THE HEALTH LITERATURE SERVICES: Possibilities and Challenges

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By

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The Annual Conference is a place to learn. Its educational values cannot be overstressed. Although we sometimes think of it as a place for society affairs and business, committees, coupled with a few hours of entertainment, renewing old friendships and, finally returning home with a month of keeping in touch.

But it is true that there is no other place better to become enlightened, informed and rejuvenated than at the annual meeting of such renowned professional association such as ours.

If we consider the future of this profession and the sweeping innovations in technology, the broadening horizon of research and the complexity of socio economic and governmental influences on our profession, we must with one accord accept the challenge of the times. To meet the challenge, we must constantly update our knowledge and skills.

This year's theme is "Libraries and the Nation's Health" and hence the topic for our annual lecture is no less related.

The intention in this paper is to give you an outline of the Government plan to fulfil its obligation in bringing health facilities to the people of Nigeria whilst relating it to international health's scenery to justify the need to involve everybody in health care delivery.

The need for provision and use of health literature services for effectiveness will also be reviewed with examples drawn from everywhere including Nigeria and lastly, I hope to draw your attention to some of the challenges posed by the problems which time might have allowed me to discuss. First, an anology is given for answer to What Is Health Care?

Health is an inalienable right of every creature whether human or animal. It is a basic need. This can be illustrated by the anology of a child who likes to drink water to quench a thirst, and just turn on the tap and satisfies his thirst not knowing that many hands had been involved in bringing the water so close to him or a thirsty man who turns a faucet, fills a glass, and drinks deeply of cool, pure water. Thus a a basic human need is satisfied in simple fashion.

Or so it seems to the casual consumer or the provider. But no one seem to involve himself, at any level beyond that of plumber's helper, with the slaking of thirst can ignore the complex factors which determine whether and how this basic need will be satisfied.

When the horizon is broadened to include more than the local plumbing and to consider public water supplies, the provider of pure water as well as the socially conscious consumer must take into account the influences of geography, political science, economics, chemistry, microbiology, industrial toxicology, epidemiology, system analysis, architecture, and city planning - to name a few. Thus planning in such a field requires an especially long perspective and a great breath of understanding.

So it is with Health Care ..... To the anxious parent whose infant daughter is wheezing, the process for meeting the need may sometimes appear very simple - call the doctor, who prescribes or indicates mode of treatment, the pharmacist who dispenses the drug, the nurse who administers the medicine, and soon the child is better. A simple, personal services is rendered at the proper time and place to meet an individual's perceived need, or complaint.

But the satisfaction of the needs of society for health care in its broadest aspect is a much more complex process, and many factors will determine whether and how an individual's needs can be satisfied. Health care must be viewed in terms not only of cure but also of prevention and rehabilitation. At whatever angle it is viewed, three important information needs can be identified viz.: Education, Patient Care or Practice and Research.

The Federal Government took some decisive steps to support the saying "The Wealth of the Nation is the people's Health" by including in the 3rd National Development Plan Period (1975 - 1980) a National Basic Health Service Scheme (BHSS)!

The Basic Health Service Scheme (BHSS):

The Federal Government got a step further in the implimentation of the Plan, with the establishment, by decree, an Implimentation Agency for the National Basic Health Service Scheme in addition to the revision of the budget allocation for Health Programmes throughout the country:

A total sum of ₦1,173m. to both the Federal and State Governments for their collective health projects in five years 1975 - 1980.

		Nm.
Federal Government		693m
Anambra	State	35.500m
Bauchi	"	42.500m
Bendel	"	38.659m
Benue	"	21.850m
Borno	"	16.750m
Cross River	"	27.350m
Gongola	"	24.147m
Imo	"	40.147m
Kaduna	"	19.658m
Kano	"	27.156m
Kwara	"	15.000m
Lagos	"	40.848m
Niger	"	20.915m
Ogun	"	12.545m
Ondo	"	15.590m
Oyo	"	15.590m
Plateau	"	16.151m
Rivers	"	27.855m
Sokoto	"	21.185m

This showed an increased of N143.002m or 54% over the original allocation The BHSS objectives, among others, are:

(1) to initiate the provision of adequate and effective health facilities and care for the entire population as a forerunner for the intorduction of National Health Service in Nigeria.

(2) to carry primary health care to the people in rural and other areas.

(3) to correct imbalances between preventive and curative health care.

(4) to correct imbalances in the location and distribution of health institutions.

(5) to provide the infrastructure for all preventive programme such as the control of communicable diseases, family health, environmental health, nutrition services, health education mental health, dental health, school health, health statistics and community health statistics and community health activities.

(6) to establish in the long-run, a dynamic health care system best adapted to the local conditions and the level of health technology.

Other favourable signs are:- The new Universities, of Ilorin, Jos, Sokoto, Calabar and Maiduguri started with plans for new medical schools. Many State Governments are now running Schools of Health Technology. The admission to the existing Medical Schools have been doubled in spite of budget cuts and many new hospitals are being built: there is also a government proposal to build at least one teaching hospital in each state of the federation

In addition, more attention is being given to biomedical research efforts in order to keep pace with the developed nations: The Medical Research Council through the Institute for Medical Research has also intensified its research programmes.

As expected, other health professional institutions such as the Schools of Nursing, Pharmacy, Radiography and Midwifery to mention a few, are being expanded to supply the manpower need of the BHSS.

In addition, to the progressive efforts of the Federal Government in furthering the declared objectives of the BHSS, special attention is given to see that "Health is obtainable at the 'grassroot' of our economy by the establishment of comprehensive Primary Health Care Centres in the rural areas. Special focus of these services include Rural Health Clinics, Dispensaries, and Health Centres.

This bold but ambitious plan enumerated above is consonant with the declared objectives of the World Health Organization expressed in the spirit of international health as man's inalienable right which re-echoed at the last World Health Assembly recently when President Carter reportedly said:-

> "...These questions affect us all, since increased international travel hastens the spread of disease throughout the world. But a greater degree of co-operation between scholars and scientists of all nations can slow that spread, and even wipe out certain diseases altogether, smallpox, for example, is almost eradicated... We also know that health and economic development are closely linked. The child with malaria often misses schools, the anaemic worker, with a parasitic infection, is less productive than he should be.
>
> We need to pursue programmes which break this cycle of poverty, disease and hunger. My country also supports the bold and innovative new programme of research in tropical diseases being developed in co-operation with the World Health Organization. These efforts will bring us closer to our goal: a world in which all people can live free from fear of crippling and debilitating diseases.

With these efforts outlined to improve the health care delivery from all fronts by the Federal Government, the need to have easier access to health literature information as part of the National Plan becomes quite obvious.

We shall now examine what facilities are available to meet these needs and then hazard some solutions to where there are very acute inadequacies.

Health Information Systems For Health Care Professions:

The information systems designed to cater for the needs of the health care staff are many and vary in type of services provided and patrons served. The most common area where they all meet is the demand for information for education, research and practice which must be responsive, rapid and less expensive.

The libraries can be grouped into the following categories:

Private or Society Libraries:

Most of these are as old as the society that founded them. e.g. the Royal Society of Medicine London and the Cleveland Medical Association Library in Ohio both were founded in the 19th century.

Some of the society libraries have museums containing records of the discoveries and inventions in medical sciences. For example, the Howard Dittrick Museum of Historical Medicine in Cleveland is a very important and functional arm of the Health Sciences Centre Libraries in Cleveland Ohio (Helerstein 1977). Many of its activities are based within the academic life of the universities and other academic medical institutions where they are situated.

The society libraries are significantly respected for the roles they play in the teaching of history of medicine which form part of the curricular of some notable medical shcools. The Welcome History of Medicine Library in London comes readily to mind. They share in between them magnificient collections of rare books including manuscripts, portraits, and artifacts of ancient medical practices. One of the most essential aspects of these facilities is the use as an educational resource centre for children from the primary school level. The Nigerian Medical Association has no collection of this size and importance.

The libraries have also been used as national resources in many countries, Wade (1976) wrote of the Royal Society of Medicine:-

> "I believe that in becoming a British Lending Library Department BLLD back-up the library has taken a really important step towards giving real substance to the hope of our forerunners - that the library should be worthy of the nation."

Institute and Research Libraries:

These in name go with the Institute or Research Centres to which they are attached. But the Institutes reflect on medical speciality e.g. The Institute of Child Health in Ahmadu Bello University and University of Lagos respectively. The National Veterinary Research Institute in Vom, and Nigeria Institute of Trypanosomiasis Research in Kaduna. The Research Centres specialise in conducting basic reseach and they assume national importance. Libraries for the two categories provide services to meet the needs of postgraduate students and research staff in medicine and related disciplines.

The Medical Research Council in Yaba, Lagos, inaugurated on January 26, 1973, is the only one of its type in Nigeria and it is addressed as the Medical Research Council of Nigeria and National Institute for Medical Research with a Director who also is the Secretary to the Council. The Library has been recognised from the outset as important supporting service of the research programmes throughout the Federation.

In the Institute's programme for development, there are provisions for a well-designed and functional library befitting the Institute that will replace the existing very small but useful collection now serving the needs of research fellows and other personnel at the Institute.

There are many well developed research libraries serving the Teaching Hospitals, Government and Private Hospitals, Universities and government institutions in countries where they are established. Some of them like the Clinical Research Institute Library in Norwich, England and the National Institute of Cancer Research in U.S. render services to institutions all over the world.

National Library:

It is convenient, considering the time at our disposal to discuss one of these types. The National Library of Medicine (NLM) at Bethesda, in Maryland, U.S.. It is part of the Health, Education and Welfare Department of the U.S. Government functionaries. It was founded in 1836 as the Library of the Surgeon General's Office, in Washington with well over a million volumes, it takes about 10,000 current periodicals out of which it provided current indexes - author and subject to only about 2,400.

This is published as Index Medicus which first appeared in 1879 as an Index Catalogue of the Library of the Surgeon's General intended primarily for the general practioner. This a versatile tool for libraries and librarians serving the health care field and deserves some attention.

Index Medicus:

As the successor to the Index-Catalogue it covered the whole field of medical literature (Morton 1974) noted that its founder's intention was not to make the Index Medicus cope with the rapid indexing of current literature, but declared in its first preface of Index Medicus of 31 January, 1879, that is would record the titles of all new publications in medicine surgery and the colleteral branches received during the proceeding month and that they will be followed by the titles of valuable original articles upon the same subject found during the like period, in medical journals and transactions of medical societies. The periodicals thus indexed will comprise all current medical journals and transactions of value.

The Index-Catalogue, Index Medicus and the baby Abridged Index Medicus had above, all established in the U.S. a pioneering tradition for the comprehensive indexing of medical literature, which had been carried forward to the present day.

Other very useful and important services from the National Library of Medicine will be discussed later for their international importance and as versatile computerized information retrieval tool.

Medical Schools Libraries:

The main users of these libraries are the faculty members, students and doctros. The doctors are expected to use the Hospital Libraries which should cater for their clinical and continuing education needs. But invariably, the interns and consultants, probably due to the fraternal ties, are very good users of the school libraries long after they had qualified. Though the ideal thing is to use another library specially designed to cater for their needs.

They also form the majority of the nation's collections in biomedical information for education of budding health care professionals. It was even announced recently that each of the new universities, as earlier mentioned will have a medical school and, by stretch of imagination, they will establish medical or health sciences libraries.

What Do These Libraries Do?

Like others anywhere in the world, they all strive to meet needs of their clients through the provision of both graphic and non-graphic materials, the recording, indexing and classifying of these materials. The accessibility and dissemination of information are essential characteristics of the medical or healths sciences libraries.

The present trends include the involvement in the use of educational technology through the Biomedical Communication Centres, for instance, at the University of Ibadan, E. Latunde Odeku's Medical Library, It is a replica of the over used

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slogan Education or Resource Centre for the Health Sciences Professions. The emphasis of this centre is in the provision of all audio visual materials that form the bulk of instructional support to all academic lectures seminars and other studies in the medical school but based within the library premises - thus forming the Health Communication Centre per se.

Its stock includes slides, tapes, audio and videotapes, films trips and film, and other visual aids materials used during any learning process which can be used as both teaching resource - materials intended for use by the teacher; and learning resource - an item or environment structured so that a user may be expected to learn from it (Ojoade 1977)

Special provision and probably typical of medical school libraries are the provision for literature searches both on the spot and through interlibrary processes for their research or post-graduate students.

Though, it is yet to be confirmed that within the Health Care Information field a lost information can lead to death of a patient, but its validity is obvious. The librarians of these libraries are often faced with situations whereby they found themsleves bound by ethical practices to keep our secret secret.

For instance, the writer was on one occasion forced to tackle a reference inquiry involving the offering of an information which may lead to a possible legal proceeding between an unidentified patient and the doctor-lecturer specialist who administered a drug of which the patient had read about its side effects in the literature.

Thus because of their unique connections, the medical school librarians had to be on their guards when attending to their professional duties.

Another area of service in medical school libraries attached to hospitals whether general or teaching is the unspecified number of inquiries coming from the casuality or the surgical operating room. The doctor who perhaps remembered that he had an article on the treatment of a child with short breath once in a ournal in the library could call for information on what had been recommended. It is not a strange inquiry to be asked to read the summary or list the prognosis described on the telephone.

The intention here is not to emphasis that the librarians do something extra-ordinary but only to reinforce the fact that the work of these people involve more than the acquisition and loan of books. Librarianship as a service-oriented profession should not only meet the needs of the users but should also anticipate and initiate services that are responsive to needs of the users. These are what the medical school libraries and librarians offer their patrons

Hospitals and Other Libraries:

Those included under these are the Teaching Hospitals, General Hospitals, Schools of Nursing and other paramedical institutional libraries. Some general features among these libraries are that the Schools of Nursing are usually attached to Teaching Hospital and hence have a joint library service.

General Hospitals (unlike the Nigerian pattern) are charac teristically independent of any other health care institution, for example, the General Hospital in Lagos. But no General Hospital by convention could divorce itself from training responsibilities of all categories of staff. An example to us in Nigeria are the Schools of Health Technology programmes in different parts of the country. For example, in Bauchi State, there would be training facilities for midwives and nurses in their current planning period for which adequate funds had been allocated.

The libraries for hospitals generally cater for the continuing education needs of both doctors and other health professionals including the non medical staff e.g. the technical and secretarial staff. These are the health team needed for quality patient care.

In addition, patient needs are also catered for mostly by the provision of recreational reading materials but ideally based on the advice of the attending physician. It is usual and inadvisable to allow a patient access to the library, even where you have patient-library services well established.

Bibliotherapy is a term often used in error for books generally provided for the use of patients. This is not correct It is a special service offered by competent and trained staff usually with experience in librarianship to a special group of client whose indisposition could be ameliorated by reading or being read to, some of the carefully selected titles. The users may include mentally imballanced or those who are temporarily emotionally disturbed. It is usually a service recognized as part of the entire prognosis in health care institutions.

COMPUTER PRODUCED INFORMATION RETRIEVAL SERVICES

There are many computer data bases very important to health sciences information services. The Chemical Abstract Services (CAS) Biosciences Information Services (BIOSIS) e.g. Biological Abstracts; Institute for Scientific Information (ISI) Services e.g. Current Contents; the Clinical Practice and the Life Sciences are all commended to you for their excellence as essential 'Current Awareness' tools to mention a few. "For now, the following are discussed:

Medlars/Medline:

Medlars (Medical Literature Analysis and Retrieval System) is a by-product of the compilation of Index Medicus, Index to Dental Literature and International Nursing Index.

In 1970 the National Library inaugurated the experimental AIM–TWX (Abridged Index Medicus via the Teletypewriter exchange Network) service. It is a new service from which MEDLINE (Medlars on-line developed and provided outline searching of 4,000,000 citations, representing about half the MEDLARS Journals since 1969.

The hierarching of terms, as represented in MeSH headings can be explored on-line and up to 45 users can use the system simultaneously.

The MEDLINE computer recognizes some 9,000 medical subject heading that can be combined to search on a precise topic e.g. Zinc Metabolism: Metabolic Shock: Shock Metabolism. In addition to the subject headings, the computer can search by an author's name, works in the title of the article. a publication late, language, a specific journal, or a combination of these elements. Printed out at the terminal is a listing of references each containing the author, article title, and journal source.

It is also possible to print out the medical subject heading that were used to index each article - In a sense a "telegraphic abstract" Searches that result in large numbers of references retrieved are usually not printed out on-line at the terminal, but off-line at the N.L.M. and mailed to the requester the next day

Medline operationally started in 1971. It permits immediate access to half-a-million references to articles in 2400 of the world's most important health and medical journals. The bibliographical citations in the data base formed by the indexing of current medical literature, contains terms from the special vocabulary for biomedical literature known as MeSH. A trained searcher uses the same list of words to get the requested references for articles on the designed object out of the computer. Citation can also be located by author title, journal or language.

Where Services can be Obtained Outside the U.S.

About 250 medical and health libraries in the United States and Canada are linked together in a nationwide data communications network. Scientific centres or biomedical libraries in Australia, Brazil, France, Sweden and United Kingdom are making services available in their countries as a part of an international computer based health information network.

MEDLINE materials more relevant to West Africa are made available to libraries in Nigeria through Medline Output on Medicine in West Africa, a service obtainable, until last month, through the World Health Organization Library in Geneva, Switzerland. There in Geneva a terminal is linked directly to the National Library of Medicine. It was no doubt a rapid access to current literature information from the world's leading biomedical journals on West African Medicine from WHO Medline Centre.

Circumstances leading to its stoppage had been the dismay of all biomedical researchers and academic health care practitioners particularly in Nigeria and other Anglophone and Francophone African countries.

As versatile as this service is to us in Africa, it is not without its inadequacies. This is partly due to the journal selection policy stated thus:-

> "In the selection of materials for indexing, the National Library of Medicine is advised by a group of distinguished physicians, medical editors and medical librarians. The Library indexes literature that has been judged most useful to Index Medicus Users but it is not possible to include every journal and monograph that might contain useful article".

This statement accounts for the fact that not all medical or health related articles reported in journal published outside U. S. are indexed. In fact, research had confirmed that only two titles out of the twenty-four listed in the Nigerian Health Sciences Periodicals are indexed in the Index Medicus and hence citations of other medical journals are consequently excluded. This matter will be brought up later under the challenges that lie ahead of librarians working in the health care field in Nigeria.

Charges:

The charge for a MEDLINE Search will vary, according to an institution's policies. Depending on the length and complexity, the user may anticipate a charge of up to $8.50 for an ordinary search. Some MEDLINE Centres are able to absorb the cost and do not charge the user. The charges sometimes cover the communications cost from the user's terminal to the National Library of Medicine Computer as well as, if applicable, the assistance of an analyst or searcher.

Otherwise the institution, which may be a local hospital, medical school or other health science library, pays a charge based on the amount of computer time used, telephone communication costs, and the number of references printed out. For the benefit of those who are cost conscious or willing to compare values of the Index Medicus and MEDLINE Services, I commend to you (Harley 1975) article on information costs.

National Library of Medicine Services to libraries in Nigeria are free both for the cost of the materials sent and postage. The materials are either photocopy of journal articles not available in Nigeria and MEDLINE printouts all of these are airmailed to the requesting library under the U. S. Aid Programmes.

Medline Offshoots:

These consist of other on-line services. They are accessible via terminals which connect users to the computer at the National Library of Medicine. The following are available. TOXLINE (Toxicology Information On-Line) operational since Septermber 1972. It contains information for health professionals and scientists working in the areas of pharmacology/toxicology, environmental pollution, occupational health and safety, medicine, and related field. TOXLINE has an extensive collection of about 350,000 references and abstracts from the scientific literature including references with MeSH terms from Toxicity Bibliography abstracts from International Pharmacuetical Abstracts; and other miscellaneous references on the health effects of pesticides.

SDILINE (Selective Dissemination of Information On-Line) is a data base containing all citations to the forthcoming printed edition of Index Medicus, thereby making available some 20,000 references to users almost one month prior to publication in Index Medicus. This consist of the current month's input to MEDLINE

CATLINE (Catalogue On-Line) is a data base containing full bibliographic information for all monographic and book materials catalogued at National Library of Medicine and appearing in the National Library of Medicine Current Catalogue since 1965. It contains about 150,000 items. CATLINE is used in support of a number of library activities ranging from acquisitions and cataloguing to reference and inter-library loan.

SERLINE (Serials On-Line) is a data base of serial records containing bibliographic and locator information for about 6,500 current biomedical serial titles. Using SERLINE, it is possible to identity which specific titles are held by any of 177 participating medical libraries. SERLINE is used primarily in support of interlibrary activity.

CANCERLINE - sponsored in collaboration with National Cancer Research Institute has some 40,000 abstract in the area of cancer research.

AVLINE (Audio Visual on-line) The physicians through MEDLINE have access to audio visuals housed at the National Medical Audiovisual Centre (NMAC) in Atlanta.

The centre, which has been part of the library since 1967 is engaged in developing a programme that may have an important influence on health science teaching, recertification, and continuing education programmes. With the assistance of panel educators and specialists, the centre identifies, collects and evaluates audiovisuals used in medical and dental education.

Instructional materials judged to be sound in content and high in technical quality had become part of a new on-line retrieval system known as AVLINE.

As with journal articles, the NMAC will lend health science motion pictures of video tapes to institutions of higher learning and to individual health professionals. Whilst on the AV it is pertinent to note additional facilities provided by the Teaching Aid at low cost project of the Institute of Child Health, London and the Royal College of General Practitioners - sponsored Medical Recording Foundation both are producing materials appropriate to Nigerian needs and non-profit-making prices.

The Lister Hill National Centre for Biomedical Communications is another component of National Library of Medicine. The Centre establsihed in 1968 draws on talents of medical educators, system specialists and . . . . . communication engineers to apply modern technology to the problems of health information transfer. It played an important role in the inital development of MEDLINE and is now engaged in experiments involving satellite communications in support of medical education areas of Alaska.

EXCERPTA MEDICA:

The Excerpta Medica Foundation is an international non profit organization founded in 1946 with the principal aim to further the progress of medical knowledge by making information available to the medical and related professions on all significant basic research and clinical findings reported in any language throughout the world.

About 4,000 Physicians (Blanken & Stern 1974) 16 collaborate worldwide with the Foundation's Executive Editors and a staff of 100 practicing medical specialists and researchers who serve as index editors with about 250 additional full-time personnel comprising abstractors, medical translators and superviosrs, etc., currently publishing 40 titles in Excerpta Medica series of English language journals, each covering a particular biomedical speciality. More than 3,500 of the most important serials in the biomedical field constitute the source material for the data base and the 40 Abstract Journals.

Some special features include first the archives which now contain over half a million microfilm representing over 22,000,000 pages of original articles from the 20,000 individual journal issues received annually by Excerpta Medica which are microfilmed from cover to cover before processing and abstracting.

Thus this microfilmed library, a cooperative endeavour between the Excerpta Medica Foundation (EMF) and the Royal Netherlands Academy of Sciences, has ensured since 1960 that complete contents of more than 2,500 biomedical periodicals are stored annually. Secondly in addition to the computer produced abstract journals of the regular series Excerpta Medica produces 20 "special services" or abstract bulletins and bibliographies designed to cover only the very best literature in more than highly specialised subject areas.

Two other sections which go considerably outside the scope of coverage of Excerpta Medica as defined earler on, are mainly Health, Economics and Environmental Health both of which contain information of general interest to the public and hence should be included in the list of Journals of any library.

In the foregoing I have attempted to list the possibilities and problems of attempts being made worldwide to provide rapid access to information needs of the health care professions. This sketches users' environment of the Health Sciences Libraries.

Efforts had also been made all along to draw on Nigerian scene in order to highlight some of the challenges of our times.

RESEARCH STUDIES:

It is necessary, to inform or remind some of us one of the few relevant research studies 17, 18 that had been undertaken within the area covered by the topic of this lecture.

W.H.O. FEASIBILITY STUDY:

This is a field study undertaken in 1975 by Seymour Taine, Chief Office of Library and Health Literature Service, W.H.O. Geneva, Switzerland, under the directives of the Director, W.H.O. Regional Office in Africa.

Taine visited some African countries including Kenya and Nigeria with the purpose of advising the W.H.O. Africa Regional Office in Brazzaville of the feasibility of a Regional Library Service for the African Health Professionals. The main purpose, I presume, included recommendations of the probable location of the Regional Library of excellence.

Taine's report identified, among others, the following:- training and education of library staff: improved book and journal collection: additional abstracting and indexing of journals: extension of mechanisms for acquiring materials from abroad: photocopying equipment: audio visual equipment. facilitating conversion of local to hard currencies for procurement abroad: improved regional communication: transportation facilities: and extension of the medline service.

Though the report is not yet published but I believe efforts are being made to implement part of the recommendations.

HOW YOU ARE AFFECTED:

The analogy given about the Health Care comes in handy again whether Public, Private or Commerical, academic non-medical and national, you are as librarians, your users cannot afford to be left health-information thirsty.

How many libraries in Lagos beside those who should, have copies of the Nigerian Medical Directory or the Lagos State Hospital Formulary and Mediscope. These, among others, are obtainable free, except the Directory. But they give basic information any user could expect to find in any library. The information on their availability are often made public. For example, the Lagos State Hospital Formulary was announced over the Radio and Television Network News Programmes.

RURAL HEALTH INFORMATION SERVICE:

The Rural Health Service, as mentioned earlier on in the paper is an essential aspect of the BHSS and as far as the brain drain slogan goes, it has greater dimensions within the concept of a developing economy. It is also an open secret that well qualified and progressive young practitioners in the health care field usually find their ways to urban areas after fulfiling the National Youth Corps Service.

It is therefore essential that adequate provisions are made to encourage these cadre of health professionals to stay longer in the rural areas where their services are needed most. An example of lack of basic needs germane to the problem being addressed here can be deduced from (Ogunseinde 1976) when he wrote about difficulties facing a Government Hospital Medical Officer in writing medical papers:

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"Government hospitals not involved with medical schools often lack the full facilities of the paramedical sector". He called on the government to improve the situation by the provision of some basic laboratory facilities usually found in teaching hospital and used for investigations and diagnosis:

"Finally" ne writes, "a reference library is not easily accessible (if at all existing) to the doctors, yet it can be of great value in stimulating the interest of doctors in searching for references".

What is being done in this area?. I would say nothing. The only service similar to this is what Hague (1975) reported as medical library extension activities at Ahmadu Bello University service. This covers three hospitals, Kaduna, Kano and Malunfashi.

This calls for a solution and challenge to planning acumen of our profession.

Nigeria is a developing country with a developing economy. It is one of the places where resources, both in human and materials are scare. The survival of the nation vis-a-vis the economy, depends on how these scarce resources are utilized.

We should not feel unconcerned anymore with things around us. Health Sciences Information Services, I will suggest, should permeate through our national resources for library provisions. Libraries whether public special or academic must be involved in this crusade.

The Nigerian Library Association as a body has also a part to play. This could be achieved through the Health Sciences Library and Information Services Group of the Nigerian Library Association. The Group was inaugurated at a short but impressive ceremony at the University College Hospital, Ibadan on the 26th of August, 1977.

I will not bother you with the aims of this Group since you can get this from copies of the Newsletter published to commemorate the launching but I will like to mention here and now that other countries, particularly in Africa, are looking forward to Nigeria for a vigorous and more effective leadership in the library profession. (Sheriff 1977), Librarian, Fourah Bay College, University of Sierra Leone writes:-

> "I say delights because an inauguration ceremony denotes joyous activities of festivity though this is not all that there is to a very important ceremony like yours. There is a more serious and perhaps more memorable aspect ot it. That of serious and thoughtful planning for the development and nurturing of a professional association. In this regard we hope your association will make valuable contributions towards the development of medical librarianship not only in Nigeria but in the international field. We therefore look forward to your generating innovative, practical and useful professional ideas which would help solve many of our bibliographic and other problems in Health Sciences".

Other papers delivered on the occasion emphasized among others, the need to create a legal deposit library for copies of published medical and scientific journals, staff development through exchange and training programmes with National Library of Medicine in U. S., retrieval of scattered articles published on Nigerian health problems in many foreign journals and particularly (Nsolo 1977) hinted members of the Health Sciences Library and Information Services (HSLIS) Group at the launching ceremony about the Federal Ministry of Health's proposal to build a new Central Medical Library at Yaba at a cost of ₦883.250 - what a happy note to sound and it is indeed a welcome news.

(Amosu 1977) is the latest of all papers affording us a general review and future prospects of libraries serving the health professions in Nigeria. She was forthright in saying:

> ".....The need for speedy and appropriate information work will even be greater than in the present medical schools because many faculty members will be far from the library and so will students and will have to rely on active assistance of librarians."

Therefore we need in this country and West Africa in particular the following:-

(a) A Health Information "Clearing House"- this will be the nucleus of all health science libraries in the country cooperating to make their holdings usable by one another. This is necessary so that the library clienteles will have access to all by submitting a request to one.

(b) A simple but very cogent statement of functions which should include availability of information in health sciences research institutions in West Africa.

(c) An organization composed of professionals and non-professionals but interested individuals in the health sciences literature services for West African countries. The Health Sciences Library and Information Group is a budding agent.

(d) Government sponsored Indexing Service for all locally published journals. Irrespective of the fact that they are included in foreign indexing service. This will ensure accessibility and promptness.

Finally, knowledge of information is a commodity that has value when it is exchanged or disseminated. But informations should be gathered and organized for use. Hence, the trio - gathering, organising and disseminating of information are desirable prerequisites to Information Exchange.

Unknown information, I submit, Mr. Chairman, is a loss of both human and material resources. It leads to unnecessary duplication and wasteful economic resources. To health matters, it can lead to loss of life if the right information no matter in whatever form, failed to reach the right man at the right time. Thank you for listening.