Lepr Rev (1998) **69,** 188–200

Teaching Materials and Services

A video documenting the history of Lepra's involvement in Malawi is now available. Produced by Peter Garland, the video can be obtained from: Lepra, Fairfax House, Causton Road, Colchester, Essex CO1 1PU, UK. Tel: +44 1206 562285; Fax: +44 1206 762151; e-mail: 100657.2556@compuserve.com

LEPRA/TLM Ophthalmic Course, Karigiri, India 1998

The thirteenth annual five-day ophthalmic teaching module was held at the Schieffelin Leprosy Research and Training Centre, Karigiri from the 2nd to the 7th March 1998. The course, which was sponsored jointly by LEPRA through the Barclays Bank/English Speaking Union International Training Scheme and The Leprosy Mission was designed to give instruction to leprologists on the detection, prevention and management of the ocular complications of leprosy by means of a series of lectures and clinical and surgical demonstrations, augment by videos and a field trip.

Teaching included formal didactic presentations on the basic anatomy, physiology and pathology of the eye with a special emphasis on leprosy: in addition there were lectures on the pathogenesis and treatment of corneal ulcers, rehabilitation, community ophthalmology and global aspects of blindness in the disease.

A preference was given this year to clinical demonstrations and discussions dealing with important aspects of ocular leprosy such as the diagnosis and management of lagophthalmos, intra-ocular inflammation and infiltrative lesions, and 'hands on' teaching methods were employed more than in previous years.

The course was attended by seven sponsored participants working in India, and was organised by Dr Ebenezer Daniel of Karigiri, with the assistance of members of the Staff of the Centre. Mr Timothy ffytche from St Thomas's Hospital, London and Dr Kirsteen Thompson from Purulia, West Bengal were invited members of the Faculty.

The Director of Karigiri, Dr P. S. S. Sundar Rao, is to be thanked for his continued support for this important and popular contribution to teaching.

International Course on Rehabilitation and Prevention of Impairment & Disability in Leprosy (RPOID)

The second international RPOID course was conducted at the Green Pastures Training Centre in Pokhara, from 10 November to 12 December 1997. Twenty-five experienced professionals from seven countries contributed to the course as teachers and facilitators. We very gratefully acknowledge the contributions made by TLMI, NSL and the Gastmann-Wichers Stichting to enable Ms Jean Watson, Dr Margreet Hogeweg and Dr Wim Brandsma to be teachers on the course. The 14 participants represented no fewer than six nationalities and eight rehabilitation-related professions. The multidisciplinary nature of the participant group emphasized an important aim of the course, namely, that rehabilitation is a multidisciplinary task.

The curriculum was based on the concepts of the International Classification of Impairments, Disabilities and Handicaps (WHO, 1980). These were expertly introduced by Dr H. Srinivasan. The course addressed prevention and treatment of impairments, prevention of disabilities and handicaps (the social consequences of impairment or disability), and the rehabilitation of individuals with disability or handicap. This included teaching and practice on nerve function assessment, impairment grading, eye, hand and foot examination, disability assessment, psychological assessment and socio-economic assessment. Recording, reporting and monitoring and evaluation of POID activities was also covered, using the ILEP guidelines. The teaching programme aimed at knowledge as well as skill acquisition. The 1997 course also incorporated a 1-week field trip, which helped greatly to practice the knowledge and skills learned during the preceding weeks. A new feature was a 3-day module on community-based rehabilitation, facilitated by Dr Maya Thomas from India.

Much more attention than in the first course was given to psychosocial aspects of leprosy, counselling and socioeconomic rehabilitation. The latter included principles of marketing research and vocational training.

Throughout the course, the participants worked in multidisciplinary groups on a plan for an RPOID programme for their own area of work. These assignments, together with the results of the field assignments and a written exam, formed the basis of the course examination. Feedback from participants and facilitators was again very positive.

ANNOUNCEMENT FOR THE INTERNATIONAL COURSE ON REHABILITATION AND PREVENTION OF IMPAIRMENT AND DISABILITY (RPOID) IN 1998

Venue: The Green Pastures Training Centre in Pokhara, Nepal.
Dates: 9 November to 18 December 1998 (2 + 4 weeks)
Expected course fees (including board & lodging and field trip): $150 per week

The 1998 RPOID course will be run in two modules. The first one will aim at teaching concepts in rehabilitation and POID, approaches to rehabilitation, rehabilitation and POID management, including monitoring and evaluation of activities in these areas. The second module will aim at RPOID-related assessments, such as nerve function assessment, psychosocial assessment, ADL assessment, impairment assessment and socioeconomic assessment, treatment and rehabilitation interventions. The second module will therefore concentrate on skills acquisition. Through optional courses the second module will offer the opportunity to study certain topics in more depth.

The modules can be taken as separate units of, respectively, 2 and 4 weeks, or can be taken together as one 6-week course.

Target group

- For the first module: managers of rehabilitation and/or POID programmes, senior hospital staff, senior leprosy control staff and doctors with managerial responsibilities for RPOID activities.
- For the second module: physiotherapists, occupational therapists, social workers and field staff will take responsibility for the assessment, treatment and/or rehabilitation of people needing RPOID interventions.
- Experience in leprosy work will be an advantage, but is not essential.

Teaching/learning methods

Lectures, group discussion, group assignments, individual assignments, practical work in small groups, problem-based learning, self study, presentations, and simulation exercises. The teaching medium is English.

Further information

Detailed information can be obtained from:

The Training Officer, GPTC, PO Box 28, Pokhara 33701, Nepal.

Topics in International Health

Dr Neil Pakenham-Walsh, Wellcome Foundation, London, United Kingdom

The following article is taken from the Topics in International Health Series published by CAB International.

Europe's largest medical charity, the Wellcome Trust, is introducing a new electronic educational tool and information source for health professionals worldwide.[1,2] Topics in International Health (TIH) is a computer-based learning programme that provides reliable, up-to-date information on major issues in tropical and international health. The emphasis is on quality of content, clinical relevance, and ease of use. Previous computer experience is not necessary and the text has been carefully edited so that it is easily understood by students with English as their second language.

Running on Windows, TIH has evolved from the highly acclaimed DOS-based prototype, the Tropical Medicine Resource (TMR), which has been evaluated in over 200 medical institutions in 60 countries.

The first four CD-ROMs of the TIH series will be launched in March 1998 and will cover malaria, sexually transmitted diseases, sickle cell disease, and trachoma. Each CD is a learning tool and will include a number of interactive tutorials and a large collection of quality images. Four more CDs will follow in September 1998 (leprosy, diarrhoeal diseases, tuberculosis, and schistosomiasis). Further CDs will be introduced regularly, so that by the year 2000 the series will provide a comprehensive information and training resource for centres of learning around the world.

THE POTENTIAL OF CD-ROM

Budget cut-backs and rising costs are making it increasingly difficult for medical libraries in developing countries to purchase up-to-date textbooks and journals. Meanwhile CD-ROM is becoming more available and is already having a substantial impact in many parts of the world.

A single CD is 12 cm across, weighs only a few grams, and can contain more information than a whole shelf of textbooks. They can be expensive to develop, but post-production costs of manufacture and distribution are relatively low (as compared with print media), making them ideal for worldwide distribution. Furthermore, the master copy can be modified and updated with ease.

That said, CD-ROM products such as TIH are intended to complement, not replace, conventional printed materials. TIH is emphatically not a 'book on computer' but an educational experience that combines visual impact and interactivity to help make learning effective and stimulating.

Access to CD-ROM hardware is clearly a key issue. Although increasing worldwide, access continues to be limited in some parts of the developing world, some libraries have no information technology facilities at all, others have only a single CD-ROM station that might already be heavily used for database searching. The emergence of innovative educational products such as TIH emphasizes the potential of CD-ROM as a training tool. Continued international funding and support for appropriate IT development will help to bring such products to an ever-wider audience and is to be encouraged.

IMAGES AND TUTORIALS

The TIH offers two main activities: users can explore a 'virtual gallery' of high-quality images or they can work through interactive tutorials in a subject area of their choice.

The images are selected from a central image library at the Wellcome Trust, a growing collection which currently contains more than 45,000 images relating to tropical and international health. Images can be selected and retrieved instantly by typing in a 'searchword' relating to the field of interest and/or by selection of terms from a hierarchical menu.

The tutorial section of the CD-ROMs uses maximum visual impact and minimum text to emphasize the key points of a subject quickly and easily. They are ideal as a general introduction to a subject, or for revision, with each tutorial consisting of 30 to 40 screens. Throughout, students are invited to 'click' on various parts of the screen ('hot spots') to reveal further information or to test their knowledge with a variety of self-assessment questions. Users can work alone at their own pace, in small groups, or as a whole classroom (images and tutorials can be projected on a large screen). The information in the tutorials can be used to produce printed materials for private study and outreach use at primary care level.

Librarians will no doubt be playing a role in the use of CD-ROM learning materials for medical education—they are the managers of information resources. More and more such products are being issued in this format which can pose problems for the teaching faculties: they do not necessarily have computers with CD-ROM drives in their departments and often the library is the only place where they are available. However the computers and CD-ROM drives in medical libraries are probably in constant use for the searching of bibliographical databases such as MEDLINE and POPLINE. If each student takes about an hour to work through an interactive tutorial on the one CD-ROM drive in a library, hardware resources can be severely immobilised. Can a medical department or a library afford to make a machine available just for these inter-active resources? Should the provision of the necessary hardware be part of 'the package'?

The management of these important information resources needs to be discussed between medical faculty staff and the librarians especially in developing countries where funds for hardware are scarce.

The first series of four CDs will be marketed and distributed in collaboration with CAB International (CABI) and will be available from March 1998. The CDs are intended to be accessible to as many health workers as possible worldwide, and will therefore be available at a subsidized price for developing countries. The Wellcome Trust and CABI will also be working with funding agencies and government departments to provide some areas of the developing world with free copies of the materials through CABI's Information for Development (IFD) Programme. The IFD will also act as a focus for the Trust and CABI to explore the possibility of further development of the Series to include other resources through partnerships with donors and information providers.

To order the TIH series please contact:

Tania Fisher, Marketing, CAB International, Wallingford, Oxon OX10 8DE, United Kingdom Tel: +44 (0) 1491 83211, Fax: +44 (0) 1491 826090, E-mail: marketing@cabi.org

Further details on the IFD Programme are available from:

Stephen Rudgard (Head, Development Projects Unit) at the same address, fax: +44 (0) 1491 833508; Email: s.rudgard@cabi.org

Acknowledgement

This article has been adapted, with permission, from an article in the journal *Africa Health.*

References

[1] Young R. 1995 The Wellcome Tropical Medicine Resource;: 19th century principles, 21st century technology, and distance learning with global horizons. *Trans Roy Soc Trop Med Hygiene*, 1995; **89:** 465–466.

[2] Young R. 1995 Electronic training and resources in tropical medicine: the Wellcome Centre experience. In: Health, Information Society and Developing Countries. Sosa-ludicissa MC, Levett J, Mandil SH, Beales PF (eds). Amsterdam: IOS Press, pp 277–293.
[3] Rhodes James R. 1994 Henry Wellcome. London: Hodder & Stoughton.

Continuing Medical Education in Uganda—a different approach

The latest issue of *Liaison*, Newsletter of the WHO Office of Library and Health Literature Services, Volume 8, Numbers 2–3, August–November 1997, carries the following article by Dr P. C. Bowes, Continuing Medical Education, c/o Uganda Medical Association, Plot 8, Katonga Road, PO Box 2243, Kampala, Uganda.

When relative peace came to Uganda in the 1980s much of the medical work of the hospitals had suffered badly and morale in the service had fallen to very low levels. Contributing significantly to the woes of the medical staff were professional isolation and the lack of access to any form of reference material to which staff could turn when faced with medical or surgical problems. Thus the 'libraries' that had been built into many of the hospitals were largely empty of useful books, journals or pamphlets. There were no academic meetings at which problems could be discussed or new protocols described and, as some of the staff were in 'one doctor' hospitals, there were few colleagues with whom to discuss problem patients. A condition of 'Continuing Medical Ignorance' was setting in and some imaginative measures were called for.

Unfortunately the amount of money available was strictly limited. Support was raised by the Tropical Health and Education Trust in London and other charities as well as about $3000 worth of books donated by Book Aid International. Local assistance from the British Council in the form of subscriptions to the journal *Tropical Doctor* for 30 hospitals for three years and some extra needed books, and from the British High Commissioner to supplement those books, completed our support.

We purchased a 386 microcomputer, a bubblejet printer (which we run on 'Quink' ink when the cartridges run out!), a tiny electric generator, a portable photocopier, overhead projector, and (essential) a long wheelbase version of the tdi Diesel Land Rover Station Wagon equipped with long range fuel tanks and an electric winch.

The original vision was for a programme of Distance Learning, using the eleven Distance Learning Modules produced by the Wellcome Foundation. A 'Workshop' was set up to launch the first twelve doctors in this method of learning. However, before long, the shortcomings of the 'Workshop' became quite clear. Some of the participants seemed more interested in the 'per diem' and travel expenses than in the actual course content, and interest died out once the workshop was over. In the end only one of the original twelve we had hoped to recruit got anywhere near completing the course. Since then we have had a total re-think and have abandoned writing to hospitals to suggest names for Distance Learning in favour of selecting doctors of our own choosing for this method of learning. This has a much lower drop-out rate.

But more importantly we concluded that most doctors do not wish to embark on a Distance Learning project to acquaint themselves with only one aspect of medicine. In the rural areas they have to cope with the whole range of medical, surgical, obstetric, psychiatric and community health problems that come their way; they need a much broader educative programme targeted more at their real needs. So the present thrust of the programme rests on four main planks:

PROVIDING BOOKS ON THE SPOT FOR RURAL HOSPITAL DOCTORS

To this end we have used the books available from the sources listed above and distributed them as fairly as we could to the needy hospitals. Every hospital in the country has now received at least the books which they told us were those most urgently needed—books on surgery and obstetrics and anæsthesia. Some hospitals have received as many as 50 books—few have received less than six. A little spare cash

has been used to purchase 'one-off orders' for special circumstances. We are happy to say that the books chosen by Book Aid International were specially selected with the needs of the rural hospital doctor in mind.

CIRCULATING WHAT WE GRANDLY CALL A 'JOURNAL' TO ALL THE 88 HOSPITALS OF UGANDA

This is in fact a monthly newsletter, together with locally relevant abstracts from selected journals (*Tropical Doctor*, the *British Medical Journal*, the *Lancet* and so on), a 'Wrinkle Corner' in which tips are passed on as to how to manage in difficult circumstances: how to make wax stencils of diagrams so that they can be cheaply duplicated, how to re-use charts like partograms, and so on, and finally including one or two review articles written or commissioned by us with the rural hospital doctor in mind. We repeatedly request suggestions as to what these articles should target, so that we 'scratch where it itches' and don't waste effort. These articles are drafted on a simple word processor; then typesetting and the addition of diagrams is effected using a DOS-based Desktop Publishing programme 'Timewords Publisher II'. The fair copies from the Bubblejet printer are then taken to a commercial photocopy shop to produce just over 100 copies of every sheet in the month's mailing (typically 16 sides per monthly issue). The issue is then collated, put in large A4 envelopes so as to avoid folding which so damages literature, and sent out to the 88 hospitals and 29 other recipients in various countries. To be sure that the mailings do not go astray, we use various stratagems:

- *We are in close contact with the Catholic and Protestant coordinating bodies and use their services to reach the more distant NGO hospitals.*
- *The Government has kindly offered to send our materials to the Government hospitals at express letter rates free of charge to us.*
- *One or two hospitals have indicated some preferred method of communication—viz: hand the envelope to the daily bus going to the hospital in question, together with a Coca cola!*
- *As we are constantly travelling ourselves to some more or less isolated part of the country, we carry the packets ourselves to the hospitals in that area.*
- *We constantly meet people like ourselves who travel around a lot and then hand them packets for the hospitals in the towns they are visiting.*

Our review articles now amount to 70. They include stab wounds of chest and abdomen, hand infections and injuries, meningitis in children and adults, ordering supplies and equipment, epilepsy and acute psychosis, blood transfusion in the AIDS situation, strangulated hernias, anastomosing bowel, empyema, head injuries, ante- and post-partum haemorrhage, ruptured uterus, halofantrine in malaria, fractures of the lower limb, penetrating injuries of the foot, the management of wounds, suppurative arthritis of the hip in children, osteomyelitis, principles of asepsis, the red eye, simple methods of local and general anæsthesia, suppuration in the ear, making peg legs in 'the bush' and things like that. Their popularity seems to reflect the fact that there is nothing else that reaches them in their isolated places and they don't have the money to attend central workshops. These basic articles can be used as personal files for each doctor or health worker as they are easily photocopied and distributed.

VISITS TO HOSPITALS

Using our Land Rover, we equip ourselves with 35 mm projector, video tape deck, TV screen, generator, spare copies of our monthly mailing sets, a few books and booklets, and (having written to them for confirmation as to what they want), visit two or three hospitals over the course of a week or so. During such visits we show videos, such as the recent ones on upper limb fractures, anti-personnel mine injuries, the ABC of resuscitation, theatre asepsis, the management of wounds, or 35 mm slides of (say) burn management, lower limb fractures, skin grafting, etc. We also look round some of their problem patient (although as I am a surgeon they tend to show me the more surgical ones), give advice, and have

a look at their hardware (x-ray machine, autoclaves, theatre equipment and so on), giving advice on that too. Sometimes they ask for a 'Skills transfer workshop', in which case we equip ourselves for that. Once, for instance, they asked for one on spinal anæsthesia, so we took an anæsthetist with us and some equipment, and taught on their own patients, in their own hospital—a great improvement on centralised workshops.

DISTANCE LEARNING

Instead of having centralised workshops this is now done on the spot—at the student's own place of work—and the literature and references are again provided on the spot. Tutors supervise the students regularly so that there is encouragement and support 'face-to-face'. This supervision is complemented by the individual CME papers that we issue.

ARE WE MAKING ANY HEADWAY?

It is difficult to evaluate a programme like ours. We are working to improve Uganda's hospitals services hand in hand with other government departments—quality assurance, support supervision, and so on. So any improvements that may happen must give proper credit to those departments. Our main contribution is to make the knowledge available for the improvements to become possible. And some changes are beginning to appear which suggest real improvement. These include:

INCREASE IN RANGE OF OPERATIONS OR PROCEDURES DONE AT ANY ONE HOSPITAL

Examples are a hospital where the doctor(s) can now take x-rays whereas previously no x-rays were being taken; in another hospital, after reading our brochure, an effective treatment is being used for femur fractures; two hospitals have changed their method of doing Cæsarean section as a result of watching the video we showed.

IMPROVEMENT IN SAFETY OF PROCEDURES CARRIED OUT

An example is one hospital that can now give outpatient injections with autoclaved syringes and needles–one fresh set for each patient—whereas previously unsterile needles and syringes, provided by patients, were used.

IMPROVEMENT IN MEASURABLE INDICES OF SURGICAL AND MEDICAL PRACTICE

For example, one hospital that had a totally unacceptable postoperative sepsis rate has, as a result of the manual of aseptic procedure which we wrote for them (and also distributed to all 88 Ugandan hospitals), reduced its sepsis rate to a far more satisfactory level.

DOCTORS GETTING INTERESTED IN RESEARCH, FURTHER EDUCATION, OR PUBLISHING THEIR WORK

Already many hospitals keep our literature available in a loose leaf binder for study, some using it for Journal Club discussions. Indeed one hospital has now started its own internal CME meetings, written and circulated a brochure on 'Continuing Medical Ignorance', and currently is teaching all its staff the principles of such topics as fluid balance using brochures from our CME literature.

[It is not surprising that, at the end of this article, the Editor of Liaison calls for information or further input from readers who know of work or projects similar to that of Dr Bewes and his colleagues. The approach described is fairly demanding in terms of time, energy and dedication, but it is far from expensive and appears to be highly successful and greatly appreciated in Uganda].

Information packs on leprosy produced by WHO

Dr D. Daumerie, *Action Programme for the Elimination of Leprosy*, WHO, Geneva has kindly supplied examples of materials/documents produced by the Programme and already widely distributed through *Leprosy Elimination Campaign* (LEC). This approach has been extremely successful and well received in many countries. Several evaluations have shown that the material is available at the most peripheral level. Those received include—

1. *Posters*: 'Got leprosy?—Get MDT' Colour, 48 × 68 cm. Six pictures of clinical leprosy on the skin. Blister-calendar packs of multiple drug therapy (MDT) for pauci- and multi-bacillary leprosy.
   'How to cure leprosy.' 'Before and after' pictures of a patient with multibacillary leprosy (showing marked improvement with treatment) together with the blister-calendar pack for this type of leprosy.
2. '*How to recognize leprosy*'. Pictorial guide especially for health workers at the peripheral level to help them in case-finding activities. Thirteen colour pictures of clinical leprosy on the skin. Back page lists the cardinal signs of leprosy.
3. *Pocket Edition of 'A guide to eliminating leprosy as a public health problem'* (WHO/LEP/95.1) (see Book Reviews in this issue) One hundred and two pages covering all important aspects of leprosy to '... enable every health worker in endemic countries to contribute to the historic task of attaining the goal of elimination'.
4. '*Recognising and curing leprosy*'. Expanding folder of 11 pictures (8 × 11 cm), including pauci- and multibacillary blister-calendar packs.
5. *Leprosy: Diagnosis and Treatment*. Expanding folder of 11 pictures (8 × 11 cm) including guidance on clinical classification and details of pauci- and multibacillary regimens.

Further information Action Programme for the Elimination of Leprosy WHO, 1211 Geneva 27, Switzerland.

Libraries at WHO Headquarters and Regional Offices

WHO Headquarters

Office of Library and Health Literature Services	Tel: (41-22) 791 20 62
20 Avenue Appia	Fax: (41-22) 791 41 50
1211 Geneva 27, Switzerland	e-mail: library@who.ch

African Region

Regional Office for Africa Library	Tel: (00242) 83.90.31/32/33
P.O. Box No. 6	Fax: (00242) 83.94.30
Brazzaville, Congo	e-mail: afrobibl@htsd.mail.com
(Temporary address):	
P. B. BE773	
Belvedere	Tel: (00263) 4 707 493
Harare, Zimbabwe	Fax: (00263) 4 705 619

Region of the Americas

Regional Office for the Americas/	Tel: (001) 202.974.3000
Pan American Sanitary Bureau Library	Fax: (001) 202.974.3663
525 23rd Street, N.W.	e-mail: library@paho.org
Washington, D. C. 20037, USA	

Eastern Mediterranean Region

Regional Office for the Eastern Mediterranean Library	Tel: (00203) 48.202.23
P.O. Box 1517	Fax: (00203) 48.39.916
Alexandria–21511, Egypt	e-mail: postmaster@who.sci.eg

European Region
Regional Office for Europe Library
8, Scherfigsvej
DK-2100 Copenhagen

Tel: (0045) 39.17.17.17
Fax: (0045) 39.17.18.52
e-mail: msb@who.dk

South-East Asia Region
Regional Office for South-East Asia Library
World Health House
Indraprastha Estate
Mahatma Gandhi Road
New Delhi, 110002, India

Tel: (0091) 11.331.7804
Fax: (0091) 11.331.8607
e-mail: postmaster@who.ernet.in

Western Pacific Region
Regional Office for the Western Pacific Library
P.O. Box 2932
1099 Manila, Philippines

Tel: (00632) 528.80.01
Fax: (00632) 52 11 036
e-mail: postmaster@who.org.ph

AFROPAC: WHO Regional Office for Africa

The following information appeared in the latest issue of *Liaison*, Newsletter of the WHO Office of Library and Health Literature Services, Volume 8, Numbers 2–3, August–November 1997.

The World Health Organization Regional Office for Africa has recently launched a new Health Information Package entitled 'Coping with common diseases' dealing with 11 major diseases prevalent in the African continent.

The AFRO Health Information Package (AFROPAC), the first in a series of packages, has been produced in print in English, French and Portuguese versions. It consists of a folder with separate pages for each disease explaining, in simple language, what the diseases are, how they are caused, how to prevent them, the symptoms to look out for and what to do. Information on therapy is not included as the package is intended for patient use—to empower people with the information to protect their own health and contribute to the improvement of the health situation in their community.

It is intended that national governments translate the packages into the local languages and that they be adapted for use by all available modern and traditional means of mass communication. The media use them as a basis for radio programmes and newspaper articles, audio cassettes have been distributed and videos can be made from the information provided. Theatre production is suggested as well.

As a health promotion tool for the community, AFROPAC complements the expertise of health professionals in their work.

For copies of the AFROPAC files, please contact the WHO Regional Office for Africa which is temporarily at the following address: WHO Regional Office for Africa, att: DCP, P.O. Box BE 773, Belvedere, Harare, Zimbabwe.

'A library without walls' Office of Library and Health Literature Services, WHO, Geneva

The following article by Yvonne Grandbois and Barbara Aronson was published in *World Health*, the magazine of the World Health Organisation, No 6, Nov–Decv 1997.

The popular image of a library is of hushed rooms lined floor to ceiling with books through which people leaf in search of information. But this image is out of date. Today's libraries are at the forefront of the information revolution, busily transmitting knowledge to colleagues and clients around the world using

the latest technology. WHO's library is no exception. Our librarians based in Geneva and six regional offices are involved in a wealth of communication activities with a wide variety of clients, from ministries of health, hospitals and international organizations to individual scientists, researchers, students and general enquirers. Our services include sending ready-packaged mini-libraries of vital health information to clients worldwide, running a free exchange service of books and medical journals for other libraries, and training librarians around the world in the latest health science library technologies.

Every week we receive masses of queries and requests for information. Here is a typical selection of questions and the answers we give:

Our library budget is very limited, and we can't convert it to foreign hard currencies. How can we subscribe to international journals for our researchers and purchase the latest textbooks for our medical students?

You can order your books and medical journals through WHO Library's **health literature purchasing service**, and pay through WHO's **Revolving Fund** with your local currency. WHO Library will ensure that you get the best value for your money. You may even be able to find some of the items you are looking for free of charge through our **International Health Literature Exchange**.

Our documentation centre has just been connected to e-mail, and our country should have full Internet capacity by next year. What services can we already have access to, and what can we look forward to when we can enter the World Wide Web?

Through e-mail you can already use our services, including **WHOLIS** (for bibliographical records), **WHODOC** (for information about new WHO publications and documents), and entire issues of our Library **newsletters** (for professional updates on new technologies and trends). These same services are also available through the World Wide Web (**http://www.who.ch**), where they are even easier to find.

Of special interest to our colleagues in Africa are **AHILANET** (African health sciences librarians discussion group on e-mail), our full text **WHO Library Digest for Africa**, and the **African Index Medicus** bibliographic database, both on the Web and gopher.

We receive WHO publications at the Ministry of Health. How can we know which one to look in to find the answer to a particular question?

Consult the **WHOLIS** database and its **WHODOC** updates available on diskette, paper, or the Internet (gopher and the Web). Write, telephone or e-mail the WHO Library closest to your country for guidance.

Our health dispensary is in a rural area several days' journey from any library. How can our personnel get the information they need to provide the best possible medical services?

Our **Blue trunk Libraries/Bibliothèques bleues** and **WHO Documentation Modules** can meet your need. They contain basic manuals and are designed as 'instant libraries', ready for use on arrival. The WHO Library can help you get started.

We know that the health conditions and problems in our area are similar to those in other districts and in neighbouring countries. Is there any way we can share knowledge resources locally and regionally?

WHO's **Regional Office libraries** organize health information and literature services programmes including training, expert counsel and advice. They also publish indexes—topics, authors and titles each arranged in alphabetical order–to the health and medical literature published in countries of the region. Some indexes are already on the Internet, others are on CD-ROM, or on paper. Regional libraries also run networks for sharing resources. Contact your Regional Office library to find out more about its activities.

Our institute does research on public health topics. How can we know what WHO has written on these subjects?

Consult **WHOLIS** on the Internet, CD-ROM, diskette, or paper. This international database indexes all WHO-produced knowledge and information (books, unpublished technical documents, official records, journal articles, CD-ROMS, videos, press releases) from all WHO offices and projects worldwide.

HOW DO WE COMMUNICATE?

Besides answering queries the conventional ways—by post, telephone and fax—WHO Library communicates with clients:

- by e-mail:**library@who.ch**
- through its home page on the WHO Website **(http://www.who.ch);**
- through its electronic database, **WHOLIS**, which enables clients to find out what WHO's view is on any health-related topic;
- through its newsletter, **Liaison**, distributed to health science librarians in developing countries;
- through its **WHO Library Digest for Africa**, transmitted by satellite to ground stations in Africa;
- through the AHILANET e-mail discussion group for health science librarians in Africa.

Ms Yvonne Grandbois is Chief, and Ms Barbara Aronson is Librarian, Office of Library and Health Literature Services, World Health Organization, 1211 Geneva 27, Switzerland.

Current Awareness in Biomedicine: SUBIS, Sheffield, United Kingdom: Mycobacteria

Volume 4, Number 22, late November 1997 of *Current Awareness* from SUBIS, Mansion House, 19 Kingfield Road, Sheffield S11 9AS, United Kingdom, lists 35 recently published books, reviews, original articles and letters on mycobacteria. SUBIS is described as 'a world-wide, current-awareness service in biology and medicine established in 1967. It has become a world leader in the provision of information in the fields of biotechnology, cell biology, immunobiology, neuroscience and physiology.

Manual searching by trained scientists means that the titles of relevant papers, which may be missed by computer searches, can be on your desk only 5–8 weeks after publication.'

Current catalogues are available on request or via the World Wide Web-**http://www.shef-ac-press.co.uk**

Bengali edition of 'Leprosy; basic information and management' (Ciba-Geigy/Novartis Foundation for Sustainable Development) distributed in Bangladesh, Calcutta and West Bengal, India

Dr D. S. Chaudhury, Grecaltes Training Centre, 23 Market Street, Calcutta 700 087, has kindly written to report that over 12,000 copies of the above booklet, published by Ciba-Geigy in Basle, Switzerland (recently changed to Novartis), have been distributed to Bangladesh, Calcutta and West Bengal in India in the last few years. The main recipients in Bangladesh have been The Leprosy Mission, The Damien Foundation and the Ministry of Health and Family Welfare. The booklet, translated into Bengali by Dr and Mrs Chaudhury, has been used extensively in training programmes for various grades of health staff in Bangladesh and plans are now in hand to produce a further 5000 copies of a revised edition. The booklet has also been used by the Health Department of the Government of West Bengal, the School of

Tropical Medicine and the All India Institute of Hygiene and Public Health, Calcutta, medical colleges and hospitals, district leprosy officers, The Leprosy Mission, Calcutta and the Grecaltes Training Centre. Copies in Bengali are available from Dr D. S. Chaudhury at the above address and in English from The Novartis Foundation for Sustainable Development, CH 4002, Basle, Switzerland.

Schieffelin Leprosy Research and Training Centre, Courses in 1998

Facilities: Hostel: 60 Men, 16 Women
Guest House: Single & Double Room

I. Courses Recognised by The Government of INDIA

Courses	Qualifications	Duration	Commencing Date
Medical Officer	Medical Personnel engaged in Leprosy work	6 weeks	Jul 27–Sep. 05
Physiotherapy Technician	+2 passed or P.U.C. (with science subjects)	12 months	Jul. 01–Jun. 30
Laboratory Technician	+2 passed. Science graduates preferred	12 months	Jul. 01–June 30
Smear Technician	+2 passed (with science subjects)	3 months	Sep. 07–Dec. 05
Para Medical Worker	+2 passed. Graduates preferred	6 months	Jul 01–Dec. 31
Shoe-Maker	V-standard with knowledge of English preferred	6 months	Jul. 01–Dec. 31
Diploma in Prosthetic & Orthotic Engineering	+2 passed. Graduate preferred (with science subjects)	30 months	Jul. 01–Dec. 31 (2000)
Ophthalmic aspects in leprosy	Medical Personnel	1 week	Sep. 07–12
Eye care in Leprosy	Non Medical Personnel	1 week	Sep. 14–19

II. Other Courses Offered by the Institution

Courses	Qualifications	Duration	Commencing Date
Medical Records Technologist (CMAI)	+2 passed	15 months	Jul. 01–Oct. 31
Community Based Rehabilitation Worker		12 months	Jul. 01–Jun. 30
Refresher Course in Skin Smear	Trained Laboratory Technician	2 weeks	Apr. 20–May 02 Aug. 17–29
Condensed Course in Leprosy	Medical Personnel Non-Medical Personnel	1 week 1 week	Nov. 02–07 Nov. 23–28
Research Methods in Leprosy		1 week	Nov. 09–14
Programme Management issues in Leprosy Control	Project Officers & Supervisory level in Leprosy Control Project	1 week	Nov. 23–28

III. In-Service Training

Courses	Qualifications	Duration	Commencing Date
In-service training in Medical Surgery. Surgical rehabilitation, Pathology, Laboratory Technology, Opthalmology & Epidemiology and Leprosy Control	For qualified Medical personnel/ Health professionals	3 months	By arrangement
Medical Students Course	Clinical Medical Students	1 week	By arrangement
Medical Record Keepers	+2 passed with proficiency in typing and good English	2 months	By arrangement
Basics of Physiotherapy in Leprosy	Under graduate in Physiotherapy	1 week	By arrangement
Basics of Occupational therapy in Leprosy	Under graduates in Occupational therapy	1 week	By arrangement
Psycho-social aspects in Leprosy	Medical/Non-Medical Personnel working in leprosy field	1 week	By arrangement
Ophthalmic Nursing Care	Nursing Technician students/Staff Nurse	2 week	By arrangement

Courses:- English fluency essential. Recognised by WHO and Indian Government (all Paramedical & Technical courses are fully recognised by the Indian Government).

How to Reach Karigiri: Karigiri is situated about 130 Km West of Chennai (Madras), which is connected to all the major cities of India by Air, Train and Road. From Chennai Airport the fare for Taxi is approximately Rs. 800/= route–Ranipet–Tiruvalam–Sevoor–Karigi Hospital. There are also many buses which operate between 05:00 Hrs and 22:00 Hrs from Chennai to Vellore. From Vellore take any Taxi or Auto which costs Rs. 150/- and Rs. 100/- respectively or else you can take a prepaid Taxi or Electric Train to the City Railway Station (Central Railway Station) about 20 Kms away from Airport. From there take any Train to Katpadi Railway Station (13 Kms away from Karigiri). From Katpadi to Karigiri an Auto will cost Rs. 100/-. If you want to be met at Katpadi or at Chennai Airport, please let us know well in advance.

Mailing Address: Director or Registrar,
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Schieffelin Leprosy Research & Training Centre,
Karigiri-632 106, Vellore District, Tamil Nadu, INDIA.

Contact Institution: Mr T. Jayarajan, Registrar,
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