

European Association
for Health Information and Libraries

*Association Européenne
pour l'Information et les Bibliothèques de Santé*



November 2001 • N° 57



“Die Severinstorburg, Köln”

One of the 3 towers of the original 12 that were part of the old city wall (anno 1180) of Cologne

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NEWSLETTER
to European Health Librarians • des Bibliothécaires Européens de la Santé



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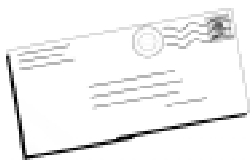
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BENEFITS TO EAHIL

MEMBERS are.....

- EAHIL conferences and workshops including continuing education courses
- contact and collaboration with colleagues all over Europe
- discount on subscription fee to the Health Information and Libraries Journal
- discount on MLA publications
- reduction in registration fees to MLA meetings
- 10% discount on full 3 day registration for the Online Information 2001 in London, UK
- and many more to come....



Hello Everyone



I had just started to write my Editorial when the news about the America terrorist attack hit the world. To all our American colleagues and to all other countries that lost members of their families, we extend our condolences and share your shock at such an act of destruction.

Here in Romania, we are starting the new academic year with the exciting news that Romania might be included in the new WHO initiative to give free access to the electronic journal archive of six of the world's largest medical publishers. This will open vast new horizons in the dissemination of medical literature but for me, ever the practical librarian, I was more impressed with the announcement that the SOROS Foundation would be working closely with WHO and others to set up the sort of telecoms infrastructure that will allow this arrangement to be exploited to the full.(1)

Internet access is still very limited in the Romanian medical field because it is still relying on the Government owned RoEduNet which is quite frankly a third world service:- slow, frequent break-downs, and permitting censorship. Before any agreement is signed with any country it is imperative to ascertain that there is a good infrastructure in place regarding networking between institutions at the national level, a good telecommunications system from the technical point of view and the necessary technical facilities (hardware and software) at each site. If these conditions are met then this WHO initiative will indeed provide free access to all users of the scientific institutional/hospital/medical/research libraries of each country. In our library in Cluj we have already started negotiations to reduce our subscriptions to several titles in order to buy a separate internet connection which will provide the necessary means to access electronic journals.

This issue has an excellent Highlight on Iceland and I would like to thank Margret Gunnarsdottir and her colleagues for their efforts in making this possible and providing for their European colleagues an insight into how one country has achieved

a national solution for medical information. In addition there is a report from the meeting of the IFLA Section of Biological and Medical Sciences Libraries in Boston in August, more news from the MLA and the paper by Oliver Obst entitled Why are medical librarians coming to conferences - and why not? which attracted a great deal of interest as a poster at the Alghero workshop. Regarding the latter, Lise Christensen wrote down for me her opinion why conferences are so important. *"By meeting with colleagues and becoming familiar with these cultural differences, horizons are widened and you obtain a better understanding which enables you to overcome some of the obstacles due to cultural, educational and language differences. As medical librarians our common goal is to facilitate access to quality information necessary for improving health. Actually I think the EU should substantially support us as pioneers who attempt to realize ideas regarding a cooperating Europe!"* I do hope some of you will also add your ideas in response to Oliver Obst's feature and we could use it as a subject for discussion.

... our common goal is to facilitate access to quality information necessary for improving health.

There is also a very interesting article from Liisa Salmi, which we are hoping you will all find provocative enough to initiate a debate, an article by Marta Viragos on the universal problems of the status of hospital libraries and lastly one on the Wellcome Trust Library for the History of Medicine, by its librarian, Cathy Doggrell. In the future I would like to introduce a section where we could feature articles on the most renowned libraries in a specific medical field.

Let me take this opportunity to remind you that the final date for abstracts for the 8th ECMHL in Cologne, Germany is

31 October 2001. As this is the last issue for 2001 I must also thank everyone on the Editorial Board for their stalwart support and assistance in the past year in my work as Editor, and in addition Suzanne Bakker who advises, organises and delivers and is the best back-up that one could have.

Sally Wood-Lamont

1. McSeán T: Letter from the President EAHIL Newsletter 2001 Aug;(56):5-6



Bonjour !

Je venais de terminer mon éditorial quand les nouvelles de l'attaque des terroristes aux Etats-Unis ont été répandues dans le monde. Nous présentons nos condoléances à tous nos collègues Américains et à tous les pays qui ont perdu des membres de leurs familles et nous partageons le choc d'un tel act de destruction. Ici, en Roumanie, une nouvelle année académique débute avec les nouvelles

réjouissantes que la Roumanie sera peut-être incluse dans la nouvelle initiative de l'OMS pour offrir un accès libre aux journaux électroniques archivés par les six plus grandes maisons d'édition d'information médicale à l'échelle mondiale. Cela ouvrira des horizons vastes pour la dissémination de la littérature médicale, mais pour moi, à jamais bibliothécaire pratique, je fus plus

impressionnée par les nouvelles que la Fondation SOROS travaillerait en liaison avec l'OMS et autres institutions, pour développer le genre d'infrastructure de télécommunications qui permettra d'exploiter cette convention au maximum. L'accès à Internet est encore très réduit pour le domaine médical en Roumanie, parce que le réseau fait encore partie de RoEduNet, le système qui est, franchement,

un système de pays en voie de développement - lent, avec des interruptions fréquentes et facilitant la censure. Avant de conclure tout accord avec un pays étranger, il est impératif d'assurer qu'une bonne infrastructure existe pour travailler avec des institutions au niveau national, un bon système de télécommunications quant à l'aspect technique et des facilités techniques (programmes et matériel) pour chaque site. Si ces conditions sont remplies, l'initiative de l'OMS pourra en effet offrir libre accès à tous les utilisateurs des bibliothèques scientifiques, d'hôpitaux, aux bibliothèques médicales, et bibliothèques de recherche pour chaque pays. A Cluj, nous avons déjà commencé des négociations pour diminuer nos abonnements de périodiques par 12 titres afin de pouvoir établir une connexion nouvelle à Internet, connexion qui nous donnera les moyens nécessaires pour accéder aux journaux électroniques.

Ce numéro comprend un Regard sur l'Islande et je voudrais remercier Margret Gunnarsdottir et ses collègues pour rendre cela possible. De plus, il y a un rapport de

... notre but commun est de faciliter l'accès à une information valable et nécessaire pour améliorer les conditions de santé.

la Section des Bibliothèques Biologiques et Médicales de la conférence de l'IFLA à Boston en Août, d'autres nouvelles de la MLA et la contribution d'Oliver Obst intitulée « Pourquoi est-ce que les bibliothécaires médicaux vont aux conférences - et pourquoi pas? » Cette présentation a retenu l'attention sous forme de poster, à la réunion d'Alghero. A ce sujet, Lise Christensen m'a fait parvenir son opinion sur l'importance des conférences. "Rencontrer des collègues, se familiariser avec des différences culturelles, élargir ses horizons et développer une meilleure compréhension qui vous aide à surmonter quelques-uns des obstacles dus aux différences culturelles, éducationnelles, linguistiques. En tant que bibliothécaires de médecine notre but commun est de faciliter l'accès à une information valable et nécessaire pour améliorer les conditions de santé. Actuellement, je pense que l'Union Européenne devrait nous soutenir comme des pionniers qui s'efforcent de réaliser les idées concernant la coopération en Europe!"

J'espère que plusieurs d'entre vous pourront aussi exprimer vos réactions en réponse à

l'article du Oliver Obst et que nous pourrions en faire un objet de discussion. Un article de Liisa Salmi directement en rapport avec la réunion d'Alghero est aussi inclus ainsi qu'un article par la bibliothécaire de la Fondation Wellcome, Cathy Doggrell qui, j'en suis certaine sera d'intérêt pour les lecteurs, puisque cet Institut est à l'avant-garde de l'Histoire de la Médecine. A l'avenir j'aimerais ajouter une section où nous pourrions inclure des articles sur les bibliothèques les plus célèbres dans le domaine de la médecine. Je voudrais encore vous rappeler que la date limite pour les résumés pour le 8ème ECMHL à Cologne, en Allemagne, est fixée au 31 Octobre 2001. Puisque ce numéro est le dernier pour 2001, je voudrais aussi remercier chacun pour votre support et assistance dans mon travail comme éditrice pendant cette année et en particulier Suzanne Bakker qui conseille, organise et réalise, et représente la meilleure aide que l'on puisse avoir.

Sally Wood-Lamont

I. McSeán T: Lettre du Président de EAHIL, Bulletin d'Information 2001 Août; (56): p. 5-6.

Lettre du Président

Le monde entier semble avoir basculé ces deux dernières semaines à cause des événements terribles de New-York et Washington. Que presque chaque personne que je connaisse ait été touchée directement ou indirectement par l'ombre et ait ressenti le frisson d'horreur à la pensée que des personnes se soient senties suffisamment désespérées dans leur vie pour contempler un tel acte - or soient suffisamment infortunées pour souffrir de ses conséquences. Dans une scène qui a dû être reflétée à travers tout le monde occidental, le personnel de la bibliothèque de la BMA s'est réuni devant le poste de télévision et les écrans d'Internet (nous avons réussi à nous connecter sur un site de nouvelles espagnoles avec une alimentation par video), regardant en silence les événements de l'après-midi qui se déroulaient. Un de mes collègues a un cousin qui travaille au World Trade Center, ce qui a ajouté un autre niveau de tension jusqu'à ce que des nouvelles rassurantes nous parviennent de l'autre côté de l'Atlantique. Mais en fait, nous n'avions pas besoin de tels liens pour que nous nous soyons sentis comme faisant part de tout cela.

Est-ce que tout cela a des relations quelconques avec EAHIL au delà du lien qui nous relie tous? Ceux parmi nous qui ont fait part de l'Association depuis une dizaine d'années ont été conscients par nécessité de l'énorme différence critique qui existe entre les divers niveaux de services publics en général et de la santé publique en particulier, entre les démocraties établies de l'Europe occidentale et en fait, du reste de l'Europe, de l'Asie et de l'Afrique. Il y a deux ou trois ans le programme de la conférence de la MLA présentait un reportage émouvant et

troublant sur l'état de la santé publique d'une région pauvre et polluée d'un coin de l'Europe de l'Est, et nombres d'entre nous savent que la situation dans de nombreuses régions du globe est encore pire. Cette situation ne peut que contribuer à l'océan de détresse et de désespoir qui nourrit et protège le terroriste. Nous ne pouvons qu'espérer qu'au milieu des clameurs pour venger cette atrocité, il y ait plus de voix qui puissent être entendues et qu'un sérieux effort en commun pourra vaincre l'horreur, la dégradation et la privation qui, bien que moins directe que

les suicides à la bombe, ne représente qu'une calamité plus grande et plus tenace.

Au nom de l'Association, j'ai écrit à la Présidente de la MLA pour exprimer notre horreur en face de ce qui est arrivé le 11 Septembre, dont vous trouverez une copie dans ce numéro.

J'espère qu'au moment où le Bulletin d'Information est publié, les circonstances montreront une amélioration certaine.

Tony McSeán

Letter from the President

The whole world seems turned upside down these last two weeks by the dreadful events in New York and Washington. It is a mark of just how small the world has become that almost everyone I know has been touched directly or indirectly by the shadow and felt the chill of horror at the thought that anyone might be desperate enough in their life to contemplate such a deed - or unlucky enough to suffer its evil. In a scene that must have been mirrored throughout the developed world, staff at the BMA library gathered in front of television screens and web browsers (we managed to log onto a Spanish news site with a video feed) staring in silence as the afternoon's events unfolded. One of my colleagues has a cousin who worked at the World Trade Centre which added a further layer of tension until the good news filtered back across the Atlantic, but in truth we needed no such tie in order to feel ourselves part of it all.

Does this have anything to do with EAHIL beyond the human bond that ties us all? Those of us who have been involved with the Association's work over the last decade have been made forcibly aware of the huge and critical disparity between levels of public services in general and of public health in particular between the established democracies of western Europe and, in effect, the rest of Europe, Asia and Africa. Two or three years ago the MLA conference programme featured a moving and disturbing account of the state of public health in one particular deprived and polluted corner of eastern Europe, and many of us know that the situation in many parts of the world is even worse. This situation can only contribute to the sea of despair and hopelessness which nurtures and protects the terrorist. One can only hope that amid the understandable cries to avenge this atrocity more reasoned voices can make themselves heard and that out of the horror will come a serious and concerted attempt to tackle the horror of degradation and deprivation which, though less immediate than suicide bombing, is a greater and enduring evil.

On behalf of the Association, I have written to the President of MLA expressing our horror at what happened on September 11th, a copy of which is published below.

I hope that by the time the next Newsletter goes to press, circumstances will make it seem a little more suitable

Tony McSeán

*Letter to Carol Jenkins, President of MLA
Copied to Carla Funk and to Eve-Marie Lacroix at the NLM*

Dear Carol:

I am writing on behalf of all the members of EAHIL to express our profound distress and outrage at the events that have unfolded this week. Our hearts go out to all those touched directly by the tragedy.

From the many Americans with whom I am in regular contact I am aware of the deep sense of shock that has registered across the United States. The waves of horror have spread also across the world, and in Europe we are all thinking with great sympathy of our many friends and professional colleagues in your distress.

Yours sincerely,

Tony McSeán
EAHIL President

New EAHIL members

We welcome the following colleagues and company representatives, who joined EAHIL membership in the last months:

Individual:

- Ms. MUELLER-BRODMANN (Ursula)
Freie Universität Berlin,
Fachbibliothek Psychiatrie,
Berlin, Germany
- Ms J. FROIDEVAUX MULLER (Jeanne)
Swiss Cancer League, Bibliothek/
Documentation, BERN, Switzerland
- Ms. P. PECCI (Paola)
Istituto Superiore Di Sanita,
Biblioteca, ROMA, Italy

- Ms. C. WICKMAN (Christine)
Karolinska Institutet Library,
STOCKHOLM, Sweden
- Ms. L. HASSELBERG (Lena)
Pharmacia Sweden AB, Medical
Information Management,
STOCKHOLM, Sweden

Institutional:

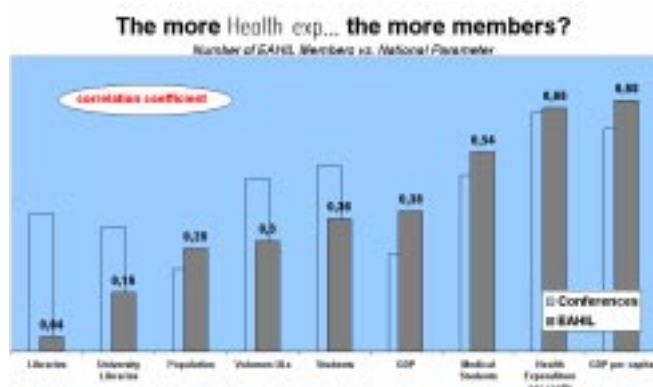
- Ms M. CLENNETT (Margaret)
Public Health Laboratory Service,
Library, LONDON, United Kingdom
- Ms M. BILL (Monique)
Hopitaux de la Ville de Neuchâtel,
Bibliothèque Médicale,
NEUCHÂTEL, Switzerland
- Mr. D. CHARLES (David)
Lippincott Williams & Wilkins,
Institutional Sales Manager Europe,
Maisons-Laffitte, France

Why are medical librarians coming to conferences - and why not ?



INTRODUCTION

One of the astonishing things about European and international conferences of medical librarianship is the obvious imbalance between the number of delegates and the population size of their respective country. The first glance shows little correlation between population and delegates - more people are coming from Switzerland than from Germany and more from Iceland than from Greece to EAHIL or ICML conferences. So it seems doubtful if the actual population influences the attendance figures. In the following attributes of specific countries each should be examined to see which make it more likely that medical librarians come to conferences and which prevent them from participating. Attributes examined should be only hard statistical data such as gross domestic products, health expenditure, educational quantities or population sizes. Differences in mentality (like the ones Hobohm stated) or individual reasons and intentions will not be discussed.



METHOD

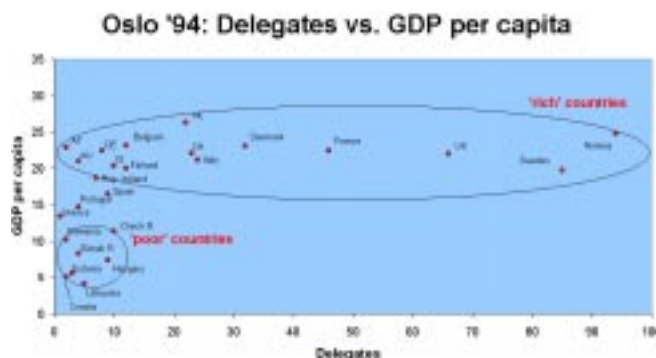
The number of delegates from the four international EAHIL and ICML conferences in Oslo (1994), Washington (1995), Coimbra (1996), and London (2000) were taken from the respective official attendance lists. The national identity of EAHIL members were taken from the membership list dated October 2000. The population size and the gross domestic product (absolute: GDP, per capita: GDPcap) were taken from the CIA World Factbook. The number of university libraries, students, medical students, and the health expenditure per capita (HEcap) were taken from the UNESCO Yearbook 1999. The number of libraries originated from the database World Guide to Libraries (WGTL 2000, SilverPlatter). The distances between the conference location and the capital of the respective home countries were estimated with the Internet tool "How far is it?". Correlations were calculated with MS EXCEL 5.0 according to Bravais-Pearson. The host countries were excluded at conference specific calculations. Overall, only European countries were involved in the study.

RESULTS

1. Country characteristics

The number of delegates was correlated versus nine of the most obvious statistical values of the respective countries available. The number of libraries (according to the WGTL database) showed the lowest correlation versus the added-up delegates of the four conferences (see diagram below). Unfortunately, there are no statistics on the number of medical libraries or librarians in Europe (the data of the WGTL did not include the correct number of medical libraries in Europe).

The number of university libraries, the population and the volumes of each country's university libraries showed also a somewhat low correlation to the number of delegates. Higher correlations with values from 0,47 to 0,50 derived from the number of students, the GDP, and the number of medical students. The GDPcap and the HEcap correlated best with the number of delegates from each country.



In the diagram above the relation between the number of delegates and GDPcap were shown for the 5th EAHIL conference in Oslo. There were quite different attendance patterns for the "poor" and "rich" countries. The poorer countries were closer together, no one sending more than 10 delegates. The richer ones, on the other hand, were not that uniform: their attendance figures varied widely.

2. Conference characteristics

In addition to the country characteristics regarding wealth and health there was yet another attribute which most obviously seemed to influence attendance rates: the distance the delegates had to travel. And indeed, the travel distance was negative correlated with the number of delegates.

The diagram below shows the correlation for each conference.



Only the London delegates showed a somewhat lower correlation - a hint for lower travel hindrances, travel grants or an attractive conference?

3. EAHIL

Similar to the delegates, the number of the EAHIL members could also be correlated versus the characteristics of their respective countries. The resulting correlation pattern (see below) is quite similar to that of the conferences. The most obvious difference is the lower correlation between EAHIL members and population size. Again, the closest correlation was versus GDPcap (0,66) and Hecap (0,68). If the number of EAHIL members is normalized with the health expenditure per capita of the respective country, the number of EAHIL members each country should have, (according to their Hecap) could be estimated. In the map above the countries are coloured according to their ratio versus the average.



CONCLUSIONS

There are some strong correlations between country attributes and the number of delegates of EAHIL and ICML conferences. The correlations could possibly be summarized as: "The wealthier the country, the more delegates it sends to international conferences." But this is obviously not the whole truth, as the correlations do not reach 1.0. And there is the fact that some

countries with a low GDPcap have sent more delegates than others with a high GDPcap. And therefore I have to ask why there were major differences within the rich countries?

Obviously, there exists another factor which is responsible for this phenomenon. This factor could be either a missed economical or educational quantity or a national attribute not found in statistical yearbooks. Of course, there are differences in mentality, but I promised not to discuss them here (although it would have been lovely to quarrel about aphorisms like that one from a sorely afflicted EAHIL representative "It's famously difficult to get Germans to conferences" ;-)

At the end I would like to suggest that at first these hidden attributes determine if someone wants to participate at a conference or not. Not until then does the wealth of a country influence whether that wish comes true. Or to conclude with another famous aphorism: "Wealth without wishing is not sufficient for one to come."

REFERENCES/SOURCES

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<http://medweb.uni-muenster.de/~obsto/text/alghero/poster.pdf>

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Oliver Obst



Pourquoi est-ce que les bibliothécaires de médecine assistent aux conférences - et pourquoi pas?

INTRODUCTION

Un point étonnant au sujet des conférences des bibliothèques de santé Européennes et internationales est la différence entre le nombre de délégués et la population de leur pays respectif. A première vue il y a peu de relation entre la population et les délégués - il y a plus de personnes assistant aux conférences de EAHIL et aux ICML venant de Suisse que d'Allemagne, et plus de l'Islande que de Grèce. Il est ainsi douteux que la taille de la population influence le nombre de personnes présentes. Dans les caractéristiques de pays spécifiques suivantes, chaque pays devrait être étudié pour déterminer le facteur le plus probable qui peut expliquer pourquoi les bibliothécaires médicaux assistent aux conférences et ce qui les empêche d'y participer. Les facteurs étudiés ne devraient représenter que des données statistiques solides telles que le marché intérieur, le budget de la santé publique, les données pour l'éducation ou la taille de la population. Les différences quant à la mentalité (telles que celles mentionnées par HOB OHM) ou les raisons individuelles et les intentions ne seront pas considérées.

METHODE

Le nombre de délégués des quatre conférences internationales de EAHIL et des ICML à Oslo (1994), Washington (1995), Coimbra (1996), et Londres (2000) proviennent des listes officielles de présence. L'identité nationale des membres de EAHIL vient des listes de membres de EAHIL en date de Octobre 2000. La taille de la population et le produit commercial brut (absolu produit commercial brut: GDP, par habitant: GDPcap) proviennent du CIA World Factbook. Le nombre des bibliothèques universitaires, des étudiants, des étudiants de médecine et le budget de santé publique par habitant (HEcap) proviennent de l' UNESCO Yearbook 1999. Le nombre des bibliothèques provient de la base de données World Guide to Libraries (WGTL 2000, SilverPlatter). Les distances entre le lieu de la conférence et la capitale des pays considérés ont été estimées au moyen des données Internet « How far is it? ». Les corrélations ont été calculées avec MS EXCEL 5.0 selon Bravais-Pearson. Les pays hôtes de la conférence ont été exclus des calculs spécifiques à chaque conférence. Seuls les pays d'Europe ont été considérés dans cette étude.

RESULTATS

1. Caractéristiques des pays

Une corrélation a été établie entre le nombre de délégués et les neuf valeurs statistiques les plus évidentes des divers pays considérés. Le nombre des bibliothèques (selon la base de données WGTL) montre la corrélation la plus basse en rapport avec le nombre total des délégués pour les quatre conférences (voir le diagramme ci-dessous). Malheureusement il n'y a pas de statistiques disponibles pour le nombre des bibliothèques médicales ou le nombre de bibliothécaires en Europe (les données de WGTL ne reflètent pas le nombre correct de bibliothèques médicales en Europe). Le

nombre des bibliothèques universitaires, la population et le nombre de volumes de chaque bibliothèque universitaire dans chaque pays montre une corrélation quelque peu moindre par rapport au nombre de délégués de chaque pays.

Dans le diagramme inclus, la relation entre le nombre des délégués et le GDPcap correspondent à la 5ème conférence d'Oslo. Les pays «pauvres» et «riches» montrent des modes de présence très différents. Les pays plus pauvres sont proches l'un de l'autre avec pas plus de 10 délégués par pays. Les pays plus riches, par contre, ne sont pas uniformes: les résultats de présence varient considérablement.

2. Caractéristiques des conférences

En plus des caractéristiques concernant la richesse et la santé pour chaque pays, il y avait une autre caractéristique qui semble le plus influencer le nombre de présences: la distance parcourue par les délégués. Et en effet, la distance du trajet parcouru est négative lorsqu'elle est en corrélation avec le nombre de délégués. Le diagramme suivant montre la corrélation pour chaque conférence. Seuls les délégués de Londres montrent une corrélation quelque peu plus faible - une suggestion pour diminuer les problèmes de trajet, la disponibilité de fonds ou l'intérêt de la conférence?

3. EAHIL

Comme pour les délégués, le nombre des membres de EAHIL pourrait aussi être mis en corrélation avec les caractéristiques de leur pays respectif. La genre de corrélation résultante est tout à fait semblable aux conférences. La différence la plus évidente est la corrélation faible entre les membres de EAHIL et la grandeur de la population. A nouveau la corrélation la plus proche était celle de GDPcap (0,66) et de HEcap (0,68). Si le nombre des membres de EAHIL est normalisé par rapport avec les dépenses de santé par habitant pour les pays respectifs, il serait possible d'estimer (selon leur HEcap) le nombre des membres de EAHIL

pour chaque pays. Sur la carte incluse, la couleur de chaque pays correspond à leur rapport selon la moyenne.

CONCLUSIONS

Il y a de fortes corrélations entre les caractéristiques des pays et le nombre de délégués aux conférences de EAHIL et de ICML. Les corrélations pourraient être résumées ainsi: «Plus le pays est riche, plus grand est le nombre de délégués présents aux conférences internationales». Mais il est évident que cela n'est pas une représentation de toute la réalité puisque les corrélations restent en-dessous de 1.0. Et il y a aussi le fait que quelques pays avec un GDPcap peu élevé envoient plus de délégués que d'autres avec un GDPcap élevé. Et alors je dois poser la question pourquoi y a-t-il des différences majeures entre les pays riches?

Evidemment, il existe un autre facteur responsable de ce phénomène. Ce facteur pourrait être ou bien une valeur économique ou éducationnelle ou un attribut national qui n'est pas indiqué dans les ouvrages de statistiques. Bien entendu, il y a des différences dans la mentalité mais j'ai promis de ne pas en parler ici (bien qu'il aurait été amusant d'argumenter sur des questions d'aphorismes tels qu'un représentant de EAHIL sérieusement concerné, qui dit: «Il est notoire qu'il est difficile d'inciter les Allemands à se rendre aux conférences». Finalement, je voudrais suggérer que de prime abord ces facteurs cachés semblent déterminer si quelqu'un désire participer à une conférence ou non. Ce n'est qu'à ce stade que la richesse d'un pays influence la résolution de ce souhait. Ou pour conclure avec un autre aphorisme célèbre: «La richesse sans le désir n'est pas un facteur suffisant pour que quelqu'un se rende à une conférence».

Oliver Obst

Directeur Bibliothèque Médicale de
Munster, Allemagne

News from the Medical Library Association



MLA '02:

The Annual Meeting of the Medical Library Association will be held May 17-23, 2002 in Dallas, Texas. Last year's meeting in Orlando, Florida brought together 68 health sciences librarians from 23 countries outside of the United States. We hope to see many more this coming year. Abstracts for both contributed papers and for posters and electronic demonstrations are due to MLA by October 15. Topics for contributed papers can range from the practical to the philosophical, from the "how we do it" reports, to findings of research studies. Posters and electronic demonstrations are often an ideal way of sharing your library's innovations with your colleagues. Abstracts can be submitted directly via the MLANET Website at www.mlanet.org, where you will also find details of the meeting, including a "program topics grid" to help you select a relevant topic.

MLA at IFLA

Carla Funk, MLA Executive Director and representative to IFLA, recently reported to the MLA Board of Directors on the 67th IFLA Council and General Conference held in Boston, Massachusetts August 16-25, 2001. The following are excerpts from her report.

The meeting theme "Libraries and Librarians: Making a Difference in the Knowledge Age", captured the U.S. associations' belief in the proactive nature of the profession and its ability to positively influence future access to needed information. Over 5,533 librarians and exhibitors from around the world gathered together to network, visit the numerous libraries in the Boston area, and discuss access to information in all its forms. This IFLA conference set many records including the largest number of participants, the largest number of exhibits, and the largest amount of contributions in IFLA history.

Approximately 60 health sciences librarians attended the meeting including MLA President Carol Jenkins, MLA President-Elect Linda Watson, MLA Past-President J. Michael Homan, MLA Treasurer Mark Funk, and MLA Board member Nancy Henry. IFLA's Biological and Medical Sciences Libraries Section programs included excellent presentations

on various aspects of telehealth featuring speakers from Canada, the UK, and the U.S. and a workshop at Beth Israel Hospital on consumer health including a tour of the facility. MLA and the Harvard University Countway Library co-sponsored a reception for all health sciences librarians registered for the meeting.

The Round Table on the Management of Library Associations sponsored a program on library association twinning followed by a workshop on models of twinning for development. The program focuses on how developed library associations can support underdeveloped library associations. The Round Table also sponsored a program on editorial independence in association magazines.

MLA also had an exhibit booth at IFLA for the first time this year. MLA, the Association of Research Libraries, and the American Association of Law Libraries shared the booth. MLA's booth featured material about the Cunningham Fellowship and other MLA programs that would be of interest to an international audience.

MLA and the National Library of Medicine sponsored ten health sciences librarians from developing countries to attend the meeting through the IFLA 2001

Fellows program. Fellows included Shimelis Assefa, Ethiopia; Maria Fernanda Astigarraga, Argentina; Marco Tulio Castillo Lopez, El Salvador; Moustapha Diallo, Senegal; Maria Elinor Dulzaides Iglesias, Cuba; Maria Victoria Hernandez Zaragoza, Mexico; Cecilia Mhiti, Zimbabwe; Maria Laura Montagna, Argentina; Shamin Renwick, Trinidad and Tobago, and Thet Thet Mar, Myanmar.

National Medical Librarians Month

October marks the 5th anniversary of National Medical Librarians Month (NMLM), created by the MLA Board of Directors. Health sciences libraries across the United States will be celebrating this month by highlighting their services through special promotional activities such as hosting breakfast or luncheon events for their users, creating brochures, bookmarks, and special Web site pages to bring attention to the expertise and resources in the Library. MLA and libraries are sharing their ideas on MLANET. A link from the MLANET home page will take you to numerous samples of brochures and other ideas for marketing library services, including a "Information Rx" prescription form that can be distributed to physicians for use with their patients. We invite you to share in our celebration of the work of health sciences librarians.

Eve-Marie Lacroix



International Federation of Library Associations and Institutions

Report from IFLA Section of Biological and Medical Sciences Libraries

The members of the Standing Committee for IFLA Section of Biological and Medical Libraries are elected for four years and can be re-elected for a second term. All together there are about 70 libraries and individuals who are members of the Section.

The Standing Committee met twice during the IFLA meeting in Boston, August 16-25, 2001.

Election of officers

Ysabel Bertolucci and Rick Forsman were re-elected as Chair/Treasurer and Secretary/Information Coordinator respectively.

New name proposed

It was further agreed that the Section be renamed the "Section of Health and Biosciences Libraries" to better reflect emphasis and current terminology. The Chair will pursue approval of this change.

Mission statement and a two-year strategic plan

During Standing Committee meetings, those in attendance drafted a new mission statement and a new two-year strategic plan, priorities and action items for the Section.

IFLA Section of Biological and Medical Sciences Libraries Strategic Plan 2001-2003

Mission Statement:

The Section acts as a forum for information professionals working in libraries and information centers

concerned with the health and biosciences. Its general aims are: to promote cooperation between such libraries, library associations, the World Health Organization, and other relevant bodies; to facilitate awareness and application of new technologies relevant to those libraries and information centers; and to assist in the provision of health care information to health care professionals and consumers.

Priorities:

- Change the name of the Section to reflect current terminology and emphasis.

Action Plan: Submit a request for a name change including rationale for the same.

- Provide Open Sessions and Workshops on emerging technologies in health and biosciences of general interest to the IFLA membership.

Action Plan: Plan programs for Glasgow and Berlin. Attempt to co-sponsor programs when possible.

- Develop a position statement, with the input of WHO and NLM, defining the need for accessible health information within a cost structure that is affordable and that employs fair licensing principles.

Action Plan: Two members of the Standing Committee and a representative from WHO will draft a statement for review in 2002. A final statement will be submitted to the Professional Committee/Executive Committee in 2003.

- Increase communication between librarians interested in the health and biosciences.

Action Plan:

1. Contact all IFLA institutions with a health or bioscience library to explain the new Section membership provisions and encourage new Section membership.

2. The availability of the listserv and newsletter will be advertised widely to increase worldwide communication and discussion of health and bioscience issues, such as access to consumer health information.

The final plan will be submitted to IFLA headquarters by first October.

Fair licensing principles.

Ingegerd Rabow and Arne Jakobsson agreed to draft a statement. Any comments on such a statement are welcome.

Consumer health information

The Section would like to expedite access to reliable and high-quality sources of consumer health information worldwide. If your library has identified up-to-date and accurate consumer health Web sites, please send the URLs to Lucretia McClure, our newsletter editor, at her email address: lucretiaru@earthlink.net

Home Page & Information

More information is available on the sections home page

<http://www.ifla.org/VII/s28/sbams.htm>.

The section has during 2001 published two Newsletters both available from the home page. Any questions about the section can be sent to our president Ysabel Bertolucci (e-mail: Ysabel.Bertolucci@kp.org), our Secretary/Information Officer Rick Forsman (e-mail: rick.forsman@uchsc.edu) or your nearest standing committee member

Arne Jakobsson

EAHIL Treasurer

p.a.Jakobsson@ub.uio.no

In addition to Chair/Treasurer Ysabel Bertolucci (e-mail: Ysabel.Bertolucci@kp.org) and Secretary/Information Officer Rick Forsman (e-mail: rick.forsman@uchsc.edu), both of the USA, the Standing Committee is composed of the following members:

Gaynor Davies, U.K. (1999-2002. e-mail: gaydavies@hotmail.com)

Jouliia N. Drecher, Russian Federation (1999-2002)

Hilda Nassar, Lebanon (2001-2004. e-mail: nassarh@aub.edu.lb)

Arne Jakobsson, Norway (2001-2004. e-mail: p.a.Jakobsson@ub.uio.no)

Birgit Lange, Denmark (2001-2004. e-mail: bil@dnlb.dk)

Ingegerd Rabow, Sweden (1999-2002. e-mail: ingegerd.rabow@lub.lu.se)

**ADVERTENTIE
ELSEVIER**

Complacency of Medical Librarians



During my 30+ years in this field, I have been continually troubled by a couple of matters. These matters have caused some discord in my mind for a long time, and now, after having visited many congresses and meetings of medical librarianship and after having read numerous articles on medical librarianship during my career, I have been able to figure out what this dissatisfaction is. The principal problem is our complacency. We are so terribly satisfied with ourselves and our professional skills.

The obvious thing is that just before Internet saved our profession, we were becoming less and less appreciated by our clientele, nothing to say of the general public, of whom only very few have ever understood what we do. In rankings of various professions, we could have never even dreamt of achieving the same scores as, say, surgeons.

MARKETING ?

With Internet, information firms and users started looking for people who could obtain some order from the chaotic content of Internet, but none of them really thought of librarians. Gradually, however, they began to understand that we could assist with organising information and knowledge. We are at this stage now, but who of us can really do the marketing to make us visible and be sought after? And what arguments can we present to show we can do it?

QUESTIONNAIRES ?

So, here we are, satisfied with ourselves and happy about the fact that somebody at last has an idea of what we do as a profession. This complacency streams out on me when we listen to the papers at our meetings or have serious discussions with colleagues at home and abroad "On The Future of Medical Librarianship". We create magnificent information systems without thinking whether our clients think they are magnificent (i.e. are they easy to use?), we build up services that have nothing to do with the information seeking habits of physicians or nurses, we perform user satisfaction surveys by asking our clients whether they are happy with our services without any idea how questionnaires or interviews should be formulated and carried out, we teach students and faculty and hospital personnel without any competence to teach. And then we criticise the omnipotence of physicians who think they do their searches better than we do!

PLEAS FOR HELP ?

Let two cries of help from our clients elucidate these points. In 2000 there was an article in *Annals of Internal Medicine* by the Editor of the journal, F. Davidoff, suggesting a new profession, the informationist, to help clinicians to find quickly

the relevant information when they need it, namely in the clinical situation with the patient. Research shows that an alarmingly great percentage of clinical questions with patient problems remain unanswered. Dr. Davidoff's plea to get help from medical librarians was serious - what was our reaction? We were proud that a prominent figure in the field had noticed us, but did we do something concrete in answer to his suggestions?

Another plea for help was heard in Alghero last June by Karla Soares-Weiser at the EAHIL Workshop. She gave us a very good example of what kind of help physicians require in information seeking, again in the most problematic situation they have: trying to find out what is wrong with the patient. Finding information for research is not that problematic, because as a seeking process, it is different and not that urgent.

We could not agree more with these two papers and we think we are helping them but what are we really doing? We still think that the library's role in finding information for health professionals is crucial. But by far, it is not. Our clients can now find relevant sources without our help, but they are too polite to tell us that.

WHAT SHOULD WE DO ?

What should we do to measure up to our own illusions on our professional skills? Of course we do have excellent professional skills in information studies, informatics, library science and services, but I am asking for more education in the subject matter, i.e. health sciences and practices. We ought to have better insight in the way our clients think, what their way of comprehending health and sickness is, what the thinking process is they go through when diagnosing a disease or finding a treatment. We ought to know at

least something of their collective body of knowledge and also, what their attitudes and prejudices are.

Using databases and other sources of information has become on one hand easier and on the other hand, more difficult. This gives our clients an illusion of being able to do it all themselves. This is a mixed blessing, and this in fact puts heavy demands on our skills in teaching and guiding. I propose that there should be more education for us in teaching; we should have at least a preliminary knowledge of the latest learning theories, at least some training in conducting tutorials and in giving lectures.

STOP FOR A MOMENT !

In addition I suggest that we stop for a moment and make an inventory of what our skills really are in the health care environment. We should understand that with the great diversity of information sources and quick technological development, the world has changed. It is not enough to know our own profession; we require more knowledge and understanding in the subject matter of our clients. Our clients are also lost: they find the information world very complicated, and we ought to understand this, as well. We are or are becoming global; our understanding of different cultures, which are just as good as ours, should be increasing at high speed.

REFLECT !

Perhaps we should do a SWOT analysis listing our strengths and weaknesses for the next meeting with our colleagues and discuss them. We could also do it personally just for ourselves and study it alone. The main thing is that we do it!

Liisa Salmi

8 ECMHL

8th EUROPEAN CONFERENCE OF COLOGNE 16TH-21 Thinking Globally - Acting Locally: M

Dear EAHIL Members!

We would very much like to invite you to the 8th European Conference of Medical and Health Libraries, 16-21 Sept 2002, Cologne, Germany, entitled: "Thinking Globally - Acting Locally: medical libraries at the turn of an era". The German National Library of Medicine is proud to be organizing and hosting the 8th EAHIL Conference 2002. Medical libraries are constantly evolving. Triggered by technical developments, confronted with new forms of publications, influenced by financial constraints and decreasing staff, they are now having to find new paths in order to promote their services pro-actively to their users.

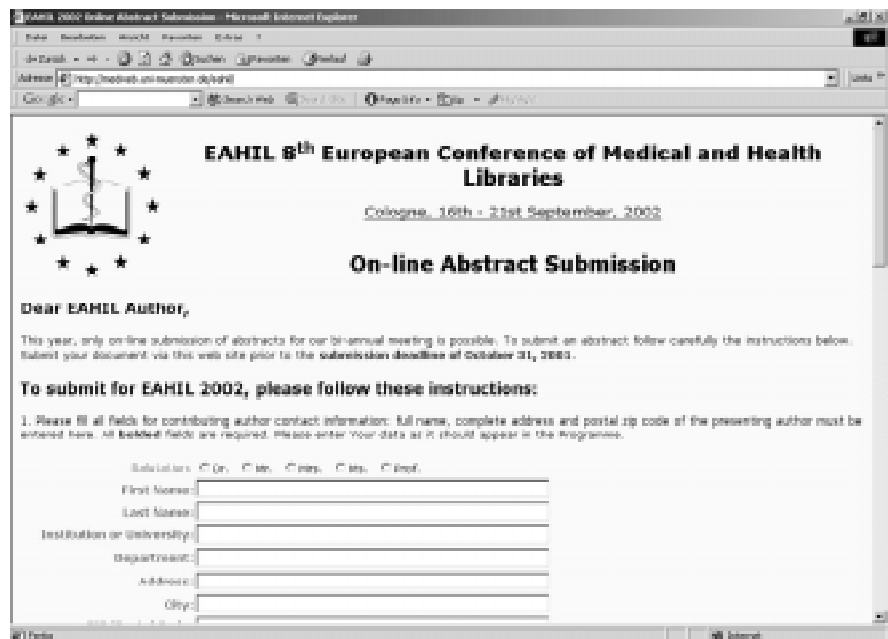
On the one hand, it is necessary to think globally by co-operating with partners on a national and international level: on the other hand medical libraries have to act locally and build up new services to make them irreplaceable. The conference in Cologne will try to plot the field in which and where medical libraries are moving. It will show recent trends and developments which can be anticipated and it will try to help in a concrete manner indicating where the fields of action in medical libraries can and should be.

We strongly encourage you to respond to the Call for Papers and submit an abstract for consideration to the International Programme Committee. Please remember that the closing date for submission of papers is 31 October 2001.

Since the forming of the International Programme Committee (IPC), which took place in June at Alghero, and the first



"Welcome to Cologne"



"Abstract submission form"

MEDICAL AND HEALTH LIBRARIES, 1ST SEPTEMBER 2002

Medical Libraries at the Turn of an Era

meeting of the Local Organizing Committee, some major steps have been accomplished. The members of the committee organised the Call for Papers which was distributed throughout Europe; a conference homepage was set up (Fig.1) as well as an abstract submission site (Fig.2). You will find both sites at www.zbmed.de/eahil2002. Since Alghero the German members of the IPC have been in close contact continuously. At the annual meeting of our German Medical Libraries Association, we had an informal business meeting with Suzanne Bakker, Rüdiger Schneemann, Ulrich Korwitz, and Oliver

Obst to gather ideas, delegate responsibilities and discuss the overall programme schedule. In December, a working meeting of the IPC in Cologne will make the final decisions regarding Continuing Education courses and schedules. As we are just in the process of putting thoughts into practice we would like to urge you to send us your ideas for Continuing Education sessions, keynote speakers, and 'hot' themes - it's not too late to lobby for the sort of conference you want!

In order to offer a high quality scientific programme, which is stimulating and fruitful for all of us, the conference depends very much on your professional input. Come and join the 8th EAHIL Conference and be a part of the movement into the new era of medical librarianship.

Ulrich Korwitz

Chair of the Local Organizing Committee

Oliver Obst

Chair of the International Programme Committee



"We cordially invite you to come to Cologne
for the 8ECMHL - Sept 16-21, 2002":

Ulrich Korwitz (chair LOC),
Oliver Obst (chair IPC),
Suzanne Bakker (chair CEC),
Rüdiger Schneemann (co-chair IPC)
(from right to left)

For everyone who would like to get in contact
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Medical libraries at the turn of the millennium in Hungary

This Workshop was organized by the Hungarian Association of Medical Libraries between August 9- 11 as a satellite event of the Annual Conference of the Hungarian Library Association. While the papers of speakers from the university libraries related to the developments and new methods of teaching in academic libraries, colleagues from hospital libraries discussed the current crises of Hungarian Hospital Libraries. When searching for literature in the field of librarianship, Hungarian librarians find that even at the turn of the millennium it is full of technical terms such as database, internet, integrated system, full text, CD-ROM. While this new methodology is part of the everyday life in big or university libraries, small libraries are far away from the tools, characteristic of the information society in the 21st century and are, unfortunately faced with more down-to-earth problems.

The old network of Hungarian medical libraries is consistent only with the aspect of the specialty they serve (medicine and health care), while the volume of holdings, the range of clients and the quality of service, vary from library to library. As a result of the political, economic and legislative changes in the past decade, the different types of libraries have found themselves in a difficult situation, faced with varying dilemmas and there seems to be an ever-widening gulf among them. Even the enumeration of medical libraries functioning today in Hungary seems to cause difficulties. For example, only local authority, working place and public libraries belonging to the Ministry of Cultural Heritage and the school libraries are recorded in the Statistical Yearbook of Hungary. Since special libraries have another parent institution, the Yearbooks do not contain any data on them, and they are considered non-existent. This is how 200 medical libraries and who knows how many other special libraries (engineering, agriculture, pedagogy, religion) disappear from the range of libraries. To produce correct statistics on the number of medical libraries, the most useful tool would be the national list of local holdings published annually by the National Medical Information Center and Library (Medinfo). However, it is not a complete list either, since data reporting depends solely on the goodwill of the data supplier.

By studying these lists we can see that medical libraries have been declining lately, though their number is still over 200.

From these categories arranged by sponsorship we can see that hospital libraries represent the greatest number though this number shows a tendency to decrease. Many of these libraries with valuable collections of 20-30,000 volumes have been serving the medical community for 75-100 years. Our hospital founding predecessors considered the medical library as one of the most important background services but now hospital libraries are finding themselves in a desperate financial situation. It has been an ever recurring complaint that they are unable to purchase basic textbooks, they cannot afford periodical subscriptions and in many cases their survival is at risk. The above table shows that during the past five years 16 libraries have ceased to exist. The question may arise: how can the medical personnel fulfill their information needs in these hospitals without a library? Or aren't there any such needs? If so, what is the quality of the work done there?

Libraries of public health centres are also on the verge of non-functioning. With the privatisation of pharmaceutical companies,

Legislation

During the past decade there have been several laws issued that have affected libraries. Medical libraries and special libraries in general - owing to their specific situation - usually belong to several specialties and thus "too many cooks spoil the broth?" One of the first laws (1992) was the one that dissolved library networks. But it was only done partly, since the officially destroyed network continued to work on, due to its own inner necessity. We all know that small hospital libraries are much more effective if they cooperate. The situation of university libraries is clearly defined by both higher education and library statutes. Within library legislation, hospital libraries have been categorised as "other", and, as non public libraries, they are consequently deprived of other, legalised allowances. It is as if these collections were not libraries at all, and the staff working there were not librarians, though very often they are very well qualified people speaking several foreign languages who are, at the same time, underpaid.

Another statute influencing the fate of hospital libraries is the health legislation, which mentions the necessity of staff training and continuous education but forgets about its most important implement, the functioning of medical libraries. While it is only natural in a hospital to have a representative for patients' rights, quality management as well as fire, disasters, environment and data protection, the maintenance of libraries, just like a hundred years ago, relies on the goodwill of the management. There are no laws whatsoever that regulate their sustenance.

It can be seen that it is principally the number of town hospital libraries that shows a significant decrease. It may be true that there is no need to maintain a big library, opening for 8 hours daily in every small town hospital but access and maintenance of the collection should at least be ensured by a part time qualified person.

Number of medical libraries:	1995	2000
Hospital libraries sponsored by local authorities	110	94
National institutions	20	21
Educational institutions	59	52
Pharmaceutical companies	15	9
Centre for Public Health	18	16
Research institutions	9	5
Other (Church, Foundation)	27	22
Total	258	219

many libraries have been closed down. This survey shows that the situation is acceptable only in the field of higher education. The 4-5 medical universities of the country, however, provide services only to a certain level of users. But what are the factors that are responsible for the present situation of hospital libraries in Hungary?

The number of hospital libraries grouped by the maintaining institution		
	1995	2000
County hospital libraries	31	29
Town hospital libraries	60	49
Budapest hospital libraries	19	16
Total	110	94

Users

The composition of library users has shown significant changes in the past ten years. In Hungary, specialty training for physicians and nurses follows general training in the form of studying while working. Until recently, during post-graduate training, we met almost exclusively physicians preparing for their specialty exams. Today, the number of other health personnel participating in some kind of training is growing. We also have now health care specialists, high school students and lay persons among our readers.

Economics

As we have seen, the number and range of needs and demands of the library have changed significantly. The majority of readers usually require just a document. Besides purchasing English language journals, databases (Medline, Cochrane) and books used mainly by physicians, we would also need nursing and health care related literature in Hungarian and in several copies for our readers. Unfortunately, the financial resources to meet these demands are unavailable to us, though ours is not the worst of these cases. Many sponsors are unable to provide a library budget and therefore big hospital libraries are obliged to renounce their journal subscription or buying books. These libraries, especially in the absence of an information infrastructure, may close in one or two years' time, since the only thing they will be able to provide for their readers will be worthless old material. This situation could be improved by applying for grants but during the past ten years there has not been a call for which a medical library would have the chance to apply and win in order either to purchase documents or improve their technical background. It is also very distressing that the majority of hospital libraries cannot claim VAT back for document purchase.

Technology

While university libraries are becoming electronic, hospital libraries are only making their first steps in this direction. County hospital libraries have difficulties in obtaining even one or two computers that are dedicated to fulfill not only the readers' information needs but serve as everyday tools for the librarian. In this world of databases, CD-ROMs and Internet, it is an absurd situation when the librarian is compelled to oust the reader from the only computer in the library or via versa. Very often, these computers are not high technology products but old workstations that have become super-fluous elsewhere. Physicians and nurses, who are always pressed for time, need precise and well structured information. With such technical infrastructure it is hard to surf on the Internet or use CD-ROMs, not to speak of building electronic catalogues even though librarians do not lack the will, determination or expertise.

Library automation has been initiated in some places; each library can select from the numerous integrated library programs on the market according to its buying power. Most libraries have purchased the cheapest software or certain modules of a big software. As a result, there is a great chaos in the programs of hospital libraries as there are not two hospital libraries that have the same software.

Another problem is that there are still libraries where there is no Internet. It is not uncommon either when a hospital's system manager says that it would be a luxury for a hospital to have two computers with internet access in the library. We have to fight to make them understand that document delivery, interlibrary loan, information retrieval, etc., are more cost-effective electronically. It is a common problem

that the Internet connection is usually slow; at certain times we only see error messages on the screen instead of the information expected.

These questions, as well as the fact that hospital libraries are lagging behind in the march towards an information society have been discussed several times.

Is there a need for hospital libraries?

Knowing that there is a growing demand for information in every hospital - we can only give a positive answer, that there is a need for easily accessible libraries mediating medical and health care information. In the case that these libraries are unable to survive - and their number is growing - the question of who will undertake the task of supplying the information needs of hospital and family physicians arises. And we have not yet mentioned the needs of the growing number of ancillary health care personnel and laymen.

Can university libraries undertake these tasks? It is more probable that a nurse studying while working will not feel like going to the nearest university library to get the assigned literature. Then the only solution for readers would be the local public library, which, however, is not prepared either with its collection or its personnel to meet the special needs of health care and medical information. Libraries at the moment are struggling for survival. Fortunately, there are some good examples where the situation is almost paradisaical. And there are some who with great efforts, including a little manipulation are trying to improve their situation.

A solution in the long run could be to employ community workers or conscientious unqualified workers, which would impose only minimum wage costs on the library. Another field of cooperation may be informatics. The compilation of a shared catalogue for public and special libraries in the country was started in the middle of the 1990s. The information infrastructure was built primarily in public and educational institutions with the outside funding. One of the most important special libraries in this system are medical libraries. Though the technical background is still far from being perfect, there is hope of improving the equipment and the net-work with the help of a Health Foundation

Eva Kuhrner and Marta Viragos

The Wellcome Trust Library

The Wellcome Trust is a registered charity, no. 210183. Its sole Trustee is the Wellcome Trust, a company registered in England, no. 2711000, whose registered office is 183 Euston Road, London, NW1 2BE. The Wellcome Library for the History and Understanding of Medicine (The Wellcome Library) is one of the legacies of Sir Henry Wellcome's (1853-1936) prodigious collecting skills.

Sir Henry was responsible for helping to create one of the world's most important pharmaceutical companies, the Wellcome Foundation. On his death, his Will enabled the creation of a trust fund (The Wellcome Trust), to finance and run various of the late Sir Henry's interests, one of which was the funding of the study of the history of medicine. Thus, his interest in the wider aspects of the history of medicine facilitated what is now available for use within the Wellcome Library.

The Wellcome Library, in its various guises, has been open for public use since 1950. In 1999, The Wellcome Trust created a web-site for the purpose of disseminating information about itself; the Wellcome Library was included as a component of this <http://www.wellcome.ac.uk>

In early 2000, the library house-keeping system was changed to Innopac. This allowed the library catalogue, which up until then had been available only through

Telnet, to be available via the WWW. The Wellcome collections therefore became accessible to a far wider audience <http://library.wellcome.ac.uk>.

Current Work In The History Of Medicine is the Wellcome Library's international bibliography of predominantly journal articles devoted to the history of medicine and allied sciences. It was available quarterly, in print form, between 1954 and 1999. In 1991 Current Work was automated, created as it was via the then Library cataloguing system (Urica), thus becoming accessible in both print and online formats for the first time. Since 2000 however, Current Work has only been available online; although not searchable as one entity, but only as individual citations within the catalogue. This problem was eased in late 2000, as monthly updates, ie. browsable, subject-arranged lists of all articles scanned for Current Work in that month, became available, again via the Library catalogue for readers to manipulate as they wish: to view, print or download, or all three, for their own records. (Readers can view these on the catalogue front page - see address above, under 'Monthly lists'.)

Current Work is also now a component part of one of the Research Libraries Group's databases - HST (History of Science, Technology and Medicine) <http://www.rlg.org> which is a cooperative venture between a number of international bibliographies in the wider history of science.

Current Work contains citations, not only from the Library's own journal subscriptions and memberships (numbering around 600), but also from sundry other bibliographies that may come the compilers' way, for example, lists of 'articles by our members' are a common source of citations. Relevant obituaries also play an important part in creating a rounded 'one-stop-shop' for researchers. Current Work also includes recent monograph acquisitions to the Library relating to the history of medicine. Citations are catalogued according to MARC21 and AACR2 standards, and indexed primarily using the National Library of Medicine's Medical Subject Headings. The subject categories themselves are an amalgamation of the NLM and Library of Congress classification systems. Each month, the average number of records added to the Wellcome Library database increases by approximately 450 current work citations.

Over the years, Current Work In The History Of Medicine in its various formats, has become an essential tool for researchers and historians in the history of medicine, and hopefully will continue to be so.

For any further information, please feel free to contact me, Cathy Doggrell, at the Wellcome Library (e-mail: c.doggrell@wellcome.ac.uk).

Cathy Doggrell

Suggested Reading

Johns Hopkins' tragedy: could librarians have prevented a death? E. Perkins
<http://www.infoday.com/newsbreaks/nb010806-1.htm>

The article concerns the death of a young woman, a healthy volunteer in an asthma study at Johns Hopkins University (USA), who inhaled a chemical substance (hexamethonium). The death was due to progressive failure of her lungs and kidneys. The chemical's dangers could easily have been found in the published literature, but apparently the supervising physician focused his search on a limited number of resources, including PubMed, which is searchable back to 1966, and on the open Web. For his Web search strategy, the tools he chose were Google, Yahoo, LookSmart and GoTo.com. The Federal Government has now suspended all research contracts or grants involving human subjects at John Hopkins. This is a severe blow to an institution that is the largest medical school recipient of medical research grants. Medical librarians could have helped prevent this tragedy. Previous articles published in 1950s warned of lung damage associated with hexamethonium, and searches on toxicological databases (Toxline, Micromedex's PoisonIndex Toxicologic Management) yielded relevant citations on this topic. This story shows the importance of using professional searches and medical librarians in critical searching situation. Medical librarians have specialized training in how to find relevant information and credible medical Web sites resources.

Giovanna Miranda

Introduction

Hospital and library mergers, important national consortia agreements, a new library system for the whole country. Yes, these are indeed exciting times in Iceland, a country of only 103.000 km² with 280.000 inhabitants and around 30 members in their Icelandic Health and Medical Libraries group. Here three librarians from the Landspítali - University Hospital in Reykjavik tell how their country has dealt with the national problem of the provision of medical information.



Landspítali - University Hospital, Reykjavik - Iceland

Merging of hospitals and libraries

A little over a year ago we witnessed the merging of the two biggest hospitals in Iceland, Reykjavik City Hospital and The National Hospital into one, now the Landspítali - University Hospital, with about 5000 staff members. Only a few years before we had another merger in Reykjavik, our capital, which perhaps signalled new directions in health care management, namely Borgarspítalinn and Landakot which became Reykjavik City Hospital. This has of course affected the medical libraries of those hospitals and to make a long story short, four hospital libraries have now also merged into one.

A new managerial position has been created, that of the Director of the Div. of Library and Scientific Information, Landspítali - University hospital who is also the Director of the Medical and Health Information Center. It is our pleasure to announce that the new Director is Mrs. Solveig Thorsteinsdóttir who many EAHIL members already know. Solveig

was the Medical Library Director in the former National Hospital for many years until she left in 1998 to become the director of a new library at the Reykjavík University. She has been working in the frontline, organising national consortia agreements as a member of a government appointed Committee called The Committee for Providing Access to Information Databases.

Solveig started her new position on August 1st. Her Assistant Director is Anna Sigridur Guðnadóttir, formerly Director of the Medical Library at the Icelandic Directorate for Health. Along with this new position, Solveig has also been appointed the Director of the Division of Library and Scientific Information, a division that did not exist previously at the hospitals and includes the library, the Faculty of Graphic Design and Printing and the Faculty of Photography. The Director responds to the Chief Academic Affairs Executive so our location in the

hospital organizational structure is now really quite good. Changes are already being made, although a suitable space for one big library is not envisaged in the near future and the library will therefore continue at least for some time with four workstations in different parts of the city, one housing the library's headquarters. There will however be only one management and the workflow is being reorganized to ensure maximum efficiency. Currently we have a staff which consists of 10 librarians (full time/part time) and 4 assistants (full time/part time). It is our belief that a step has been taken in the right direction to combine forces in such a small country as ours is. A great deal of exciting and stimulating work awaits us during the following months such as the creation of a new website for the library and a big effort and emphasis on training and teaching.

Margret Gunnarsdóttir

The Icelandic Digital Library: A National Database And Electronic Journals Consortium

In 1998, at the initiative of librarians, the Icelandic Minister of Culture Education and Science appointed a committee. The role of the committee was to find ways to ensure Icelanders' access to information databases and electronic journals as the access cost to electronic databases and journals had been too high for most individual Icelandic libraries, the population of Iceland being only 280.000.

The database committee finished its work in April 1999 and handed in a report to the Ministry of Education. The committee also completed a survey and held meetings with representatives from different types of libraries in Iceland. The outcome from the survey was that libraries were in favour of establishing a national license for as many databases and electronic journals accessible through the Web as possible.

Through meetings with vendors and other Scandinavian companies the committee members discovered some barriers. The licenses offered by publishers and aggregators were not tailored to small libraries, nor nations with a small population. Among the committee's proposal was the establishment of a three years experimental project. The aim of the project was to make accessible to all citizens of Iceland, various electronic databases and journals during the three years at an agreeable cost.

To carry out this proposal a new committee was appointed by the Icelandic Minister of Culture Education and Science in the spring of the year 2000. The mission was to make accessible selected foreign and domestic databases and electronic journals to all libraries, schools, institutions, companies and homes in Iceland. One year later national licences have been signed for 31 databases, 6.300 full text e-journals, 330.000 e-books and 3 encyclopædias. The first to agree on a national licence was Encyclopædia Britannica and later ProQuest, Web of Science, Literature Online, Grove, OVID and the publishers Elsevier, Academic Press, Blackwell Publishers, Munksgaard, Springer, Karger and Kluwer. Iceland is the first nation to sign a national agreement with these publishers and consortiums. The publishers and consortiums finally recognized the problems specific to the small Icelandic population and based the pricing accordingly. The contracts allow all residents in Iceland access to those databases and electronic journals, if they are connected to the Internet by domestic Internet service providers. The access is based on IP addresses. Currently there are 10 ranges of addresses from 5 Internet providers.

The National and University Library of Iceland will act on behalf of the Minister of Culture, Education and Science for the information providers in all the contracts,

regarding financial, technical, and public relations matters. The cost is divided between the libraries in Iceland and participating companies while a small part is financed by governmental funding.

The committee has established a Web site, <http://www.hvar.is> (translated = where.is) with practical information about availability and how to use and access the information. The task is now to ensure awareness of the offered information, organize education in the use of the offered services and to provide general and technical assistance to users.

The medical libraries have now access to over 1.000 health related electronic journals and to many important databases and e-books. The fundamental task is to educate the health professionals how to use the offered services. Regular courses are now offered both in how to search the databases and how to access the electronic journals. The librarians are also active in visiting different hospital departments to teach the staff about the new era in the field of digital medical information. There is much interest within the health community and this widespread access is vital for the clinical sciences, basic research as well as teaching in Icelandic hospitals and universities.

Sólveig Thorsteinsdóttir

Nationwide library system

Not only has the Icelandic library community joined forces in efforts to secure access to various databases and e-journals to the whole population but also a joint library automation system, to serve both public, research and academic libraries. In March 1998 the Minister of Education appointed a committee, its aim to select one library system suitable for all types of libraries in Iceland. The main objective was to make access to all Icelandic library holdings as accessible as possible for the end user. Up until that time Dobis/Libis and Libertas had been the main systems, the first one used mainly by public and medical libraries and the latter one by university libraries. The library system committee decided that a

system incorporating one centralised database and one library system was what was required. That way the main objective would be acquired and also a venue of easier inter-change of know-how within the libraries. After a tender within the European Economic Area and much work and deliberation the committee decided that Aleph from ExLibris met most requirements of the systems that had participated in the tender. An agreement with ExLibris was signed in May 2001 for the licensing and implementation of the Aleph 500 library automation system and ExLibris' MetaLib and SFX software products. According to news on the ExLibris website this is one of their most extensive projects ever. To secure a

smooth transition into a new library system a liaison group has been established, composed of librarians from various types of libraries and from different parts of the country to assist the library system committee. The first task has been to plan the administrative units within the system and according to the latest news there will be 15-20. According to the project plan the first libraries will be implementing the new library system in January/February 2002, the initial one being the National Library. The largest public library in Iceland, the Reykjavik Public Library, is planning to implement Aleph in March 2002.

Anna Sigridur Guðnadóttir

The Icelandic Health Libraries Group

Not everything we do in this country is on such a grand scale as the above mentioned projects. Icelandic medical and health libraries have for decades worked together on many mutual interests such as interlibrary loans, archiving old journals, indexing Icelandic health and medical journals etc. Since the group is only about 30 members strong it has not had the capacity to host many courses or conferences. The group hosted the 5th Nordic Conference of Medical Libraries in May 1999 and last April the group organised a two-day course for its members on the "Digital library". The course is an accredited MLA course and the lecturer was Scott Garrison MLS, Operations Manager of Library Systems at the University of North Carolina Health Sciences Library at Chapel Hill. The group members were very satisfied with the course. At the same time the Director of Academic Affairs at the National University Hospital sponsored a one day course for librarians on EBM. This course was organised by the director of one of the hospital libraries. The EBM lecture is also an accredited MLA course and the lecturer was Julie Garrison, MLS Assistant Director of Education Services at Duke

University Medical Centre Library in North Carolina USA. With the merger of the hospitals in Reykjavik into a National University Hospital the emphasis of the group will undoubtedly change since the majority of approx. 30 members will be working at the same library. When the merger was announced in February 2000 the group sent a statement to the relevant authorities urging them to use this opportunity to form a large and strong library and information centre for the benefit of the whole health care system. We seem to be heading in that direction now.

The Future

Librarians in the medical and health field in Iceland stand at a crossroad. The new Director of Library and Information Services at the National University Hospital, Solveig Þorsteinsdóttir, commenced her work on August 1 when the four libraries officially merged. Already some aspects of the library services have been reorganised, such as all acquisition and interlibrary loan services are performed at the main library. This coming winter the emphasis will be on training the clients in the use of various

electronic resources that have been added as a result of the aforementioned national licencing project and building a website to facilitate their use for the clients. We can only at this time state our vision and dreams for the future developments of library services within the University Hospital. The aim is to organise and centralise the services and make as much of the services web based as possible since the University Hospital is based at four different sites. Among the things we plan to do is to develop both personal portals for interested hospital staff and portals for different specialties practiced within the University Hospital. This being a University Hospital a great deal of teaching is done within its walls and the library plans to become more involved. As to the wishes for a large and strong library and information centre for the benefit of the whole health care system by the Icelandic Health and Medical Libraries Group the University Hospital Library and Information Centre has been approached by several small institutions that see it as being advantageous for them and their staff to join forces with the "new" library.

Anna Sigridur Gudnadóttir

OBITUARY

Turid Tharaldsen 1945-2001



After a long period of illness, Turid Tharaldsen died on the 3rd of August 2001 aged 56 years. Even though all her friends and colleagues knew Turid was seriously ill, her death still came as a great shock to

us all. She had such a strong will to live and was very active right up to the end, participating in the EAHIL workshop in Sardinia in June 2001. It is very hard to realize that she is not among us any longer.

The SMH (Norwegian Library Association, Section for Medicine and Health Sciences) has lost a dedicated and loyal member. Turid was the SMH president 1987-1990. She had great influence both in the medical library setting and the library setting as a whole in Norway. Her style was lucid and a source of inspiration.

Turid was an EAHIL council member from 1987. She was a member of the local organizing committee for the 4th European Conference for Medical and Health Libraries, held in Oslo, Norway, in 1994, with 536 delegates from 36 different countries, and it is very much to her credit that the conference was so successful.

Although she was seriously ill, she agreed to become a member of the local organizing committee for the Nordic-Baltic EAHIL Workshop "Cross Boundaries - Join Forces!", to be held in Oslo, Norway, June 25th-29th, 2003. She was active in this committee to the very end.

She was also a member of the Standing Committee of the IFLA Section of Biological and Medical Sciences Libraries.

Turid was very thorough and quality conscious in everything she did and both the SMH and EAHIL benefited from her knowledge and wisdom. She will be remembered both as a great Norwegian and European librarian and as a warm and lovely personality.

On behalf of her friends and colleagues in the SMH and EAHIL,
**Elisabeth Husem,
Arne Jakobsson,
Ragnhild Lande**



The emerging health agenda – The health policy of the European Community

A dissertation for the obtainment of the doctoral degree, presented to the University of Maastricht, The Netherlands, October 2000 by M.A. Theofilatou.

“The book aims at developing an analytical framework to explain the role of the EC in health policy matters, the political perspectives and the limitations that underlie it. Public health is a new field of Community policy and this study follows the events until 1998” (quoted from the Preface to the dissertation).

That the role of the EC (European Community) in health policy matters is a recent development will quickly become obvious to any reader of this dissertation. The first hundred pages of the book hardly mention any topic related to health policy, and when it does around page 100, it addresses mainly social issues and environmental health questions related to the working environment. Indeed, it is only since the 1960's that the European Community has clearly addressed such issues. Before that time, health issues were so closely related to the programs of the fifth (employment, industrial relations and social affairs) Directorate General of the European Commission, as well as to the twelfth (science, research and development) and the thirteenth directorate (telecommunications, information market etc.) that little mention of actual health related questions came to the fore. Today, with the formidable problems presented to the EC partners (Aids, Cancer, drugs, etc.) a more active program has been established and more funds are being allocated to research and action in those areas. But the impact of such programs is still minimal and much more needs to be done to address meaningfully those problems.

Is this to say that the reading of the dissertation is of limited interest? Quite to the contrary! It is a very thorough and yet highly readable account of the EC structure, general politics and “emerging agenda” in “health policy”. The title of the dissertation is aptly chosen. It is my feeling that anyone not so familiar with the intricacies of the EC structure and EC programs should first familiarize him/herself with the complex aspects of it and could achieve this, by reading this work. In the first hundred pages, the author addresses clearly the political questions and considerations concerning any matters dealt with by the EC in regard to its members. The balance between decisions to be reinforced and the respect of the autonomy of any of its members in internal policy making is a crucial aspect in the

operation of the EC, which is well dealt with by the author.

I found the reading of this dissertation interesting and informative. I feel that its reading represents an excellent background for anyone wanting to start a project having to deal with or interacting with any of the EC policy, regulations or programs.



L'auteur essaye de présenter une analyse du rôle de la Communauté Européenne en matière de politique de santé publique, des perspectives politiques et des limites qui la concernent. La santé publique est un domaine nouveau dans la politique de la Communauté et cette «étude» relate les événements la concernant jusqu'en 1998. (Préface de la dissertation)

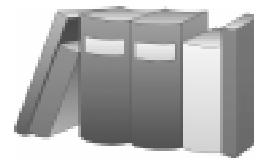
Que le rôle de la Communauté Européenne (CE) en matière de santé publique soit un développement récent, sera très vite évident pour le lecteur de cette dissertation. Les 100 premières pages du livre font à peine mention de sujets reliés à une politique de santé publique et quand le sujet apparaît vers la page 100, il adresse principalement des questions sociales ou liées à l'ergonomie. En effet, ce n'est que vers 1960, que la CE s'est clairement préoccupée de telles questions. Auparavant, toute question de santé publique faisait part des programmes de la Direction Générale 5 (emploi, relations industrielles et affaires sociales), ainsi que de la Direction générale 12 (science, recherche et développement) ou 13 (télécommunications, marché de l'information etc.) si bien que on ne mentionnait peu les questions actuellement liées à la santé. Aujourd'hui, avec les problèmes importants qui se présentent à la CE (Sida, cancer, drogues, etc...) un programme plus actif a été mis sur pied et des fonds sont attribués aux programmes de recherche dans ces domaines. Mais

l'impact de tels programmes reste encore faible et il est nécessaire de faire beaucoup plus pour adresser sérieusement ces questions. Est-ce à dire que la lecture de cette dissertation n'est que d'un intérêt limité ? Pas du tout ! Au contraire, c'est un exposé bien fouillé et pourtant facile à lire, de la structure de la CE, de sa politique en général, et de l'agenda en voie de formation concernant les questions de santé publique. Le titre de la dissertation a été judicieusement choisi. C'est mon avis que ce soit qui n'est pas trop familier avec la complexité de la structure de la CE et ses programmes devrait avant tout se familiariser avec ces aspects complexes and pourrait y parvenir en lisant cette dissertation.

Dans les 100 premières pages, l'auteur expose clairement les questions politiques et les considérations nécessaires pour toute question traitée par la CE concernant ses membres. L'équilibre entre les décisions devant être appliquées et le respect de l'autonomie des membres en matière de politique interne est un aspect crucial dans l'opération de la CE. Cet aspect est clairement traité par l'auteur.

J'ai trouvé la lecture de cette dissertation intéressante et instructive. Je pense que sa lecture représente un excellent apport pour tous ceux qui désirent commencer un projet adressant ou intervenant dans les questions de politique, de décisions ou de programmes de la CE.

Monique Cleland



Dear Colleagues,



Publishers have two different approaches to free scientific information. The world's poorest countries will have free access to scientific information or at greatly reduced cost. Six of the most important publishers signed a Statement Intent on July 9 in London, affirming their plans to provide access to key biomedical journals. The publishers plan to work with WHO to encourage research publishing programmes in developing nations. Smaller publishing groups, such as professional bodies that publish the New England Journal of Medicine and JAMA, are also expected to join the scheme. (Lancet, 2001, 358,134; BMJ 2001, 323,65). Most publishers seem uninterested in the project of the Public Library of Science. With the September boycott deadline looming, PLS probably needs to create its own publishing system and provide the scientists who have supported its campaign with a place to publish which provides free access (Nature, 2001, 412, 469).

Giovanna F. Miranda

JOURNAL ISSUES

Since the Newsletter of August 2001, the following journal issue of Health Information and Libraries Journal has been received: vol. 18, 2001, no. 3
 D. Pearson, S. Gove, J. Lancaster. Editorial. p. 135.
 R. Porter. Why historians of medicine need your help. p.137-138.
 D. Pearson. Medical history for tomorrow-preserving the record of today. p.139-143.
 B. Madge. Elizabeth Blackwell-the forgotten herbalist? p.144-152.
 L. McClure. Standing on the shoulders of giants. p. 153-155.
 J. Browne. A CD-Rom on medicine in literature. p. 156-158.
 B. Brunton. The Open University history of medicine CD-Rom. p. 159.
 D. Pearson. Research resources in medical history: a new funding scheme. p. 160-161.
 J. Melling. A healthy future for medical records? A view from south-west England. p. 162-164.
 R. Murray Price. The Worshipful Society of Apothecaries of London and the history of medicine. p. 165-166.
 Innovations online series. (B. Anagnostelis). p. 167.
 Research. (A.Booth, A. Brice). p.175.

BOOKS REVIEW

The Directory of University Libraries in Europe. 1st Edition. Europe Publications, London. ISBN 1-85743-071-9. £ 190.00, 413 pp. The book covers the libraries of some 800 European universities (including Eastern Europe), arranged alphabetically by country. Entries comprise full contact details, including e-mail and Internet addresses, and names of chief librarians and other relevant staff.

JOURNAL REVIEW

Serials Reference Services Quarterly. Ed. Deborah Lee. The Haworth Information Press Inc, Binghamton, New York. Subscription rates: Individuals \$ 36, Institutions \$75, and Libraries \$ 75. (For countries outside the US and Canada add 45% to subscription rates) The journal will provide original articles, update columns, Internet resources columns devoted to reference work with serial collections.

PAPERS REVIEW

Indexing web sites: a practical guide. G.M. Browne. Internet Reference Services Quarterly 2001, 5, 27.

INFORMATION SOURCES

..... Web-based

The Cochrane Collaboration provides a consumer website easy to navigate, and with high quality contents. www.cochraneconsumer.com
 Free Medical Journals. Provides links to some 650 biomedical journals that are provided free in full text versions on the Internet. The free journals are listed (with the impact factor) either alphabetically or by category. www.freemedicaljournals.com

Scirus is an Internet search tool, developed by Elsevier Science, concentrating searching on scientific content only. Scirus covers more than 60 million science related pages from the Web (University web sites and author pages), free and membership sources (Web ScienceDirect, Medline on BioMedNet, Belstein on Chem

Web, Neuroscion, BioMedCentral). www.scirus.com

Antibiotic Guide. The Johns Hopkins University supplies up-to-date information about the use of antibiotics for the diagnosis and treatment of infectious diseases. Users may search by search terms, diagnosis, pathogen, or antibiotic. Drug information includes the dosage, adverse reactions, interactions with other drugs, cost, etc. Free registration is required. <http://hopkins-abxguide.org>

Norgeshelsa. Norwegian Health in English. This is a database presenting the most important health data about Norway. It contains a large number of indicators about health and illness in the Norwegian population. www.folkehelsa.no/fag/nhis/english.html

..... CD-Rom based

OECD Health Data 2001. A comparative analysis of health systems and outcomes of 30 countries. The main topics are health status, health care resources, health care utilisation, expenditure on health, etc. The database uses Windows-based software and provides free technical assistance and access to updates via the Internet. For further information: www.oecd.org/els/health

NEWS FROM EDITORS

Blackwell, Elsevier Science, The Harcourt Worldwide STM Group, Wolters Kluwer International Health & Science, Springer Verlag and John Wiley and The World Health Organization, have announced that close to 100 developing countries will have free



PUBLICATIONS AND NEW PRODUCTS

access, or access at deeply reduced rates, to vital scientific information. Almost 1000 of the world's leading medical and scientific journals will be available through the Internet to medical schools and research institutions. The initiative is part of the "Health InterNetwork", which aims to strengthen public health services by providing public health workers, researchers and policy makers, access high quality, relevant and timely health information through an Internet portal. <http://www.who.int/inf-pr-2001/en/pr2001-32.html>

Harvard University Library and the three major scholarly journal publishers Blackwell Publishing, John Wiley & Sons and The University of Chicago Press, are to develop an experimental archiving plan for electronic journals.

<http://www.diglib.org/preserve/harvard0206.htm>

Roquade project. In response to the increasing prices of scientific journals, three Dutch libraries have established an infrastructure of tools and service to

facilitate and support electronic publishing by academics at the lowest possible cost. Roquade will also work together with learned societies and scientific publishers who are seeking to improve the process of scientific communication through collaboration and innovative contributions. One of the journals published within Roquade infrastructure is the International Journal of Integrated Care.

For further information:

<http://www.roquade.nl>

Serials - the journal for the serials community - now more generally available: also for non-members.

PRESS RELEASE 19 September 2001: The United Kingdom Serials Group (UKSG) has announced that it will make its prestigious journal *Serials* available to non-members worldwide on subscription from 2002. The new editors of the journal Hazel Woodward and Helen Henderson have broadened the scope of the journal and want to make it more accessible to the information community around the world. Hazel Woodward (the University Librarian at Cranfield University and Director of the Cranfield University Press) said "some organisations who are not currently members of the UK Serials Group would really like access to the journal. By making it available more generally we hope to get a wider circulation, more contributions and a greater influence for UKSG within the serials industry".

UKSG members will continue to have other exclusive benefits. In addition to the discounts on the conference and seminars, later this year will see the introduction of the members' electronic newsletter. Helen Henderson commented "it is clear that we need two channels of communication; the

purely electronic medium for topical and fast moving information, and the journal for more substantial article and archive information".

UKSG also hope that more people will take advantage of the electronic version which has been available through CatchWord (an ingenta company) for two years. Bev Acreman (Marketing Director of Taylor & Francis) of the UKSG Marketing Sub-Committee said "with the introduction of the online edition of *Serials*, we have added some real value to this important journal. For the first time you will be able to follow reference links forward and backwards through citing and cited articles right back to the original article where they are available online. This is all possible using the recent CrossRef technology project where to date, there are 70 publishers participating accounting for over 3,800 journals with about 3 million article records in the database. In addition, any websites listed within *Serials* articles will be automatically hyperlinked enabling you to click straight through to them, plus email

any authors who have included their email addresses in the article".

A free sample issue of *Serials* is available at www.uksg.org

Serials is published three times a year and contains articles, summaries of key issues for the community, book reviews as well as industry and people news. It is included in the membership fee of 76.19 GBP for 2002. The subscription for *Serials* only for 2002 will be 60.00 GBP (USD86 or EUR 94.50) for electronic free with print and GBP 55.00 (USD79 or EUR 86.50) (plus VAT where appropriate) for electronic only.

For more information contact:

Ms Alison Whitehorn

Business Manager, UK Serials Group

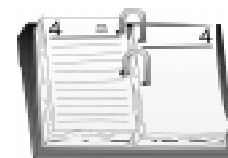
Hilltop, Heath End

Newbury RG20 0AP UK

Tel.: +44 (0)1635 254292

Fax: +44 (0)1635 253826

E-mail: uksg.admin@dial.pipex.com



4-6 December, 2001, London, UK - Online Information 2001

For further information: www.online-information.co.uk

Important data and forthcoming events of our Association:

December 17-18, 2001, Cologne (Germany)

Meeting of the **International Programme Committee (IPC)** of the 8ECMHL

January 25-26, 2002, Cologne (Germany)

EAHIL Executive Board meeting

Spring/Summer 2002: **Elections** to take place for

- President (Tony McSeán 2001-2002)
- Board member (Suzanne Bakker 1999-2002)
- Council members

Belgium	René Mertens	1999-2002	Françoise Pasleau	1999-2002
Denmark	Lise N. Christensen	1991-2002		
Finland	Pirjo Rajakiili	1995-2002		
France	Armelle Martin	1999-2002		
Germany	Oliver Obst	1999-2002		
Ireland	<i>vacancy</i>	<i>2001-</i>		
Italy	V. Pistotti	1999-2002		
Netherlands	Gertie Veldman	1999-2002		
Norway	Patricia Flor	1999-2002	Turid Tharaldsen	1988-2001
Portugal	Isabel Andrade	1999-2002		
Slovenia	Nada Trzan-Herman	1999-2002		
Spain	Marta Jordà Olives	1999-2001		
Switzerland	Tamara Morcillo	1999-2002		
UK	Maureen Forrest	2001-2002	Peter Morgan	2001-2002

August 18-25, 2002 Glasgow (Scotland, UK) **IFLA meeting** (incl. **EAHIL workshop** in cooperation with the IFLA Section of Biological and Medical Sciences Libraries)

September 14, 2002 Cologne (Germany) **Executive Board** meeting (date to be confirmed)

September 15, 2002 Cologne (Germany) **EAHIL Council** meeting (date to be confirmed)

September 16-21, 2002 Cologne (Germany) **EAHIL Conference** (including continuing education courses)

Instructions for Authors

Manuscripts either in English or French should be about 3-4 standard (1.50 space) typewritten pages and provided by e-mail or on a diskette. Informative title, short summary and keywords should be provided. References should be expressed in Vancouver style. Authors of submitted papers accept editing and re-use of published material by EAHIL.

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