

Vol 12 No 4 – April 2014

In This Issue:

- [Libraries and Medicare Bonuses, Penalties](#)
- [Best Practices for Resource Sharing](#)
- [Supporting Effective Systematic Reviews](#)
- [Resources:](#)
- [Whooo Says...](#)
- [Promoting My Library:](#)
- [Clendening History of Medicine Library](#)

Print This
Issue



Libraries and Medicare Bonuses, Penalties

Background on Medicare Bonuses and Penalties

For the past two years, Medicare reimbursements have been tied to how well a hospital meets effective care and readmission metrics. If the hospital does better than the quality care standard, it gets a bonus. If the hospital doesn't meet the standard, it gets a penalty. The hospital can get a bigger bonus or bigger penalty based on how well it meets the standard or not. For the readmission metric, institutions want to stay below the set limit of hospital readmissions. If they exceed this limit, they receive a penalty.

Mini-study

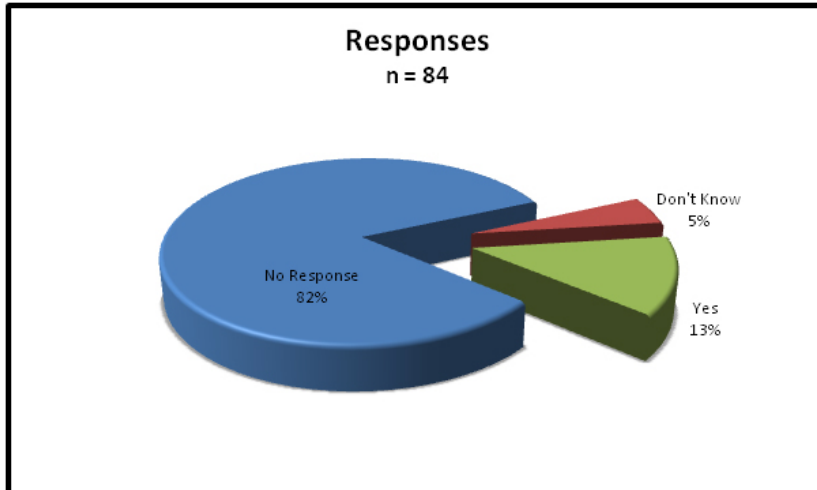
The NN/LM MCR distributed a questionnaire through our listserv to hospital Network members. We wanted to hear what members are doing to assist their hospitals in addressing the Medicare metrics since this can translate into dollars gained (bonuses) or dollars lost (penalties). Activities of our members would then be shared with others in the region to stimulate ideas of what librarians can do.

The questionnaire was a very short one. Members were asked if they were involved in programs looking at readmission rates or quality control at their institution. If they answered "yes," they were asked to describe their activity. They were also presented a list of the Medicare metrics and were asked to check off all the ones to which their activities relate.

Results

Of the 84 hospitals who are Full members, fifteen (18%) responded to our questionnaire on quality

activities. Participation came from all states except Nebraska and Wyoming. The cohort is not large enough to draw any reliable conclusions. This article will share the responses and make some speculations.



The majority of respondents are involved in looking at readmission rates and/or quality control activities. How are they involved? They are doing literature searches and document delivery and/or are participating in their hospital's efforts (committee, project, task force) addressing one or more of the Medicare metrics. In some instances librarians are leading the effort.

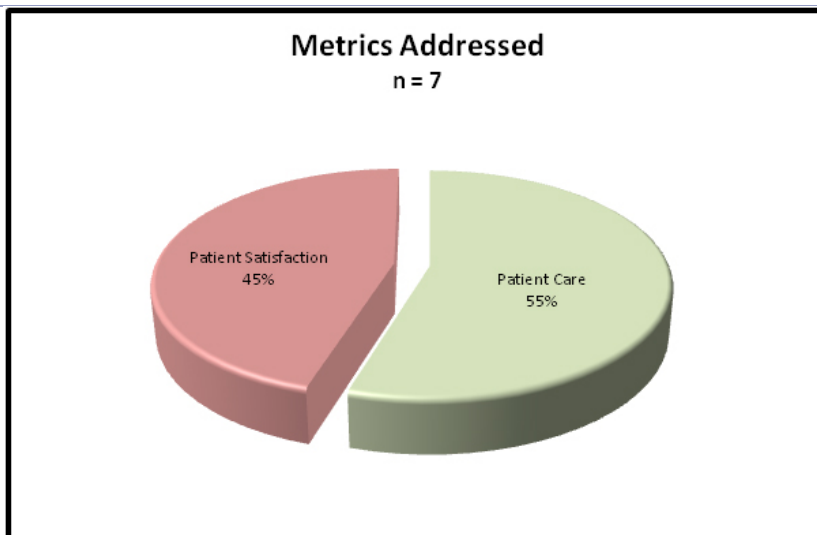
Literature searches/document delivery:

- On patient safety issues
- To reduce readmission rates
- To create clinical practice guidelines
- To support value analysis. Value analysis compares available products by seeking literature to determine safety and efficacy of products being considered for purchase.
- To proactively forward information to managers and administration

Integration in hospital efforts:

- Co-leader of Health Literacy Committee
- In charge of the QOPI (Quality Oncology Practice Initiative) certification
- Member of Lean project focused on the provision of patient education in the After Visit Summary
- Committee member:
 - Quality control committees such as reducing falls rate
 - Evidence Based Practice Collaborative
 - Committees for transitions of care
 - AIM (Advanced Illness Management)
 - Medical Staff Education

Medicare effectiveness metrics are divided into two categories: the first group addresses patient care and the second group addresses patient satisfaction. The staff of seven responding libraries address up to 21 of the Medicare effective care metrics.



The top three patient care metrics that they are addressing are:

- 5 (71%) Discharge Instructions
- 4 (57%) Averting Blood Clots in Surgery Patients
- 4 (57%) Averting Catheter Infections

The top three patient satisfaction metrics they are addressing are:

- 5 (71%) How well nurses communicated with patients.
- 5 (71%) How well doctors communicated with patients.
- 4 (57%) How clean and quiet the hospital room and hall were.

The first two have health information literacy components that librarians are well suited for.

The libraries are minimally or moderately involved in addressing the Medicare metrics. Of the 21 metrics that could have been checked, five libraries addressed 0-2 metrics and an equal amount addressed 7-9 metrics. One respondent checked all of the metrics.

Librarian Activity versus Bonuses and Penalties

[Note: For three institutions Medicare had no data. Hospitals that are critical access facilities, certain cancer hospitals, and places with too few cases to be accurately measured are excluded.]

Does a librarian make a difference in how well the institution does against the Medicare metrics? The short answer is, "No, not so much." We looked at the change occurring between the first and second year of this program. The institutions with active librarians were compared to institutions with librarians without this focus. There was little difference in the improvement between the two sets of institutions.

Summary

Overall, there was no significant difference between hospitals where the librarian was actively addressing the Medicare metrics and those where the library was not actively addressing the Medicare metrics. However, institutions that were part of this study are doing better in meeting the readmission criteria than the quality of care criteria. Librarian activities may play a role with providing information on reducing readmission rates and improving health care provider communication with patients. There is opportunity for hospital librarians to work within their institutions to improve the Medicare reimbursements. The activities described by the members who responded to the questionnaire provide examples as a place to start.

-Claire Hamasu, Associate Director



Best Practices for Resource Sharing

When you see or hear the phrase best practices for resource sharing what comes to mind? Ten Network members recently shared their favorite resource sharing best practices during the February 2014 Breezing Along with the RML webinar. (Session recording: ow.ly/tNmJm) Every one of these people have many years of experience with resource sharing.

Margaret Bandy is the Medical Librarian and Manager for Library and Knowledge Services at Exempla Saint Joseph Hospital, Denver and has been the medical librarian there for 35 years.

Sara Katsh, recently retired after 40 years as a medical librarian, was the library manager for the Association of periOperative Registered Nurses at the AORN Research and Information Center in Denver.

Both were involved in the Colorado Council of Medical Librarians Library Cooperation Task Force. Here are a couple of tips they offered:

- If you find that you are overburdened by requests from specific libraries, it is perfectly permissible to request that those libraries place you farther down in their routing tables or remove you altogether.
- Be sure your DOCLINE institutional record is updated both as a borrower and lender for the delivery methods you accept and those that you offer. (Review it at least once a year.)

Jerry Carlson has been the solo librarian for Poudre Valley Health System, now University of Colorado Health – North, since 1989.

- When e-mailing an article, copy and paste the [DOCLINE] request form into the body of the message. That way the receiving library immediately has the request number, patron name, and lender ID to check it in and forward it to the patron.

Michlene Mankin has been the medical librarian at Campbell County Memorial Hospital in Gillette, Wyoming for the past 15 years.

- If you need a “rush” article be sure to call ahead to make sure it is available and can be sent. (It’s always permissible to call ahead when needing an article “stat”.)

Jackie Hittner is the Library Services Manager at the American Association of Orthodontists’ Charles R. Baker Memorial Library. She has been a professional librarian since 1983.

Darrel Willoughby has been a Veterans Affairs hospital librarian in Omaha, Nebraska for almost 10 years.

Jackie and Darrel shared the same favorite best practice:

- Set up email notifications in DOCLINE to get an email from DOCLINE when there are requests sitting in your DOCLINE inbox.

Diane Trotter, interlibrary loan manager at University of Wyoming Libraries, has worked at the UW libraries for the last 36 years in cataloging, circulation, and interlibrary loan.

- When sending a scanned article or document, always send scans at 300 dpi, crop the pages, turn all pages the same direction and check for a complete scan.

Kitty Serling is the Medical Librarian at Carl R. Ferris Medical Library, Research Medical Center in Kansas City.

- License agreements for electronic products often have embargos. Thus, even though someone may indicate that they have a title in an electronic format, they may still be unable to fill a request for an ePub. (So, make sure to send an email or phone first to make sure that there is no embargo before sending request.)

Brenda Pfannenstiel is the Manager of Library Services, Health Sciences Library, Children’s Mercy Hospitals & Clinics in Kansas City.

- We rarely send an Urgent Patient Care request [in DOCLINE,] but when we do we find that many libraries we contact who claim to do Urgent requests cannot in fact respond in a timely manner. (Make sure that your settings in DOCLINE in Services & Fees: ILL Services are correct and accurately reflect your library’s services.)
- It is important to keep Serhold records accurate, for successful routing of requests.

workshop, I was able to teach the students well-established standards for systematic reviews. I helped them develop their systematic review protocols, identify relevant databases, and search them effectively. I continue to stay in touch with the students as they develop their projects, making sure their work is in accordance with the standards for systematic review studies.

The workshop also helped me provide assistance via coursework. I am currently developing a workshop for residents in the Department of Internal Medicine (IM). I will be teaching evidence-based medicine (EBM) and advanced information skills as a process to efficiently locate the highest level of evidence during a daily "resident report" activity. In conjunction with this workshop for residents, I am simultaneously developing an elective for 4th year medical students who are interested in participating in this IM resident's program. Students will be participating in the "resident report" with the residents and presenting their projects from the elective. Case studies/scenarios will be provided by the residency program to students. I will have the opportunity to apply what I learned at the workshop in Pittsburgh in several different levels of the EBM practice, which includes systematic review. I was invited by the School of Medicine Office of Curricular Affairs to develop an elective that would fill the existing knowledge gaps identified among new residents in different areas of specialty. This workshop/course is the first attempt to meet that request.

As the course director of an online elective for 4th year medical students, "EBM Information Skills for Residency," I have plans to incorporate what I learned about systematic review at the workshop into the course for the new academic year, 2014-15. This will improve the course and I will be able to offer students a stronger foundation for understanding and applying EBM and systematic reviews.

As time allows, I plan to develop a Web-based, interactive guide/tutorial on systematic review. This guide/tutorial will be based on what I learned at the workshop. I plan to make it available for my liaison departments of my institution or to any one planning to do systematic review research. The main purpose is to disseminate the current standards and provide the accurate process of systematic review studies.



Resources:

Library Support for Researchers

This article provides a recap of what the NN/LM MCR has done to help librarians become better informed about methods to support researchers at their institution and discusses current initiatives devoted to supporting e-science (big data, data curation/management, and cyber infrastructure). It also discusses a research question being addressed by the MCR's Library Support for Researchers Advisory Group. The article ends with a description of resources that can help librarians become more knowledgeable about e-science and provide guidance on starting an e-science program at your library.

Recap

For several years the MCR has conducted activities with the intent of helping Network members be better able to support the researchers at their institutions. In 2012, we hosted an in-person workshop providing an introduction to e-science with many Network members in attendance. This was followed later, by a webinar discussion about the librarian's role in supporting e-science efforts at their academic institution. The webinar resulted in an article, written by Claire Hamasu, Barb Jones, and Betsy Kelly, titled, "[Discussing 'eScience and the Evolution of Library Services,'](#)" which was published in the [Journal of eScience Librarianship](#).

In 2013, the Pacific Northwest Region and MidContinental Region co-hosted a full day hybrid symposium called "The Research Lifecycle: partnering for success." The symposium was attended by both Network members and active clinical/scientific researchers. Attendees from each region met at central locations in their region and through the magic of high definition broadcasting technology, each site was able to see and hear the other people at the remote locations almost like they were in the same room. Because the symposium was recorded, the MCR created a five CE credit hour asynchronous class. The class drew in over forty Network members from all over the country.

Advisory Group

It seems like now is a good time to gather some information from our Network members by asking...

*“What are health sciences library Network members doing to **effectively** support the researchers at their institutions?”*

To help answer this question, the MCR has pulled together some great minds for the Library Support for Researchers Advisory Group (thank you Karen Gutzman – Becker Library and Kate Anderson – Zalk Library). So far, the LSRAG has been working on a killer literature search and attempting to develop clear criteria for identifying what constitutes effective support. Efforts are being put towards creating a really good and responsible questionnaire that will be rolled out in 3-4 months, if all goes according to plan. Speaking of plans...while I was talking with our assessment and evaluation guru, Betsy Kelly, about our questionnaire, she asked...

“I know what ‘effectiveness’ means but what does it mean to ‘support researchers?’”

This innocent question had us put on the breaks and back up a bit (beep beep beep). Betsy followed up by pointing out this could mean different things to each person being asked the question. Does it mean...

- Providing a general collection for the research community?
- Purchasing a collection for a specific department or lab?
- Licensing specific online tools used only by certain researchers?
- Providing librarian FTE for liaison services?
- Or something else?

So, now we are working on two issues: 1) what does support mean and 2) what is effective library support for researchers?

Effective Practice Resource

The MCR web site has a link to an e-science portal, this is the [e-Science Portal for New England Librarians: a librarian's link to e-Science resources](#). We use this portal because it is one of the very best sites a librarian can access if he/she wants to become an expert in supporting the researcher. The portal was developed and funded by the NN/LM New England Region. For many years, the folks at NER have been the leading experts in e-science education and awareness for librarians.



The Portal covers all aspects of e-Science and does a great job presenting the subject in a framework useful to librarians. You will find a comprehensive [Thesaurus](#) with terms/phrases that match up with a corresponding “see also” list of terms/phrases, offering users a wider scope of e-Science terminology. There are sections covering [Data Management](#) (planning, research data cycles, curation, metadata, and repositories) and [Data Literacy](#). The links on the [Scholarly Communication](#) pages are a comprehensive resource to help users understand how the concepts of e-Science began, the researchers relationship with data and associated issues, funder’s policies on data, and much more. The [Science Resources](#) section is full of primers on life and physical sciences along with engineering.

A few weeks ago, I had the pleasure of talking with Donna Kafel, of the Lamar Soutter Library at the University of Massachusetts Medical School, where she is the e-Science Project Coordinator and also manages the portal. I could tell right away that Donna is very passionate about the work she does. She understood immediately what information I needed after I explained that I was writing an article for the *Plains to Peaks Post*. I told her that I wanted her expert advice on which resources to recommend to readers who would like to embark on an e-science journey, wanting to develop a deeper knowledge of how he/she can support researchers or perhaps even to design a library program. Here are her recommendations for all of you librarians who are going to become your institution’s e-science expert.

Much of what Donna recommends to begin with is found in the [Professional Development](#) section. She says the best place to spend your time is on the [Competencies](#) page, which is a concise annotated bibliography with a good collection of links to resources on data literacy, management skills, and digital curation. There are other links to specific must-have skills for librarians to acquire as they take on this new role. There are also a few job market reports on what the needs are in this line of work (The 2012 report shows that the top three skill areas are 1) information technology, 2) standards & specifications, and 3) project management).

For you entrepreneurial types, there are links to resources that discuss problem areas in data curation and management that have yet to be worked out.

As far as identifying the competencies that have proven to be effective, there isn't very much out there that Donna could direct me to (not too surprising as this is still a very young field). Donna recommends reading a study she co-authored, titled, "[An Assessment of Needed Competencies to Promote the Data Management and Curation Competencies of Health Sciences and Science Librarians in the New England Region](#)" published in the [Journal of eScience Librarianship](#). The authors evaluated and identified twenty technical and non-technical data curation and management competencies health sciences and science technology librarians will need to have to effectively support researchers.

Top Technical Competencies	Top Non-Technical Competencies
<ol style="list-style-type: none"> 1. Ability to use of Web 2.0 technologies 2. Ability to provide data archiving/preservation services 	<ol style="list-style-type: none"> 1. Ability to promote data sharing, open access, and institutional repositories 2. Ability to actively advertise library's data services to researchers; 3. Ability to conduct a data interview with researchers; and 4. Ability to understand the research lifecycle in order to consult with researchers on best archival/conservancy options at any point of the cycle

Donna recommends viewing the recording from the [2013 Science Boot Camp](#), which is about building relationships with researchers and how to engage them. If you are looking for a more informal source for keeping up with the world of e-science, Donna says that her colleague, Sally Gore, has a blog called "[A Librarian by Any Other Name](#)" where she shares her observations on the librarian's role on the research team.

Conclusion

Well, I hope that you have a better idea of what the MCR has been doing to help librarians become better prepared to support researchers at their institutions along with a glimpse of what is yet to come. I also hope that you begin to use or continue to use the great resources at the [e-Science Portal for New England Librarians](#). If you have any other ideas on what you'd like to see the RML do in this area or if you would like to join the advisory group, please contact [John Bramble](#) or [Rachel Vukas](#).

-John Bramble, Utah/Technology Coordinator



Whooo Says...



Dear Whooo,

I'm a hospital librarian in a medium sized community hospital. As part of the "baby boomer" generation, I plan to retire within the next few years. I've been watching the hospital trend of closing libraries, or not replacing professional librarians when the current librarian retires or leaves. I'm very concerned that this could happen in my case. I try to let my

manager know how involved I am in the operations of the hospital, and the impact I have on the goals of the hospital, but I'm still worried that the management team doesn't consider my position essential. What should I do?

Concerned in Kansas

Dear Concerned,

I'm so glad that you have written, and are aware of the importance of planning for your successor. I suspect that many of your peers in other hospitals are facing the same dilemma. Also, I'm very glad to hear that you are aware of the need to promote the value of your services and resources in the context of the goals of the hospital. That is the critical issue, which is the foundation for any further discussion.

My first suggestion for you, Concerned, is to take a serious and considered look at the services you now provide:

- Who takes advantage of the research services that you offer?
- Do you participate in clinical rounds?
- Do you travel to the various patient units within the hospital and offer service to the staff?
- Do you serve on committees within the hospital, and which committees do you work with?
- Are you involved with quality improvement initiatives?
- What type of collection do you maintain, how is it used, and by whom?

These are just a few of the questions you need to ask yourself and your staff. Once you have thoroughly explored these questions, you can decide if physicians and hospital staff are using these services. Are they an effective and efficient use of your time? I think it is important to engage your direct supervisor in this discussion; s/he can learn more about your professional activities and resources as well as provide vision and feedback from the administrative levels. Keeping your services and resources current with the needs of your users is crucial.

After you complete your assessment, the next step is to create a strategic plan. Your plan should include the services and activities you have decided are relevant and useful to the goals of your organization. As you implement the changes you have outlined, you will have the perfect opportunity to communicate with your users in a variety of ways from informal conversations to classes and newsletters. Use as many forms of communication as you can to reach the widest audience possible. Your goal should be to create a system wide awareness of your services and how they can help others perform their functions at the highest possible level. Having a broad user base and wide support for your expertise throughout the system speaks loudly about the need to keep a vital library functioning in your hospital. Also, take the time to identify champions who value your services and are willing to speak about your contributions (help tell your story). The testimonial of a champion can be as effective as your regular marketing activities.

When you have completed this process, you should have a good understanding of your purpose and status within the hospital. This will give you some guidance about starting the succession planning process. You can start the planning long before you actually plan to leave the hospital by having good documentation of your processes and having your job description up to date. Work with the Human Relations office to determine what they will need to conduct a search for your replacement. Or, take a careful look at your staff to see if a person with the interest and capability to step into your position is already present. If so, you will have time to mentor that person and prepare them for the future. They may need to complete a formal education process, or merely sharpen their skills and develop a broader awareness of the workings of the hospital and the role of the librarian in them.

Finding a replacement for an employee is a significant task. It involves considerable time, money and change. Everyone involved should be interested in making the transition as smooth as possible, so planning ahead is wise. Of course you will need to stay closely focused on priorities of your hospital and continue your promotional efforts during this period. You can make suitable adjustments to your strategic plan as you see the vision and goals of your administration evolve.

Concerned, I am so pleased that you are planning for the future of your library! I have noticed that many librarians are aware that this is necessary, but many are putting the issue off until another day. I hope that you will share your story with your library peers and help them through this process.

Best wishes for a great transition,

Whoa



Promoting My Library: or How a New Librarian Can Get Involved!

Angela Spencer
St. Luke's Hospital
Chesterfield, Missouri
angela.spencer@stlukes-stl.com

As a new staff member at St. Luke's Hospital in Chesterfield, Missouri, I have been trying to market the library. Here are a few of the things I have done:

- Had the graphics department redo my brochure and then distributed to floors
- Got involved in committees – Institutional Review Board (IRB), Evidence Based Practice (EBP)
- Went to tumor board, grand rounds, stroke conference, etc.
- Asked various departments if I could talk at their staff meeting and tell them about library services
- Published articles in the hospital newsletter
- Went to morning report and supported the residents in finding articles
- Put brochures in the physician's lounge
- Sent links to articles of interest to key people

For committees I looked at the daily calendar to see if something caught my eye and then asked the chair if I could be a part of it.

The IRB has been a learning experience for me. I look over what is being researched and read consent forms to see if a layperson would understand them. I have also followed up with research on a couple topics, for example, the status of a drug that has not received FDA approval.

For the EBP committee, I provide searches or articles on specific topics, (such as best practices for suprapubic catheters, heart pacing wires, etc.) ask questions, or just listen. I also did a presentation for the committee on EBP resources and working with the committee to develop a class on search techniques for EBP.

All of the departments have been very receptive to my outreach, but the PT/OT and the Clinical Education departments have definitely been the most eager and asked for literature searches on evidence based practice, stroke, and guidelines. I am still trying to find a way to reach out to the nurses on the floors effectively.

I make an effort to go to morning report and support the residents if they need assistance in finding an article to present. The morning report is usually a randomized control trial or clinical trial with an analysis. Sometimes the residents request an article we do not own, or ask if I can recommend an article to present. (I try to glance at journals and TOCs to see if there is something of interest.) I have also taught a couple basic search sessions. Currently I try to send either TOCs or links to articles that may be of interest, keeping track of articles presented and asking them for feedback on apps, books, and journals.

I promoted my new catalog at the medical staff meeting and leadership meeting. I have started sending out a letter to new physicians and staff members about the library. Future plans include holding a library open house and beginning to participate in rounding. While not everything has worked, overall feedback has been positive and statistics for literature searches, article requests, and online resources are up from the previous years.

My new slogan is **"Providing the best information to help you provide the best care."**



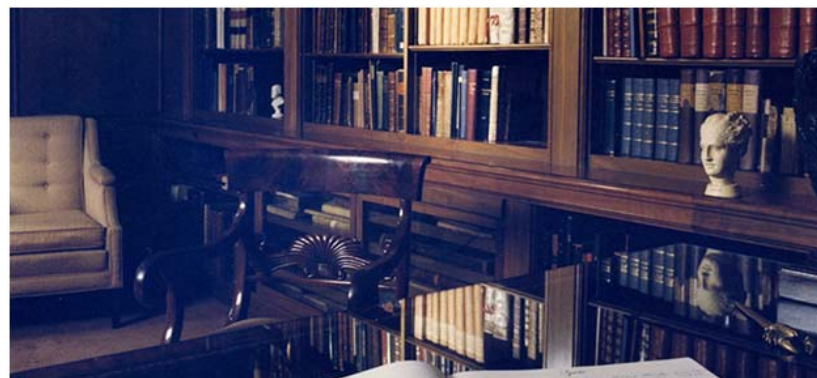
Clendening History of Medicine Library

Dawn McInnis

University of Kansas Medical Center

Kansas City, Kansas

dmcinnis@kumc.edu



The Clendening History of Medicine Library was named after Dr. Logan Clendening, whose collection of historical medical books formed the nucleus of the library. After graduating from the Kansas University medical school in 1907 with the second graduating class, he took post-graduate courses at Harvard and in Chicago, and in 1909 joined a private practice. That same year, in addition to publishing his first medical article, he was asked to travel with a Kansas City group on a European tour as their guest and private physician. These trips and writing continued through 1911, when he took time to attend some additional medical courses in London, Berlin, and Edinburgh, locations steeped in the history of medicine. For someone who was known to live life to the fullest, these opportunities had to influence his intellectual curiosity and continued writing.



Dr. Logan Clendening



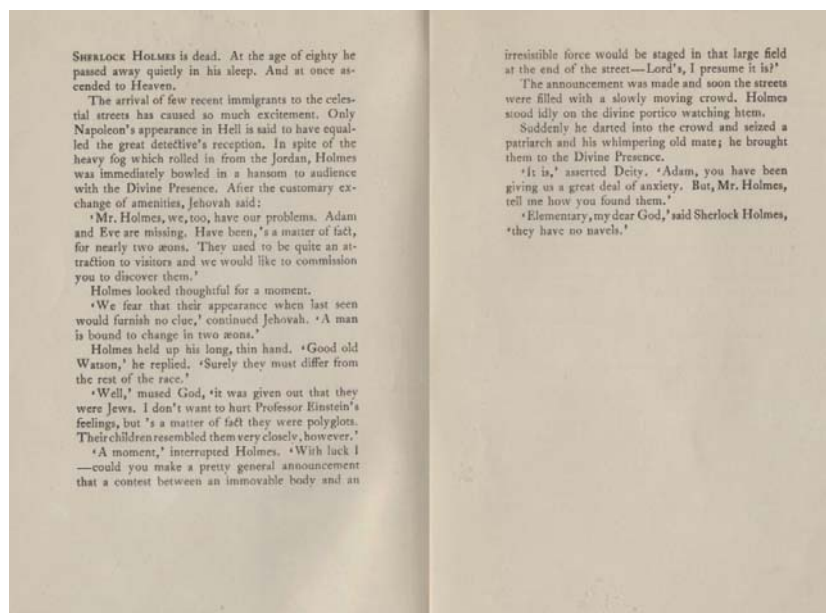
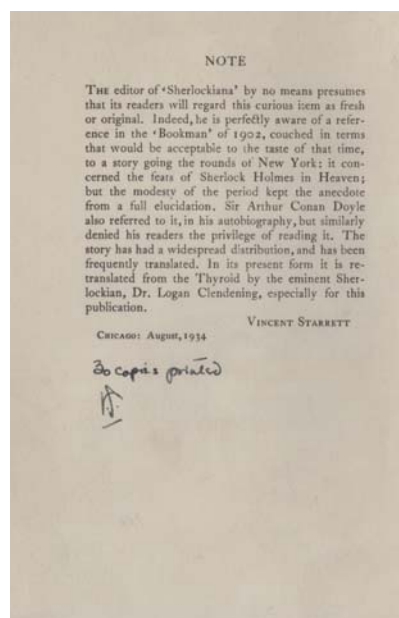
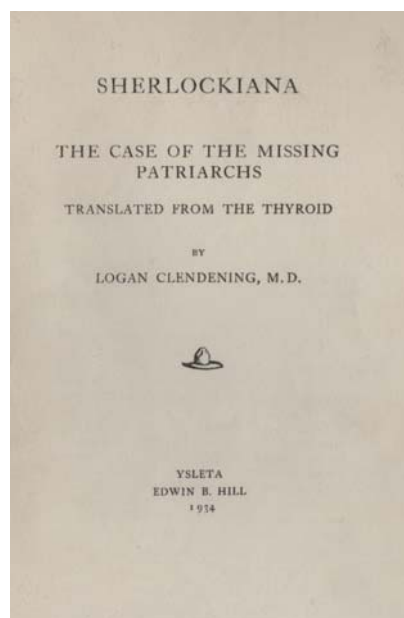
Dr. and Mrs. Clendening

Dr. Clendening may have started his collection during the travels to Europe, but his collecting passion was further encouraged when he married Dorothy Scott Hixon in 1914. Her enjoyment of collecting books and medical artifacts seemed to equal his own.

As an instructor at the University of Kansas School of Medicine from 1912 until his death in 1945, he truly felt that to know current medicine, one had to be in touch with the past. By knowing about the persons who made these discoveries and reviewing their eureka moment or dawning of discovery, new meaning was given to the diseases he was teaching. His love of the history of medicine was displayed in the title of his 1933 book, "The Romance of Medicine; Behind the Doctor."

In 1939, Dr. Logan Clendening announced that "The Department of Medical History of the Medical School of the University of Kansas was given new quarters [and occupies] an entire floor in the Hixon Laboratory for Medical Research. A generous donation has permitted the building and furnishing of a library, museum cases and a lecture room; there are also two study rooms for research." In this same news article, Clendening announced that he presented to the University, his "library of works relating to the history of medicine and the basic sciences" along with a collection of museum artifacts. As a vivid raconteur and lecturer in the history of medicine for over 15 years, his continuing goal was to build a well-balanced collection of historical material suitable for teaching. He made special mention of the following books in his announcement: the thick paper copy of the 1628 Harvey, the Geminus, a rare two-volume second edition of Vesalius, Paré's "Cinq Livres" in mint condition, and his anesthesia collection.

Many physician collectors branched out to related collecting areas, in particular Sherlock Holmes. Clendening, noted for his authorship of the 1927 best seller, "The Human Body," also ventured into collecting Holmes' materials. Clendening wrote a short Sherlock Holmes mystery in 1934 at the request of Vincent Starrett, the "well-known author and book columnist on the Chicago Tribune." Starrett was also a premier collector of Sherlock Holmes. Privately printed on a hand press in Ysleta, Texas, by Edwin B. Hill, this piece of "Sherlockiana" was to be included in a pastiche of a series of pamphlets commissioned and edited by Starrett.



Twenty-four years later in a letter to Dr. Major, Starrett related the history of this leaflet and how the story

was picked up by other Sherlockians.

3749 North Fremont Street
CHICAGO 13

Dr. Ralph H. Major
The University of Kansas
Library: School of Medicine

1 April, 1958

My dear Dr. Major:

I have managed to find you a copy of Logan Clendening's Sherlock anecdote, of which only thirty copies were printed in this form, by Edwin B. Hill on his hand press in Ysleta, Texas. Hill was a friend of mine who did little jobs of this sort for me for the love of books and printing. Logan sent me the MS at my request; I wanted something from him for a series of similar leaflets in the field of Sherlockiana, which was the ^{Serial} title of the series. Not any of the pieces were copyrighted by me or by Hill and most of them were picked up, at one time and another, by other Sherlockians engaged in spreading the gospel. Presumably its first book appearance was in The Misadventures of Sherlock Holmes, edited by Ellery Queen; Boston: Little, Brown and Company, 1944. It appeared also in ^a the same year in Profile by Gaslight, edited by Edgar W. Smith; New York: Simon and Schuster. As far as I know, that is the publishing history of the skit. Logan wrote it for me, Hill printed it for me, and you have my cordial permission to use it as you see fit.

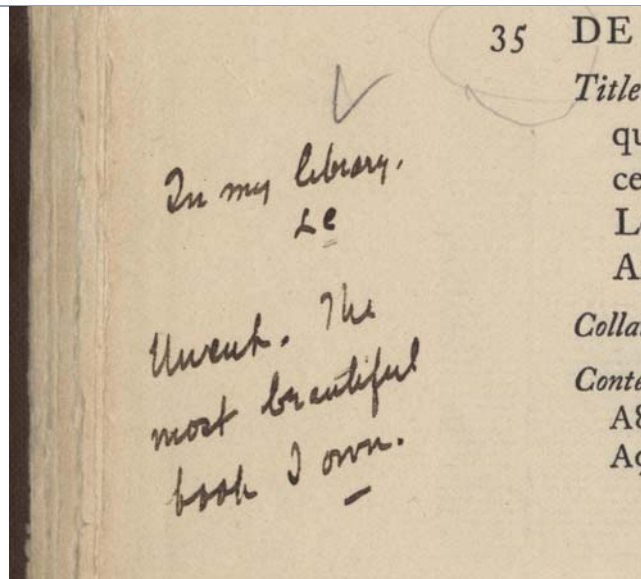
I'll be glad to see a copy of your address when it is printed, and to comment on it in my Tribune column here. Logan Clendening was one of the ~~best~~ ^{finest} human beings I ever knew. I still miss him.

All good wishes!

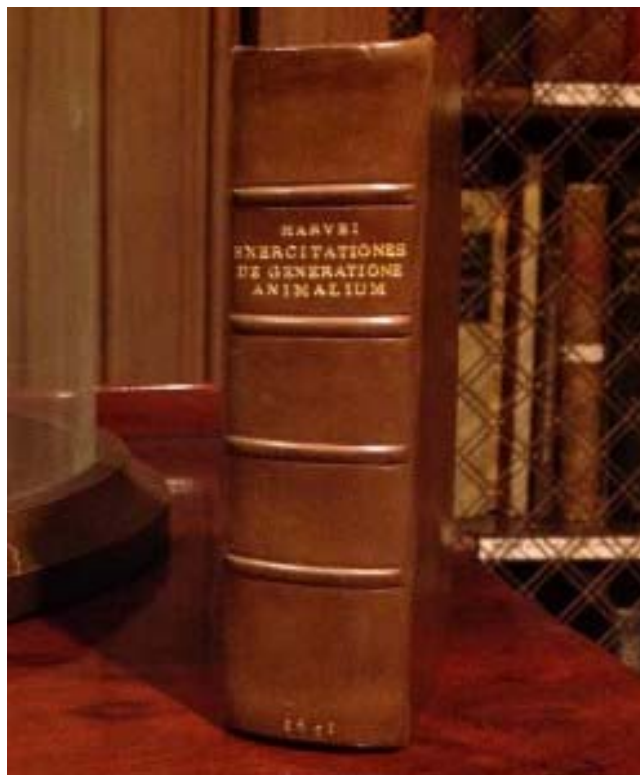
Sincerely,
Vincent Starrett
Vincent Starrett

Collectors can be competitive but also compassionate. When Starrett had a reversal of fortune and had to sell his world renowned Sherlock collection, his depression led him to decide never to collect again. Imagine his surprise to receive a letter from Clendening mentioning he'd heard that Starrett had "parted" with his collection and he should really start another. Clendening noted that he wasn't getting as much enjoyment out of his Holmes collection as he had expected, and it would relieve his mind if Starrett would accept his "small but goodish" selection. In his autobiography, "Born in a Bookshop," Starrett recounted this generosity and his overwhelming sense of gratitude for such a thoughtful considerate gesture that started him back on the collecting path.

Clendening's notations in his books tell the story of his passion and love of collecting.



What was it about this 1651 first issue of the second edition of Harvey's "Exercitationes de Generatione Animalium" that inspired Clendening to note it as "The most beautiful book I own?" It probably wasn't the monetary value—it's still affordable. Was it the scarcity? There are 50 copies on one record in OCLC, so it's not one of a handful. Provenance? It doesn't have any notation of previous ownership.



In 1945 Pierce Butler wrote that book collecting psychology is specifically emotional. He suggested 5 major "bookish emotions" and therefore "five types of rare books":

- Books reflecting human achievements that awaken reverence.
- Books with sheer beauty that stir aesthetic senses.
- Books that are relics of beloved persons, times, or places that appeal to ones affections.
- Books containing curiosities that tickle our humor.
- And the great rarities, books that are trophies of a competitive sport that minister to our pride.

My own feeling is that this book evoked emotions that appealed to the senses. The leather is so buttery soft it almost melts into your hand. It has the perfect scent of a rare book in wonderful condition. It's appealing to the eye, no scuffing or scratching on the cover with a beautifully symmetrical text block. The rattle of the

turning pages is musical. But the most important attribute, that I think Clendening may have appreciated, is that it fits.



It's the perfect size to hold in one hand, and makes reading it so pleasurable that it would be read and reread. It's the right size to fit into a pocket, but also big enough to read in dim light. As far as I'm concerned it is perfection and is the most beautiful book he owned!

If you'd like specifics about the Clendening History of Medicine Library collections, e.g., tours, fellowship opportunities, total volumes, collection strengths, new books, etc., please check out our [homepage](#), or our images at the [Digital Clendening](#), or contact me.



This project has been funded in whole or in part with Federal funds from the Department of Health and Human Services, National Institutes of Health, National Library of Medicine, under Contract No. HHS-N-276-2011-00006-C with the **University of Utah Spencer S. Eccles Health Sciences Library**.

Protected by Akismet | Blog with WordPress