to establish the library under an existing medical agency, rather than as an independent institution, as the bill proposes.

The society, however, is first and foremost for a new building for the library, and for its adequate support. It would be in favor of any measure which would obtain that support and place the library under medical control.

Others here have spoken of the library's services; those services are of enormous importance. They have indicated that the needs of the library are also great. I would like to speak for a moment of the likewise enormous potentials which are inherent in this library operation, and which will develop if only they are nurtured properly.

Scientific communications generally, and medical communications particularly, have today reached a critical point. The tremendous outpouring of medical literature is so vast and so complex that only with the augmentation of bibliographical services and the improvement of techniques can we hope to take full advantage of the many important medical advances which are being reported in this country and throughout the world.

How else is the medical community to be informed of what ideas are appearing all over the world, and how else are the various segments of the medical community to know which segments of the literature are pertinent to the tasks which are theirs?

It is my conviction that it is precisely at this point where a national medical library performs an indispensable service in our society; its role is to gather the literature, to sift it subject by subject, and to disseminate information on the existence of ideas on specific subjects to the entire medical community.

Our great medical library is already performing such a function to a very considerable degree; if it is to continue this function, and if its performance is to be improved, then adequate and continuing support must be assured.

It should be immediately added that the gathering of the literature, the sifting of the literature by subject, and the bibliographical listing of that literature, is not enough.

To be effective, the library must make the literature available, across the length and breadth of this country.

The library is receiving over 5,000 current journals, in some 30 languages. Not only the bibliographical citations for the articles which appear in these journals, but the texts of the articles themselves, must be made available to medical scientists throughout the Nation.

This can be done, and is being done, by the loan of the journals themselves, and by photographing pertinent pages, on demand, and sending these out through the mail.

But these relatively primitive mechanisms are not likely to be sufficient for long. One of the most fascinating developments I have seen

is one with which the library is now experimenting in the realm of the facsimile transmission of scientific documents.

On an experimental basis, a facsimile scanner is now installed at the library. This is connected by cable to a receiver at the Clinical Center of the National Institutes of Health. As material is scanned by an electronic beam at the library, a dry, readable copy emerges from the receiver at the Clinical Center.

There are bugs in the present system, but what impresses me is the prospects it opens up. There is no reason why the process cannot be improved; there is no reason why the cable cannot be replaced with radio waves; there is no reason why a library or researcher in Detroit, and Denver, and Dallas should not be similarly served.

Think not only of the enormous value of this facsimile transmission to libraries, physicians, and research workers but think of the enormous saving of money to the individual medical libraries throughout the country. Many of them now subscribe to many little used journals. This might no longer be necessary.

Our society is firmly convinced that we should vigorously support an agency which is in a position to pursue this possibility, and other similar possibilities, if it is only given the requisite encouragement, in the form of a suitable building in which to operate, and the assurance of containing adequate means.

We have heard a great deal lately about the importance of basic research. We have all been concerned about ways and means of increasing our basic research potential. We are rightly so concerned. I would only ask this question: In what better way, in one single action, can we improve that potential than by the creation of a National Library of Medicine, dedicated to the important task of keeping us aware of all that is being thought and done, worldwide, in these fields?

Thank you, gentlemen.

Chairman HILL. All right, Doctor, who is your next witness?

Dr. DANIELS. I would like to ask Miss Doe.

Miss DOE. Senator Hill, and Senator Kennedy, and Senator Purtell, I am Miss Janet Doe, librarian of the New York Academy of Medicine, on whose staff I have served 30 years. I was a member of the 1944 committee which surveyed the Army Medical Library.

I am a past president of the Medical Library Association, and have edited for that association two editions of its Handbook of Medical Library Practice. The association has delegated me to speak for it here, and to emphasize on its behalf the immeasurable value to us of the Armed Forces Medical Library.

I want to speak on the significance of this library for other medical libraries. They are in the best position to know the literary needs of the medical profession, for practically all the supply of such needs is done through them.

Those needs are many and vital. Above all, the research worker must have access to all that has been written on medicine at any time and in any land. The practitioner, to be good at his work, must read all his life to keep up with advances in diagnosis and therapy. The educator must not only possess the fundamentals of his subject but be abreast of new developments.

The student cannot learn without books. All of these groups will continually have to consult some parts of the vast literature that

medicine has produced: the periodicals—some 6,000 are currently being issued and the back files mount to tens of thousands—the textbooks and monographs, hospital and health reports, congressional proceedings, Government publications, dissertations, et cetera.

Where is this literature found? Almost wholly in libraries. Individuals cannot afford more than a very few books and journals. They depend on some 400 medical libraries in this country and Canada, of which three-quarters have under 20,000 volumes and 60 percent under 10,000.

The majority have what is known as “working collections,” that is, a nucleus of the basic publications essential for daily use in hospitals and in practice. For investigators, the literature needed becomes more diverse, and the libraries serving them must cover wider and wider fields. In short, they must acquire research collections in addition to their basic nucleus.

Only a few large collections are essentially “research libraries.” It is obvious, therefore, that the great majority of medical libraries must depend for most of their research material on these collections, borrowing books and getting photostats and microfilms from them to supplement their own scanty supply of literature.

Of those few—only 13 have over 100,000 volumes—the New York Academy of Medicine Library is second largest with 300,000 volumes, while the Armed Forces Medical Library is far in advance with 600,000.

The Armed Forces Medical Library is far and away the greatest supplier of research material, first, because it has the largest collection to draw upon, and second, because it is a national institution.

It can acquire—much of it free—quantities of foreign books, journals, and reports which other libraries can get only with difficulty, if at all. It receives through the Library of Congress the second copy of all copyrighted American medical books.

Most probably it has virtually all of the significant medical literature of the world within 5 years of publication. This splendid collection is available to any medical man in the country through his local library.

Compared to the New York Academy of Medicine Library, the next largest, the Armed Forces Medical Library loaned in 1955, 26 times as many books, supplied 7 times as many photostats, and 338 times as many microfilms. No other medical library approaches this record.

The Armed Forces Medical Library not only meets the book needs of physicians but also furnishes the key to this enormous literature. Current periodical articles are indexed in this library's monthly *Current List of Medical Literature*; recent books are found in the annual *Armed Forces Medical Library Catalog*, and the older publications of all sorts are listed in the monumental *Index-Catalog of the Library of the Surgeon General's Office* which covers all of medicine to 1950.

In addition, comprehensive bibliographies on special subjects, such as the *Chemotherapy of Cancer*, and *Plasma Substitutes*, are issued from time to time. All of these publications are of paramount significance because, since this library receives all of the world's important medical literature, these indexes to its holdings likewise contain it all. No other library has a collection extensive enough to publish such comprehensive indexes. Without them, it is safe to say there would be little medical progress.

Now, why is it desirable to place this library under another authority than the one which has built it up to its present position? For a very specific reason. Its growth and efficiency while in the Army's hands vacillated distressingly between feast and famine.

The 1944 survey, made at the request of its enlightened and disturbed Director, uncovered conditions of flagrant neglect, primarily due to the lack of continuity in direction inevitable under a change of head every 4 years.

Its staff, untrained in librarianship, was pitifully few. Funds for books varied from year to year from a surfeit to zero: In one 2-year period only 16 books were bought—the world's yearly output of medical books, excluding periodicals, may be 6,000 to 7,000 titles. Cataloging was startlingly inadequate, and the classification system so antiquated that quantities of books could not be found. In fact, the whole situation was appalling.

Response to the survey by the Army authorities was energetic and generous. Conditions rapidly improved under reorganization and in recent years the library has resumed its preeminent position.

However, it has been found that there is no assurance that the former state of affairs will not recur. Indications, all too pointed, have already appeared that, in spite of heart-breaking efforts by the library's staff, calamitous action or inaction on the part of the Defense authorities obstruct its progress and even threaten its existence.

The budget for the Current List of Medical Literature was cut a couple of years ago, reducing its coverage of the literature and restricting its distribution. This publication is the only up to date index to current periodicals, and to lessen the number it covers and to make it available to fewer people seriously handicaps American physicians. Instead, if progress is really wanted, it should cover many more journals than it does and be more widely circulated.

But by far the most disheartening occurrence has been the absence of action, by the library's authorities toward securing new quarters for it.

In 1944 the survey wrote in capital letters as its first recommendation: "A new building is an absolute necessity." Twelve years have passed; efforts have been made repeatedly by the library's staff to secure action.

Last year the library managed to get \$350,000 included in the Navy's budget for building plans—and the money has failed to be used. This magnificent collection, unequaled anywhere in the world, is housed in an 1887 structure, nonfireproof, leaking in roof and windows, with stacks buckling, and jammed with literature of incalculable value to American medicine. The historical part of the collection cannot even be accommodated in the building and has to be stored in Cleveland.

The basic difficulty is the library's situation under authorities whose compelling interests lie in an altogether different field. The Defense Department must perforce give priority to military matters, and it is inescapable and understandable that the comparatively small item of this library's needs is overlooked.

Where this collection actually belongs is under an authority whose interests are in its field, a medical agency, namely the Department of Health, Education, and Welfare, rather than under the nonmedical Smithsonian Institution. There its value will automatically be rec-

ognized, its activities will form an integral part of the Department's functioning, and it will be accorded that support which is essential to its proper maintenance and progress.

And here I would like to say that medical libraries that are under medical authorities seem to thrive better and receive more sympathetic attention than medical libraries which are under a general university library authority because the problems in the medical literature are quite different from the problems in general literature.

That Department already has close connection with the same clientele this library now serves, more especially the research workers. The latter should be greatly increased in coming years—that is in fact already happening.

With enlargement of research activities, more demands will be made on this library and it will need stronger and stronger support. The Department of Health, Education, and Welfare is the logical agency to appreciate and supply this.

Bill S. 3430, with proper modification, will enable this transfer to be done. In its passage, the present Armed Forces Medical Library, by becoming in name, as well as in fact, the National Library of Medicine, the Dean of American Medical Libraries will be established on a stable foundation under authorities which may reasonably be expected to promote its welfare and its functions.

Further, and most important, it will for the first time have a proper legislative basis for the essential services it has been performing.

I did not see this amended draft of the bill S. 3430 until just now. In reading it over, I came on a passage on page 3, under "functions of the library", in which there is a statement which starts with paragraph c:

The Surgeon General is authorized after obtaining the advice and recommendations of the board to prescribe rules under which the library will provide copies—  
Et cetera.

Then at the bottom of the page the statement is made:

Insofar as feasible and taking into account library practice, such rules shall provide for the imposition of charges in cases in which the library's publications, materials, facilities, or services convey a special, identifiable, added benefit to particular individuals, agencies, organizations, institutions, such charges to be established in the light of the cost and limited usefulness to the public of the particular publications, materials, facilities, or services involved.

I would just like to say that from all library practices which I have seen such a provision is practically unworkable, that you cannot make a distinction between your readers, users of the library, that its services should be provided to all alike, and that the imposition, the ascertainment of such charges would be next to impossible.

Thank you.

Chairman HILL. Thank you.

Dr. DANIELS. Next is Mr. Kilgour.

Mr. KILGOUR. Mr. Chairman, first, let me say that I have seen S. 2408, and S. 2428, but I am going to confine my remarks entirely to S. 3430 and say, first, that the American Library Association completely and fully supports the basic principles expressed in S. 3430.

As far as the bill is concerned, in detail, the Library Association also strongly supports the authorization for a new building. This is of vital importance. And, of course, has been reemphasized time and time again this morning.

The association has one suggestion to make for revision in S. 3430 as it now stands and that revision is in section 8, as I put it in my prepared statement. The phrase "biological sciences related to medicine", should be inserted after the word "nursing" in section 8, which defines the terms "medicine" and "medical."

The National Library of Medicine will have to have extensive collections in these biological sciences.

It is the association's feeling that this fact should be recognized and authorized in the bill.

Chairman HILL. Biological sciences are basic, are they not?

Mr. KILGOUR. Yes, surely.

The association is aware that the question has been raised whether the National Library of Medicine should be established as an independent agency.

Chairman HILL. We will put your whole statement in the record.

Mr. KILGOUR. Fine. And the association supports the present bill, and hopes that you can make the revision, and we request that you and your committee report favorably on it.

Chairman HILL. I did not mean to cut you off. I just noticed that you had called our attention to your suggestion at the bottom of page 2 and that you began to read on page 3. If you want to read that, all right. I did not mean to cut you off.

Mr. KILGOUR. All right.

Let me go on from the point where I got up to.

These are three very important provisions.

That it can be demonstrated that the library will benefit from organization with similar activities in the field of health, that the library be established at the organizational level of adequate stature, such as the level immediately below the Secretary's Office, in a Cabinet agency, and providing that the revised bill contains authorization equivalent to that in S. 3430 to guarantee that the National Library of Medicine's program will be for the Government as a whole and the Nation at large, and will not merely supply special services to the agency with which it may be located. We feel very strongly about this particular point.

I would also like to add that it is my personal conviction and the conviction of a great many others that every dollar spent on a truly national library for medicine will do more in improving the Nation's health than a dollar spent in any other one type of medical activity.

Thank you.

Chairman HILL. Your whole statement will go in the record.

(The prepared statement of Mr. Kilgour is as follows:)

STATEMENT BY FREDERICK G. KILGOUR, LIBRARIAN, YALE MEDICAL LIBRARY,  
YALE UNIVERSITY, NEW HAVEN, CONN.

Mr. Chairman, gentlemen of the committee, my name is Frederick G. Kilgour. I am librarian of the Yale Medical Library and lecturer in the History of Science in Yale University. The American Library Association, which has over 20,000 members has designated me to present to you its views and recommendations on Senate bill, S. 3430. I have seen S. 2408 and S. 2482 but shall confine my remarks to S. 3430.

The association completely and fully supports the basic principle of S. 3430—namely, the establishment of a National Library of Medicine. In general, the association is deeply concerned with assuring increasing library contributions to the national welfare and security. It is the association's belief that this bill provides an enormous opportunity for a national library to promote advances

in the national welfare and security to an extent which the Armed Forces Medical Library, in its past and present circumstances, could never achieve—either for the Government as a whole or for the Nation at large.

The fundamental significance of national health is so great that it permits continuous reemphasis. Health contributes more than any other factor to a national potential for welfare and prosperity. A nation with a disease-ridden population is a crippled and impoverished state no matter how much wealth it may have in other resources. A truly national medical library would insure the availability of the ever-increasing information about new discoveries on which improvements in health depend. Furthermore, this National Library of Medicine would be in a unique position to obtain medical publications from abroad, in both peaceful and troubled times, and whether we like it or not, the rise in health standards in this country depends to a great extent on foreign findings. To cite but a couple of examples of this fact, those two great conquerors of infectious disease, the sulfa drugs and antibiotics, were first discovered and developed in Germany and England. More than any one other institution or agency, a National Library of Medicine, as provided for in S. 3430, will guarantee the availability of new medical information vital to American medical research and equally vital for the prevention and cure of disease.

More than 60 years ago the Congress first authorized the Library of the Surgeon General's Office, as it was then called, to make its services available to the health professions at large, and ever since, the library has fulfilled to an increasing extent a national responsibility, the complete accomplishment of which has never been realized and has often been in jeopardy because of the lack of specific enabling legislation. The library has taken the lead amongst medical libraries in publishing catalogs of its book holdings, indexes to its periodical volumes, and in making its essential and valuable collections available through interlibrary loans, either in the original or in photocopies, to distant libraries. Only one example of the ever-present threat to these vital services need be cited—and it is a frightening circumstance. Somewhat more than 2 years ago, the library was nearly forced to abandon publication of its Current List of Medical Literature, which indexed the articles in about 1,200 medical journals, apparently because of the lack of general enabling legislation. Indeed, during the past 2 years it has had to restrict the number of pages published in the Current List, which is the only index that makes it possible to find information amongst articles in recent issues of journals. To have lost it would have been disastrous, but it is a disaster which S. 3430 obviates.

As for specific provisions in the bill, the association particularly supports the authorization for the construction of an adequate library building. It is most doubtful that there is any other library in the United States that compares in size and value with the Armed Forces Medical Library that is so miserably and dangerously housed.

The association suggests that the phrase "biological sciences related to medicine," be inserted after the word "nursing" in section 8 which defines the terms "medicine" and "medical." The library will have to have, as the Armed Forces Medical Library now has, extensive collections in such fields of biology as anatomy, biochemistry, microbiology, pathology, pharmacology, and physiology, and this fact should be recognized and authorized in the bill.

The association is aware that the question has been raised whether the National Library of Medicine should be established as an independent agency of the Government as provided for in S. 3430 or as an organizational unit in some existing agency, presumably one that already has similar national responsibilities in the field of health. The association believes that the National Library of Medicine will be of sufficient stature and importance to justify an independent status, and it further believes that S. 3430 contains adequate provisions to insure a national responsibility of service to the Government and the Nation. Because of this belief, the association supports S. 3430, as I have already stated, and requests your committee, Mr. Chairman, to make a favorable report on S. 3430 after having made the revision suggested above. On the other hand, the association would also support a revision of the bill placing the National Library of Medicine in an existing agency providing, and these are very important provisions, that it can be demonstrated that the library will benefit from organizational association with similar activities in the field of health, that the library be established at an organizational level of adequate stature such as the level immediately below the Secretary's Office in a Cabinet agency, and providing that the revised bill contains authorization equivalent to that in S. 3430 to guarantee

that the National Library of Medicine's program will be for the Government as a whole and the Nation at large, and will not merely supply special services to the agency with which it may be located.

In conclusion, I would like to add that I, personally, support wholeheartedly the basic principles of S. 3430. Moreover, I am convinced, and I am not alone in this conviction, that a dollar spent on a National Library for Medicine will accomplish more for the improvement of the national health than a dollar spent on any other one type of medical activity.

Chairman HILL. All right, Dr. Larkey.

Dr. LARKEY. Mr. Chairman, as so often happens when you get to the end of a long session, everything that you are going to say has already been said, and said better than you can say it yourself.

Therefore, I will confine myself to stressing certain features and comment on certain points in the testimony that has already been given.

I feel that legislation like S. 3430 is a very vital piece of legislation at this time.

I do want to mention one part of the bill which I felt was very fine. We all know of the importance of the new building for this National Medical Library, but equally important is the delineation of the functions of this library.

As we have heard, it has been one of the difficulties in the past with the operation of the Armed Forces Medical Library.

I was very pleased to see this spelled out so carefully and distinctly in the bill; and, also, in the splendid speeches by Senator Hill and Senator Kennedy. In fact, I think those speeches will go down as important historical documents in the history of American medicine.

We have heard a great deal of the importance and of the value of this library, to medical research. I would like to emphasize what it means to all medical research throughout the country right down to the lowest level.

After all, research is that of keeping up with what others are doing. And we have heard what a great mass of material, of literature, this involves.

I have estimated that probably 300,000 articles are published every year in over 10,000 journals in the field of medicine alone.

You can see that it is some task to keep track of even a small part of them; and, particularly, the important parts. This is a function of libraries. The indexing and the cataloging of these publications is essential to medical research.

The Armed Forces Medical Library which we hope will be the National Library is the keystone of all of these activities in the dissemination of knowledge of medical research throughout the world, I might say.

Because of this, the Armed Forces Library now means a great deal to all medical libraries, particularly those connected with medical education and research. They all depend heavily on the Armed Forces Medical Library.

No matter how big we are, as Miss Doe says, and hers is the second largest and she depends on it—Mr. Kilgour's and mine are also fairly large libraries as medical school libraries go, but we depend every day, every hour of every day on the Armed Forces Medical Library.

In the first place, we could not conduct our operations without the great index and catalogs of the Armed Forces Medical Library that they produce, produce under great difficulties under the present setup.

First, we have the Current List, which keeps us up to date with what is being done all of the time. Then the great catalog index, cataloging going back to the 1880's. It was started by that great leader, John Shaw Billings, and now the annual and cumulative catalogs of the Armed Forces Medical Library tell us where to find what is being written in medicine.

And then we all depend on the library loans—again even the largest one which loans 2 to 3 times as many books as it borrows—borrows three-fifths of the books it gets from outside of its own university from the Armed Forces Medical Library.

So you can see that this library is important to every library and, therefore, to every doctor in the United States.

I have spoken of the importance of the library to medical research. I feel that there is in turn importance to medical research in the libraries such as this. I think a library like this must have the mutual stimulation of being in contact with various aspects of medical research, medical education and practice. And, therefore, I was very happy to see that Senator Hill in his speech mentioned the possibility of the library possibly being under Health, Education and Welfare, particularly the Public Health Service. I think that with the proper safeguards that have already been mentioned, that is the proper place for this library.

And I feel that it can go and carry out its responsibilities in a good way.

An organization like this must and cannot stand still. It must not stand still, if it is to meet steadily increasing demands of scientific research which are growing rapidly every day.

And to a great extent this is what the Armed Forces Medical Library has been forced to do under its present administrative setup, and above all in the inadequate building it has now.

This is in spite of the splendid efforts of the Director and the staff to carry on its duties.

I think we can look forward to great advances in all of these fields if the library is transferred to an independent agency or under one of the other departments of the Government as suggested today in the hearing.

Thank you.

Chairman HILL. Is there anything else?

Dr. DANIELS. I have nothing else to say.

Chairman HILL. Senator Purtell.

Senator PURTELL. Except to thank the folks for coming here and helping us.

Senator KENNEDY. I have no questions.

Chairman HILL. I want to say to you what I said to the first panel, and to express our very deep appreciation to you and all of the others who have been here, for the very fine and informative testimony that you brought in today—very challenging testimony.

And I think as chairman of this committee I should say that we owe a special debt of appreciation to Dr. Daniels. We could not have had this hearing that we have had today with these very fine distinguished outstanding witnesses, but, sir, for your work and your cooperation and the enthusiastic help which you gave to us to make sure that this was the very fine hearing that we have had here today.

We express to you our deep appreciation, sir.

Dr. DANIELS. Thank you, sir; we all appreciate being here.

Chairman HILL. At this point in the record, I shall insert a statement explanatory of the library and the report of the Task Force on Federal Medical Service of the Hoover Commission.

(The information referred to is as follows:)

#### ARMED FORCES MEDICAL LIBRARY

##### *History*

The Armed Forces Medical Library was founded in 1836 as the Library of the Surgeon-General's Office, United States Army. Under the leadership (1865-95) of John Shaw Billings, and down through the years, the library has grown in size and importance until it has become the greatest collection of medical literature in the world. From its very beginning the resources of the library have been available to all members of the health professions, military and civilian; it serves as the national library of the medical sciences, and readers come to it from all over the United States and from all parts of the world.

##### *Size and scope*

The Armed Forces Medical Library contains almost a million books. Besides its outstanding collections of historical works, medical theses, portraits and photographs of medical men, and its unique section of American and foreign government and statistical documents, the completeness of its volumes of periodicals make it a fountainhead of information surpassed by few other scientific research libraries. Over 10,000 serial publications are currently received, and altogether about 100,000 journals and monographic pieces are acquired yearly, representing literature on medicine, dentistry, pharmacy, and allied sciences, in all languages and of all times.

##### *Publications*

The two major publications of the Armed Forces Medical Library are the Current List of Medical Literature which appears monthly, and the annual Armed Forces Medical Library Catalog. The current list provides subject and author indexes to over 100,000 medical periodical articles each year, selected from 1,500 medical journal titles. The catalog provides a subject and author listing of monographs received at the library; the first quinquennial cumulation (1950-54) of the catalog has just appeared in 6 volumes. The library also publishes occasional bibliographies, such as the Structure, Composition and Growth of Bone (1955); soon to appear is a massive bibliography on the Chemotherapy of Cancer.

##### *Services*

The library loans books to other libraries throughout the United States. It extends its loan services more widely through a photoduplication section which fills some 8,000 orders every month. Its staff includes reference librarians who aid in searching out required information, and who provide bibliographical lists on request.

##### *Need for a new building*

The Armed Forces Medical Library has been housed in its present building since 1887; since 1942, for lack of space in Washington, a large segment of the library has been located in rented quarters in Cleveland, Ohio. Since 1918 repeated attempts have been made to obtain a new building for the library, in order to relieve serious overcrowding and to provide suitable care for the rapidly growing collections. All such attempts have failed; the latest attempt, carried to a high point in 1955, stalled when the Department of Defense decided that construction funds for a new building would not be carried in the Defense budget for fiscal year 1957, now before the Congress.

REPORT OF TASK FORCE ON FEDERAL MEDICAL SERVICES, HOOVER COMMISSION

A NATIONAL LIBRARY OF MEDICINE

One of the cardinal necessities of competent health research is access to books, monographs, and journals in medical and related fields. Unless workers have access to such materials, research and the dissemination of scientific

information are seriously handicapped and research grants are wastefully spent.

Today the largest and most important medical library in the world is the Armed Forces Medical Library. No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services. Originally organized for military use in 1836, this library has become a great national research institution far surpassing the nature, size, and level of activities required by the Armed Forces. It is in fact the National Library of Medicine of the United States.

While every credit should be given to the Surgeons General of the Army who, in the past, created and maintained the library, today neither its name nor its placement in the Department of Defense suggests the degree to which it serves the needs of national medical research and teaching. The character of this library has changed with the passage of time. It has gained in value, importance, and potential usefulness.

There is no clear statutory authority for the functions which it now serves. The library is ineffectively placed in point of administration, inadequately housed, and too poorly supported to permit effective conduct of its pertinent functions.

For over 30 years the library has needed a new building. It now requires an annual increase of a mile of shelf space. Its collections are constantly threatened by loss from fire and have undergone actual damage through exposure to weather and improper storage.

Continued financial support is a problem. No newly created library could even hope to duplicate the present matchless collections. But the cost of maintaining them is not a fair or defensible charge on any one or all of the military establishments. As it is presently situated the financial need of the library competes in peacetime with the needs of the military to maintain the skeleton of an effective fighting force. In time of war it becomes naive to expect the preoccupation of the military to include the proper maintenance and continuing development of a National Library of Medicine.

The needs of a National Library of Medicine are neither in theory nor practice familiar to, or a natural concern of, the Department of Defense. What is needed to enable the library to function properly as a truly national institution is legal status with an administrative organization appropriate to a National Library of Medicine, an effective building and an adequate budget. Its present irrational administrative status has created a history of friction and misunderstanding regarding its work. Hospital buildings, scientific instruments, or medical stores deteriorate with the passage of time; books and journals if well housed do not deteriorate; indeed they become more valuable. In the light of the sums now spent by the Federal Government on medical services and research, it would be folly to ignore the means of spreading as well as accumulating and safely storing the facts already known and those awaiting discovery.

The task force has considered a variety of solutions for this problem.

We believe a National Library of Medicine must not be subordinate to any executive department; that, like a university library, it must have a status independent of the many groups it serves. The Library of Congress, which is a library primarily for the use of Congress, would present difficulties of administration as well as differences of purpose.

We find that the status and organization of the National Art Gallery as an all but autonomous division of the Smithsonian Institution supply a satisfactory guide or model for the reorganization of the library into what could wisely be called the National Library of Medicine.

There should be a self-renewing board of trustees or curators, consisting, as is the case with the National Gallery of Art, of 10 or a dozen persons of eminence, competence, and interest: A justice of the Supreme Court, a Member of the Senate and of the House, 2 of the Surgeons General, the head of the Smithsonian Institution *ex officio*, and 5 persons familiar with library administration, medical research, or education.

The budget of the National Library of Medicine should be provided by the Federal Government as a separate part of the support given to the Smithsonian Institution. The Board of Trustees or curators of the National Library of Medicine should be empowered to receive and administer funds given by private citizens and civilian organizations.

The task force recommends that legislation be enacted—

To create a National Library of Medicine as a division of the Smithsonian Institution with a Board of Trustees who shall be responsible for directing its policy:

To transfer to the National Library of Medicine the collections and activities of the Armed Forces Medical Library; and

To provide housing and a budget adequate for the National Library of Medicine.

Chairman HILL. The committee will now stand in recess until 10 o'clock in the morning when we will continue these hearings.

(Whereupon, at 12:20 p. m., the committee adjourned, to reconvene at 10 a. m., Wednesday, April 11, 1956.)

## A NATIONAL LIBRARY OF MEDICINE

WEDNESDAY, APRIL 11, 1956

UNITED STATES SENATE,  
SUBCOMMITTEE ON HEALTH OF THE  
COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Washington, D. C.*

The subcommittee met, pursuant to recess, at 10:15 a. m., in the Old Supreme Court Chamber, United States Capitol, Senator Lister Hill (chairman) presiding.

Present: Senator Hill.

Also present: Committee staff members Stewart E. McClure, John E. Forsythe, William G. Reidy, Michael Bernstein and Mary DiDio. Chairman HILL. The subcommittee will kindly come to order.

We will continue our hearing on the bills to create a National Library of Medicine. We are very happy to have as our first witness this morning, Dr. L. Quincy Mumford, Librarian of Congress.

Doctor, will you come around, please, sir?

It is nice to have you, Doctor. We will be delighted to have you proceed in your own way now.

### STATEMENT OF DR. L. QUINCY MUMFORD, LIBRARIAN OF CONGRESS, LIBRARY OF CONGRESS

DR. MUMFORD. Thank you, Mr. Chairman and members of the committee, I welcome this opportunity, Mr. Chairman, to appear here today. I shall address my brief remarks chiefly to the most recent bill before you, that is, S. 3430, which is designed to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

The Library of Congress is glad to see legislation proposed to give full and proper recognition to the Armed Forces Medical Library as the National Library of Medicine.

For many years the Library which I represent has so recognized the Armed Forces Medical Library and its predecessors, the Army Medical Library and the Library of the Surgeon General of the Army.

We have, in fact, done everything we could to assist in the realization of this function. We supply the Armed Forces Medical Library with copies of medical works that we receive through the operation of the copyright laws. We turn over foreign medical publications that we receive through gift and exchange. And we print the catalog of the Armed Forces Medical Library in book form as a supplement to our own catalog.

Perhaps it is not surprising for a fellow institution to recognize and cooperate with the Armed Forces Medical Library as the National

Library of Medicine. It is significant, however, for an independent commission concerned with most efficient and economical organization of the executive branch of the Government to advocate this status.

We were therefore pleased in 1955 when the Hoover Commission declared in regard to the Armed Forces Medical Library:

What is needed to enable the library to function properly as a truly national institution is legal status, with an administrative organization appropriate to a National Library of Medicine and an effective building and an adequate budget.

The enactment of the Hill-Kennedy bill would, I believe, be a basic step toward the realization of these objectives.

Before this subcommittee I am sure I do not need to plead the urgent necessity of proper housing for the incomparable and irreplaceable collection of materials that constitutes the Armed Forces Medical Library or to advocate the support that its activities merit.

The United States cannot afford to suffer the impairment of this library's usefulness or its loss through neglect.

The Armed Forces Medical Library ceased long ago to serve only the Armed Forces. The continuing concern of the various medical associations, for instance, with the accessibility and safety of the library's collections attests to its importance to the entire medical profession.

These facts, among others, seem to me to argue for civilian status, as it were, for the National Library of Medicine.

I am not so much concerned as to whether it should be established as an independent agency or made a part of an existing agency. Each of these proposals has merit. But I am concerned that the library be established within a framework that will allow it to perform its proper national functions, fully and effectively.

Chairman HILL. Would you say that if we create the psychology, so to speak, of a national library, the people of the United States will look upon it as a great national library just as they look upon the Library of Congress today; is that right?

Dr. MUMFORD. Yes; I think it is important to establish the concept and the idea of its being a National Library of Medicine.

It is also important that it be placed in an administrative framework where it can properly carry out those functions.

If the National Library of Medicine is to be made a part of another agency, I believe it would prosper best in the congenial climate of medical activity.

In the draft of the bill to create such a library which was presented before this committee yesterday by the Department of Health, Education, and Welfare, however, there is one provision that librarians everywhere will deplore on practical and philosophical grounds. I refer to section 372 (c), specifically, and I quote:

The imposition of charges in cases in which the library's publications, materials, facilities, or services convey a special identifiable added benefit to particular individuals, agencies, organizations, and institutions, such charges to be established in the light of the cost, and limited usefulness to the public of the particular publications, materials, or services involved.

Such a requirement, Mr. Chairman, in my opinion, is not administratively feasible. It would constantly embroil the librarian in difficult determinations and possibly in legal disputes. And it might result in the undemocratic denial of service to all on an equal basis.

Accordingly, I recommend that all of section 372 (c) after the first sentence be deleted. The first sentence alone gives the Surgeon General the broad powers necessary to administer the National Library of Medicine and section 373 (b), which defines the duties of the National Library Medical Board, gives to the Board sufficient authority to consider and make recommendations on handling unreasonable requests.

In other words, adequate machinery exists in section 373 (b) of the Health, Education, and Welfare draft, for providing for the usual forms of reimbursement and for protecting the National Library of Medicine against abuses of its services.

This great Medical Library we are concerned with here today is one of the monuments of the American system. In no other country except the United States would a library such as the Armed Forces Medical Library have developed—a library that was neither afraid to take all of medicine for its subject, nor to take all medical activity as the potential beneficiary of its operations.

The bibliographical publications of the Armed Forces Medical Library have not only a nationwide but a worldwide usefulness and renown.

Its collections, through these publications and through the thousands upon thousands of reference services it performs in medicine and related fields, are of indispensable utility to research. This breadth of usefulness has been possible, despite woefully inadequate facilities and at times insufficient support, because the library has never narrowly conceived of its responsibility, but has been truly national in scope.

The proposals before this committee would make the library in name what it is in fact, the National Library of Medicine.

I am very happy, Mr. Chairman, to give my warmest support to this action.

Chairman HILL. Thank you. I appreciate your statement very much and, particularly, do I appreciate your giving us the benefit of your views with reference to this provision in the suggested bill of the Department of Health, Education, and Welfare, which would provide for a compulsory imposition of charges or fees.

I just wanted you to know that I am delighted to hear that testimony, because I certainly share in your feelings in the matter.

Let me ask you about one other question. I believe under the copyright law, when a person applies for a copyright, he files with you a certain number of copies of the book that he is seeking to copyright.

Dr. MUMFORD. He is required to deposit two copies of the book.

Chairman HILL. Well now, that will apply to medical books as well as to others?

Dr. MUMFORD. That is correct.

Chairman HILL. Those medical books, I suppose, you have here in the Library of Congress; do you?

Dr. MUMFORD. As I indicated in the statement, we pass on one copy of each medical book received as a deposit to the Armed Forces Medical Library.

Chairman HILL. In other words, what you do then is to keep one copy for the Library of Congress?

Dr. MUMFORD. That is correct.

Chairman HILL. The other copy you send on to what is now the Armed Forces Medical Library; is that right?

Dr. MUMFORD. Yes. Perhaps I should add that the primary reason that we retain one copy is that when people are working in the Library of Congress in peripheral fields their research sometimes reaches over into this medical material. And it is pretty hard to draw the line sharply between the two types of material.

We have been studying our retention policy and we may be able to define it still further so that we can pass on some of the second copies to the Armed Forces Medical Library.

Chairman HILL. I can well understand the reason for keeping at least some of the copies. I think it is good that you send on to the Medical Library the other copy.

Well, we certainly want to thank you for your presence here this morning and for your very splendid and helpful statement.

Dr. MUMFORD. Thank you, Mr. Chairman.

Chairman HILL. Dr. Preston A. McLendon.

It is nice to have you here, sir. You are professor of pediatrics, George Washington University, attending physician at Children's Hospital, and past president of the District of Columbia Medical Society.

You are here today representing the American Medical Association and the District of Columbia Medical Society.

We are delighted to have you here. We welcome you, Doctor. We will be glad to have you proceed now in your own way, sir.

**STATEMENT OF DR. PRESTON A. McLENDON, PROFESSOR OF PEDIATRICS, GEORGE WASHINGTON UNIVERSITY, ATTENDING PHYSICIAN AT CHILDREN'S HOSPITAL, PAST PRESIDENT OF DISTRICT OF COLUMBIA MEDICAL SOCIETY, REPRESENTING THE AMERICAN MEDICAL ASSOCIATION AND THE DISTRICT OF COLUMBIA MEDICAL SOCIETY**

Dr. McLENDON. Mr. Chairman and members of the committee, I am Preston A. McLendon, a practicing physician of Washington, D. C., and I am appearing here today as the official representative of the American Medical Association. Through the constituent State and Territorial medical societies, the association represents the doctors of this country.

From the first time the proposal for safeguarding the Armed Forces Medical Library came to its attention, the American Medical Association has firmly supported the suggestion. The last official action of our house of delegates on this matter was in June of 1954, when the attached resolution was approved. I should like to read a few sentences for the committee.

The house of delegates of the American Medical Association \* \* \* reiterates its belief that a new building for the Armed Forces Medical Library is of paramount importance to the best interests of American medicine and the health of the country, and calls on the appropriate agencies of our Government to give immediate priority to this most important project \* \* \*

The board of trustees is requested to enlist the active support of all national medical organizations to further by every possible means the accomplishment of the intent of this resolution \* \* \*

This policy was emphatically reaffirmed on April 9, 1956, by our board of trustees meeting here in Washington. Also in this action, the board endorsed a recommendation of the AMA's council on national defense—the board of trustees voted support for—

the immediate construction of adequate facilities for a National Library of Medicine administratively and geographically attached to the Department of Health, Education, and Welfare.

Thus you can see that the American Medical Association heartily supports legislation for the erection of a suitable structure and the purchase of suitable equipment so the library not only will be preserved but will be of the utmost benefit to the public.

From the practical standpoint, the library, if properly supported, will continue to be of inestimable value to medical education and medical research. Wide national use is made of its rare and complete medical literature much of which is available nowhere else in this country or in the world, for that matter.

If medical researchers and educators are assured that the library will be properly maintained, medical schools and research institutions will feel confident they can make it the repository for much of their own medical literature and information, thus avoiding duplication.

I want to say that the American Medical Association is not without experience in the collection of medical information. For 75 years the association has published its weekly journal for the benefit of the medical profession.

In addition, the association publishes monthly, nine specialty journals. We have maintained close relations with the library in the past, and we are confident our relations in the future will continue to be of benefit to us, to the library, and to the American public.

As a specific incidence of this cooperation, we annually turn over to the Armed Forces Medical Library between 1,300 and 1,400 different medical journals from our headquarters library in Chicago.

In closing, I would like to quote from Dr. William Henry Welch, who is known as one of the four founding fathers of Johns Hopkins. He had been asked what were the really great contributions of this country to medical knowledge. Dr. Welch listed them this way:

First, the discovery of anesthesia.

Second, the discovery of insect transmission of disease.

Third, the development of the modern public health laboratory.

Fourth, the Army Medical Library and its Index-Catalog.

Then Dr. Welch added:

And this library and its catalog are the most important of the four.

and incidentally, I might state that the library at Hopkins today is named in his honor.

(Resolution 21 is as follows:)

#### RESOLUTION 21—RE ARMED FORCES MEDICAL LIBRARY

Adopted by house of delegates, American Medical Association, at San Francisco Meeting, June 1954

Whereas the Armed Forces Medical Library, established in Washington over 100 years ago as the Surgeon General's Library, has long since become the greatest medical library in the world; and

Whereas the irreplaceable collections of the Armed Forces Medical Library are now housed in a 67-year-old building totally unsuitable for the purpose by

reason of its inadequate size, poor state of repair, susceptibility to fire hazard, and general inadaptability to efficient operation; and

Whereas the Armed Forces Medical Library serves not only all Government departments but also the entire medical profession of the United States, and without its help much of the research and clinical work now being carried on by our profession would be impracticable; and

Whereas the Secretary of Defense has issued a memorandum designating the Secretary of the Navy as responsible agent for planning, budgeting, design, and construction of a new building for the Armed Forces Medical Library, and has designated the site of the proposed building as the National Naval Medical Center: Therefore be it

*Resolved*, That the house of delegates of the American Medical Association, in convention assembled, reiterate its belief that a new building for the Armed Forces Medical Library is of paramount importance to the best interests of American medicine and the health of our country, and calls on the appropriate agencies of our Government to give immediate priority to this most important project; and be it further

*Resolved*, That the board of trustees be instructed to transmit copies of this resolution to the President of the United States, the President of the Senate, the Speaker of the House of Representatives, the chairmen of the Appropriations Committees of the Senate and House of Representatives, the chairmen of the Armed Services Committees of the Senate and House of Representatives, the Director of the Bureau of the Budget, and the Secretary of Defense; and be it further

*Resolved*, That the board of trustees be requested to enlist the active support of all national medical organizations to further by every possible means, the accomplishment of the intent of this resolution.

Dr. McLendon. In my own and the AMA's behalf, I thank you for the invitation to testify on this legislation.

Chairman Hill. You spoke of Dr. Welch. As I recall, Sir William Osler said that it would not have been possible for him to have written his monumental work on the practice of medicine, but for this very Army Library. He and Dr. Welch were two of what they called, I believe, the Big Four at Hopkins; isn't that right?

Dr. McLendon. That is correct.

Chairman Hill. Let me ask you this: Does your association take any position as to where this library ought to be, whether it should have an independent status, like the Library of Congress or under some existing agency, or what?

Dr. McLendon. At first, Mr. Chairman, they had no opinion relative to this, that is, in the past. At the board of trustees meeting in Washington just this week, they passed a resolution that it would better be attached to the Department of Health, Education, and Welfare and the Public Health Service, where the medical background is so important.

Chairman Hill. You do not think that the atmosphere in Washington had any effect on the passing of that resolution, do you?

Dr. McLendon. I trust there was more profound background to it, sir. [Laughter.]

Chairman Hill. I must say that sometimes the atmosphere in Washington is a little different from the atmosphere in what I call the grassroots back home, among the people.

What is your thought, sir, about this provision in the Health, Education and Welfare bill, with reference to the imposition of charges?

Dr. McLendon. Mr. Chairman, that is such a recent suggestion I am afraid we would not be at this time prepared to give a comprehensive statement either for or against. We would be glad to send such a memorandum if you wish that, sir.

Chairman HILL. Thank you, Doctor. I want to thank you for coming and for the very splendid statement.

Dr. McLENDON. Mr. Chairman, may I have permission to also make a short additional statement for the local medical society?

Chairman HILL. We will be delighted to have you do so, sir. Go ahead, Doctor.

Dr. McLENDON. In my appearance today I am also representing the Medical Society of the District of Columbia, of which I am the immediate past president.

As with other professional organizations testifying in behalf of the establishment of a National Library of Medicine, the Medical Society of the District of Columbia wishes to substantiate its claims to the great value of the present Armed Forces Medical Library.

We have a very personal interest in that we use the library most often as a source of information for teaching and research. It is used by our students from the three medical schools quite frequently in their research program. The three medical schools in the District of Columbia in addition to the Army, Navy, Air Force, and Public Health are constant benefactors of its almost limitless resources.

The bar association frequently in our medico-legal tangles are very happy to use the library for their purposes as well, so that the legal profession has an interest in this.

The present building with its inadequate reading rooms and stack space is in a deplorable condition, as the committee knows. It is a firetrap, leaks during heavy rains, and is in constant danger of destruction.

It is quite understandable that the Department of Defense has been unable in recent years to emphasize the need and the importance of restoring the library to its proper and traditional status. We can readily appreciate that other matters are more important from their point of view.

It is indeed gratifying that this committee and the Congress is giving serious thought to this vital asset of American medicine and allied science.

If any contribution on this bill surpasses that of the speech of the chairman himself and his conferee, Mr. Kennedy, I have not seen it. I do not think we can add anything to the substance of that speech, in its understanding of medical problems.

Chairman HILL. I spoke of resounding speeches you made once before. I want you to know that that resounding speech was no better than what you just said, sir.

Thank you, sir.

Dr. McLENDON. The Medical Society of the District of Columbia wholeheartedly approves the statement of the board of trustees of the American Medical Association.

Again, let me thank the committee for this opportunity to present our views.

Chairman HILL. Thank you, Doctor. We certainly appreciate these splendid statements on your part. We appreciate your taking the time in coming here and being with us and being so helpful. We are deeply grateful to you. Thank you so very much.

Dr. McLENDON. Thank you.

Chairman HILL. Now, Dr. Lucius R. Wilson.

Glad to have you, Doctor. I believe you are chairman of the Council on Government Relations of the American Hospital Association and you are here this morning to represent that association.

Dr. WILSON. That is correct, Mr. Chairman. And I have with me Admiral Sutton, who is consultant to the American Hospital Association.

Chairman HILL. We are delighted to have you here and we appreciate your bringing Admiral Sutton.

Dr. WILSON. Thank you, sir.

Chairman HILL. You may proceed now in your own way. We will be delighted to hear from you.

**STATEMENT OF DR. LUCIUS R. WILSON, CHAIRMAN, COUNCIL ON GOVERNMENT RELATIONS, AMERICAN HOSPITAL ASSOCIATION; ACCOMPANIED BY ADM. DALLAS SUTTON USN (RETIRED), CONSULTANT TO THE AMERICAN HOSPITAL ASSOCIATION, REPRESENTING THE AMERICAN HOSPITAL ASSOCIATION**

Dr. WILSON. The American Hospital Association is delighted to present testimony on this significant legislation which is of such great importance to the whole health field. This committee cannot be too warmly commended for its desire to hold hearings on the various measures which have been introduced, proposing the establishment of a national medical library.

It has been a great pleasure and a distinct privilege for the association to work with the staffs of Senators Hill and Kennedy, the staff of this committee, and the many public-spirited and dedicated individuals and organizations in the health field who have worked so hard and so long to make this legislation possible.

Currently there are three bills before this committee which would create a national library of medicine. Two are identical—S. 2408, introduced by Senator Smith of New Jersey, and S. 2482, by Senator McCarthy of Wisconsin.

The third, S. 3430, was jointly introduced by Senator Hill of Alabama, and Senator Kennedy of Massachusetts. It is to S. 3430 that my statement has particular reference. Its fine detail spells out with precision and clarity such things as the organization and administration of the library, the composition of its board, the authority and tenure of its trustees, the acquisition and disposition of gifts, and the scope of its activities.

Before moving to a discussion of these measures, I should like first to comment briefly upon the reasons why the creation of a national library is so directly related to the effectiveness of research and the future of American medicine.

Today the greatest and most important collection of medical literature is in jeopardy. This priceless and irreplaceable collection, known since 1952 as the Armed Forces Medical Library, is housed in a building which has been inadequate for the past 30 years. In fact, it still occupies the same building in which it has been housed since 1887.

Organized originally in 1836 as the Surgeon General's Library, it has over 650,000 bound volumes and adds annually over 25,000 volumes to its collection.

Over 100,000 publications, journals, monographs, and other medical literature of research and clinical significance come to the present library each year from every important health source within the United States, and from foreign countries.

Annually, it requires an increase of about a mile of shelf space at a time when the iron columns within the building in which it is housed have started to buckle.

Loss by fire is a constant threat. Weather and exposure have caused actual damage. Once destroyed, this collection would be forever lost to the world. With it would go the knowledge, the experience and the record of the thought-provoking analytical steps that man has taken in his efforts to conquer many of mankind's dread killers.

No one should deny the great debt this Nation owes the Surgeons General of the Army who created and maintained this library through all these years. But by the passage of time, the character and function of this library has changed. It is no longer a working library within an executive department, serving the needs of that department, of several departments, or even the whole Federal Government.

Instead, it serves the need of the whole Nation. It serves the needs of national medical research and teaching. It has no counterpart in this country and quite possibly in the whole world. The value of its services to research workers in every field pertinent to health—civilian and military—cannot be estimated.

No other medical agency of the Federal and State governments, or of any other organization, public or private, serves the needs of medical research and training to the same degree as does this magnificent national resource.

Access to its records, journals, and other literature in medicine and related fields is necessary to competent health research. Without it, research efforts would be frustrated and even lost; research grants are wasted and the dissemination of scientific information so necessary to progress is seriously handicapped.

Our national need for a Library of Medicine is clear and urgent. Nothing will more directly and economically contribute to the effectiveness of research and the progress of American medicine in the future.

In fiscal year 1957, Congress will undoubtedly appropriate well over \$100 million for health research. To this great sum can be added much more money that will be spent by universities, industries, foundations, civilian research institutes, and others.

All of the health research that will be engendered by these sums can be made more effective by the creation and support of a National Library of Medicine.

In the dissemination of scientific information alone, incalculable amounts of time and money can be saved. Duplication of experiments can be prevented and new avenues to illusive problems opened.

We are of the view that the National Library of Medicine is of such character and functions that it should not be a subordinate activity of any executive department. We feel that it will best serve the needs of health research and training by having a status independent of the many groups it serves.

If a new building were all that was required, the transfer of the library from the Department of Defense would be unnecessary. But that agency, with its primary preoccupation with national and inter-

national defense and security measures, has the administration of the library as a relatively minor administrative concern.

We feel that the library should be located where its administration and activities are matters of primary concern, and that it should not be required to compete within any executive department for annual funds with unrelated items. The library provides many vital services of national importance. Each should be recognized independently.

The American Hospital Association was originally inclined to support the view advanced by the Medical Services Task Force that the library should become a part of the Smithsonian Institution.

However, as we now understand it, serious objection has been raised to its placement in that agency by Smithsonian itself, and others.

Chairman HILL. I have a letter here today, which I shall place in the record, from Dr. Leonard Carmichael, Secretary of the Smithsonian Institute. And they very definitely do not feel that they are the place for the library.

Dr. WILSON. So we understand.

Chairman HILL. Yes.

Dr. WILSON. With this consideration in mind, we feel that the proposal advanced in S. 3430, to create the National Library of Medicine independent of all other executive departments and agencies, appears to be a satisfactory and meritorious solution to its location.

In this status it will achieve the recognition and importance that it rightfully deserves. Through its board of trustees, which is provided for in this measure, it will be able to attract and encourage contributions and gifts on a nationwide basis from organizations and individuals interested in health research and training.

With respect to S. 3430, the American Hospital Association has only one recommendation to make. We feel reasonably certain that our recommendation covers what is undoubtedly an oversight or even quite possibly a typographical omission.

In listing the ex officio members of the library, we observe that the Chief Medical Director of the Veterans' Administration has not been included. We recommend that he should be. He administers the single largest hospital and medical care program in the United States. The breadth of his experience and the significant health role played by the agency he administers are indicative of the invaluable contributions that this administrator could make to the National Library.

In addition, the Veterans' Administration supports and conducts very substantial health research programs.

Chairman HILL. May I interrupt there to say that I agree thoroughly with what you say about the Chief Medical Director of the Veterans' Administration. Somewhere along the line he was left off the board inadvertently.

It is my definite purpose when we consider this bill in executive session to offer an amendment to make him a member of the board, just as you suggest.

Dr. WILSON. Thank you.

The creation of the National Library of Medicine will establish a national repository of scientific information which will serve successive generations in building the Nation's health.

In conclusion, the American Hospital Association enthusiastically supports S. 3430 and strongly urges its enactment at this session of Congress.

Chairman HILL. Doctor, I have been very much interested, particularly with reference to what you said about making this library independent, giving it independent status. You stated:

that it should not be required to compete with any executive department for annual funds within unrelated items.

For some several years I have been a member of the Senate Committee on Appropriations and I know something about just what you have referred to here, this matter of competition within an agency for funds.

I know sometimes the head of the Department will put a ceiling on an agency and say, "Now your sum total of requests for funds must not exceed a certain amount."

That means then there is terrific competition within the agency as to which activity shall get this much of the overall, or that much of the overall money.

That has been a matter that has given me as much concern as anything else about this matter of putting the library within some existing agency. In so doing you put them right in competition with other activities that are not in any way, certainly not directly, related to the library. You put them in this scramble, so to speak, for funds.

Whatever you may think about it, that is inevitable under the system that we have today. Many of these agencies have many, many different activities. They have many, many different subdivisions or bureaus, so to speak.

The proposition comes, "Well, after all, we have got a budget here, and we cannot allow you but so much money."

When that agency is way down the line, so to speak, it does not go to the Bureau of the Budget directly, it has just to put its request in and that request is shaved down; and, finally, it gets to the Budget Bureau after going through several other hands.

Whereas, if you had an independent agency, that agency would have direct access to the Budget Bureau. It not only would have direct access to the Bureau of the Budget—might not only have a much more authoritative voice with the Bureau of the Budget, but, surely, I can think that it might have a much more powerful voice if it came directly itself to Congress without all the interveners that are imposed upon a bureau or what we might term a subagency.

So I think this is something for those of us who want to see this great library become in fact what it is in potential, to think about pretty carefully.

To me this is the most important question that we have to resolve at this time. What is the best thing to do to carry out the concept which I am sure we all have as to what this library should be.

I have been very much impressed with your statement, and I say, as I have said before, one reason I am so much impressed is because I sit as a member of the Appropriations Committee.

For instance, I spent all of yesterday morning here hearing testimony on this bill. Then I spent all yesterday afternoon at the Senate Committee on Appropriations, where we were considering a bill in executive session. I know something about this thing of budgets, and how ceilings are imposed.

If you are way down the line or pretty well down the line, perhaps you really never get your day in court, so to speak. We want this library to have its day in court.

I will say another thing about it, too. Speaking as a Member of Congress, as an independent agency this library would no doubt have on its board, its operating board, distinguished people, such as we have had here in these last 2 days, such as we have here this morning, such as we had here yesterday morning.

When they come before a committee of Congress, whether it be a legislative committee, or whether it be the Appropriations Committee, they speak with authority, and they are heard. They are persuasive. And if you stick this library way down in an agency where you just have some subhead or, maybe the third subhead speaking for it, his voice is not as loud.

In other words—I see our good friend Dr. McLendon—he is a very busy man—he has had to leave us—but he can't make this resounding statement, you see, in those circumstances.

So I think this is something we should consider. We all have a common purpose. We all seek the same goal, that is, to do the very best for this library.

This is to me a very important question—very important.

Of course we know that and I am not speaking in any critical sense—just speaking from long experience here—each committee of Congress always wants all of the jurisdiction it can have. That is true of different departments and bureaus and agencies. That has nothing to do with politics at all. That is just human nature.

Thomas Jefferson said about agencies of Government:

They always are throwing their grappling hooks forward to grapple more for themselves.

That is just natural—that is just natural.

But now we as wise people must consider all of these human factors and know that they enter in. What is the best thing to do for this library. I have been very much impressed by your statement.

As to this matter of charging fees or the imposition of charges, what is your view?

Dr. WILSON. Mr. Chairman, we have not considered that. I heard what the Librarian from the Library of Congress has to say. I will be glad to take the matter back to our council and consider it and advise you of any talks we have regarding it.

Chairman HILL. I am no oracle or soothsayer but I think I know what the answer will be. We will be very happy to have them supply an answer on this question.

Dr. WILSON. Thank you.

Chairman HILL. I am delighted, too, that you paid a tribute to the Surgeons General of the Army. I think it is richly deserved and that they not only deserve the admiration of the medical profession but of all the American people for their work in building that marvelous collection.

Admiral, do you want to say anything?

Admiral SURTON. I don't want to take the committee's time but I do want to say that I personally feel that this bill is in excellent hands. It is well understood. And we are quite sure that things will be worked out as they should be.

The important thing at the moment is to actually obtain legislation so as to get immediate action to protect the collection that is presently there. We all recognize that fact.

We believe that the committee will unquestionably do the thing which is right so far as administrative control is concerned.

Chairman HILL. We deeply appreciate, gentlemen, your appearance here and your very fine and helpful statement. We want to thank you very, very much.

Mr. WILSON. Thank you.

Chairman HILL. Now, Dr. Theodore Woodward, professor of medicine, University of Maryland.

You come from a good medical school, too.

Dr. WOODWARD. In my county we have six physicians who have been practicing over 50 years. A very healthful, very invigorating county—Carroll County, not many, many miles from here.

Chairman HILL. It is certainly nice to have you, Doctor. You represent the American College of Physicians, too, I understand.

Dr. WOODWARD. Yes, sir.

Chairman HILL. We are delighted to have you here.

**STATEMENT OF DR. THEODORE WOODWARD, PROFESSOR OF  
MEDICINE, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE,  
BALTIMORE, MD., REPRESENTING THE AMERICAN COLLEGE OF  
PHYSICIANS**

Dr. WOODWARD. I have a brief prepared statement which I believe is merely an affirmation of other comments this morning.

With your permission I will read it.

It is a privilege to appear before you today as a representative of the American College of Physicians to testify.

Chairman HILL. Excuse me one moment.

Dr. Wilson, let me ask you this question before you leave. We were very sorry that Dr. Dixon could not be with us this morning. We understood fully why. We regretted the fact that he has illness in his family which precludes him from coming.

But he is not only commissioner of public health for the city of Philadelphia, he was also the staff director, I believe, of the Hoover Commission Task Force on Medical Services; is that right?

Dr. WILSON. That is correct.

Chairman HILL. Since he occupied this very important position of staff director of the Hoover Commission Task Force on Medical Services, we would be very happy if he would supply a statement for the record.

Dr. WILSON. I shall tell him.

Chairman HILL. Tell him how much we regretted his inability to be here.

Dr. WILSON. I shall; thank you.

Chairman HILL. All right, Dr. Woodward.

Dr. WOODWARD. To continue, to testify in behalf of bill S. 3430 designed to create a National Library of Medicine.

Dr. John Minor of this city and a senior member of the American College of Physicians, was unable to meet with your committee today, and asked that I serve as his alternate.

The college comprises specialists in internal medicine in the United States, primarily interested in a high quality of medical practice for the citizens of this country, the teaching of medicine at an undergraduate and graduate level, the research aspects of medical progress, and the prevention of disease.

Hence, the college has a vital interest in any plan or medium designed to further each of these broad objectives.

The proposed National Library of Medicine will promote these aims in no small way.

The quality of any product is a sequel to the exact and painstaking research behind its development. The same may be said in the field of medical science.

New advances are dependent upon knowledge of the contribution of others, and it is axiomatic we almost daily rediscover old facts or concepts described decades previously by the masters.

American medicine is dependent upon having such a library to provide this knowledge as the Armed Forces Medical Library represents.

A new library building is a vital necessity to adequately and safely house the available medical literary treasures, to provide for the necessary expansion and to develop even a broader program.

A teacher of medicine, a practitioner, or a laboratory investigator must incessantly consult the medical archives.

Our small State is providing a new library for our medical school at a cost of more than a million dollars, which will provide a satisfactory building and a better complement of necessary periodicals for teaching and research.

Nevertheless this facility will be hopelessly inadequate for all needs. And there is always a necessity to call upon the services of a reference library such as the one now available and in need of support and expansion.

The combined membership of the American College of Physicians favors support of the Hill-Kennedy bill which would provide a modern building for the present books and periodicals. Indeed, the college urges its adoption since this reference library with its priceless treasures, merits almost any expenditure to justify its protection.

In view of the scope of functions of this library with needs transcending medicine, dentistry, pharmacy, and allied sciences, it would appear logical to establish the new library under a unified or independent medical agency, but specifically under medical direction.

The budget of the National Library of Medicine should be specifically and independently provided for its use.

The American College of Physicians wholeheartedly supports the plan to establish this library with its governing board as previously delineated.

Now, sir, off the record, for just a moment.

Chairman HILL. Off the record.

(Discussion off the record.)

Chairman HILL. I would like to have this on the record.

Dr. WOODWARD. I mention this, sir, because you are a medical historian.

Chairman HILL. Let us have this on the record. I think this is good for the record. Go right ahead.

Dr. WOODWARD. AS I studied the history of our Armed Forces Medical Library last evening, I noted that it was founded in 1836. I reflected of the changes in our country at that time.

In 1836 there was an epidemic of typhus fever and typhoid fever ranging in our city of Philadelphia. A great American clinician by the name of Gerhardt who had studied on the Continent under a French physician by the name of Dr. Louis, clearly defined on clinical grounds, without any laboratory aids that there was a difference between typhoid fever and typhus. There was much confusion before that time.

It is impossible for me to read these early writings in our library although the Welch Library is also in Baltimore. But such valuable material is available and has been made available to physicians such as myself all over the country through the Armed Forces Medical Library.

Now the second point occurred to me which forcefully delineates why we must have protection and why we need a reference library.

I am a member of a number of committees of the Army. You may know, sir, that recently a team of physicians returned from Russia comprised of Dr. K. F. Meyer, Dr. Cloud, Dr. Schope, and others, and I had the privilege of hearing Dr. Meyer tell of Russian research, within the past several weeks. And we were all amazed of the contributions, of the progress that is being made in that country. And much of what was said was completely new to us. It would be of great, in fact unlimited, help.

It is certainly necessary for a library such as we now have to continue to spread its aura of knowledge of that country.

Thank you.

Chairman HILL. You made such an interesting and informative statement that if you have any other information or data we would be glad to have you put that in the record for the benefit of the committee.

Dr. WOODWARD. I think not, sir. I believe that those statements are comprehensive and general but very sincere.

Chairman HILL. Good, fine, Doctor, your statement makes it very clear that you feel that this library should be an independent agency, is that correct, sir?

Dr. WOODWARD. Yes.

Chairman HILL. As to this matter of the imposition of charges, do you have any particular views as to that?

Dr. WOODWARD. Mr. Chairman, I would be reluctant to speak to that point because I am representing the American College of Physicians. I am an alternate to Dr. Minor. I am sort of a last-minute representative here because Dr. Minor is not able to be here—he is in California.

Chairman HILL. You might not be in a position to speak for the American College of Physicians, but would you speak as an individual doctor yourself, sir?

Dr. WOODWARD. Yes; I would. I can certainly see no harm in a small charge for services that will render unlimited service to a teacher or a scientist. He may save himself hours of research. Personally, I see no harm.

Chairman HILL. You would then impose some small fee?

Dr. WOODWARD. Some small fair charge. That is a personal statement. If that is necessary. Naturally, as a poor professor of medicine, I would rather not pay.

Chairman HILL. Well now, let me ask you this: I am glad you added, "If necessary."

If you are going to impose these charges, you certainly would not impose them by law which would mean they would be like the law of the Medes and Persians. They would be inflexible and fixed. If you are going to do this you would simply give the authority to your board—would that be your view?

Dr. WOODWARD. Yes.

Chairman HILL. You would not fix these absolutely by law?

Dr. WOODWARD. I do not think I would, sir.

Chairman HILL. You do not think you would?

Dr. WOODWARD. No.

Chairman HILL. All right, sir. The next time I have the pleasure of seeing Dr. Minor I will tell him that he was very ably represented here this morning. We want to thank you.

Dr. WOODWARD. Thank you, sir.

Chairman HILL. Thank you again for your fine statement. We appreciate it very much.

Has Dr. John Parks come in? Is Dr. Ravdin here? If they wish to file statements for the record we will be very happy to have them.

At this point I want to place in the record a letter from Dr. Bloomfield, professor of medicine emeritus, Stanford School of Medicine, and a letter that I adverted to from the Smithsonian Institute; and also a letter from Mr. Miles D. Kennedy, director of the American Legion.

(The letters are as follows:)

STANFORD UNIVERSITY SCHOOL OF MEDICINE,  
DEPARTMENT OF MEDICINE,  
San Francisco, Calif., April 6, 1956.

Senator LISTER HILL,  
Chairman, Committee on Labor and Public Welfare,  
United States Senate, Washington, D. C.

DEAR SENATOR HILL: I wish to make a statement in support of Senate bill 3430 with reference to the creation of a National Library of Medicine.

Although there are a number of excellent medical libraries in the country, none of them approaches completeness and none of them is fully adequate to meet the needs of those who are investigating problems in medicine.

Now that the United States has assumed world leadership in medical practice, teaching, and research, it seems essential that there be one library housing as complete a collection as possible of all medical journals, textbooks, etc., of interest or need to those working in this domain.

The Armed Forces Medical Library, which is an outgrowth of the old Surgeon General's Library, is outmoded and outdated, both in its physical plant and in its mode of operation. A new National Library of Medicine as proposed in the bill seems to me to be an absolute necessity.

In the past few years, during which I have been working on a bibliography of internal medicine, I have had occasion to borrow at various times from the Armed Forces Medical Library. Although its holdings are very wide and its librarians courteous and helpful it is still not fully adequate either in content or in service. These defects could and should be remedied by a National Library of Medicine as proposed and supervised by a board of wide experience both in technical library matters and in the medical needs of the collection.

I cannot think of any domain connected with medicine nor with the national health of more importance and urgency than the creation of an adequate library along the lines proposed.

Sincerely yours,

ARTHUR L. BLOOMFIELD, M. D.,  
*Professor of Medicine Emeritus.*

SMITHSONIAN INSTITUTION,  
Washington 25, D. C., April 10, 1956.

HON. LISTER HILL,  
*Chairman, Senate Committee on Labor and Public Welfare,  
United States Senate, Washington 25, D. C.*

MY DEAR SENATOR HILL: We appreciate the opportunity you have given us to present a report of the Smithsonian Institution's views on S. 2408 and S. 2482, identical bills to establish a National Library of Medicine, which are now before your committee.

The Institution has previously provided the Bureau of the Budget with its comments on this same subject. The first report was based on the recommendation made by the Commission on Organization of the Executive Branch of the Government and the second on a proposed reorganization plan which would implement that recommendation. In these two reports, the Institution indicated that its final, official views could not be given until the Board of Regents had passed on this matter of major policy. The Institution further advised the Budget Bureau that:

"It is almost certain, however, that the Board of Regents would not look with favor on the plan for the administration of the National Library of Medicine as set forth in the proposed reorganization plan, since it strips them of their authority as provided by the act of August 10, 1846, as follows: 'The business of the Institution shall be conducted at the city of Washington by a board of regents, named the Regents of the Smithsonian Institution.'

"In addition, scientific libraries are often administered by the agencies they are established to service. The full field of medical research is not a part of the present duties of the Smithsonian Institution although we are concerned in some specialized medical and much biological research. Applied medicine is very definitely an important part of the Department of Defense and of the United States Public Health Service. Thus the projected plan for the National Library of Medicine might be opposed not only by some agencies engaged in medical service and research but also by some people who are interested in what may be called library theory.

"Beyond this, there are other conditions which make it inadvisable to place the National Library of Medicine in the Smithsonian Institution at this time. As pointed out previously, the Institution is now engaged in an extensive and continuing program to develop its present activities. Included in this developmental project are plans for the erection of one or more buildings to house existing and very important functions of the Institution. This rapid increase in operations engendered by our long-range program taxes our limited administrative and service staffs to the limit. It seems certain that the National Library of Medicine needs a new building and greatly augmented appropriations. \* \* \*

The Smithsonian Institution still feels that necessary appropriations could be more expeditiously secured elsewhere than by this small agency which has an established set of priorities in regard to its own basic, urgent, and unfilled needs.

If, by any chance, the proposed bills appear at all likely to receive the approval of your committee, it would be greatly appreciated if I might be so advised so that the matter may be presented to our Board of Regents for their consideration and final decision.

The Bureau of the Budget advises that there is no objection to the submission of this report to the Congress.

Sincerely yours,

LEONARD CARMICHAEL, *Secretary.*

THE AMERICAN LEGION,  
NATIONAL LEGISLATIVE COMMISSION,  
Washington 6, D. C., April 10, 1956.

Hon. LISTER HILL,

Chairman, Subcommittee on Health,  
Senate Committee on Labor and Public Welfare,  
Washington 25, D. C.

DEAR SENATOR HILL: Referring to the hearings scheduled to be held tomorrow by the Subcommittee on Health in connection with the bills S. 3430, S. 2408, and S. 2482, to establish a National Library of Medicine, etc., I would advise that the American Legion is particularly interested in the provisions of S. 3430.

As you know this bill was introduced by yourself and Senator Kennedy on March 13, 1956. I believe this legislation is also suggested in recommendation No. 23 of the Hoover Commission report on Federal medical services.

There is great need for a library of research material in the medical field. Such a library should have an adequate building and budget, should have an independent status, and should be easily and generally accessible. It should constitute a truly national institution. Although the Armed Forces Medical Library in Washington possesses a matchless collection of materials, it lacks the other essential elements. S. 3430 would transfer that collection to a national library and would fulfill the need described. The bill would, indeed, promote the progress of medicine and advance the national health and welfare.

For the foregoing reasons the National organization of the American Legion supports the provisions of S. 3430.

If consistent, we would appreciate your having this letter incorporated in the record of the hearings on these bills.

Thank you for your cooperation.

Sincerely yours,

MILES D. KENNEDY, *Director.*

Chairman HILL. Does anyone else have anything that they would like to say?

If not, we thank all of you.

(Recess.)

Chairman HILL. The subcommittee will kindly come to order.

We are very happy to have Dr. John Parks, of George Washington University, and representing the American Academy of Obstetrics and Gynecology.

Doctor, we will be delighted to hear you, sir. We will be glad to have you proceed in your own way.

#### STATEMENT OF DR. JOHN PARKS, GEORGE WASHINGTON UNIVERSITY MEDICAL SCHOOL, REPRESENTING THE AMERICAN ACADEMY OF OBSTETRICS AND GYNECOLOGY

Dr. PARKS. Senator Hill and members of the committee, the American Academy of Obstetrics and Gynecology and all educators are interested in this library, because the library is the background of all education. We need ready access to all information that has gone before, in order to build a strong future in medical education and research.

Our plea and only plea is that the library be maintained in its supreme state of information and readily available to all students of medicine, undergraduate and postgraduate.

Thank you, sir.

Chairman HILL. Have you given any particular thought as to whether or not you would have an independent status or whether you would put it in some existing department or agency of Government?

Dr. PARKS. Well, that is a feature of the program that I am not prepared to speak for on behalf of the American Academy of Obstetrics and Gynecology.

Personally, wherever the library will obtain the greatest support. I feel very strongly that the library is an educational center, and I know there have been suggestions about it being placed in the Department of Health, Education, and Welfare. If in that area it will receive the greatest support for its continued good services, well and good. If not, let it be placed in whatever agency will best maintain the supremacy of this library organization.

That is what we are concerned and interested in.

Chairman HILL. In other words, its status, whether it should be an independent status or be put in some agency, in your opinion, should be measured by the yardstick of which will contribute most to the support of this library and to the maintenance—I like your word—of its supremacy.

Dr. PARKS. Yes, sir.

Chairman HILL. Doctor, I am very sorry that we had recessed, but delighted that you got here in time. And we are most happy to have you. We know what a very busy man you are and of the demands on your time. We certainly appreciate your coming here and giving us this statement. We want to thank you.

Dr. PARKS. I want to thank you and your subcommittee for this opportunity.

(By direction of the chairman the following is made a part of the record:)

STATEMENT BY DR. I. S. RAVDIN,<sup>1</sup> OF PHILADELPHIA, REPRESENTING THE AMERICAN COLLEGE OF SURGEONS

A NATIONAL MEDICAL LIBRARY

The Armed Forces Medical Library is one of the finest medical libraries in the world, if not the finest. It contains approximately a million books, and in it can be found nearly every medical journal published in the world. It has traditionally supplied medical information to every institution that has requested it.

For many years it has not only been inadequately housed but it has been shabbily supported. It was originally known as the Army Medical Library. Mr. Louis Johnson, when Secretary of Defense, came to the opinion that the cost of maintenance of the library was not a just charge against the Army or the Department of Defense. The Division of Medical Sciences of the National Research Council appointed a committee to study this entire problem. It came into being at a time when General Marshall was Secretary of Defense. He expressed the opinion that he would be guided by what the Committee appointed by the National Research Council would recommend.

It had been suggested at about this time that the Armed Forces Medical Library be turned over to the Smithsonian Institution, or to the Library of Congress. The Committee of the National Research Council did not agree with this opinion nor did the Armed Forces Medical Policy Council in the office of the Secretary of Defense. They believed that the library should not only be housed adequately, but that it should be financed generously. It is an indispensable aid to medical research and medical progress.

Although General Marshall accepted the report of the Committee, the Department of Defense has never encouraged legislation to provide for the library by a new building or by additional financial support. This, in spite of the fact that Maj. Gen. George E. Armstrong, then the Surgeon General, recommended that the library be moved from its present location to the United States Naval Hospital at Bethesda and directed alternately by representative medical officers of the Army, Navy, and Air Force.

Senators Lister Hill and John F. Kennedy have introduced a bill (S. 3430) the title of which is "To Promote the Progress of Medicine and To Advance the National Health and Welfare by Creating a National Library of Medicine."

<sup>1</sup>Chairman, board of regents, American College of Surgeons; John Rhea Barton, professor of surgery, University of Pennsylvania, Philadelphia.

The bill recommends that there should be a Board of Regents composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress, who shall be ex officio members and 12 individuals appointed by the President, by and with the advice and consent of the Senate, and without regard to political affiliation. The bill further authorizes the Board of Regents, and in fact directs them, to have prepared drawings and specifications for, and to construct, a suitable building or buildings for the National Library of Medicine, in a location suitable for the purpose of enabling persons most concerned with the health affairs of the Nation to have ready access thereto.

The building which now houses the library is 69 years old, and it has been considered inadequate for more than 30 years. On four occasions since 1919 Congress has authorized the Military Establishment to draft plans for a new building. Nothing has come of this. The library is now 120 years old. A medical task force of the Commission on Organization of the Executive Branch of the Government stated, speaking of the Armed Forces Medical Library, "that no other Government medical agency serves the future of medical research so intimately and so widely" as does this great library.

It has been reported that the Defense Department, which originally opposed the bill, is ready to withdraw its objections.

I have followed the tides of fortune relating to the Armed Forces Medical Library during the past decade. There can be no question but that new physical facilities are urgently needed. It has been stated that an additional mile of shelf space is needed each year.

The library houses a priceless collection. In spite of this it is housed in a building which is, in reality, a firetrap. The splendid items of medical antiquity may well be destroyed unless adequate facilities for housing these items is made possible in the very near future.

The bill introduced by Senators Hill and Kennedy has been endorsed by nearly every professional organization which is concerned with health. The American Medical Association, the American Dental Association, the American Hospital Association, and the American College of Surgeons, thoroughly endorse this bill. This great Library, newly housed and adequately supported, as contemplated in the bill, will do much to further research in many fields of effort. It is a short sighted policy to provide funds for research without providing funds for a National Medical Library which the research worker must constantly use.

#### STATEMENT OF FLOYD W. PILLARS, D. D. S., COUNCIL ON LEGISLATION, AMERICAN DENTAL ASSOCIATION

This statement presents the association's position on S. 3430, S. 2408, and S. 2482, each of which proposes to establish a National Library of Medicine. In substance all 3 bills have an identical goal: It is the establishment of a civilian agency directed by persons devoted to library administration and the health sciences to administer a national library of health science collections. To the new agency would be transferred the collections, records, and equipment of the Armed Forces Medical Library which has for many years been in reality a national library for the health sciences. Each of the bills would, moreover, authorize funds for constructing new and vitally needed facilities for the priceless collections and records of the Armed Forces Library. Before discussing the specific features of the legislation, I would like to portray briefly the dental profession's great interest in the proposed library establishment.

#### ASSOCIATION'S BUREAU OF LIBRARY AND INDEXING SERVICE

At the central office headquarters in Chicago, the association operates one of the world's largest dental libraries. Scientific and technical books are available for loan primarily to members of the association. Upon request services are provided to physicians, nurses, dental hygienists, and dentists abroad. As a special benefit, the association also operates a package library service through which current articles from dental journals are compiled to provide up-to-date reference material on dental subjects. The association also publishes quarterly *The Index to Dental Literature* in which all English-language articles on dentistry published in the United States and a number of foreign countries are indexed under subject and name of the author.

The library's collection includes not only bound periodicals but also the most recent dental books in the English language. There are approximately 10,000 volumes in that collection. The library has available 2,000 package libraries on 570 topics and provides reference services on individual problems. Its audio-visual services include distribution from a collection of 744 prints of dental health and technical dental motion pictures, and 2,200 individual slides, film strips, and radio transcriptions. The association's library also provides consultative service in nomenclature, history, and audiovisual materials. The library is directed by a dentist who is also a career librarian. It employs 15 persons, 6 of whom are professionally qualified in library procedures and administration. The association's library activities have made the dental profession especially cognizant of the importance of scientific literature to the advancement of all phases of professional endeavor, the clinical and administrative as well as public health and research activities. The dental profession, furthermore, has long been actively interested in the functions performed by the Armed Forces Medical Library. An example of that close association was the appointment of Dr. Basil G. Bibby, a dentist and the director of research at the Eastman Dental Dispensary, to the Advisory Board of the Armed Forces Medical Library. Dr. Bibby has recently completed his term on that Board.

#### NEED FOR A NATIONAL LIBRARY OF HEALTH

Despite the excellent library facilities established by many private national organizations in the health fields, there is still a great need for a national library to collect and make available materials from all the health science disciplines. Perhaps the most compelling justification for such a National Library is the invaluable service it will render to researchers within each of the many health specialties.

Those engaged in research explorations should have easy access to the full scope of literature devoted to the life sciences. The imaginative researcher makes use of seemingly abstract, unrelated, and theoretical bits of published information to forge ahead toward his goal, whether that be additional knowledge—so-called basic research, or the discovery of a new practical application of accumulated knowledge—so-called applied research. For the dental scientist, the reservoir of basic research literature in all of the life sciences is an invaluable aid. The tissues, the vascular, nervous, glandular, and lymphatic systems of the oral cavity are part of the whole anatomical network. The dental scientists, like any other researcher in the health field, depends upon his imagination and versatility to adapt the findings and ideas from other biological fields to his investigations. The proposed National Library, with its collections of literature encompassing all of the biological and related sciences available to researchers throughout the country, is an essential element of the health research program now being advanced through the mutual efforts of the Federal Government and non-Federal agencies and institutions.

I have selected the great contribution the National Library can make to the health research efforts of this Nation. There are many other activities which can most effectively be undertaken by the proposed national library. The acquisition, storage, and microfilming of rare limited circulation periodicals and irreplaceable ancient documents is one example. Its services, moreover, would assist the work of many groups other than those in the health fields. Science writers, newspapermen, librarians, translators, and lawyers interested in medico-legal problems are only a few of the groups which could profitably use the National Library's services.

#### THE ARMED FORCES MEDICAL LIBRARY

Much credit must be given to the Medical Department of the Armed Forces and chiefly to the Surgeons General of the Army for developing and administering what is, in fact, the finest and largest collection of health-science literature and material in the world. Because of the dedication of Army and later the Armed Forces medical leaders, the library has outgrown the limitations of a purely service library and has become the great health-science library of the Nation. I am certain that all of the persons who have testified or who will testify at these hearings agree that the reorganization of the Armed Forces Medical Library into a more efficient and better housed national library should take place at the earliest possible date.

The association also wishes to express its appreciation to those persons and groups instrumental in bringing to the attention of the Congress and the public the urgent need for better facilities and increased support for the Armed Forces Medical Library. A 1944 survey of the library, sponsored by the American Library Association, disclosed directly the critical state of the library as far as facilities and administration were concerned. But more important, that survey disclosed by implication that the numerous groups vitally concerned with the library's welfare had not effectively coordinated their efforts to help solve the problem. The library association's survey stimulated not only a great advance in the administration of the Armed Forces Medical Library's services, but also a greater cohesion of the many private organizations interested in giving the library the stature it deserves. The second Hoover Commission and its Medical Task Force also contributed magnificently to the practicable solution that is now before this committee.

#### THE AMERICAN DENTAL ASSOCIATION'S RECOMMENDATIONS

The association has devoted its attention specifically to S. 3430 as the preferred method for establishing and administering the proposed national library. At its recent meeting in March, the association's board of trustees adopted a policy supporting the principle of S. 3430. That policy declares:

*"Resolved, That the establishment of a National Library of Medicine as proposed by S. 3430, 84th Congress, be approved in principle."*

There are two significant recommendations which the association urges the committee to adopt. The proposed library, under all three bills, would be designated the "National Library of Medicine." The association believes that the full scope of the library's activities and interests should be reflected in its name. The Armed Forces Medical Library is now, and the proposed library would be, better described as the "National Library of the Health Sciences." That designation would not only have greater appeal to the several health discipline groups but would properly identify the library's full breadth of activity to the public at large. The National Institutes of Health, encompassing the many health research activities of the Federal Government, is appropriately named. It would be equally fitting to give the proposed national library its appropriate designation. The association recommends that the committee amend S. 3430 or its equivalent so that the proposed National Library is named the "National Library of the Health Sciences."

S. 3430 does not specify an agency under which the proposed national library will be administered. S. 2408 and S. 2482 would establish the library within the Smithsonian Institution. The association believes that the proposed library should be administered by an agency directly concerned with health. There are two Federal agencies best adapted to administer the library's functions. They are the National Science Foundation and the United States Public Health Service. The association believes that the National Science Foundation would be eminently equipped to supervise the library's activities. We recognize that, at present, the National Science Foundation has little operational authority and should remain primarily an advisory and evaluating agency. Nevertheless, the proposed library would, in the association's opinion, be a suitable function of the Foundation's Division of Biological and Medical Sciences. The United States Public Health Service would also be an effective agency for administering the national library. Should the committee decide to place the library under the supervision of the Public Health Service, the association suggests that it be attached to the National Institutes of Health.

Finally, the association strongly endorses that part of S. 3430 which provides for dental representation on the library's Advisory Board. That recognition of dentistry's great interest in preserving and improving this Nation's finest reservoir of health science literature will stimulate even greater support from the 85,000 members of the American Dental Association.

In behalf of the American Dental Association I wish to thank the committee for the opportunity of presenting the association's views on this important legislation.

## STATEMENT IN BEHALF OF THE AMERICAN PHARMACEUTICAL MANUFACTURERS' ASSOCIATION, THE AMERICAN DRUG MANUFACTURERS' ASSOCIATION, THE UNITED STATES PHARMACOPOEIAL CONVENTION, AND THE FORMER MEDICAL SERVICES TASK FORCE

APRIL 6, 1956.

HON. LISTER HILL,

*Chairman, Committee on Labor and Public Welfare,  
The United States Senate, Washington, D. C.*

MY DEAR SENATOR HILL: This letter is written in hearty support of S. 3430 introduced by you and Senator John B. Kennedy. I regret that the annual meeting of the American Pharmaceutical Manufacturers' Association, of which I am a member of the board of directors, conflicts with the date set for the hearing on this proposed legislation and I cannot therefore be present to present testimony in person.

The bill, as introduced, is in harmony with the views and recommendations of the Medical Services Task Force of the Second Commission on Reorganization of the Executive Branch of the Government. It also appears to be in accord with the recommendation of the Commission.

I am certain that you will be provided with ample testimony concerning the critical need for the National Library of Medicine proposed in your bill. For me to describe the role of such a library in promoting the progress of medicine and the national health would make this communication unduly long. Perhaps it will suffice if I say on behalf of the organizations I represent, that an adequate National Library of Medicine is essential to the national welfare. Such a library serves as a clearinghouse of information for the medical sciences. Unless workers in this field have ready access to the described experiences, observations, and investigative findings of all other workers, there is inevitably an incalculable waste of manpower, time, and money, senseless plowing and replowing of the same scientific soil, and inadequate criteria to test the validity and originality of scientific observations. Orderly, efficient, and effective scientific research is hardly possible without an adequate library. The fruit of research is relatively useless unless it can be made available to all who are interested. Indeed sound research has its start in the library and ends in the library where it becomes scientific currency for not only present but future generations of investigators.

Without a first class medical library with its records of past achievements and methods, yes, and without the inspiration so often found in obscure journals and books, medical progress would inch forward, dependent on human memory instead of the recorded achievements of the past, improvising instead of improving, repeating past errors and experience, forever bound down by the limitations of unaided human intellect. The scientific library is indeed the foundation of research, often unseen and too often unappreciated, but it exists to provide the means and stimulation to invention and discovery. As the great store of technical and scientific facts is steadily increased by reports of more work from laboratories, the gap between discovery and application of much of this information may, in many cases, be increased simply because of the very wealth of data. The growing complexity of scientific facts poses difficult problems both in documentation and actual search. The expanded program of medical research which the Congress has called for makes the need for a good library even more compelling. It can be safely predicted that without the facilities outlined in this bill the appropriations for increased research cannot be utilized to their maximum effectiveness.

The report of the Medical Services Task Force delineates the reasons why it preferred the recommended status for the library rather than as a unit of one of the existing medical agencies or departments of the Government. We are still of the view that the bill proposed by you gives the library the most effective administrative position within the framework of the Federal Government. However, on the basis of the deliberations of the Medical Services Task Force and the subsequent expression of the members' views, I am prepared to state that the library could function reasonably satisfactorily as a unit of the United States Public Health Service, or as one of the Institutes of Health. However, such a disposition of the library would be a second choice in our opinion, and should only be contemplated in the light of other possibly overriding considerations.

This letter is written in behalf of the Former Medical Services Task Force, the American Pharmaceutical Manufacturers' Association, the American Drug Manufacturers' Association and the United States Pharmacopoeial Convention.

Dr. Alan Gregg will be present to give oral testimony as a representative of the Medical Services Task Force.

Sincerely yours,

THEODORE G. KLUMPP, M. D.,

*Chairman, Former Medical Services Task Force of the Commission on Reorganization of the Executive Branch of the Government.*

STATEMENT OF A. RUBIN, D. S. C., FOR THE NATIONAL ASSOCIATION OF CHIROPODISTS.

Mr. Chairman and members of the committee; the writer, Abe Rubin, is secretary of the National Association of Chiropractors and editor of its journal. Until May 31, 1955, I was professor and head of the orthopedic department of the Illinois College of Chiropractic and Foot Surgery of Illinois. This statement is being offered by me as the official representative of the National Association of Chiropractors.

Through constituent, State, and affiliated chiropractic and podiatry societies the association represents the chiropractors and podiatrists of this country. It, and its subsidiaries, is the only national organization solely and vitally concerned with the Nation's foot health and its impact on the total health and welfare of the individual.

This morning I had the stimulating and even inspiring opportunity of attending the hearings on the proposals to establish a National Library of Medicine.

The chiropractic colleges are relatively young, as institutions of higher learning go; the two oldest being established only as late as 1912. In fact, that is also the year in which our organization was incorporated. Consequently the literature of our profession is quite fragmentary prior to this period and we are beholden to the tremendous storehouse of knowledge in the medical literature, and in particular to the Armed Forces Library.

In common with all the others in the medical arts and sciences our profession supports fully the ideals and purposes for which a National Library of Medicine must be established as a continuation of the Armed Forces Medical Library.

One of the items that impressed me as an auditor at the hearing was the concern as to whether the library should be administered by another interested agency. In our opinion, under such an arrangement the library might not have full call upon the resources of our Government that it would have as a separate agency. This library is such an indispensable part of national health that it must enlist the widest possible range of support. It seems almost axiomatic that the only method of accomplishing this objective is to have the library a separate agency. The Library of Congress as an arm of the legislative branch of our Government has achieved such stature and worldwide repute that it would seem most logical that the National Library of Medicine also be established as a separate agency of the legislative branch of our Government. As an independent agency, rather than a constituent part of an executive branch of the government, it would have greater appeal for the necessary funds that will be required to preserve, continue and augment the present Armed Forces Library. This national repository of information on the health and sciences will serve all future generations in furthering the Nation's and the world's health.

The National Association of Chiropractors cannot too strongly support the principal purpose of S. 3430 and vigorously urges its enactment with all practicable haste.

VETERANS' ADMINISTRATION,  
Washington 25, D. C., April 12, 1956.

HON. LISTER HILL,  
United States Senate, Washington, D. C.

DEAR SENATOR HILL: In acknowledging the courtesies shown me by your committee Tuesday, April 10, 1956, may I indicate that one hiatus in the official usage of the Armed Forces Medical Library has been filled by our library at central office. Last year there were somewhat in excess of 2,000 requests from the field cleared through this office to the Armed Forces Medical Library.

Obviously, this figure would represent a marked understatement of our specific requirements, since the total involves only those requests falling through normal channels. Many requisitions are made independently by our staff members, including consultants and attending physicians.

With warm personal regards, I am,

Sincerely yours,

WILLIAM S. MIDDLETON, M. D.,  
Chief Medical Director.

DEPARTMENT OF THE ARMY,  
OFFICE OF THE SURGEON GENERAL,  
Washington 25 D. C., April 13, 1956.

HON. LISTER HILL,  
Chairman, Committee on Labor and Public Welfare,  
United States Senate.

DEAR SENATOR HILL: I am enclosing recommendations submitted to me by the Armed Forces Medical Library Advisory Group bearing on legislation concerning a National Library of Medicine which is now being considered by your committee. The Armed Forces Medical Library Advisory Group consists of 3 military officers and 5 distinguished civilians, under the chairmanship of the director of the library; this group has been in being for the past 4 years, during which time it has rendered invaluable assistance to my office by advising on the problems of the library. These recommendations are consistent with the position taken by Dr. Frank Berry, Assistant Secretary of Defense (Health and Medical), in his testimony before your committee on April 10.

Should you so desire, I am sure that members of this committee would be pleased to confer with you and further explain their viewpoint.

Sincerely yours,

S. B. HAYS,  
Major General, The Surgeon General.

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ARMED FORCES MEDICAL LIBRARY,  
Washington, D. C., April 13, 1956.

Maj. Gen. S. B. HAYS,  
The Surgeon General, United States Army,  
Washington, D. C.

DEAR GENERAL HAYS: The Armed Forces Medical Library Advisory Group, holding its second meeting for fiscal year 1956 at the library in Washington, has given careful consideration to the pending legislation to create a National Library of Medicine now under active consideration by the Subcommittee on Health of the Senate Committee on Labor and Public Welfare. The advisory group is in agreement with the position stated by the Assistant Secretary of Defense (Health and Medical) at the hearings on April 10, 1956. We agree that "the paramount goal to be attained in order to protect library building and this priceless collection of books, both of which are rapidly deteriorating, is by legislation which will provide for a new and adequate building with adequate room for expansion and with provisions for adequate funding and annual budgetary needs," although we also "regret that it appears unwise to attain this objective within the Department of Defense."

The advisory group is also firmly convinced of the Department of Defense position that "the operation of this library of national scope should be under a Federal agency with a definite medical interest where understanding and support of its mission will receive conscientious consideration." We note with satisfaction that the American Medical Association and other organizations share this view. Accordingly, we strongly support the substitute bill offered by the Department of Health, Education, and Welfare which would place the National Library of Medicine under the jurisdiction of the Public Health Service, although we have reservations about some of the minor provisions of the bill.

The advisory group believes that independent agency status for the National Library of Medicine is less desirable than status under the Public Health Service. The Advisory group believes that the creation of an additional independent agency is contrary to the present trend in governmental structure; that the library can be operated more economically under an existing department; since, for many reasons, the library should be built in close contiguity to a medical center, that it can be most effectively administered by the agency which operates the medical center. We believe that funding requirements of the library will be met as well under Public Health Service auspices as under independent agency status. And, most important of all, we believe that under the auspices of an agency such as the Public Health Service, with its extensive programs of medical research, the library will be provided with that most essential ingredient for its healthy growth—the constant, day-by-day stimulation of medical people which will promote improvements in the library's services by contact and familiarity of the library's staff with the whole medical scene, in all its operational aspects.

The Armed Forces Medical Library Advisory Group urgently recommends that the Surgeon General transmit these views to the chairman of the Senate Committee on Labor and Public Welfare.

Respectfully,

Armed Forces Medical Library Advisory Group: Worth B. Daniels, M. D., Georgetown University; Mary Louise Marshall, Tulane University; William L. Engelman, Captain, MC, USN; Russell S. Leone, Colonel, USAF (MC); Joseph H. McNinch, Colonel, MC, USA; Robert M. Stephan, D. D. S., National Institute of Dental Research; Saul Jarcho, M. D., New York City; Frank B. Rogers, Lieutenant Colonel, MC, Armed Forces Medical Library, Chairman. Member absent: Austin Smith, M. D., American Medical Association.

YALE MEDICAL LIBRARY,  
YALE UNIVERSITY SCHOOL OF MEDICINE,  
New Haven, Conn., April 15, 1956.

Senator LESTER HILL,  
*Chairman, Senate Committee on Labor and Public Welfare,  
United States Senate, Washington, D. C.*

DEAR SENATOR HILL: I understand that you wish to have additional testimony aimed at clarifying the organizational location of the proposed National Library of Medicine and the responsibilities of a board of regents.

First let me say again that the American Library Association vigorously supports the establishment of a National Library of Medicine, which will have as its principal function the improvement of the national health and welfare by increasing and insuring the availability of medical information throughout the Government and the Nation. Indeed, the association would like to see some such statement of function in the bill setting up the National Library of Medicine.

I gather that your committee is considering the establishment of the National Library of Medicine (1) as an independent agency as called for in S. 3430, (2) as a unit in the Department of Health, Education, and Welfare with status equal to that of the Public Health Service or the Office of Education, or (3) as a unit in the Public Health Service. There do not appear to be any compelling reasons to establish the National Library of Medicine in any one of these locations as opposed to the other two, providing that the bill authorizes the library to have a truly national program. However, in view of HEW's present inability to carry out its responsibilities for library improvement throughout the country, the American Library Association is concerned over the establishment of an additional national library program in this agency. Nevertheless, the association will not oppose having the National Library of Medicine in HEW or PHS, and will actually support its being put in either location with the provision that it has the authority necessary to insure that the library can carry out national programs. Perhaps I should add that the association also supports S. 3430 with minor revisions as stated in earlier testimony before your committee.

The association believes that the best way to insure that the library will have a national program is to establish a board of regents similar to that in S. 3430. This board should have the authority and responsibility to determine the overall policies of the library; it would not, however, be involved in the actual, day-by-day operations of the library. For example, the board might direct the library to undertake programs, including grants of funds, to increase the availability throughout the United States of information on current Russian advances in medicine. The board would not, however, be responsible for operational details of such a program or for the specific grants of funds. Should the library be in PHS under such an arrangement, its director would be responsible to the board for carrying out the program and would be responsible to the Surgeon General of the Public Health Service for the operational procedure for effecting the program. I can personally testify to the great effectiveness of such an arrangement for I worked with what was essentially the same organizational setup in the Government from 1942 to 1945.

As an example (and this is not a suggestion but merely an example) of how such a board with membership like that in S. 3430 might be composed if the library were to be in PHS, the Secretary of the Department of Health,

Education, and Welfare could appoint the members of the board, and the Surgeon General of the Public Health Service could be the ex officio chairman of the board, or the director of the library could be the ex officio chairman, or the members could elect their own chairman.

Once again I thank you and your committee for your great interest in establishing a National Library of Medicine. I particularly wish that you would relay my expression of gratitude to Senator Purtell.

In conclusion let me say if you perceive any way in which you think that the American Library Association, or that I personally, could be of assistance, please call on us.

Sincerely yours,

FREDERICK G. KILGOUR, *Librarian.*

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THE AMERICAN COLLEGE OF PHYSICIANS,  
*Philadelphia, Pa., March 23, 1956.*

HON. LISTER HILL,  
*The United States Senate,  
Washington, D. C.*

MY DEAR SENATOR: The American College of Physicians is greatly interested in the bill, S. 3430, to promote the progress of medicine and to advance the national health and welfare by creating a national library of medicine. That bill deserves the support of every thinking person interested in the progress of medicine. We want to emphasize that the American College of Physicians, a national society of specialists in the field of internal medicine and allied specialties and the most respected medical society of our land, solemnly supports this bill.

Dr. John Minor, of Washington, is our official representative on the committee and we trust that you will see that Dr. Minor is invited to appear at the hearing on behalf of the American College of Physicians.

Sincerely yours,

E. R. LOVELAND, *Executive Secretary.*

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WHITE SULPHUR SPRINGS, W. VA.

HON. LISTER HILL,  
*Committee on Labor and Public Welfare,  
The Capitol, Washington, D. C.:*

The American Surgical Association at its annual meeting today passed a resolution strongly endorsing Senate bill 3430 for the creation of a National Library of Medicine and requesting that this important project be given your most earnest and favorable consideration.

RALPH K. GILCHRIST,  
*Secretary, the American Surgical Association.*

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THE TRI-STATE MEDICAL ASSOCIATION,  
SOUTH CAROLINA, NORTH CAROLINA, VIRGINIA,  
*April 12, 1956.*

Senator SAM J. ERVIN,<sup>1</sup>

*Senate Office Building,  
Washington, D. C.*

DEAR SENATOR ERVIN: It has been brought to my attention that the housing facilities for the valuable Armed Forces Medical Library is obsolete and even dangerous for safety from fire.

Those of us in the medical profession are tremendously concerned over this sad situation and urge you to use your influence and vote in favor of bill S. 3420, introduced by Hon. Lister Hill and Hon. John F. Kennedy.

This bill will provide an appropriate home for the National Medical Library, and the cost is not a drop in the bucket compared to the worth of the great store of medical knowledge contained on the shelves of the library. All people profit

<sup>1</sup> A similar letter was written to Senator W. Kerr Scott.

when a new medical discovery is made. We like to think of a medical library as the storehouse of knowledge for safeguarding the health of the peoples of the world.

With kindest regards, I am,  
Very truly yours,

R. B. DAVIS, M. D.,  
*Editor, Secretary-Treasurer.*

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RESOLUTION BY THE COMMITTEE ON LIBRARY OF THE NEW YORK ACADEMY OF  
MEDICINE IN SUPPORT OF S. 3430 (HILL-KENNEDY BILL)

The committee on library of the New York Academy of Medicine has long been interested in furthering the welfare of the Armed Forces Medical Library. The committee recognizes that the Armed Forces Medical Library is one of the most important basic components of a system of medical institutions and facilities which the American Nation has developed. The Armed Forces Medical Library must serve physicians, scientists, public health workers, and workers in many allied fields through the United States. Many of the important services which it renders cannot be furnished by other medical libraries and far transcend the natural scope of even the best medico-military library.

It is further evident that the Department of Defense is not able or willing to provide administrative and financial support to the Armed Forces Medical Library. In consequence of this neglect by the Department of Defense, despite the skilled and devoted work of an exemplary director and staff, the library's building has fallen into a state of decay which prevents the proper performance of the library's duties and it does little credit to the administrative sagacity of the Department of Defense.

The committee on library of the New York Academy of Medicine favors the establishment of a National Medical Library, either as an independent entity (as provided in S. 3430) or as an entity directly subordinate to the Secretary of Health, Education and Welfare.

The committee wishes to express its thanks to Senators Lister Hill and John F. Kennedy for their intelligent and energetic efforts toward a proper solution of this problem.

SAMUEL W. LAMBERT, Jr.,  
*Chairman, Committee on Library.*

APRIL 10, 1956.

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NATIONAL TUBERCULOSIS ASSOCIATION,  
*New York, N. Y., April 9, 1956.*

HON. LISTER HILL,  
*Senate Office Building,  
United States Capitol, Washington, D. C.*

DEAR SENATOR HILL: I have read in the Congressional Record for March 13 your excellent statement on the need for a National Library of Medicine with adequate housing. I did not see this statement earlier because I have been in Paris attending meetings of the International Union Against Tuberculosis and just returned last Saturday. The following day, on Sunday, April 8, I saw Dr. Howard Rusk's excellent article in the New York Times with regard to need for a National Library of Medicine and supporting yours and Senator Kennedy's attempts to correct the deplorable situation regarding the Armed Forces Medical Library. I am writing this letter to stress to you that the National Tuberculosis Association endorses in principle what you and Senator Kennedy are attempting to do through the introduction of your bill S. 3430. Our association firmly believes that a facility of this nature is both desirable and badly needed.

Your very strong statement in the Congressional Record does not exaggerate at all the invaluable nature of the Armed Forces Medical Library and the loss to mankind if the present deplorable housing situation should result in destruction of the valuable collection of medical books and manuscripts in that library, nor have you overstated the benefits to be gained through a more efficient utilization of the present collection and handling of additions to the present collection. You are quite right in stating that present unnecessary duplication of medical research would occur less often and advances in medical research would proceed at greater dispatch if the present library were better housed and more efficiently staffed.

Please feel free to use this letter in any way you deem advisable and if we can be of any further assistance to you in supporting in principle this high endeavor of yours please call upon us.

With best personal regards,  
Sincerely yours,

JAMES E. PERKINS, M. D.,  
*Managing Director.*

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THE COORDINATING COUNCIL OF THE FIRST DISTRICT BRANCH  
OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK,  
*Brooklyn, N. Y., April 11, 1956.*

Senator LISTER HILL,  
*Chairman, Senate Committee on Labor and Public Welfare,  
Senate Chambers, Washington, D. C.*

DEAR SENATOR HILL: The coordinating council of the first district branch of the Medical Society of the State of New York, representing the five county medical societies in the city of New York, voted to endorse enactment of Senate bill No. 3430, which would create a National Library of Medicine and transferring books and other material now in the possession of the Armed Forces Medical Library to this proposed National Library of Medicine.

Very truly yours,

EZRA A. WOLFF, M. D.,  
*Chairman.*  
CHARLES F. MCCARTY, M. D.,  
*Secretary.*

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THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA,  
*Washington 6, D. C., April 4, 1956.*

Hon. LISTER HILL,  
*Chairman, Senate Labor and Public Welfare Committee,  
United States Capitol, Washington, D. C.*

MY DEAR SENATOR HILL: At the meeting of the executive board of the Medical Society of the District of Columbia held on March 26, 1956, attention was directed to S. 3430, a bill to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

It was the consensus of our board that this legislation be supported by the Medical Society of the District of Columbia provided the proposed library is established under Government medical auspices.

Cordially yours,

THEODORE WIPRUD,  
*Executive Director and Secretary.*

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RETIREMENT SAFETY AND INSURANCE DEPARTMENT,  
NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION,  
*Washington, D. C., March 14, 1956.*

Senator LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,  
United States Senate, Washington, D. C.*

DEAR SENATOR HILL: On behalf of NRECA I wish to congratulate you and Senator John F. Kennedy for introducing the bill to create a national library of medicine. If this legislation is passed I feel that it would be one of the most important steps in the health field.

With the establishment of an independent institution to serve the needs of all governmental departments and agencies and the general public this material for the first time will be available for studies not now possible.

I certainly hope that the legislation, however, includes a proper index of the voluminous medical information available. Without this, the very magnanimity of the material would make its proper use difficult for specialized studies.

We certainly thank you for your interest in this field, because I feel it will be of great interest and assistance to many of the insurance companies who vitally need many cross sections of information not now available.

Very sincerely yours,

DONALD H. DUNHAM,  
*Department Director.*

SAN ANTONIO, TEX., April 18, 1956.

Senator LISTER HILL,  
Senate Office Building, Washington, D. C.:

The San Antonio Business and Professional Women's Club, Inc., is entirely in agreement with the passage of bill S. 3430.

SAN ANTONIO BUSINESS AND PROFESSIONAL WOMEN'S CLUB,  
LOUISE PHILLIPS, *Corresponding Secretary.*

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[From the Army-Navy-Air Force Journal, March 24, 1956]

#### ARMED FORCES MEDICAL LIBRARY

Senator Lister Hill (Democrat, Alabama) and Senator John F. Kennedy (Democrat, Massachusetts) have come up with what seems to be a workable solution for the preservation of the world's greatest medical library—the one started in 1836 by Army Surgeon General Lovell. Subsequently this became known as the Army Medical Library and in 1952 it was changed to the Armed Forces Medical Library although it continued under the management control of the Army.

The bill Senators Hill and Kennedy have worked out, after much study and consultation, follows the general recommendation of the Hoover Commission. It would establish it as the National Library of Medicine to be administered by a board of 17 regents of which the Surgeons General of the Army, Navy, and Air Force would be ex officio members.

We regret that the new proposal would remove the military designation this famed library has carried for 120 years. The fact that it is the world's greatest medical library is due to a long series of Army medical officers who have administered it with skill and devotion. Col. John Shaw Billings, for example, ran it for 30 years beginning in 1865. Its present director is Lt. Col. Frank Rogers, MC, USA.

Many reasons have been given for the necessity of making it a civilian institution, an important one being its great value to the medical profession everywhere. Furthermore, while it has flourished so well as a professional library under military control, it has suffered terribly in its housing and physical setup. Despite many efforts to give it new and suitable quarters, it still remains in the same building to which it was moved in 1887. That building, Senator Hill pointed out, was condemned 30 years ago as inadequate for its purpose and which is so antiquated that its iron columns have actually buckled. It is in constant danger of fire. Congress has frequently authorized funds, but they have never reached the point of expenditure. Last December the Secretary of Defense decided not to ask for appropriation of the \$350,000 previously authorized. Doubtless, he felt strictly military expenditures were more needed by the Department.

The Library must be preserved. But we urge that if it is transferred to civilian control something be done, in the new official title or otherwise, to commemorate for the public and all future users the fact that this world-famous and valuable professional collection was the work of men of military medicine.

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[From the Baltimore Sun, March 26, 1956]

#### NEGLECT OF A GREAT LIBRARY

In 1836 a medical library was established in Washington by the United States Army. From then on for many years it was known as the Library of the Surgeon General's Office, or more familiarly as the Surgeon General's Library.

Not until 30 years later, however, did this institution achieve importance. Its transformation was virtually the work of one man, John Shaw Billings. His name should be familiar to Baltimoreans since he supplied the plans which architects adapted for the Johns Hopkins Hospital.

Billings was educated as a doctor and had just received his degree in medicine when the Civil War broke out. He was commissioned in the Union Army and put in charge of a hospital. Hospital administration and medical inspection became his especial functions during the conflict. Toward its close he was invalided to the Office of the Surgeon General and there he stayed on for 30 years.

Billings had not been there long before he was assigned the task of running the library. In preparing a thesis for his medical degree he had been impressed by the total lack in this country of a clearinghouse for medical information. His new post in the Office of the Surgeon General now gave him the opportunity to supply the need. He greatly increased the number of volumes in the collection, but his outstanding contribution was the preparation of an index catalog. This appeared in 1 volume a year for the next 30 years, providing a comprehensive list of the medical writings of each year. Welch, of the Hopkins, called it the "most important contribution yet made to American medicine," while Osler spoke of it as Billings' "float through posterity."

Today the library, rechristened the Armed Forces Medical Library, is credited with being the greatest collection of medical literature in the world. It contains more than 1 million books, and an outstanding collection of medical theses and American and foreign government statistical documents, and complete sets of periodicals. Its annual accessions of journals and articles runs into the hundreds of thousands, representing literature on medicine, dentistry, pharmacy, and the allied sciences in all languages and of all times, and making it one of the greatest sources of information on medical research. It still publishes a catalog listing authors and subjects and various other reference works.

Though it is a part of the Armed Forces Establishment and as such comes under the direction of the Pentagon, the library is available for the use of civilians and military alike. A staff of trained librarians is assigned to looking up the answers to thousands of questions that come to it from medical people all over the world. In short, it has outgrown its original narrow military status and has assumed the nature of a national medical library.

In spite of the growth of its material and functions, the library is still housed in a building which was erected in 1887. In 1942, for lack of space in Washington, a large segment of the library had to be placed in rented quarters in Cleveland.

A number of times efforts have been made to provide new quarters. The most recent was in 1955 when Congress authorized the expenditure of \$350,000 for drawing up plans for a new library. Yet, for reasons of economy, the Secretary of Defense did not include that amount in the 1957 budget.

There is a growing feeling that the trouble lies in the fact that running a medical library is not the proper job for the Department of Defense. This sentiment was expressed in a report of a Task Force on Federal Medical Services of the Hoover Commission.

The latest step taken to correct the situation is a bill which was introduced in the United States Senate on March 13 under the sponsorship of Senators Lister Hill, of Alabama, and John F. Kennedy, of Massachusetts, whose purpose is to create a National Library of Medicine, as an autonomous agency of the Federal Government.

The library would be administered by a Board of Regents composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress, all *ex officio*. In addition, the President would name, subject to approval by the Senate, 12 persons distinguished in the fields of medicine, dentistry, pharmacy, and librarianship to complete the Board.

The first task of the Regents would be to use the \$350,000 approved by Congress for the drawing of plans for a new library building. The Regents also would appoint a Director at a salary of \$15,000.

These preliminaries completed, the President would then provide for turning over to the new library the existing Armed Forces Medical Library.

In introducing his bill, Senator Hill calls attention to the urgency of finding new quarters for the invaluable collection at the earliest possible moment. He warns that unless something is done quickly the overflow of material will soon necessitate the storing of some of it in temporary barracks in Washington which, according to the Senator, not only are highly flammable but likely to blow over in a high wind. Perhaps this time something will be done. —F. F. B.

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[From the New York Times, April 1, 1956]

#### NATIONAL MEDICAL LIBRARY

The finest medical library in the world is that of the Armed Forces. It contains almost a million books, receives more than 10,000 serial publications currently and annually about 100,000 journals and monographs, and supplies medical information to every institution that wants it. For years it has been inade-

quately housed and supported. Yet it is an indispensable aid in medical research.

If he were denied access to its rich resources, the research clinician or biologist and the public-health officer might well spend weeks, months, possibly years in exploring a region that may have been penetrated by some Japanese, Russian, or other forgotten or unknown scientist. Realizing this, Senators Lister Hill and John F. Kennedy have introduced a bill which would separate the library from the Department of Defense, convert it into a National Medical Library, provide the necessary funds for its proper accommodation and maintenance and then place it on the same footing as the Library of Congress or the National Gallery. As it is, the library is housed in quarters that were condemned over a generation ago.

The Library of Congress is a national institution which meets needs far wider than those of Congress. Similarly, the library of the Armed Forces meets far more than military needs. Besides, the time passed long ago when the library was merely an adjunct of the Army's medical service. It is time that we had a National Library of Medicine with a Board of Trustees and a budget of its own. Neither its present name nor its anomalous place in the administration of the Department of Defense suggests the function that the library serves in meeting the needs of medical men all over the country.

The Hoover Commission is in favor of calling the library by its right name, expanding it, and giving it the status that it should have had long ago. There is no sign of objection from the Department of Defense, which would probably be glad to rid itself of an administrative burden that has no direct connection with strictly military matters. The Hill-Kennedy bill deserves the approval of Congress.

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[From the Cleveland Plain Dealer, April 6, 1956]

#### AMERICA'S MEDICAL TREASURE NEEDS PROTECTION

Since the last world war, the historical collection of the Armed Forces Medical Library has been housed here, on the top floor of the Cleveland Medical Library at 11000 Euclid Avenue. This collection includes incunabula and other early books on medicine which makes it one of the finest in the world.

Its coming here from the Central Library in Washington stemmed principally from two facts—its original home was inadequate and the Federal Government sought to disperse such materials from the Capital because of the possibility of enemy bombing.

As a byproduct of a Hoover Commission Task Force Report released last year, a move is now afoot to establish a National Library of Medicine to take over the Armed Forces Medical Library as a separate agency, house it decently and safeguard it properly. The task force pointed out the riches of the collection, its value to medical research and noted the shabby condition of its home in Washington, an antiquated building whose columns buckled. Senators Kennedy and Hill have introduced a bill to set up the National Library.

We should like to be able to say that Cleveland should be chosen as the site of the library if it is authorized, but we are informed by Dr. Robert M. Stecher of City Hospital, honorary consultant to the present library, that a good prospective site now is available at Bethesda, Md., near Washington. If for any reason the Washington area is ruled out, Cleveland may want to put in a bid.

In the best interests of preserving a facility which has been in the making since 1836 and which could not be duplicated, Congress should approve the Hill-Kennedy bill. We say so even though it may mean Cleveland's relinquishing the part of the library now housed here. For, as Senator Hill said of the volumes inadequately shelved in Washington: "Continued neglect can rob us and the world of this treasure. And once destroyed, not all the gold in Fort Knox could recreate it."

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[From the Hartford (Conn.) Courant, March 30, 1956]

#### THE COUNTRY CAN USE A MEDICAL LIBRARY

The task force on medical services set up by the Hoover Commission made a flat statement concerning one of its recommendations. It urged the conversion of the Armed Forces Medical Library into a National Medical Library. "No other single recommendation," it asserted, "would so directly and economically contribute to the effectiveness of research and the future of American medicine."

A bill to construct a new building to replace the 69-year-old structure that currently houses the collections is before Congress. It would cost between \$6 and \$7 million. It is eminently worthwhile.

The uses of a library are, of course, manifold. But this one has a particular history of service to the country and to the free world. President Eisenhower has recommended an increase in governmental research projects in disease and health, and a consequent increase in facilities for them. It is not realized how much such research projects depend on useful library materials. The present Armed Forces Medical Library, organized in 1836, is a great national research institution. It lends more than 30,000 volumes a year to other libraries that depend upon it, and fills more than 100,000 orders a year for photocopies of its medical articles and reports.

Yet today it is in desperate straits. It is ineffectively located, inadequately housed, and too poorly supported to do its job. For 30 years it has needed a new building, to avert threatened loss from fire and to cut damage actually done by weather and improper storage. The bill now in Congress would provide statutory authority and invite private contributions to make possible the conversion of the present institution into a National Library. It deserves support. Senator Purtell, as a member of the subcommittee on health, is in a favorable position to lend it that support. He should be encouraged to do so.

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[From the New York Times, Sunday, April 8, 1956]

#### BOOKS CAN HELP TO CURE—AN ANALYSIS OF THE FACTORS BEHIND BILL TO ESTABLISH NATIONAL MEDICAL LIBRARY

By Howard A. Rusk, M. D.

WASHINGTON, D. C.—Next Tuesday Senate hearings will begin here on a little-publicized and undramatic bill which has tremendous significance for medical research in this country. It has been discussed very little in the congressional cloak rooms, but is a leading topic of discussion among medical researchers, physicians, and health teachers.

The bill, introduced by Senators Lister Hill, Alabama, and John F. Kennedy, Massachusetts, is to create a decently housed, efficiently staffed, properly located and adequately financed National Library of Medicine.

For the past 130 years, our Nation has actually had such a National Medical Library. Known originally in 1836 as the Surgeon General's Library, it has been the Armed Forces Medical Library since 1952. One of three large research libraries operated by the Federal Government, it has over 650,000 bound volumes with more than a million titles, receives over 5,000 medical periodicals, and adds to its collection over 25,000 volumes a year.

The Hoover Commission Task Force on Federal Medical Services declared in its report "today the largest and most important medical library in the world is the Armed Forces Medical Library. No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services."

#### NEED IS UNQUESTIONED

That new physical facilities for this library are needed stands without question. Its present quarters, built 69 years ago, have been outgrown and outmoded for 30 years. The library requires an additional mile of shelf space each year. Its interlibrary loan service places 133,000 volumes in the hands of thousands of medical research workers yearly. Over 1,000 reference questions are answered by its staff each year. Its priceless collections of medical literature are constantly threatened by loss from fire and have undergone actual damage through exposure to weather and improper storage.

Pointing out that the Armed Forces Medical Library has in fact become a National Library of Medicine, the Hoover Commission task force a year ago urged it be thus officially designated and be given clear statutory authority for the functions it now serves.

The bill introduced by Senators Hill and Kennedy provides for such authority with adequate financing. As an independent agency, it would be administered by the Surgeons General of the Army, Navy, Air Force and Public Health Service, the Librarian of Congress and 12 leaders in the various health fields to be appointed by the President.

With the ever-increasing amounts of both public and private funds being spent for medical and related health research, the significance of a National Library of Medicine has increased. All professional organizations concerned with health, such as the American Medical Association, American Dental Association, and American Hospital Association, have strongly endorsed such a proposal.

#### RESEARCH INVOLVED

Dr. Alan Gregg, vice president of the Rockefeller Foundation and one of the world's authorities in medical research, has said, "No defense for the amounts being spent on medical research by all the Government agencies can be made if we continue to neglect the need for one adequate library, such as this library could be made."

The paramount importance of the Armed Forces Medical Library to our military services is without question. Since, however, it has been serving civilian agencies and health workers since 1892, it is not logical that its costs should be totally borne by the Department of Defense. Currently, as it has no legal authorization to operate as a national institution primarily for civilian purposes, its expenses are hidden within 18 different categories of the Department of Defense. In the past, each time the Department of Defense planned a building program for the library, it was squeezed out by other more strictly defense items.

As in the case of the National Gallery of Art, there are reasons to expect that substantial contributions from private foundations and other voluntary, civilian groups would be made to a National Library of Medicine. Such groups have been loath to support a library that by its title implied it was a military library.

The bill to create an adequate National Library of Medicine does not have the drama and glamour of increased funds for direct research activities which may solve the riddles of cancer, heart disease, arthritis, and the other great killers and cripples. It is fundamental, however, to the eventual achievement of those goals.

[From the New York Times, April 8, 1956]

#### BILL WOULD BUILD MEDICAL LIBRARY—SENATE GROUP SETS HEARING ON PROPOSAL TO CREATE NATIONAL INSTITUTION

WASHINGTON, April 7 (UP).—The Senate Labor and Public Welfare Committee will open hearings next week on a little-noticed bill that, it is believed, could have a big impact on the Nation's medical research.

The measure would create a National Library of Medicine to take over "the greatest collection of medical literature in the entire world." The library is now operated by the Defense Department as the Armed Forces Medical Library. The proposed legislation would transfer it to a new and independent board.

Senator Lister Hill, Democrat, of Alabama, committee chairman and coauthor of the bill, said the library was lost and hidden in the Defense Department. He predicted it would grow if turned into a national library.

One of the main purposes of the bill is to get a new building and adequate financing for the library. It is now housed in a 69-year-old structure that was termed inadequate 30 years ago.

Col. Frank B. Rogers, library director, said the library was "desperate" for space. It "cannot go on much longer unless the problem is solved," he added.

Congress four times since 1919 has authorized the Military Establishment to draft plans for a new building, with no results.

The library, a clearinghouse for the world's medical literature, contains some 961,000 books, periodicals, pamphlets, and films. It serves both the Armed Forces and civilians in every field of health. Colonel Rogers said it received 100,000 requests a year for copies of material on medical development and research.

The library was established 120 years ago by the Army Surgeon General for military use. It has grown into "the largest and most important medical library in the world," according to a medical task force of the Commission on Organization of the Executive Branch of the Government.

No other Government medical agency "serves the future of medical research so intimately and so widely," the task force said in a 1955 report. The report recommended that the library be transferred from the Defense Department.

Senate committee aids have said the bill has widespread support in the

medical profession. Representatives of many medical groups will testify Tuesday and Wednesday.

The Defense Department originally opposed the bill. It will withdraw its objections, according to committee sources.

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[From the Washington Post, March 20, 1956]

#### LIBRARY OF MEDICINE

It is not widely known here that Washington has the greatest collection of medical literature in the world—a collection that is a treasure house of essential and highly valued information much used by medical men everywhere. It is even less widely known that this priceless and irreplaceable collection is housed in a 69-year-old building that exposes it to fire and other hazards. For years Members of Congress and medical leaders (and recently the Hoover Commission) have urged the need for a new building to house the collection and for the establishment by law of a National Library of Medicine. The collection now is administered by the Army and is called the Armed Forces Medical Library. But it is much more than a library for the military. It is also used extensively by civilian doctors and researchers. The Armed Forces alone do not need such an extensive library; they do need access to it just as do others in medical and health work.

The other day Senator Hill introduced (for himself and Senator Kennedy) a bill to establish a National Library of Medicine and to authorize the construction of a building estimated to cost between \$6 and \$7 million. The bill deserves the urgent attention of Congress, for as long as the collection remains in the present building at Seventh Street and Independence Avenue SW., it is in danger of destruction. By providing express statutory authority and by inviting private contributions for supplemental support, the bill would make it possible for the collection to be more fully utilized in the advancement of medical science. The logical place for the new building would be on the grounds of the National Institutes of Health, across the street from the Bethesda Naval Medical Center and only a few miles from Walter Reed Army Hospital. The library should not be in isolation from actual medical research and practice.

Already, as Senator Hill told the Senate, "it is difficult to exaggerate the important influence this library has had on the advances in the medical sciences throughout the world. It is impossible to gage its value in dollars." Because it is the 1 complete library in the field, other medical libraries depend upon it heavily, and it lends more than 30,000 volumes a year to them. It fills over 100,000 orders a year for photoduplication of medical articles and reports. Its reference assistants conduct more than 1,000 searches a month for information needed by doctors in this and other countries. The greatest practical use of the library was made during World War II when the collection on diseases of other countries became the guide to service doctors.

The Hoover Commission said that "no other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services." It is a collection that ought to be preserved with the greatest care and administered so that it can be used as widely as possible.

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[From the Washington Evening Star, March 20, 1956]

#### NATIONAL MEDICAL LIBRARY

Legislation to convert the Armed Forces Medical Library into a National Library of Medicine, adequately housed in an imposing new home here, is more important than it might appear at first glance. This is not just a reorganization and rehousing proposal. The bill sponsored by Senators Hill of Alabama and Kennedy of Massachusetts would rescue a sadly neglected institution from its stepchild role in the Defense Department and reestablish it as an indispensable public health asset.

As Senators Hill and Kennedy pointed out to the Senate, the present library many years ago outgrew its original role as a reference center for military doctors. It is recognized today as "the largest and most important medical library in the world"—a description applied by a Hoover Commission task

force which deplored the inadequacy of the library's antiquated facilities. The American Medical Association and numerous other organizations have protested the failure of the Government to provide the library with proper housing and sufficient funds. To make matters worse, there have been plans to transfer some of the library's overflow material to a frame barracks, where the irreplaceable volumes would be subject to fire and other hazards.

Congress several years ago authorized the Defense Department to begin the planning of a new building for the library, at a cost of \$350,000. But, in the Department's understandable desire to make defense dollars go as far as possible in the arms field, funds which might have been allocated to the library have been used instead for other purposes. This year's military budget, as usual, contained no request for library planning. The Hill-Kennedy bill would end this frustrating cycle by removing the library from the Defense Department and setting it up as an independent agency. The bill also would provide for a \$6.3 million building, modernly equipped and staffed. The plan is logical, practicable, and in the public interest.

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[From the Boston Herald, March 27, 1956]

#### MEDICINE'S WEAKENED LINK

One 3-by-5 card mailed for 10 cents can keep a team of medical researchists from needlessly duplicating a previous experiment. More, such a card can enable researchists to jump years ahead in their experiments. This is the bibliographical service of the Armed Forces Medical Library in Washington which, among other things, supplies the indispensable link in research, civilian and military, that keeps medicine moving ahead efficiently.

Yet that service and others as valuable are jeopardized by a peculiar, almost unbelievable situation.

The Armed Forces Medical Library is, by historical accident, a responsibility of the Department of Defense, although it serves civilian needs far more than military. According to a Hoover task force, it is the largest and most important medical library in the world. It holds over 650,000 bound volumes, receives over 5,000 medical periodicals and needs a mile of additional shelf space a year. Without its help, much of the research and clinical work now being carried on by the medical profession would be impossible.

Yet this irreplaceable collection is largely housed in a 69-year-old building, totally unsuitable, condemned 30 years ago as inadequate, so antiquated that its iron columns have buckled. Some of its books, charts, and manuscripts of incalculable value are stored in a warehouse in Cleveland, in danger from fire, and large numbers of volumes will soon have to be removed to highly flammable barracks.

Why has Congress let this happen? Because the Defense Department, compelled to cut its cloth to a closely circumscribed budget, has refused, and understandably, to tailor its military requirements to this mainly civilian function.

Now Congress has before it a more drastic move. A bill sponsored by Senators Hill and Kennedy would take the library from the Defense Department and put it under an independent "National Library of Medicine" headed by a Board of Regents. The Board would prepare plans for a suitable new building.

This proposal is similar to the Hoover task force recommendation, except that the latter would make the library an almost autonomous division of the Smithsonian Institution, like the National Gallery of Art.

Either is a reasonable solution to this strange and little-known problem. But the bill can easily be forgotten in this slow-moving, election year Congress. It needs the alert attention of the public, particularly of the American Medical Association, and the active concern of Senator Hill's Committee on Labor and Public Welfare, which now has the measure.

[From the St. Louis Post-Dispatch, April 8, 1956]

PRICELESS UNITED STATES MEDICAL LIBRARY IN BUILDING RATED AS FIRE HAZARD—  
ARMED FORCES AGENCY GIVING INVALUABLE SERVICES—MOVE TO MAKE IT NATIONAL INSTITUTE IN ADEQUATE NEW QUARTERS

By James Deakin, a Washington correspondent of the Post-Dispatch

WASHINGTON, April 7.—A ramshackle 69-year-old Government building, one of the few here still rated as a fire hazard, provides precarious housing for a priceless scientific collection which has been called the largest and most important medical library in the world.

That description was given by a Hoover Commission task force, composed largely of physicians, in referring to the Armed Forces Medical Library, a hardy stepchild which is rendering valuable service under severe handicaps of financial neglect and lack of space.

The Task Force on Federal Medical Services recommended establishment of a National Library of Medicine incorporating the present collection, a new building and an adequate budget.

NINETY-FOUR PERCENT OF SPACE FILLED

Almost a million books, statistical studies, treatises, scientific publications, and reports used extensively by doctors, researchers, and scientists now are crowded into space adequate for about one-third that number. Contrary to generally-accepted library procedures 94 percent of the shelf space is filled.

Books, many of them fragile with age, are stored in damp basements, in rickety wooden shelves, in converted coal bins where plaster dust drifts down from the ceiling—anywhere space can be found or improvised. Chicken wire has been nailed up on one balcony to keep books from tumbling down on library workers below.

Built in 1887, the now-dilapidated red brick building at Seventh Street and Independence Avenue was found unsuitable for library use 37 years ago. It was one of Washington's three Government buildings still classified as a fire trap by the Public Buildings Service in 1948, and this rating has never been changed. A few blocks away, in sharp contrast, is the modernistic, white-domed National Gallery of Art.

With only 1 small elevator and 1 central staircase and lacking adequate fire protection devices, the library is a potential tinderbox for employees and an obviously unsafe repository for an irreplaceable collection of scientific data from all over the world.

HILL-KENNEDY BILL

To remedy the situation, Democratic Senators Lister Hill of Alabama and John F. Kennedy of Massachusetts have introduced a bill to establish a National Library of Medicine and erect a new building. Hearings on the measure are scheduled Tuesday and Wednesday before a Senate Subcommittee on Health, of which Hill is chairman.

Backers of the authorization bill are optimistic about its chances for congressional approval at this session, but if it does pass an appropriation must still be sought for the estimated \$6,639,000 required to build a new library.

On several occasions over the past 37 years, Congress has been loath to put up money for the project, despite the urging of the American Medical Association and numerous other professional groups. A new library was first authorized in 1919, but no funds were approved. Later attempts following in 1938 and 1941, before war temporarily halted consideration of such projects.

A painting in the office of Lt. Col. Frank B. Rogers of the Army Medical Corps, director of the library, is mute testimony to the years of legislative neglect and efforts to obtain a new building. The picture, depicting plans for a new Army medical library, was painted in 1918.

## TASK FORCE'S COMMENT

Discussing the library, the medical task force declared in its report: "Today the largest and most important medical library in the world is the Armed Forces Medical Library.

"No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services.

"Originally organized for military use in 1836, this library has become a great national research institution far surpassing the nature, size, and level of activities required by the Armed Forces. It is in fact the National Library of Medicine of the United States."

The task force included two St. Louisans associated with Washington University, Dr. Everts A. Graham, professor emeritus of surgery at the school of medicine, and Dr. Otto W. Brandhorst, dean emeritus of the school of dentistry.

On a modest annual allotment of \$1,250,000 from the Defense Department, the library provides a variety of services. It fills over 100,000 orders a year for photoduplication of medical articles and lends more than 30,000 books a year to other libraries. Its staff conducts about 1,000 searches a month for information needed by doctors and scientists.

Importance of this reference work cannot be overestimated. Hospitals, medical schools and research institutions intending to pursue a particular line of research frequently check first with the library to see if the project already has been tried.

## PREVENTS MANY WASTED HOURS

One 3 by 5 card, summarizing results of a completed experiment, Senator Hill has said, "can keep a dozen institutions from spending tens of thousands of dollars duplicating that same experiment.

"More important still, it may mean that a dozen scientists who might otherwise have wasted time repeating that experiment may instead leap years ahead in reaching the solution to the problem. \* \* \*

In World War II, the library's collection of works on diseases of other countries was used extensively by military physicians in treating soldiers with rare symptoms, particularly those of tropical diseases.

The library receives, catalogs and makes readily available scientific publications from every major country of the world. About 100,000 journals and research papers come in each year. There is an active exchange of publications with Russian scientific groups.

To inform physicians of current medical findings, the library publishes a monthly current list of medical literature and an annual catalog.

The Hoover Commission's praise for the library as a sort of national clearing house of scientific information was in striking contrast to the facilities provided for that service.

There are, for instance, no controls against the humidity for which Washington is notorious. Steaming summer heat damages book covers and paper. In the basement, thousands of volumes are stored close to heat and water pipes and outmoded electric wiring. A few years ago, a water pipe broke, ruining dozens of books.

## FILES GO BACK TO 1094

In these unprepossessing surroundings, the student of history can find first editions of classic texts by such scientific pioneers as Darwin, Jenner, Lister, Laveisier, Pasteur, Agassiz, Osler, and Florence Nightingale, together with a treasure house of medical memorabilia.

Writings in very language on every conceivable scientific subject, from anatomy to zoology, from asthma to zygoma, are jammed into the crowded shelves. The earliest manuscript is dated 1094. A German work on anatomy of the brain, dated 1584, contrasts with the latest public health statistics from Japan.

"In a very real sense," Colonel Rogers told the Post-Dispatch, "The collection is priceless, because it is irreplaceable."

Although no estimate of value has ever been made, "it is surely in the millions of dollars," he added.

The director sums up the library's problem simply "What we haven't got, and what we've got to have, is room for these books." With a mile of new shelf space needed each year, it has been necessary to rent temporary space in Cleveland.

Suggestions for location of the proposed new building have centered around the National Institutes of Health in nearby Bethesda, Md., where space is available. The library presently has 101,000 square feet of floor space for its 961,631 items; it needs 299,000 square feet.

POSSIBLY USED BY BEAUMONT

Founded in 1836, the institution originally was known as the Library of the Surgeon General's Office. Officials believe one of the first persons to use the few books granted by a reluctant Congress may have been Dr. William Beaumont, of St. Louis, the Army surgeon who described the digestive process.

Beaumont treated a Canadian voyager with a freak abdominal wound which left a window in his stomach. The experiments were encouraged by Surgeon General Joseph Lovell, founder of the library.

Under the 30-year directorship of John Shaw Billings, the library became national and international in scope. Maj. Walter Reed, the conqueror of yellow fever, served as its director for a time.

The Hill-Kennedy bill would give the library express legal authority for the work it now does for other Federal agencies and would remove its operating expenses from the defense budget. Under the bill, a board of regents composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress, together with 12 persons appointed by the President, would administer the national library.

Since introducing the bill, Senator Hill told the Post-Dispatch, he has received a very large number of indorsements from medical, dental, and hospital associations and from outstanding men in the medical research field from all over the United States. No opposition has yet been expressed to the measure, he added.

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[From the Chicago Sunday Tribune, April 1, 1956]

A MEDICAL TREASURE THREATENED

The people of the United States own what is probably the largest and certainly the finest medical library in the world. Its services to physicians and all of the other health professions are immeasurable.

Yet this magnificent collection is housed today in various unsuitable spots. Part of it is in warehouses in Cleveland, part in an ancient building in Washington that was declared unsuitable for library use 30 years ago. It is accumulating scientific publications at a rate that requires a half mile of new shelf space annually, and its overflow is about to be consigned to some old frame barracks where a carelessly tossed cigarette butt could destroy the accumulation of 120 years, much of it irreplaceable.

This great medical library is neglected because, in the eyes of the Defense Department, 2 or 3 transcontinental bombers are worth more than proper housing for a national medical library. A task force of the Hoover commission, headed by the late Chauncey McCormick, of Chicago, recommended last year that the library be separated from the Defense Department and established as a truly national institution with an appropriate administrative organization, a proper building, and an adequate budget.

Senators Hill (Democrat, Alabama) and Kennedy (Democrat, Massachusetts) have introduced a bill to carry out this recommendation. It would establish a national library of medicine under a board of civilian regents appointed by the President. The Surgeons General of the Army, Navy, Air Force, and Public Health Service and the Librarian of Congress would be ex officio members. The bill authorizes but does not provide appropriations for operation and housing. A proper library building would cost from 5 to 10 million dollars.

The library is operated by the Defense Department because the Army started it. Joseph Lovell, the first Surgeon General of the Army, began collecting a library for his office before his death in 1836. The real father of the library, however, was Col. John Shaw Billings, one of the great pioneers of American medicine, who was Surgeon General of the Army from 1865 to 1895.

Colonel Billings remained active almost until his death in 1920, and found time to guide the merger of the institutions that formed the New York Public Library. He also planned the campus and hospitals and helped assemble the brilliant faculty of Johns Hopkins Medical School.

Under Colonel Billings the Surgeon General's library not only bought all the books and periodicals it could find funds for; it indexed them, too. Its index is today the most comprehensive in the world. In 1887 it also started a periodical index of medical and allied literature, which has been maintained.

In time the institution became known as the Armed Services Library. For the last 55 years its facilities have been available as well to civilian physicians, dentists, and other professionals. Last year it circulated 133,000 volumes, mostly to research workers, through its interlibrary exchange. Its staff answers a thousand reference questions a month. Many of the answers consists of exhaustive bibliographies in the field in which the inquirer is working.

Chicago, Cleveland, Washington, and the public health center at Bethesda, Md., have all been suggested as sites for the national library. It has also been suggested that it be placed under the Federal Public Health Service instead of an independent board of regents.

The collections of Crerar Library, the University of Chicago, Northwestern University, and other institutions already give this city vast sources of medical literature. If the library were located here in the communications center of the Nation, the circulation of its books throughout the country would be aided. The important thing at present, however, is to rescue the library from its status of stepchild in the Defense Department and confer on it the independent guidance that will preserve and enhance its usefulness.

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[From the Medical Annals of the District of Columbia, November 1955, vol. XXIV, No. 11, p. 619]

#### ARMED FORCES MEDICAL LIBRARY

(By Herbert P. Ramsey, M. D., F. A. C. S., past president, the Medical Society of the District of Columbia)

I would like to close these remarks by bringing to your attention one of the greatest of all of these institutions, the core of medical literature of this country—the Armed Forces Medical Library. Organized in 1836 by Surgeon General Lovell as the Surgeon General's Library, for some years it took up little space in a room of the building formerly occupied by Riggs National Bank. After various moves it was installed in 1887 in its present building designed for its joint use with the Army Medical Museum by Col. John Shaw Billings, who was primarily responsible for its becoming the internationally famous medical library that it is today. The building was soon outmoded and outgrown. As a student in school, college, and medical school, and later as a physician, I realized what these organizations meant to the medical profession, and I have lain awake at night wondering what would happen if fire should break loose in that building.

Edgar Erskine Hume, one of the library's most widely known directors, wrote, "Not long before his last illness, Dr. William Henry Welch paid a visit to the Army Medical Library, then called the Library of the Surgeon General's Office. He was one of the library's oldest friends and constant users. As he sat in the librarian's office \* \* \* smoking one of his black cigars, he fell into one of those reminiscent moods, which his friends and pupils so much enjoyed. \* \* \* He spoke of the foundation of the library, its growth, the place it occupies in the world of science, and then said, 'I have been asked on more than one occasion, what had been the really great contributions of this country to medical knowledge; I have given the subject some thought and think that four should be named: (1) The discovery of anesthesia; (2) the discovery of insect transmission of disease; (3) the development of the modern public health laboratory, and all that that term implies; and (4) the Army Medical Library and its index catalog' \* \* \* and then more slowly he added \* \* \* 'and this library and its catalog are the most important of the four.'"

John Shaw Billings, who was librarian for about 30 years and began the index catalog, in the best address he ever delivered, in 1881, before the International Medical Congress in London, said, "If the entire medical literature of the world, with the exception of that which is collected in the United States, were now to be destroyed, nearly all of it that is valuable could be reproduced without difficulty, but that which is here cannot be."

[Editorials from the Archives of Ophthalmology, re Hill-Kennedy bill, S. 3430]

The greatest collection of medical literature in the world, the Armed Forces Medical Library, is housed in a building constructed in 1887, which is so antiquated that some of its iron columns have actually buckled. This priceless collection of books, charts, and manuscripts consisting of over 650,000 bound volumes has so outgrown its present facilities that for lack of space in Washington since 1942 a large segment has been located in rented quarters in Cleveland, Ohio. The Hoover Commission has reported that the collections are constantly threatened by loss from fire, and have undergone actual damage through exposure to weather and improper storage. Since 1918 repeated attempts have been made to obtain a new building for the library in order to relieve serious overcrowding and to provide suitable care for the rapidly growing collection. All such attempts have failed. The latest stalled when the Department of Defense decided that construction funds of \$350,000 appropriated by Congress would not be carried in the Defense budget for the fiscal year of 1957, now before the Congress.

The housing problem is only one of a number of serious difficulties which confront the Armed Forces Medical Library. Although the library was founded in 1836 as the Library of the Surgeon General's Office, United States Army, the function it serves in civilian life today far surpasses the importance of the role it plays in our Armed Forces. Besides its outstanding collections of historical works, medical theses, portraits and photographs of medical men, and its unique section of American and foreign government and statistical documents, the completeness of its volumes of periodicals makes it a fountainhead of information surpassed by few other scientific research libraries. Over 10,000 serial publications are currently received, and altogether about 100,000 journals and monographic pieces are acquired yearly, representing literature on medicine, dentistry, pharmacy, and allied sciences in all languages and of all times. The Armed Forces Medical Library has two major publications, the Current List of Medical Literature, which appears monthly, and the Annual Armed Forces Medical Library Catalog. The library loans books to other libraries throughout the United States. It extends its loan services more widely through a photoduplication section, which fills some 8,000 orders every month. Its staff includes reference librarians who aid in searching out required information and who provide bibliographical lists on request. The Hoover Commission's Task Force on Federal Medical Services stated that "Today the largest and most important medical library in the world is the Armed Forces Medical Library. No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services."

It is obvious that the functions of this library have far outgrown in scope and importance those which Surgeon General Lovell had in mind when he organized it in 1836 as the Surgeon General's Library. The library today is truly a National Library of Medicine, and as such does not belong in the Department of Defense at all. In presenting a bill before the Senate to rectify this unfortunate situation Senator Hill stated, "As a part of the Military Establishment the Armed Forces Medical Library is unable to command from top officials of the Department the attention and thought it deserves. Their responsibilities in other fields are far too heavy to permit it. Moreover, to permit the library to remain in Defense means a continuation of constant difficulty with the Bureau of the Budget, which has for years found it difficult to understand why military appropriations should be spent to operate a National Library of Medicine." The Hoover Commission suggested that the National Library of Medicine might be set up as an all but autonomous division of the Smithsonian Institute, as is the National Gallery of Art. However, Senators Hill and Kennedy believe that in order to create a library which will function in the best interests of all of the medical sciences it should be set up as an independent unit with a separate board of regents to be composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, the Librarian of Congress, and a board of appointed members who shall be chosen from such fields as medical research, medical education, medical practice, and medical librarianship, preventive medicine and public health, dentistry, hospital administration, and pharmacy and pharmaceutical production.

This bill, known as Senate bill S. 3430, to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine, has been read twice and referred to the Committee on Labor and Public Welfare. Its passage is considered urgent by the American Medical

Association, the American Dental Association, the American Hospital Association, the American College of Surgeons, and the Hoover Commission. Dr. Alan Gregg, the vice president of the Rockefeller Foundation in charge of medical affairs, has written Mr. Hill, "No defense for the amounts being spent on medical research by all the Government agencies can be made if we continue to neglect the need for one adequate library such as this library could be made." All ophthalmologists are urged to write their Senators and Representatives asking them to support this bill. If enough doctors in the United States will act together in legislation of this sort, which is of vital interest to medicine, the National Library of Medicine will become a reality.

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[From the Washington Evening Star, April 10, 1956]

#### SCIENTISTS URGE NEW LIBRARY OF MEDICINE HERE—CONGRESS ASKED TO APPROVE PLAN; NEEDS CITED

An impressive array of medical scientists and librarians urged Congress today to establish a National Library of Medicine, the nucleus of which would be the present Armed Forces Medical Library.

They testified before a subcommittee of the Senate Labor and Public Welfare Committee in support of a bill introduced by Democratic Senators Hill, of Alabama, and Kennedy, of Massachusetts.

The present library, described as the latest collection of medical literature in the world, is housed in a dilapidated brick structure at Seventh Street and Independence Avenue SW. It was built almost 70 years ago. The roof leaks, the walls bulge and the shelves buckle.

It has been proposed that a new building be provided at a cost of \$6.3 million. The site suggested is in the vicinity of the National Institutes of Health and the Naval Medical Center in Bethesda.

The witnesses who urged a national library be established included Dr. Alan Grebb, vice president of the Rockefeller Foundation, heading a panel including five other doctors identified with medical education; Dr. Frank B. Berry, Assistant Secretary of Defense for Health and Medical Services; Dr. Lowell T. Coggeshall, special assistant to the Secretary of Health, Education, and Welfare; Dr. Leonard Scheele, Surgeon General; Dr. William S. Middleton, Chief Medical Director of the Veterans' Administration, and Dr. Worth B. Daniels of Washington, representing the Society of Medical Consultants of the Armed Forces.

With Dr. Daniels appeared a panel of three medical librarians.

Dr. Gregg pointed out that the Armed Forces library now has more than 1 million titles, it furnishes 133,000 books a year to users through a loan service and answers more than 1,000 questions a month.

#### SEES ADDED SUPPORT

"If well housed this library would be many times more effective, if so support might come from the foundations," Dr. Gregg said.

Dr. Daniels described the Armed Forces Library as the greatest single resource the country has for support of teaching study and research.

There were suggestions that the proposed national library be placed in the Health, Education, and Welfare Department. But Senator Hill, subcommittee chairman, said he did not favor the proposed national library being just an agency in a department. He said there would be prestige in a separate activity.

#### FAVOR AGENCY ROLE

Dr. Frank Forster, dean of medicine at Georgetown University and representing the Association of American Medical Colleges, said the present library has the greatest collection of medical journals in America. Dr. Forster was a member of Dr. Gregg's panel.

Dr. Berry said the Armed Forces Surgeon General and he favor placing the proposed national library under recognized medical auspices such as the HEW Department.

Dr. Coggeshall said that although the library was developed originally to meet the needs of the military, it has now "become a depository of unsurpassed importance to civilian medicine."

[From the Washington Post and Times Herald, April 11, 1956]

#### DOCTORS BACK NEW QUARTERS FOR LIBRARY

An array of private and Government medical men recommended yesterday an adequately financed National Library of Medicine in new quarters for a valuable collection of medical literature now housed in a decrepit building here.

They referred to the Armed Forces Medical Library, a clearinghouse for world medical literature, now housed in a 69-year-old building at Seventh Street and Independence Avenue SW.

The physicians, supported by librarians, indorsed a bill to establish a national library in a \$6.3-million building at an unspecified site, presumably in the Washington area.

Their approval was recorded during a 2-hour hearing before a Senate Labor Subcommittee. More testimony will be heard today.

Indorsement came from representatives of the American Library Association, the Association of Americal Medical Colleges, the American College of Surgeons, the Rockefeller Foundation, the Veterans' Administration and the Society of Medical Consultants to the Armed Services. Establishment of a National Medical Library was recommended by the Hoover Commission.

Witnesses said the library, with an estimated 960,000 items, is the "largest and most important medical library in the world."

[From the Washington Evening Star, April 12, 1956]

#### ENACTMENT SEEN FOR BILL ON LIBRARY OF MEDICINE

The Senate hearing on legislation to create a National Library of Medicine and authorize funds to build such a library closed yesterday on a note of unanimity and confidence.

Chairman Lister Hill of the Labor and Public Welfare Subcommittee studying the measure said at the close of testimony by six additional medical witnesses that he feels it has an excellent chance of enactment this session of Congress.

The Alabama Democrat, whose father was a noted physician and who bears the name of a medical pioneer, said he expects no delays in executive session study of the bill by his five-member subcommittee. He added that he is certain of the best cooperation of the House, where the measure has already been introduced.

The representatives of the medical profession who testified yesterday continued the uninterrupted chain of support for establishing a library entirely independent of any other Government agency and providing for the necessary \$5.3 million to house it.

Nucleus for the new national collection would be the 650,000 bound volumes of the Armed Forces Medical Library, regarded as the world's finest. The present building at Seventh Street and Independence Avenue SW., is inadequate in virtually every aspect.

Senator Hill, who introduced the bill with Senator Kennedy, Democrat of Massachusetts, continued to show his keen interest in setting up the proposed library as a wholly independent establishment.

"You know," he told the distinguished spectators, "I'm also a member of the Appropriations Committee and I am well aware of the scramble that goes on among the divisions of Government agencies for sufficient funds. We want this library to have its 'day in court' with the Budget Bureau and with us."

The Armed Forces Medical Library now is part of the Defense Department. Over the years, repeated efforts to acquire funds from the Defense budget to construct an adequate library building have consistently failed.

On another detail of the bill, the Senator was in agreement with a suggestion by one of the witnesses. This was a proposal by Dr. Lucius R. Wilson, representing the American Hospital Association, that the chief medical director of the Veterans' Administration serve on the library's proposed Board of Regents. He said he expects this provision will be added.

Among other champions of the bill today were Dr. L. Quincy Mumford, Librarian of Congress, who said adequate provision should be made for "one of the great monuments of the American system"; Dr. Preston A. McLendon, speaking for the American Medical Association and the District Medical Society, and Dr. John Parks, of the American Academy of Obstetrics and Gynecology.

NEW YORK, N. Y., April 11, 1956.

HON. LISTER HILL,  
*United States Senator, Senate Office Building,  
 Washington, D. C.*

DEAR SENATOR HILL: As one who has long been interested in medical research, medical history, and medical progress in general, and especially in my capacity as chairman of the council on industrial health of the American Medical Association. I should like to tell you how much I appreciate the thoughtfulness and great value of Senate bill 3430, aimed to establish a National Medical Library. Not only is this an excellently constructed bill, but it will place our former Surgeon General's Library in the position of world prominence where it belongs.

I hope you and Senator Kennedy meet with prompt success in the bill's passage.  
 Sincerely yours,

W. P. SHEPARD, M. D.

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THE MENNINGER FOUNDATION,  
*Topeka, Kans., March 13, 1956.*

Senator LISTER HILL,  
*United States Senate,  
 Washington, D. C.*

DEAR SENATOR HILL: Now and then I have bothered you when I have felt strongly about something and have recalled the several contacts we have had together in behalf of the general field of mental health, doing so with much pleasure because of your great leadership for us.

This time I write you to express my opinion about the Surgeon General's Library. My impression is that this, the best medical library in the world, has been treated very shabbily. I understand that there is a hope that it might be put at Bethesda and made really a federally supported medical research library rather than a military library. I would endorse such a move very strongly, and so hope that you will lend your efforts to bring such a move about.

Sincerely yours,

WILLIAM C. MENNINGER, M. D.

BALTIMORE, MD.

HON. LISTER HILL,  
*United States Senate,  
 Washington, D. C.:*

Urge early favorable action on Senate bill 3430 for the establishment of an independent National Medical Library. This facility one of the important needs for American medicine and enjoys widespread support of the profession, medical education, and research.

RUSSELL A. NELSON, M. D.,  
*Director, the Johns Hopkins Hospital.*

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FRIENDS OF THE ARMED FORCES MEDICAL LIBRARY,  
*Boston, Mass., April 4, 1956.*

HON. LISTER HILL,  
*United States Senate,  
 Washington 25, D. C.*

DEAR SENATOR HILL: Dr. Henry R. Viets, librarian and acting director of the Boston Medical Library, received a telegram from your office inviting him to give testimony on the Hill-Kennedy bill relating to the establishment of a National Library of Medicine. Unfortunately, Dr. Viets entered the Massachusetts General Hospital as a patient 2 days ago. He has requested me to tell you that he has an intense abiding interest in furthering the passage of this bill, and congratulates you on the outstanding efforts you are making in this matter.

Dr. Viets' interest in the library goes back to 1916 when he came under the influence of such eminent physicians as Osler, Cushing, and Welch, all of whom had a deep concern for the development and care of the library. He has been librarian of the Boston Medical Library for over 18 years. He was an honorary consultant to the Army Medical Library and was past president of the Friends of the Armed Forces Medical Library. He is eminently qualified to tell how the great collection of the Boston Medical Library was made possible through

the generosity and support of the library in Washington. Dr. Oliver W. Holmes, the father of Justice Holmes, helped to establish a valuable working relationship between the Boston Medical Library and the Surgeon General's Library.

I am certain that Dr. Viets, were he able to accept your invitation, would speak with telling conviction in support of the Hill-Kennedy bill for the establishment of a National Library of Medicine at the hearings to be held April 10 before the Committee on Labor and Public Welfares.

Sincerely yours,

BENJAMIN SPECTOR, M. D., *Chairman.*

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BOSTON MEDICAL LIBRARY,  
*Boston, Mass., March 23, 1956.*

Senator LISTER HILL,  
*Senate Office Building, Washington, D. C.*

DEAR SENATOR HILL: I have received a copy of bill S. 3430 in regard to the creation of a National Library of Medicine. This has my strong endorsement based on a long association with the library.

My acquaintance goes back to 1916 soon after I graduated from medical school for I went to Oxford to work with Sir William Osler who, of course, had been a strong supporter of the library for many years. Later I worked with Dr. Harvey Cushing and became acquainted with Dr. William H. Welch and many others of a similar type to whom the development of the library in Washington was always of deep concern. Later I became an honorary consultant to the Army Medical Library, subsequently a member of the Friends of the Armed Forces Medical Library, and president of that organization. As librarian of the Boston Medical Library, moreover, association was established as far back as 1875 by this library and the Surgeon General's Library as it was called in those days. Indeed it may be said that through the generosity and support of the library in Washington our collection here was expanded to a remarkable degree, and the relationship between the two institutions established by Oliver Wendell Holmes in 1875, the father of Justice Holmes, has continued unabated through all these years.

You can see, therefore, that I am intensely interested in your bill and wish you to know that anything I can do to help bring this matter to a considered vote would be my earnest desire.

Yours sincerely,

HENRY R. VIETS, M. D., *Acting Director.*

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METROPOLITAN CLUB,  
*Washington 6, D. C., April 12, 1956.*

HON. LISTER HILL,  
*United States Senate,  
Washington, D. C.*

DEAR SENATOR HILL: Your bill for a National Library of Medicine has such great significance in the public interest that I wanted to offer to do everything in my power to support it.

My interest stems from a long series of tasks in which I have worked on Federal medical problems on and off for over 14 years. This began with work during the war, at the request of the late Judge Patterson, when I served with the Army Surgeon General for 3 years; then, when Judge Patterson was Secretary of War, service in a civilian capacity as special assistant to the Secretary of War, in which I dealt with or advised him as to most of the medical problems which came before him; then as Chairman of the Task Force on Federal Medical Services of the first Hoover Commission, and now as a Vice Chairman of the Citizens Committee for the Hoover Report.

I have discussed the subject of a National Medical Library with Mr. Meyer Kesenbaum, who is advising the President as to the carrying out of the Hoover Commission's reports. Also, I have been in touch as to it with Dr. Michael E. DeBakey, professor of surgery at Baylor University in Houston, who was a member of the Medical Task Forces of both Hoover Commissions.

If I could be of any help by testifying or in any other way, I am subject to your call.

I have no interest whatsoever in this except a belief that this is a vital step in preserving and enhancing a priceless asset necessary for medical research.

I am also suggesting that the Citizens Committee for the Hoover Report lend its full support to your bill. Of course, I cannot assure you that this will be done, but I hope so.

I am writing a similar letter to Senator Kennedy, the cosponsor of your bill, and informing him of course that I am writing you.

Sincerely yours,

TRACY S VOORHEES.

POSTGRADUATE MEDICINE,  
Chicago, Ill., March 28, 1956.

HON. LISTER HILL,  
*United States Senate,*  
*Washington, D. C.*

MY DEAR SENATOR HILL: May I add my voice to the hundreds from whom you no doubt will hear in support of the legislation to build a home and establish efficient operation for the National Library of Medicine. This is one of the most urgently needed programs and one that has been before the medical profession for many years.

From time to time various leaders in medicine have urged association of the library with the Congressional Library and with the Smithsonian Institution. Conceivably, however, the proper agency from many points of view would be the United States Public Health Service, particularly as the functions of the library are not specifically for the Army, Navy, or Air Force but for all the people. I use the library frequently and I have made some contributions to its collections.

The most significant function that the library will undertake is the regular indexing of medical periodical literature from all the world and the making of this material available to physicians everywhere. For many years the American Medical Association published the Quarterly Cumulative Index Medicus, but this seems to have lapsed since about 1951. The Current Medical List now published by the library in Washington while helpful does not do the job that needs to be done. The vast medical literature coming from such countries as Russia, Poland, Turkey, Japan, and China is virtually ignored in the available publications of the United States. I know this because I have been for some 7 years associated with a venture in Amsterdam known as Excerpta Medica. We receive regularly and abstract about 200 medical journals from the countries mentioned whereas less than 12 of them received in our Medical Library in Washington.

May I, therefore, again express my appreciation to you for introducing this legislation with the hope that its enactment will occur as rapidly as possible and that adequate appropriations may be made to give our medical profession and our scientists the advantages of the best medical library available anywhere in the world.

Sincerely yours,

MORRIS FISHBEIN.

THE JOHNS HOPKINS UNIVERSITY,  
DEPARTMENT OF PATHOLOGY,  
*Baltimore Md., April 4, 1956.*

Senator LISTER HILL,  
*Senate Chamber, Washington, D. C.*

MY DEAR SENATOR HILL: I write to express the hope that the bill introduced by you and Senator Kennedy (S. 3430) creating a National Library of Medicine and providing for the transfer of all the collection and assets of the Armed Forces Medical Library to this new agency will be passed. The library is priceless and it is most important that it be housed in a safe place.

Would you be kind enough to have your secretary bring this letter to the attention also of Senator Kennedy?

Sincerely yours,

E. A. PARK.

TEMPLE UNIVERSITY HOSPITAL,  
Philadelphia, Pa., April 6, 1956.

Senator LISTER HILL,  
Chairman, Committee on Labor and Public Welfare,  
Senate Office Building, Washington, D. C.

DEAR SENATOR HILL: I am very much interested in the bill sponsored by you and Senator Kennedy, for the creation of a National Library of Medicine. It had been my hope that I might appear before your committee when hearings were scheduled. Unfortunately, I shall be in Cuba and so will be unable to tell in person how very much I am in favor of such a measure.

Over the years, the Surgeon's General library has become the most important medical library in the world. No institution under private auspices could hope to keep a medical library up to date, since such private institutions would not have the funds to subscribe to all the necessary journals and to acquire the medical texts now being produced in the world. And yet, only by access to material in such a library can medical research be carried forward most effectively. The importance of this great library is particularly appreciated by teachers, investigators, and by those who have direct experience with local medical libraries.

I can qualify under these headings since I have been a teacher for many years and am currently professor of medicine at Temple University School of Medicine. Not only have I had interest in research in my own department, but I am Chairman of the Committee on Naval Medical Research under the National Research Council. I am also Chairman of the Medical Advisory Panel in the Office of the Assistant Secretary of Defense (Research and Development). Then I have for years been a fellow of the College of Physicians of Philadelphia, and have served as its president from 1952 to 1955, and am now its honorary librarian. I therefore have first-hand knowledge how frequently our fellows and the workers in the 5 medical schools, the 67 hospitals, and various other laboratories in the Philadelphia area must use the material in the Surgeon's General library, obtained on loan by the library of the College of Philadelphia. I am sure that other representatives of medical libraries could duplicate this experience.

I know from first-hand inspection how desperately that great library needs new housing, room to expand, and adequate financial support. I particularly approve the wisdom of having as its governing body a board of regents to be composed of the Surgeons General of the Army, Navy, Air Force, and Public Health Service, and the Librarian of Congress as ex officio members, and that an additional number of members be selected from interested civilian professional groups.

I wish to stress the urgency of the present need. A knife of the best steel is only as efficient as its present cutting edge. A library is great and remains great only as long as its current new material is kept fully up to date. Only a National Library of Medicine could hope to achieve that ideal degree.

May I take just a sentence to identify myself. I was president of the Philadelphia County Medical Society in 1949, when you so graciously came to be the chief speaker at our centennial anniversary. At that time, I was happy to send you a copy of our centennial volume containing your address.

Sincerely yours,

RICHARD A. KERN, M. D.

BALTIMORE, MD., April 13, 1956.

Hon. LISTER HILL,  
United States Senate, Washington, D. C.:

Strongly urge vigorous support of National Medical Library Bill S. 3430. Its passage would constitute a mature contribution toward the continued progress of medical science.

W. BARRY WOOD, M. D.  
Vice President, Johns Hopkins University and Hospital.

RICHMOND, VA., April 9, 1956.

Senator LISTER HILL,  
*Congress of the United States,  
 Senate Office Building, Washington, D. C.:*

Retel Dr. Bergsma members of our committee have not had opportunity to study in detail or take formal action on S. 3430, S. 2482, S. 2408, our committee does approve the intent of these proposed laws in creating a National Library of Medicine.

MACK I. SHANHOLTZ, M. D.,  
*Member Executive Committee Representing Association of State and  
 Territorial Health Officers.*

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UNIVERSITY OF OREGON DENTAL SCHOOL,  
 Portland, Oreg., January 25, 1956.

HON. WAYNE MORSE,  
*United States Senate,  
 Washington, D. C.*

DEAR MR. MORSE: The January 23, 1956, issue of the Washington Report on the Medical Sciences reports as follows regarding the proposed National Library of Medicine:

"Administration's refusal to appropriate moneys for replacement of dilapidated structure housing Armed Forces Medical Library, world's best and largest, may prove to be best thing that could happen to it. This rebuff has resulted in redoubling of efforts on Capitol Hill to remove AFML from military and reconstitute it as a National Library of Medicine in a new home of size and dignity befitting its importance. Hoover Commission wanted library transferred to Smithsonian Institution. A draft bill which Senate Labor and Public Welfare Committee is circulating among interested organizations and individuals would make the proposed NLM a Federal independent agency. Some have expressed themselves in favor, rather, of its being placed under Public Health Service. The Senate committee has received many written comments on the bill draft, out of which undoubtedly will come a new measure to be introduced in not too distant future."

The Armed Forces Medical Library is greatly in need of a new building. This library contains the world's most important collection of medical literature. This collection and the services provided by the library to other medical and dental libraries and the medical profession generally as well as to the Armed Forces medical personnel are considered to be among our greatest resources in medical and allied fields. It is almost a national disgrace that we have not been able to provide adequate housing for this important institution.

I am not suggesting that blame for this situation should be credited to any one group or party but I do wish to urge that effort be made to obtain a new building.

Medical and dental librarians are generally agreed that this library should become a national medical library in name as well as fact. I share this opinion. Although I cannot make a definite recommendation as to which of the various alternatives is best I am sure that medical librarians who are best informed in this matter have already made suggestions to the Senate Labor and Public Welfare Committee.

As a member of the Medical Library Association who is fairly well acquainted with the staff of the Armed Forces Medical Library I can assure you that the library's Director, Colonel Rogers, and his staff are doing a splendid job under trying circumstances. I have nothing but praise for the administration and staff of the library, but I do feel that it could be operated better under different auspices—and they do need a new building.

Sincerely yours,

THOMAS H. CAHALAN, *Librarian.*

THE UNIVERSITY OF CHICAGO,  
DEPARTMENT OF SURGERY,  
Chicago, Ill., April 3, 1956.

Senator LISTER HILL,  
*Senate Office Building, Washington, D. C.*

DEAR SENATOR HILL: I am enclosing an editorial from a recent issue of the Chicago Tribune relative to the bill that you are introducing to establish a National Library of Medicine. This is a wonderful thing that you are doing and I should like to commend you most sincerely. I hope you will be successful in your efforts and I am writing to our Senators from Illinois urging them to support your bill. I should like to have you consider Chicago as a site for the proposed library because of its central location, its reputation as a great medical center, and the presence of five first-class medical schools.

Yours very sincerely,

LESTER R. DRAGSTEDT, M. D.,  
*Chairman, Department of Surgery.*

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NASHVILLE, TENN., April 3, 1956.

Senator LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,  
Washington, D. C.:*

Regret long-standing agreement to serve American Board Internal Medicine, Los Angeles, April 11-14, prevents attendance on National Library of Medicine hearing before your committee. I regard proper housing and administration of present Armed Forces Medical Library essential to continued leadership by United States in medical education, research, and practice. This library is widely used by other medical libraries for it is the most valuable collection of medical books and periodicals in existence. Its proper care constitutes a compelling duty of Government.

HUGH J. MORGAN, M. D.,  
*Professor of Medicine, Vanderbilt University School of Medicine,  
Brigadier General, Medical Corps, United States Army, Retired.*

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VANDERBILT UNIVERSITY,  
SCHOOL OF MEDICINE,  
DEPARTMENT OF MEDICINE,  
Nashville, Tenn., April 4, 1956.

HON. ALBERT GORE,  
*United States Senate,  
Washington, D. C.*

DEAR SENATOR GORE: This letter is written to direct your attention to a bill introduced in the Senate by the Honorable Lister Hill and the Honorable John F. Kennedy to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

It is my understanding that if this bill is enacted it will provide proper housing and a new administrative setting for the current Armed Forces Medical Library. The latter is most inappropriately and dangerously housed in a building generally considered to be a firetrap.

The library under discussion is as important to the progress of medicine as is the Library of Congress important to its field. Medical education, medical research and, therefore, medical progress will all be served to better advantage in a properly housed and administered Library of Medicine. The Armed Forces Medical Library constitutes a priceless collection of medical books and periodicals. It is generally conceded to be the largest and the finest, and therefore the most important, medical library in existence, anywhere. It is urgently necessary that it be properly housed and administered.

I respectfully commend this important matter to your attention and support.

Sincerely,

HUGH J. MORGAN, M. D.,  
*Professor of Medicine, Brigadier General, Medical Corps, United States  
Army, Retired.*

BELMONT, MASS., April 4, 1956.

Hon. LISTER HILL,  
 Chairman, Committee on Labor and Public Welfare,  
 United States Senate, Washington, D. C.

DEAR SENATOR HILL: Thank you for your telegram about the hearing on your Senate bill dealing with a National Library for Medicine. I am enthusiastic about the bill. The proposed library is a matter of great importance to all of us as citizens of the United States. The present situation is a disgrace and a scandal and your bill offers the best chance that I have heard of to correct the matter.

I am in a position to speak with some knowledge as I was the chairman of the group that surveyed the Army Medical Library 13 years ago, and I have kept in touch with what has happened since that time. For a long time I had hoped that the Defense Department would appreciate its responsibility for the library and would see to it that proper support and quarters were provided. Its decision not to call on the appropriation made for plans for a new building convinced me that it was not enough interested in a medical library so that Congress should leave it with them.

With the above in mind, I sincerely hope that your bill will be approved by both Houses of Congress. The present situation is a desperate one and something must be done or the present great collections in the medical field are in danger of disintegration. If this happened, the loss could not be replaced.

I have no question about the bill except in one place. My own inclination would be to assign the National Medical Library to the Public Health Institutes as I believe, judging from the experience of other independent agencies in Washington, that the prospects of proper support will be greater if the library is attached to an agency with a real interest in medicine than if it has to go on its own.

Sincerely yours,

KEYES METCALF.

THE COLORADO FOUNDATION FOR RESEARCH IN TUBERCULOSIS,  
 Denver, Colo., April 4, 1956.

Senator LISTER HILL,  
 Senate Office Building,  
 Washington, D. C.

DEAR SENATOR: I am much interested in the bill now before the Senate of the United States to create a National Library of Medicine. For a long time it has seemed to me incredible that the Federal Government has not provided adequate space for the housing of what is probably the most important library in the world and indeed so far as the American people may be concerned, without doubt the most important library. The books and medical papers are invaluable and irreplaceable. It is my understanding, and I have visited the library myself, that the present building is an extreme fire hazard. It is beyond my comprehension why something has not been done about this long since.

I have found it necessary more than once, and I am sure others of this faculty have found it necessary, to borrow from this Library books and journals and material not otherwise available. I shudder to think what might happen in case of disaster to the building and its contents. I am not close enough to the problem to know whether it would be better to place the library under an autonomous board of regents or whether it would be better to place it under the National Institutes of Health with its own advisory board. I only hope and pray that the bill now in the Senate (S. 3430) creating a National Library of Medicine and providing for the transfer of all the collection and assets of the Armed Forces Medical Library to this new agency and authorizing funds for the construction of a new building to house this irreplaceable collection in safety will be passed. I am very sorry that I will not be able to attend the hearing on this bill.

With kindest regards and all good wishes, I am,

Sincerely yours,

JAMES J. WARING, M. D., *President.*

CITY OF SAN JOSE, CALIF.,  
HEALTH DEPARTMENT,  
April 11, 1956.

Re Senate bill 3430.

Senator LISTER HILL,  
United States Senate,  
Washington, D. C.

DEAR SENATOR HILL: I have read recently of your interest in establishing permanent facilities for the Armed Forces Medical Library and I understand that the above numbered Senate bill would provide for it. I have used the facilities of the Armed Forces Medical Library in past years, as well as their index of medical literature, and I find that they are most valuable. As far as I know there is nothing which equals it and I feel that it should certainly be expanded so that we will have one place in this country where we may find the medical literature on any subject in which we are doing research. While there may be other ways of handling this problem, I do not know of them. Since the Armed Forces Medical Library is now in operation, it seems to me that it would be best to expand this operation with a permanent library and facilities.

I have never had any official connection with this organization but as a medical practitioner who has used their facilities, I feel that they should be encouraged and expanded.

Sincerely yours,

D. M. BISSELL, M. D.,  
City Health Officer.

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ADDITION TO TESTIMONY OF LUCIUS R. WILSON, M. D., CONCERNING ESTABLISHMENT OF A NATIONAL LIBRARY OF MEDICINE

It is a pleasure for me to supplement the testimony of Lucius R. Wilson, M. D. presented on behalf of the American Hospital Association before the United States Senate Committee on Labor and Public Welfare concerning the establishment of a National Library of Medicine.

It is a well-established fact that the present collection of the Armed Forces Medical Library is both priceless and irreplaceable. It seems also abundantly clear that, from its origin as the Surgeon General's Library, this collection has now become of signal importance to the Nation as a whole and that to underwrite its preservation, maintenance, and use is beyond the bounds of other than the Federal Government. The responsibility of the Federal Government to maintain this collection appears to be a somewhat typical governmental function. In this instance, the Government is acting almost as a patron to the body politic of medical scientists and its concern far overreaches the needs of those medical scientists who are actively engaged in the affairs of Government itself.

Although I am thoroughly aware of a desire to consolidate the executive responsibilities of the Federal Government, I am of the opinion that this particular responsibility of Government to medical science would be best served by placing the responsibility for the continued administration of a National Library of Medicine either in an agency of Government whose fundamental responsibility is the maintenance of such collections or, failing this, creating the National Library of Medicine independent of all other executive departments and agencies.

Since I understand there are serious objections to placing the National Library of Medicine within the Smithsonian Institute, I would say the latter course of action is desirable. The reasons why I believe this course of action is wise under the present course of circumstances are these:

First, for adequate maintenance of this precious collection and in order to enable the collection to continue to grow, the funds necessary should in no way be in competition for the support of direct operations of the executive branch of the Government. For it has been, I believe, rather well demonstrated in this very instance that the competition within an operating agency for use of funds for direct operations can seriously compromise the maintenance of a library such as this.

Second, in an independent agency whose sole interest is a National Library of Medicine the direction of the agency can without thought of impact upon other operational programs of the Government for which it is also responsible adapt itself to a pattern of administration which is most useful to the medical scientists of this country and the world. If placed within an agency which has by virtue of other operating programs many communications with these same medical scientists, there arises always the possibility of conflict of interest.

Third, I am inclined to believe that the operation of a library is a scholarly pursuit much more akin to the operation of our great universities than to the normal operations of the executive branch of the Federal Government. Its establishment as an independent agency offers the possibility of permitting it to operate on such a scholarly basis with a minimum of conflict.

Fourth, the National Library of Medicine will be of such great importance that it will be continuously receiving gifts and bequests. In my judgment, the Board of Regents of the National Library of Medicine will be in a more favorable position to execute the intent of such gifts and bequests if the National Library of Medicine is an independent agency. The fact should not be overlooked that it is probable many donors will be more likely to entrust gifts to an independent agency.

S. 3430 accomplishes the objectives which I have stated and I would urge its enactment as a important and necessary step to serve the needs of medical research and training throughout the whole Nation.

JAMES P. DIXON, M. D.

APRIL 20, 1956.

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#### NATIONAL LIBRARY OF MEDICINE

Speeches of Hon. Lister Hill, of Alabama, and Hon. John F. Kennedy, of Massachusetts, in the Senate of the United States, Tuesday, March 13, 1956

Mr. HILL. Mr. President, I am about to introduce a bill, and I ask unanimous consent that I may speak on it in excess of the 2 minutes allowed under the order which has been entered.

The PRESIDENT pro tempore. Without objection, the Senator from Alabama may proceed.

Mr. HILL. Mr. President, on behalf of myself and the Senator from Massachusetts [Mr. Kennedy], I introduce, for appropriate reference, a bill to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine.

Mr. President, we introduce this bill at the urgent behest of dedicated men and women identified with the medical sciences whose major objective in life is to contribute to improving the health of their fellow men. These are men and women who know whereof they speak, Mr. President, and many of them believe that the passage of this legislation is a most important and urgent step in the health field which can be taken by this session of the Congress.

That is strong language to accompany the introduction of a bill, which has as its sole and undramatic objective, the establishing of a National Library of Medicine decently housed, efficiently staffed, properly located, and adequately financed. Those phrases may seem so now, Mr. President, but they will seem like great understatements when we realize that the enactment of this legislation will correct a situation of which the Congress and our people are generally unaware but which, so long as it continues, can at any moment result in the destruction of the greatest collection of medical literature in the entire world. I refer to what is now called the Armed Forces Medical Library.

Mr. President, the disaster to which I referred can happen at any moment. Continued neglect can rob us and the world of this treasure. And once destroyed, not all the gold in Fort Knox could recreate it. Should the library of medicine be destroyed, we would lose the ideas, the wisdom, the knowledge, the experience, the thoughtful analysis, the idea-provoking, solution-inspiring collection of different ways of thinking about man's health and well-being that our men of medicine now have at their service. These books and charts and manuscripts of incalculable value are now housed—if indeed that word can be used—some of them in a warehouse in Cleveland and some in a building constructed in 1887 just a few blocks from here, which was condemned 30 years ago as inadequate for library services and which is so antiquated that its iron columns have actually buckled. I have been informed that, unless we in the Congress act promptly and insist that construction of a building fit to house this collection of over 650,000 bound volumes gets underway immediately, a large number of these volumes, in a matter of months, will have to be moved to a highly flammable, temporary barracks which is in danger of falling apart in the next high wind.

#### WHOSE FAULT?

Mr. President, Members of the Congress, quite understandably, will want to know who is at fault if, having acquired a priceless treasure of medical litera-

ture, we have housed it so poorly that, not only can it not function as it should, but its contents are actually in danger.

I should like to answer that question clearly and unequivocally. The blame does not lie with any particular agency or on any specific person. Certainly it is not the fault of the Congress. This Congress authorized the expenditure of \$350,000 to be used to draw up plans for a proper building to house the Armed Forces Medical Library, and in so doing we committed ourselves to appropriating the necessary funds for its erection. This Congress recognized its responsibilities in this respect and so, too, did earlier Congresses. In 1919, in 1938, and in 1941, the Congress took similar actions designed to properly house this great library.

Nor is it the fault of those most immediately responsible for its operation. Certainly Colonel Rogers, who serves as its librarian and who has done a magnificent job of administering it under the most trying circumstances, is not at fault. He has spent years working day and night in the attempt to secure a proper home for the institution to which he is devoted. The same can also be said of the Surgeons General of the Army, the Navy, and the Air Force. They, too, are fully aware of the value of the library and of the urgent need to house it properly.

Is it then the fault of the Secretary of Defense, who, last December, decided not to ask or the apportionment of the \$350,000 the Congress had authorized, and who decided not to include funds for the construction of the library in his 1957 budget? I do not believe so. Neither he, nor his predecessors, should ever have been called upon to make such decisions. The Secretary of Defense should not be required to turn his attention from critical questions of the gravest military import in order to consider how best to house, maintain and operate what is, in fact, a national library of medicine, regardless of the importance of that library to our medical progress.

The fault, if there is fault in this situation, is a fault of history. The situation with which we are now confronted came about simply because that which started out as the small library of the Surgeon General of the Army 120 years ago has become, through a combination of accident and the devotion, imaginative brilliance and tenacity of a handful of men, a truly national institution. The present situation finds the library without any proper legislative authorization and as part of the Military Establishment, where it does not belong, and within which it cannot hope to compete for the funds it must have.

#### THE ARMED FORCES MEDICAL LIBRARY

The Armed Forces Medical Library is 1 of 3 large research libraries operated by the Federal Government. Originally organized in 1836 by Surgeon General Lovell, as the Surgeon General's Library, and later known as the Army Medical Library, it was given its present title in 1952. Initially almost unknown, it became a truly great institution during the librarianship of Col. John Shaw Billings, which began in 1865 and lasted 30 years. It was during Colonel Billings' tenure, in 1887, that it was installed in the building where it is still housed.

Today this library holds over 650,000 bound volumes, containing well over a million titles. It currently receives over 5,000 medical periodicals. It has been adding to its collection over 25,000 volumes a year. For over 75 years now, the Library of Congress and the Library of the Department of Agriculture have relinquished to it the primary responsibility for developing a collection of medical books and periodicals. It is now one of the largest research libraries in a special discipline in the entire world.

#### FUNCTION AND VALUE OF THE LIBRARY

The Armed Forces Medical Library, as I have said, contains a priceless and irreplaceable collection of literature and of periodicals drawn from all the world. But the Library is not at all a place where these items are entombed for the benefit of antiquarians. Far from it. This medical library is a living, vibrantly functioning institution, serving members of the health professions daily and in a myriad of ways. It serves and, of course, will always continue to serve, members of the Medical Corps of each of our armed services. It keeps them abreast of medical literature. It keeps them informed of new developments and discoveries. It advises them of health conditions in, and the precautions needed for, any of the farflung parts of the world to which the services may be called.

Far more important than the role it plays in our Armed Forces, however, is

the function it serves in civilian life. Since the Congress authorized it so to do in 1892, and again in 1901, the Library has served the needs of civilians in all of the health professions. Today the value of the service it renders physicians, dentists, and hospital administrators, public-health physicians, educators and sanitarians, research workers in every field pertaining to health, is vastly more important and of far greater value than that which it renders to the armed services.

And how valuable is that service? Years ago the great Sir William Osler answered that question when he said of this same Library—

“For the teacher and the worker a great library such as this is indispensable. They must know the world’s best work and know it at once. They mint and make current coin of the ore so widely scattered in journals, transactions, and monographs.”

Later, one of my own father’s great teachers, Dr. William H. Welch, of Johns Hopkins fame, declared that this same Library and its publications constituted America’s greatest contribution to the entire world of medicine. Our own Hoover Commission’s task force on Federal medical services stated that—

“Today the largest and most important medical library in the world is the Armed Forces Medical Library. No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services.”

To this library, material of clinical importance flows in from nearly every country in the world. German publications, French periodicals, English, Icelandic, Turkish, Russian, Chinese, Hungarian, Portuguese, Dutch, Swedish, and Spanish monographs and journals, just to name a few, all make their contribution to the library’s collection. Over 10,000 serial titles are regularly recorded. Each year it acquires 15,000 monographs and 100,000 journal pieces, the housing of which requires over half a mile of linear shelf footage. Each year its inter-library loan service places 133,000 volumes in the hands of medical research workers throughout this country. Over 1,000 reference questions are answered by the library staff each month, in the course of which many long medical bibliographies are prepared. The library is carefully cataloging all of its acquisitions, and issues each year a printed record of this work for all to see and use. The library publishes a monthly index to the current periodical literature of medicine in which over 100,000 articles a year are listed by author and subject. Inter-library loans, bibliographical, and photoduplication services make it possible for the doctor, civilian or military, to have at his beck and call all of the library’s resources. It is difficult to exaggerate the important influence this library has had on the advances in the medical sciences throughout the world. It is impossible to gauge its value in dollars.

#### TRANSFER FROM ARMED FORCES

Members of Congress will agree with me as to the importance of properly housing and adequately supporting the administration of this great institution. Some may ask, “Why not do that without removing the library from the Department of Defense?”

Perhaps the best answer to that lies in the fact that the Congress on several occasions has attempted to do just that, but it has never worked. As I have explained above, only last year we authorized the Department of Defense to get on with the task of properly housing this magnificent operation, but the Secretary of Defense has decided not to use that authority.

More important, however, is the fact that the library is truly a national library of medicine in fact, and as such it does not belong in the Department of Defense at all. As a part of the Military Establishment, it is unable to command from top officials of the Department the attention and thought it deserves. Their responsibilities in other fields are far too heavy to permit it. Moreover, to permit the library to remain in Defense means a continuation of constant difficulty with the Bureau of the Budget, which has for years found it difficult to understand why military appropriations should be spent to operate a national library of medicine. This difficulty has been compounded by the further fact that the librarian of the Armed Forces Medical Library has no direct contact with the Bureau of the Budget. Such matters are handled by the Adjutant General’s Office, and Senators can well understand what little time and inclination that Office has had to spend on problems of medical librarianship. Search as you will, you will find no provision for financing the library in the Armed Forces budgets. Its expenses are buried in some 18 different categories. This is true because the

Department of Defense has no legal authorization to operate a national institution primarily for civilian purposes.

I think it is clear, Mr. President, that this library cannot be expected to properly discharge its mission so long as it remains part of the Military Establishment. While it is true that its resources are used by military medical personnel in the conduct of day-to-day military programs throughout the world, the fact remains that this constitutes but a small part of the library's activities. Its major and predominant function lies in the service it provides civilian medical science. Moreover, if it is properly housed and adequately financed, as it cannot hope to be so long as it must compete for a share of the armed services' dollar, then it will be far more able to better serve our military medical personnel.

Those, Mr. President, are the reasons why, in the interest both of military and civilian medicine, I believe the library should become the National Library of Medicine. Other and quite cogent and compelling reasons have been set forth in the Hoover Commission's Task Force Report, to which I alluded earlier. I now ask unanimous consent, Mr. President, that an excerpt from the report be set forth at this point in my remarks.

There being no objection, the excerpt was ordered to be printed in the Record, as follows:

"EXCERPT FROM REPORT ON FEDERAL MEDICAL SERVICES

"(Prepared for the Commission on Organization of the Executive Branch of the Government by the Task Force on Federal Medical Services, February 1955)

"Commission on Organization of the Executive Branch of the Government, Task Force on Federal Medical Services: Chauncey McCormick, chairman; Edwin L. Crosby, M. D., assistant chairman; Francis J. Braceland, M. D., Otto W. Brandhorst, D. D. S., Edward D. Churchill, M. D., Michael DeBakey, M. D., Everts A. Graham, M. D., Alan Gregg, M. D., Paul R. Hawley, M. D., Theodore G. Klumpp, M. D., Hugh R. Leavell, M. D., Basil C. MacLean, M. D., Walter B. Martin, M. D., James Roscoe Miller, M. D., Dwight L. Wilbur, M. D., Milton C. Winternitz, M. D., members; James P. Dixon, M. D., staff director; John T. Kelly, assistant staff director; Margaret D. West, study coordinator.

"A NATIONAL LIBRARY OF MEDICINE

"One of the cardinal necessities of competent health research is access to books, monographs, and journals in medical and related fields. Unless workers have access to such materials, research and the dissemination of scientific information are seriously handicapped and research grants are wastefully spent.

"Today the largest and most important medical library in the world is the Armed Forces Medical Library. No other medical agency of the Federal Government serves the future of medical research so intimately and so widely as does this unequalled collection of books, journals, and bibliographic services. Originally organized for military use in 1836, this library has become a great national research institution far surpassing the nature, size, and level of activities required by the Armed Forces. It is in fact the National Library of Medicine of the United States.

"While every credit should be given to the Surgeons General of the Army who, in the past, created and maintained the library, today neither its name nor its placement in the Department of Defense suggests the degree to which it serves the needs of national medical research and teaching. The character of this library has changed with the passage of time. It has gained in value, importance, and potential usefulness.

"There is no clear statutory authority for the functions which it now serves. The library is ineffectively placed in point of administration, inadequately housed, and too poorly supported to permit effective conduct of its pertinent functions.

"For over 30 years the library has needed a new building. It now requires an annual increase of a mile of shelf space. Its collections are constantly threatened by loss from fire and have undergone actual damage through exposure to weather and improper storage.

"Continued financial support is a problem. No newly created library could even hope to duplicate the present matchless collections. But the cost of maintaining them is not a fair or defensible charge on any one or all of the Military Establishments. As it is presently situated the financial need of the library competes in peacetime with the needs of the military to maintain the skeleton of an effective fighting force. In time of war it becomes naive to expect the

preoccupation of the military to include the proper maintenance and continuing development of a National Library of Medicine.

"The needs of a National Library of Medicine are neither in theory nor practice familiar to, or a natural concern of, the Department of Defense. What is needed to enable the library to function properly as a truly national institution is legal status with an administrative organization appropriate to a National Library of Medicine, an effective building, and an adequate budget. Its present irrational administrative status has created a history of friction and misunderstandings regarding its work. Hospital buildings, scientific instruments, or medical stores deteriorate with the passage of time; books and journals if well housed do not deteriorate; indeed they become more valuable. In the light of the sums now spent by the Federal Government on medical services and research, it would be folly to ignore the means of spreading as well as accumulating and safely storing the facts already known and those awaiting discovery."

Mr. HILL. The task force report, Mr. President, went on to suggest that the national library of medicine might be set up as an all but autonomous division of the Smithsonian Institution as is the National Gallery of Art. While I am in complete agreement with the report up to that point, I must say here that the bill which Senator Kennedy and I have introduced does not accept that suggestion. The Bureau of the Budget has said:

"There would seem to be serious question as to the advisability of placing a specialized activity such as this library within the Smithsonian Institution."

I agree. I do so especially since many men of eminence in the fields of medicine, dentistry, hospitalization, public health and research, have written me to say that, while they might not as yet be in complete agreement as to whether this library should be an independent entity or a unit in some governmental agency or other, they are unanimous in their belief that, if it is to be placed in an existing department, it must be so placed that it will be in a climate of medical opinion where the primary concern of those in charge is the physical and mental health of the Nation.

I would like to add just one more reason why I believe this national library of medicine should be placed elsewhere than in the Department of Defense.

As you know, I am chairman of the Committee on Labor and Public Welfare, which has jurisdiction over most substantive legislation in the field of health. I am also chairman of the Subcommittee on Appropriations for Health, Education, and Welfare. In both capacities I have, over the years, been impressed by the fact that whenever our Government has given recognition to the importance of a particular need or endeavor in the field of health, the lay public, individual philanthropists and foundations have hastened to give additional momentum to such projects through financial contributions. Our American people are eager to support worthwhile endeavors aimed at benefiting mankind. They regard Federal support of any such endeavor as a seal of approval—as an action which warrants their joining in the endeavor. That is why, Mr. President, the American people now contribute 5, 6, and even 10 dollars for each Federal dollar spent in the attempt to find the cause, prevention and cure of killing and crippling diseases.

That is what I hope and expect will happen with respect to the national library of medicine which would be created by this bill. I believe that foundations, professional groups and individual citizens will contribute to its support and enhancement. They will—if it is a national library of medicine. They will not, so long as the Nation's library of medicine remains lost and hidden in the Department of Defense.

#### NEED FOR PROMPT ACTION

Mr. President, almost 2 years ago, in June of 1954, the American Medical Association advised each of us that its house of delegates had found that—

"The irreplaceable collections of the Armed Forces Medical Library are now housed in a 67-year-old building totally unsuitable for the purpose by reason of its inadequate size, poor state of repair, susceptibility to fire hazard, and general inadaptability to efficient operations; and the Armed Forces Medical Library serves not only all Government departments but also the entire medical profession of the United States, and without its help much of the research and clinical work now being carried on by our profession would be impracticable."

They therefore resolved—

"That the house of delegates of the American Medical Association in convention assembled reiterate its belief that a new building for the Armed Forces

Medical Library is of paramount importance to the best interests of American medicine and health of our country, and calls on the appropriate agencies of our Government to give immediate priority to this most important project."

The American Medical Association took that position with the understanding that the Department of Defense was prepared to go ahead with the construction of a proper building for the library if the Congress would authorize it to do so and appropriate the necessary funds. They so memorialized the Congress.

Mr. President, the situation as regards a proper building remains the same; the need for it is just as great; the danger to the library and its contents is more imminent; the cost of building such a library has gone up. This is true despite the fact that the Congress listened and agreed with the strongly worded representation made to it by America's doctors. We authorized the project. We authorized the expenditure. The Department of Defense changed its mind, and the project remains a dream—its noncompletion a nightmare to men of science.

The time for action on this project was 36 years ago when the Congress first authorized it. It would have been woefully belated had it been carried out in 1938 or in 1941 or in 1955 when again and again the Congress authorized its construction. Let us see to it that the expressed will of the Congress is carried out and that this treasure is properly housed before it is too late.

The American Medical Association believes it urgent. So, too, does the American Dental Association, the American Hospital Association, our Association of State and Territorial Health Officers, the American College of Surgeons, the Hoover Commission, and every man engaged in research on problems of health from whom I have heard. These outstanding organizations may or may not agree on all the details of the bill which Senator Kennedy and I have introduced. As a matter of fact, whereas the bill calls for the creation of the National Library of Medicine as an independent agency, I know that some of these gentlemen and some of these organizations believe it might well be strengthened if it were identified with an agency already known for its outstanding leadership and activity in the world of health sciences—an agency such as the United States Public Health Service. Others favor an independent status for the library. Neither Senator Kennedy nor I are wedded to the details of the bill. We know that such is the unanimity of opinion as to the necessity for immediate action on proper housing and support for the library and such is the objectivity and intelligence of the groups and individuals most concerned, that when our hearings have been held and when all the evidence is in I am confident we shall come to the floor of the Senate with a bill supported by everyone who is seriously concerned with advancing the health of the Nation.

Mr. President, permit me to make one more point and then conclude.

We in the Congress will, I am certain, appropriate more than \$130 million to be spent under the aegis of the Public Health Service in fiscal 1957 for medical research. Considerably more than \$130 million, I hope. In addition, we shall appropriate still more millions for medical research projects carried on at the behest or under the direction of other agencies of Government.

The effectiveness of that research is greatly dependent on the proper maintenance and functioning of the library with which we are here concerned. Will the Congress appropriate some \$200 million a year—year after year—for medical research and yet withhold the \$6 million to \$7 million needed once in a generation to properly house the materials and make possible the bibliographical services upon which much of that research must depend? I think not. I know it will not when Members of the Congress realize that just one 3-by-5 card, mailed out by the National Library of Medicine at a cost of some 10 cents, can and will save us tens of thousands of dollars and years of wasted effort on the part of our all too few men of medical research. One such card notifying the reader of the report of a completed experiment can keep a dozen institutions from spending tens of thousands of dollars duplicating that same experiment. More important still, it may mean that a dozen scientists who might otherwise have spent wasted time repeating that experiment may, instead, leap years ahead in reaching the solution to the problem with which they and we are concerned.

That one simple example of the meaning of but one of the scores of services which the library can provide should be enough to convince the most economy-minded that here truly is an expenditure which means not a spending but a saving—a saving of dollars, and time and lives.

Let me sum this up, Mr. President, by quoting the words of one who is ranked amongst the most wise and knowledgeable and dedicated of men of medical research in the world—the vice president of the Rockefeller Foundation in charge of medical affairs, Dr. Alan Gregg. Dr. Gregg has written me, "No defense for

the amounts being spent on medical research by all the Government agencies can be made if we continue to neglect the need for one adequate library, such as this library could be made."

My father, if I may be permitted a personal reference, was a pupil and a devout disciple of that history-making man of medicine, Joseph Lister. Like so many of us today, many of the surgeons of his time found it impossible—or perhaps I should say "inconvenient"—to accept and apply the great principles of aseptic and antiseptic treatment of wounds. Addressing the doctors of Montgomery, Ala., in 1931 and reminiscing with them of those earlier and decisive days in surgery, my revered father, reared in the traditions of the South with its respect for the proper and the richly rounded word, phrased it this way as he spoke of Lord Lister's experience: "Though his turret torch was blazing high, like Leander's, the surgeons would not see and could not hear." Happily for us, the surgeons did come to see and to hear and to apply—nor did it take 30 years for the truth to sink in. It has been more than 30 years, Mr. President, since we have been told how much it could mean to America were we to establish a truly national library of medicine. There are men who have carried that torch high for all those years. It is time for the Congress to see the light, to listen to the voices of wisdom and—above all—to act.

The PRESIDENT pro tempore. The bill will be received and appropriately referred.

The bill (S. 3430) to promote the progress of medicine and to advance the national health and welfare by creating a National Library of Medicine, introduced by Mr. Hill (for himself and Mr. Kennedy), was received, read twice by its title, and referred to the Committee on Labor and Public Welfare.

Mr. KENNEDY. Mr. President, I am pleased to be a cosponsor, together with the distinguished senior Senator from Alabama [Mr. Hill], the chairman of the Labor and Public Welfare Committee, of the bill to create a National Library of Medicine. I should like to add briefly to the remarks already made by the Senator from Alabama on this most important subject.

One of the most interesting and important Hoover Commission reports concerns the Government's handling of medical information, books, treatises, journals, periodicals, and unpublished research papers. Presently, the single greatest collection of these materials in this country is in the Armed Forces Medical Library, reputedly the largest and most important medical library in the world. Originally created in 1836, for military use, it has become a great national research institution, far surpassing the nature, size, and level of medical activities required by the Armed Forces. For many years it has been regarded, in fact if not in name, as the Nation's Library of Medicine.

The Hoover Commission, supported completely by its Medical Services Task Force composed of some of the Nation's leading medical figures, has pointed out that the interests of this country will be better served if the Armed Forces Medical Library is reestablished as an independent institution serving the needs of all governmental departments and agencies, both civilian and defense. The basic principle of this bill has the full support of the American Medical Association, the American Dental Association, the American Public Health Association, the American Drug Manufacturers Association, and the American Hospital Association. It merits immediate study by Congress. I am certain, under the able chairmanship of the Senator from Alabama, the Senate Labor and Public Welfare Committee will consider the proposal promptly.

The basis of this recommendation and of the bill which we have introduced today is not a simple paper reorganizational move, but rather it is intended to accomplish the following important substantive changes:

First. Provide express statutory authority—presently lacking—for the functions performed by the Library for the various departments and agencies of the Government.

Second. Remove the operating expenses of the Library from the military budget, thereby eliminating a present charge upon the military which cannot justifiably be assessed against it.

Third. Eliminate any possible competition among the various departments and agencies for a piston of dominance in this field.

Fourth. Eliminate or drastically reduce the duplication of facilities by Government departments and agencies.

Fifth. Permit an operation directed by a board reflecting the interests of the public and the many departments and agencies concerned with medical research and practice, as opposed to the present organizational structure in which control is exercised solely by the Armed Forces.

Sixth. Authorize a physical plant providing adequate protection for the irreplaceable and unequalled collection of books, journals, and bibliographic services of the Library, and at the same time making these materials more accessible.

It is apparent that the total efforts and funds expended for medical research in this country—and particularly those of the Federal Government—should be coordinated so that the most beneficial results will be achieved. Medical research leaders have expressed concern over the fact that in many instances the absence of satisfactory bibliographic materials has resulted in wasteful duplication of efforts by medical researchers. Certainly there is enough to be done in the important fields of medical research without the repetition of experiments successfully undertaken. A National Library of Medicine is essential to the efficiency and coordination of effort necessary in medical research.

At the time that this bill was first considered, there was reason to believe that perhaps there had been a change of outlook by the Department of Defense toward the Medical Library. Steps had been taken to provide land and funds for an adequate building in the defense budget. However, pressure for a stringent defense budget began to be felt and, as has happened so frequently in the past, the Medical Library was squeezed and no building funds appear in the request ultimately made by the President. It must be obvious that the library simply cannot compete for funds in the Defense Department against the needs and demands of those activities directly related to our national defense.

Mr. President, enactment of this bill is essential if medical research is to continue to progress in an orderly and efficient manner.

Chairman HILL. Now, unless there is someone else, we will stand in recess.

(Whereupon, at 11:30 a. m., the subcommittee adjourned.)

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