Journal of EAHIL

Theme Issue

Health Information without Frontiers
13th European Conference
of Medical and Health Libraries
4-6 July 2012, Brussels, Belgium

Registration for this Conference
opens on 1 April 2012
Early Bird registration
from 1 April-2 May 2012

EAHIL Conference Scholarships for Brussels
Apply now at
http://www.formdesk.com/eahil/scholarship2012
Deadline for online applications is 31 March 2012

Journal of the European Association for Health Information and Libraries

Contents

Editorial

Sally Wood-Lamont
Editor-in-Chief

Cluj Medical University Library
Romania
Contact: swood@umfcluj.ro

Hello Everyone,

At the moment I am writing this editorial, Europe has been gripped by a Siberian wave of freezing temperatures. Here in Transylvania, Romania unprecedented temperatures of minus 20º have persisted for the past three weeks and it seems they will remain until mid February. Snow is everywhere and many roads are closed especially in the capital, Bucharest. Many of our neighbouring countries have even worse conditions. However, it does mean I can stay at home, keep nice and warm and I have no excuse to get on with my work at the computer!

In the next issue of the *JEAHIL* the Editorial Board decided to choose a theme with a subject that is still very relevant nowadays especially in view of the recent trend of virtual libraries: **Promoting and marketing library services.** The deadline is 5th May and all articles should be submitted directly to me at swood@umfcluj.ro . Please study the Instructions to Authors before sending the article - http://www.eahil.net/journal/jeahil_instructions_authors.html. The other issues for 2012 are as follows:

ISSUE 2012	THEME	DEADLINE
September	13th EAHIL Conference Proceedings	**25 July**
December	E-readers and libraries: competition or integration	5th November

Early bird registration for the 25 anniversary and 13th EAHIL conference in Brussels begins on 1st April and finishes on 2nd May. Last day for registration is on 30 May 2012. The LOC have put on a splendid programme of CE courses as well as an excellent social programme and are working very hard to organise a memorable conference. More details about the Continuing Education Courses and the conference can be found in the colour pages of this issue. A number of EAHIL scholarships will be available as always and Suzanne Bakker has designed an online application form which can be accessed from the EAHIL site – www.eahil.net .

The *Journal of EAHIL* Editorial Board continues to offer a scholarship for the annual workshop/conference. This year the scholarship will be for the 13th conference in Brussels. The winner voted for the best article in 2011 was: M. Della Seta, C. Di Benedetto, L. Leone, S. Pizzarelli. A joint collaboration among European institutions: the Work Package 4 activity in the semantic area of the Ethicsweb Project. The runner-up was: L. Muñoz-Gonzalez, V. Juan-Quilis: Is a Virtual Library cost effective? Congratulations to all the winners and we wish them success in the 25 anniversary conference in Brussels.

Also included in this issue are the nomination forms for the President, and members of the EAHIL Executive Board. Peter Morgan, Manuela Colombi and Helen Bouzkova are standing down and all are very experienced and long standing EAHIL members. Please think of suitable candidates to take their places.

Sir Henry Wellcome and his legacy
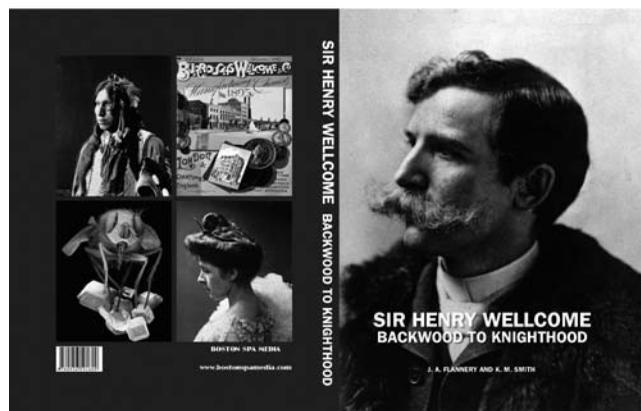
Abstract

In July 2011, the Wellcome Trust celebrated its 75th Anniversary. The Trust was founded to administer the will of Sir Henry Wellcome, the co-founder of Burroughs Wellcome & Co..

Backwood to Knighthood relates the remarkable story of a boy who was born in 1853 into a pioneering family of Wisconsin settlers, and who died in London in 1936 as a Knight of the British Empire and one of the most influential men in Victorian and Edwardian England. Illustrated with intriguing photographs from the Trust's own archive. This feature provides an historical perspective on the life of Sir Henry and his influence on the development of the modern pharmaceutical industry through innovative manufacturing, branding and advertising. This enigmatic and successful businessman, whose passion for science, exploration and collecting resulted in an extraordinarily diverse legacy that is only now being fully appreciated

Key words: biography, medicine, pharmacy, research, business.

Author's Biographies

Mr. J. A. Flannery is an author and Construction Consultant with qualifications in industrial design from Leeds Metropolitan University. John Flannery has over 30 years experience in the Design, Procurement and Project Management of a wide range of construction projects in the industrial, commercial and private sectors throughout Europe, Africa and the U.S.A.. Mr. Flannery currently specialises in authoring books on ecological urban regeneration.

Karen Smith has a dual role as an Information Specialist and Academic Liaison Librarian at the University of York. Her extensive and varied career has encompassed both Public, University and Health Care Libraries. Currently Ms. Smith is based in the Department of Health Sciences and provides consultancy and lecturing on evidence-based practice and the effective use of information resources.

Boston Spa Media Press Department
Phone: +44(0)7751361390
Email: enquiries@bostonspamedia.com

Titles authored and edited by Boston Spa Media:
Eco-Library Design (2013), Springer, Dordrecht
Eco-Urban Design (2011). Springer, Dordrecht
Sir Henry Wellcome, Backwood to Knighthood (2011). Boston Spa, Boston Spa Media
Urban Landscape Design (2008). Kempen, teNeues
Library Design (2007). Kempen, teNeues

Backwood to Knighthood

"Make no small plans for they have no power to stir the blood of man"
Daniel Hudson Burnham (1846–1912)

When Henry Wellcome was born in 1853 in Almond, Wisconsin, the territory of Alaska was still a part of the Russian Empire. The Dominion of Canada lay unfounded, the Suez and Panama canals did not exist and the dark continent of Africa was mostly unexplored by European man. Motor cars, manned flight, Polar exploration and the horrors of the first World War lay ahead in the future by at least half a century.

This year, 1853, also saw the beginning of the war in the Crimea where an Alliance of Britain, France and Turkey fought Russia. A war in which the number of men who died from illness, exposure and malnutrition was four times greater than the number who died as a result of enemy action. Young Henry's early life in the American North West was also affected by conflict, as the American Civil War began in 1861. Of more significance for the Wellcome family was the Sioux uprising of 1862, which would shatter their peaceful existence. This experience would remain with the thoughtful Henry Wellcome in the years to come.

Wellcome's life was to become a series of journeys, beginning with his apprenticeship in the developing American pharmaceutical industry. This would take him east to the cities of Chicago, Philadelphia, and eventually New York. Once qualified the young Henry Wellcome travelled extensively throughout North America as a commercial representative of McKesson and Robbins. In 1878 at the age of 25 he undertook an arduous expedition to South America, visiting Ecuador in particular, on behalf of this firm of druggists. His own detailed and descriptive account of this expedition reveals much about the character attributes of Henry Wellcome. It is also evident that the experience of these early travels would shape his future philosophy and life's work.

Wellcome's report to McKesson and Robbins, on the sustainability of harvesting Cinchona bark for the production of quinine, demonstrated that Wellcome was an extremely talented observer and reporter, with a keen eye for the finer details of the natural world of plants. His obvious concern for the welfare of the indigenous people (often engaged in the hazardous work of collecting and transporting the bark through inhospitable terrain) exposed his strong humanitarian instinct. Wellcome's comments on the meagre remuneration received by the Cinchona bark harvesters showed a sense of fairness and justice which became his bywords as a caring employer. The report's conclusion, that current methods of gathering the bark, would, before too long destroy the trees and render the species virtually extinct, gives us a glimpse of the forward thinking that sustained the success of Wellcome's own company. In this regard he would be ahead of his time. This expedition ignited the spark of Sir Henry's lifelong passion for medical research into tropical diseases. In particular, the quest for strategies to control malarial disease would become central to his life's work.

By the time Henry Wellcome boarded The City of Berlin in April 1880 for the transatlantic crossing to England, the strength of his character was already formed. In the years to come, initially in the Burroughs Wellcome partnership, and subsequently, as the sole owner of Wellcome and Co., this strength of character would be greatly tested. Furthermore, the tragic disintegration of his marriage to Syrie Wellcome nee Barnado would effect a deep personal loss from which he struggled to recover for many years.

An understanding of the diverse influence and impact of this prolific traveller, entrepreneur, philanthropist, collector and archaeology enthusiast is revealed to us in some measure by the pictorial archive left by Wellcome himself. Previous biographies, in particular Henry Wellcome by Robert Rhodes James, published in 1994, allow us to further grasp the complexities of a man whose vision of a better world would touch those who knew him personally, and many more worldwide who did not.

When Sir Henry Wellcome died in 1936 his contribution to the eradication of disease, and the prolonging of human life, was not yet apparent. Wellcome's enduring legacy is the successful continuation of the medical and scientific research that he had so passionately promoted throughout his remarkable life.

John A. Flannery

Backwood to Knighthood | **Right** | **Henry Solomon Wellcome 1879 by E. Courret, Lima, Peru**

E. COURRET   LIMA.
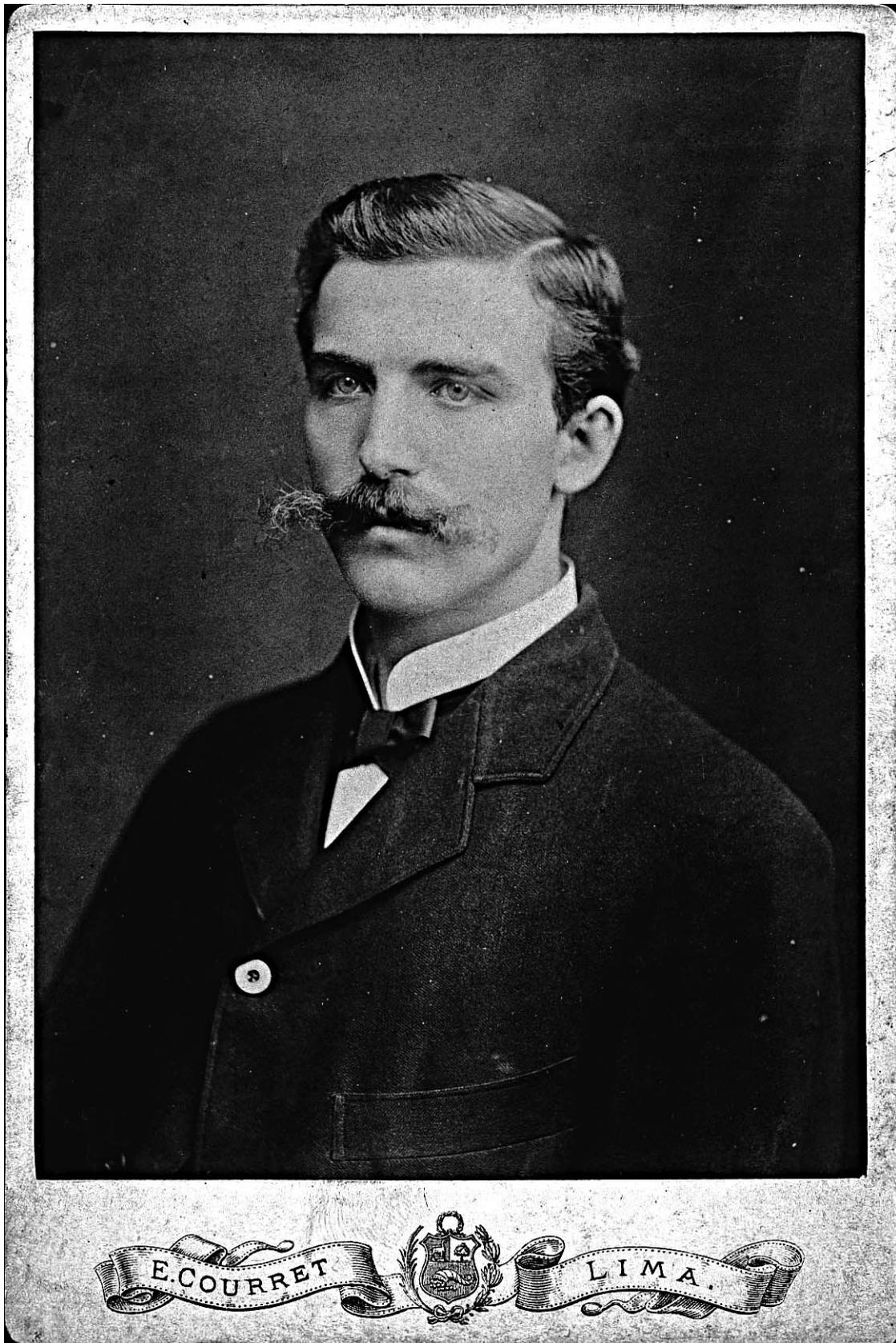
Wellcome's Legacy and the Work of the Trust

"With the enormous possibility of develpment in chemistry, bacteriology, pharmacy and allied sciences... there are likely to be vast fields opened for productive enterprise for centuries to come"
Sir Henry S. Wellcome

1936 - 1945 Henry Wellcome died peacefully at the London Clinic on 25th July, 1936 and was cremated at Golders Green Cemetery. When Peter Williams moved into the office of the Director of the Wellcome Museum he found the urn containing Sir Henry's ashes residing in the bookcase. Dr. Williams considered that "a more appropriate place" should be found. Consequently, arrangements were made and, in 1987 Sir Henry's ashes were buried in the churchyard of St. Paul's Cathedral and a plaque placed on the wall of the crypt. Sir Henry Wellcome's will, which he signed in 1932, established the Wellcome Trust. The will stated that the entire share capital of the Wellcome Foundation Ltd should be held by five Trustees who would be responsible for spending the income to advance medical research and the understanding of its history.

The Wellcome Foundation Ltd was a limited liability company established by Sir Henry in 1924. This company encompassed the worldwide pharmaceutical business, the research laboratories and Sir Henry's entire collection. All the shares in this company were wholly owned by Sir Henry. The first board of five Trustees was formed in 1936 and consisted of Henry Dale and Thomas Renton Elliott who were both scientists, G. H. H. Lyall (Chairman) and Claude Bullock (both lawyers} the fifth man was accountant Martin Price.

G. H. H. Lyall died in 1937 and was succeeded by Sir Henry Dale who became the Chairman in 1938. Dale was one of Britain's most eminent scientists, having won the Nobel Prize in 1936 for his work on neuro-humoral transmission. Sir Henry Dale was to remain as Chairman until 1960. The number of Trustees was temporarily reduced to four until J. E. K. (Jack) Clarke joined the Board as Secretary to the Trustees.

The only science grant awarded in 1938, prolonged the work of Dr. Foy at the Tropical Research Unit in Thessaloniki, Greece. This malarial research unit was taken over by the Wellcome Trust following an appeal for funding by the League of Nations.

The great challenge for the Trustees was to administer the will of Sir Henry Wellcome, with regard to the vast, eclectic collection and the satisfactory closure and documentation of the excavations in the Sudan and Palestine. The excavations were successfully closed by the advent of World War II, however, the task of assessing the archaeological digs and the retrieved artifacts would only be concluded by the eventual publication of the Lachish Letters in 1938 and the main archaeological report by Frank Addison on Jebel Moya published in 1955.

The bombing of Snow Hill in 1941 further exacerbated the problem of cataloguing the extensive unpacked collection stored at Euston Road as space, originally designated for Museum display became urgently required as business premises.

1946 - 1955 Sir Henry Dale remained as Chairman throughout this post-war period. Sir Henry Wellcome's enterprises and affairs had been many and complex. The Trust was instrumental in selling and donating collection items not directly related to the history of medicine, although the collections, museums and library were still owned by the Foundation. During this time, the assets of the Trust were reduced as a result of paying high duties on Sir Henry's estate.

In 1953, the Wellcome Centenary Exhibition at Euston Road celebrated 100 years since the birth of Sir Henry Wellcome on August 21st, 1853. The exhibition was opened on the 8th July by Winthrop W. Aldrich, the American Ambassador to London. Designed by the Wellcome Historical Medical Museum, the displays reflected Sir Henry Wellcome's lifetime of collecting, comprising artifacts from the United States through to the archaeological finds from the Sudan and Palestine. Other features of the exhibition included contributions from Wellcome's numerous research laboratories. The exhibition was reported in the July 4th edition of the journal, Nature.

In 1953, Michael Perrin succeeded Mr H. E. Sier as Chairman of the Wellcome Foundation Ltd.. Perrin persuaded the Trust to invest the Foundation's profits into the research and development of new drugs. This

initiative would eventually result in the production of drugs developed under the guidance of George Hitchins and Trudy Elion at the Burroughs Wellcome laboratories in the USA. In bringing these drugs to the market, the Foundation's profits increased and a precedent was set for the creation of wealth and the future prosperity of the Trust.

In 1955, the Burroughs Wellcome Fund was established by Sir Henry Dale and William N. Creasy, president and chair of Burroughs Wellcome Co., USA. The vision was for the Burroughs Wellcome Fund to be a United States extension of the Wellcome Trust.

The Trustees remained faithful to Sir Henry Wellcome's will. Thirty-five per cent of the funds were allocated to tropical and veterinary medicine, pharmacy and pharmacology and the history of medicine. The remaining sixty-five per cent was spent on the provision of laboratories, libraries and museums. This financial support was aimed specifically at scientists in universities rather than those in industry.

The global reach of the Company was demonstrated in the form of travel grants and fellowships for UK scientists travelling abroad and in enabling overseas researchers to visit the UK. The Trust report for the first 20 years declared a charitable expenditure of £1.2 million.

1956 - 1965 Sir Henry Dale continued as Chairman until 1960 when he became Chief Scientific Advisor. He was to continue in this role until 1966.

Lord William Piercy was appointed to succeed Dale as Chairman in 1960, Lord Piercy died in 1966. Lord Franks was appointed as the Chairman of the Trust in 1965.

The Trust's fortunes steadily rose throughout this period as a result of being sole share holder of the Wellcome Foundation. These results were reflected in the £8.5 million awarded to support biomedical research and the history of medicine. Sixty per cent of this total was allocated to research laboratories and equipment.

By 1966 a total of 83 Trust funded buildings had been constructed worldwide, including the Wellcome Institute for Research, Nairobi, Kenya. In the state of Tamil Nadu in South India, the Sprue Research Unit was funded by the Wellcome Trust and in Jamaica an epidemiological

research unit was built. This demonstrated the Trust's policy of not competing with State funded projects. The Medical Research Council Laboratories in Gambia were presented with The Lady Dale river boat to aid their field work. The largest grant awarded in the U.S.A. was £90,000 to supplement the cost of extending the Pharmacology Laboratories at Yale University School of Medicine. This project facilitated Yale becoming one of the most active pharmacology departments in the world, specializing in anti-cancer agents.

Gradually, the focus of the Trust's funding was to change towards that of career support via short term project grants. This policy was reinforced through the creation of senior fellowships for clinicians taking up academic research. Furthermore, the fund was instrumental in University College, London establishing the first history of medicine department in the UK.

The Trust continued to struggle with the complexity of Sir Henry Wellcome's vast collections. In a further effort to reduce their size, the prehistoric collections were donated to the British Museum in 1965. The Egyptology collections were also dispersed, with some 90 cases received by Liverpool Museum. In 1966, the Ethnographic Collection was donated to the University of California, Los Angeles, USA. The majority of the exhibits consisted of Native American artifacts collected in the 1920s by anthropologists hired by Sir Henry.

Towards the end of this period the Trust began to establish important investment powers for the future, with a view to increasing funds independent of its shareholding in the Wellcome Foundation.

1966 - 1985 With the 1960s in full swing the Wellcome Foundation's profitability continued to grow, resulting in the Wellcome Trust spending totalling £26.1 million through the ten years from 1966. This was triple the expenditure of the previous ten years. Forty-four per cent of the funding was directed towards supporting careers and research expenses, particularly in the fields of tropical medicine in collaboration with the World Health Organisation.

The trustees increased their number from five to seven and appointed Peter Williams as the first Director of the Trust. To ensure that the increased spending was used judiciously, expert advisory panels were formed to scrutinise the key areas of global funding. Previously neglected fields such as dermatology and mental health

were targeted by offering grants and training fellowships to attract researchers into these subjects.

Another significant initiative was the Trust's endeavour to reverse the trend of talented scientific researchers moving from Britain and Europe to the U.S.A.. In an effort to reverse the "brain drain" an innovative University Awards scheme absorbed thirty-five per cent of all spending.

Furthermore, the Trust collaborated with other European charitable bodies in recognising the need to engage in Science Policy. In London, the historical medical collections were loaned to The Science Museum in an effort to fund the Wellcome Library facility at Euston Road.

Grant allocations for 1976 - 1986 of £169 million were made possible by sales in excess of £1billion per annum, largely due to the success of the anti-viral drugs acyclovir and AZT. Sir David Steel became Chairman of the Trustees in 1982 and was influential in increasing the Trust's income through the sale of shares on the stock market. As a result the Trust's holdings in the newly formed Wellcome plc reduced from 100 to 75 per cent. Income from the flotation was diversely reinvested by the Trust.

Career awards were developed for academic researchers in basic and clinical medicine encouraging senior lectureships and targeted training fellowships in toxicology, ophthalmology and mental health.

Facility support during this period was mainly focused on UK laboratories, and overseas, research units in India, Jamaica, Kenya and Thailand also benefitted. Furthermore, in a move to improve tropical medicine. The Trust joined forces with the WHO and Rockerfeller Foundation.

1986 - 1995 In 1986 the Trust celebrated its 50th birthday. A soiree held at the Wellcome Building was attended by Her Majesty the Queen and the Duke of Edinburgh.

Throughout this period the policy of reducing the Trust's shareholding in Wellcome plc resulted in Glaxo plc eventually becoming the majority shareholder resulting in the creation of Glaxo Wellcome plc.

The Trust created a new constitution and a new company 'The Wellcome Trust Ltd'. This was a private limited company, the Trustees become Governors and were responsible for its expenditure and investments. As a result, the Trust made larger and more long term commitments, more programme grants were funded and its first multimillion pound awards were allocated.

The newly refurbished Wellcome Building at 183 Euston Road became the new Trust Headquarters, housing administrative staff, the Wellcome Institute for the History of Medicine and a new Wellcome Centre for Medical Science.

A positive move was the development of the Trust's career awards structure which was devised to support clinical and basic science researchers from students and training fellowships to high level Principal Research Fellowships and was instrumental in improving academic research salaries. Investments include The PRISM (Policy Research in Science and Medicine) unit which was created to improve procedures to assess the outcome of the Trust's investment in research, and to provide factual information for the wider community to help it argue the case for medical research funding. PRISM was believed to be the first group anywhere in Europe to be primarily concerned with medical research policy.

Another development was the Sanger Centre (later renamed the Wellcome Trust Sanger Institute) which was established by the Trust and the Medical Research Council as an advanced facility for mapping, sequencing and decoding the human genome and the genomes of other organisms. The Trust committed an initial £44 million to the project. Sir Roger Gibbs became Chairman of the Trust in 1989.

1996 - 2005 Between 1998 and 2000 the Wellcome Trust's asset base grew from £3.4 billion to £15 billion. This ensured the UK's internationally competitive stature in biomedical science. The Trust became highly influential in the development of medical research nationally and globally. The wealth of the Trust, generated by a managed portfolio of funds and increasing investment in property raised £1.78 billion by selling most of its shares in Glaxo Wellcome. The annual charitable spend rose from £275 million to £484 million in this decade. The Trust's mission was developed and the first five-year Corporate Plan was published.

A partnership with the UK Government provided a £750 million Joint Infrastructure Fund (JIF) and a £1 billion

Science Research Investment Fund (SRIF) to build new facilities and upgrade research equipment. The building of the UK's first synchrotron, DIAMOND, was also funded.

Major university-based centres of excellence continued to be funded, facilitating the working of outstanding scientists in close proximity on related programmes in cell biology, genetics, the history of medicine and neuro-imaging. Additionally co-funding was provided for Clinical Research Facilities to strengthen clinical research in the NHS.

The Sanger Institute, a key player in the international Human Genome Project, was responsible for sequencing one-third of the genome, a first draft of which was announced in 2000. This centre also became the focus of programmes in pathogen sequencing, functional and structural genomics and the HapMap Consortium, cataloguing human genetic variation. By 2006 this accounted for 15 per cent of the Trust's expenditure. Tropical medical research funding support abroad was increased by the Trust, especially in malaria. Major programmes in South-east Asia and Africa were financed.The Trust also co-funded the National Science Learning Centre at York, providing access to teaching resources and expertise in contemporary science, this helped to shape the new GSCE science syllabus 'Twenty First Century Science'. At the turn of the century the Trust was the largest non-governmental funder of millennium projects providing over £33m to science centres and museums.

2006 and into the future The annual research expenditure increased from an average of £28 million in the 1980s to £650 million in 2007. The Trust has transformed its investments policy and combined aligned partnershiips with the strongest external managers, building in-house resources to own selected assets directly.

The internal investment team has been strengthened establishing a more robust approach for managing investment risk. The Board of Governors determines the broad structure of the Trust's asset management arrangements. Responsibility for implementation is delegated to the Investment Committee and the Investment team.

The Trust also became the only UK-domiciled non-publicsector organisation to gain a AAA credit rating, and the first UK charity to issue a listed bond.

The Wellcome Trust recently published a Strategic Plan 2010–20 which describes the Trust's vision and mission statement as follows:

"Our vision is to achieve extraordinary improvements in human and animal health" and that "Our mission is to support the brightest minds in biomedical research and the medical humanities."

In the foreword, The Chairman, Sir William Castell, who was appointed in 2007, describes the way forward in the next decade: "This Plan for the next decade provides the basis on which we will develop our funding strategies. It sets out how we will assess progress towards our goals, so that we can help to realise extraordinary improvements in health".

The Trust focus for funding is stated in the Strategic Plan as:

1. Supporting outstanding researchers by supporting the brightest and best researchers, seizing emerging strategic opportunities, building world-class research environments and influencing the policy and funding landscape.

2. Accelerating the application of research by accelerating product development, supporting clinical translation and stimulating uptake of research to policy and practice.

3. Exploring medicine in historical and cultural contexts by placing medicine within a cultural context, inspiring and educating young people, embedding mutual trust and understanding and opening up information.

Feature Article

Is your library accessible? A survey of library accessibility in Cluj-Napoca, Romania *

Sally Wood-Lamont, Ioana Robu
Central Medical Library, University of Medicine and Pharmacy, Cluj-Napoca, Romania
Contact: swood@umfcluj.ro

Abstract

In Romania, which has been a member of the European Union since 2007, users with special needs are not able to use many libraries because local and library authorities are not aware of the need for disabled persons to use the library on equal terms with all other citizens. This is a national problem, and underlying old mentalities regarding disability persist in this former communist country even if 20 years of being exposed to western ideas have passed. A Checklist developed by the IFLA Standing Committee of Libraries Serving Disadvantaged Persons (LSDP) (1) presented at the 71st IFLA General Conference and Council in August 2005 in Oslo, Norway, was a good starting point to evaluate the problems that exist and demonstrate the lack of many basic assistive technologies which are standard practice throughout the libraries of the world. Based on concrete examples taken from libraries in Cluj-Napoca, the capital of Transylvania, the authors argue that there is much work to be done to ensure major improvement, which must include a major reform of the local planning authorities and use of outside forces to implement the standard European laws regarding accessibility and services for the disabled. In addition, it is obvious that the library authorities and the librarians themselves must be educated in order to understand and provide services for the disabled while cooperation with both disabled persons and organizations for the disabled must be established and a national working group on library access and services for the disabled should be formed. The authors finish with a pertinent question to all librarians: Is your library accessible?

Key words: disabled persons; libraries; access to information; architectural accessibility.

Introduction

Situated in the south east of Europe, Romania is considered to be a Balkan country. The surface is 238,392 sq. kilometers and the population 21,462,186 (31 December 2010), comprising Romanians (89.4%), Hungarians (7.13%), Gypsies (1.80%), Germans (0.60%). The official language is Romanian, a romance language. Until December 1989, Romania was a communist country which has left underlying problems of:

- poverty;
- an absence of democratic values;
- an absence of community-oriented concepts and behavior.

In the last 20 years, and especially since Romania was accepted for inclusion in the European Union in 2007, continuous efforts have been made to eliminate the above problems and to raise general democratic standards.

Disability in Romania

A disability is defined as difficulty seeing or hearing, moving the body, or understanding everything quickly and it can be a physical or mental impairment, which limits one or more of a person's life activities. Approximately one out of five people in the world lives with some type of disability which can be from birth or accidents or come with age. According to printed statistics, there are 672,644 disabled people in Romania, children <18 yrs: 61,287 and adults: 628,393 and there are a further 17,000 disabled in institutions (mostly with mental/psychiatric impairments). The population of Romania is 21,462,186 (2010 – a census has just been completed in 2011) and this means that the statistics show that only 4.01% of the population has a disability. The rate is much lower than the European average of 15%! The discrepancy is due to the fact that Romanian statistics are based on the number of disability certificates issued by the national authority and many

disabled people are not declared due to the stigma attached. Only 30,000 of all disabled people registered have jobs. The statistics for Cluj County are as follows: total number of disabled persons: 19,584 adults + 2596 children = 22,180 which equals 3.22% of the county population of 692,339 people.

Libraries in Romania
There are two main categories:
1. *public libraries* – under the authority of the Ministry of Culture – financed by the local councils, county, towns, villages. They are generally under-financed, but there are some cases in which they were included in European projects. Their users are mostly school children looking for class readings;
2. *university and school libraries* – under the authority of the Ministry of Education. Due to university autonomy, stipulated by law, university libraries benefit from better budgets than public libraries, but there are differences across the country, depending on the importance the university governance places on its own library. School libraries are much poorer, usually no more than a room filled with books, staffed by a teacher who takes a part-time job as librarian.

In general libraries have a very modest profile in the eyes of the authorities; they are not considered a priority. A recent report (April 2011) on the state of Romanian education triggered the following comment:

The indifference and disdain toward the university and school libraries of Romania are matched only by the indifference and disdain toward the public libraries (2).

Methods
In many countries worldwide, access for patrons with disabilities to use libraries is not yet available or even expected. In order to provide equal opportunities for all library users, it is necessary to look with the eyes of these patron groups at the physical condition of library buildings, as well as library services and programs. The Checklist, developed by the IFLA Standing Committee of Libraries Serving Disadvantaged Persons (LSDP) and designed by Birgitta Irvall & Gyda Skat Nielsen can be used as a practical tool for all types of libraries – public, academic, school, special – a) to assess existing levels of accessibility to buildings, services, materials and programs and b) to enhance accessibility where required (1). *Everybody should be able to use the libraries of a country. The surroundings of the library, the entrance,*

restrooms, stairs, elevators and special rooms should be accessible for persons with different kinds of disabilities. A person in a wheelchair should be able to reach all departments, a visually impaired person should be able to walk with a cane or a guide dog and find his/her way without bumping into obstacles. A deaf person should be able to communicate with library staff. A person with an intellectual impairment should be able to easily find books and other materials. A person with dyslexia or other reading problem should be able to find his/her way around (1).

The current survey of library access for the disabled comprised the main libraries in the city of Cluj:

- Cluj Medical University Library (http://www.umfcluj.ro/lista.aspx?t=Biblioteca-Prezentare);
- Cluj County Public Library (http://www.bjc.ro/);
- Cluj Central University Library (http://www.bcucluj.ro);
- The Library of the Technical University (http://www.utcluj.ro/biblioteca/);
- The Library of the University of Agriculture and Veterinary Medicine (http://www.usamvcluj.ro/biblioteca.html).

The following were studied in each library:

1. **Physical access**
   a. Entrance to the premises
   b. Layout of physical space, including access to shelves and reading
   c. Toilets
   d. Service desks
2. **Media formats access**
   a. Books and printed material
   b. Computers
3. **Service and communication access**
   a. Staff training
   b. Signing / announcements
   c. Website / library catalog

To ascertain access to each library a member, Dacian Makszin, from the Lamont Center and Sports Club for Young People with Disabilites accompanied the authors. If you are studying access to any building it is highly recommended at all times to take a person in a wheelchair around with you because they are the experts in accessibility. Photographs and interviews with the staff were conducted and the results were noted in a table awarding one point for every access criteria found. It must be noted that in Cluj only the

fundamental criteria for access was evaluated – basically allowing the disabled person to enter and use the library facilities.

Cluj Medical University Library was completed in 2008 and is the most modern medical library in Romania offering the highest standard of health information to students and doctors throughout the country. Though it was opened after Romania had entered the European Union its plans had been approved fourteen years before and this highlights an inherent problem in approval for new buildings. The building plans were approved earlier than 2007 therefore Romanian authorities did not insist that they conform with the new EU standards for accessibility. This is why many Romanian public and private structures continue to be built without being accessible. In Cluj Medical Library the lifts begin only on the first floor: this was a fault with the foundations as it was found too late that there was not enough reinforcement to support the lifts from the ground level. Entrance to the library is therefore by steep stairs only. *Disabled* toilets were put on each floor but in fact the door to the toilet and the space in the toilet itself did not permit a wheelchair, deeming them totally impractical so these are now used as staff toilets. Door width, always opening outwards, must be at least 80 cm but 90 cm is the standard, and the minimum space required is 2.2 m x 1.5 m in order to allow a wheelchair to turn around. All the service desks are too high and in the reading rooms there is not enough space for a wheelchair to move around without obstruction though the reference room on the fourth floor would be fine, if the disabled person could get there! The lifts are able to accommodate one wheelchair. Access to the databases are available online with passwords so home access could be arranged. No other provisions to serve the disabled have been made.

Fig. 1. *Entrance to the Cluj County Library.*

Fig. 2. *Ramp at the Cluj County Library.*

Cluj County Library was completed in 2006 and is one of the newest and largest public libraries in Romania. Access is by a number of steep steps at the front (Figure 1) and though a ramp was designed from the beginning for entrance to the back of the building, access to this ramp has been impossible for the last five years (Figure 2).

An excellent toilet for the disabled has been constructed, the only one found in this study to fulfill the required standards. Access to the reading/reference room and service desk is good, provided one is inside and the lifts can accommodate one wheelchair! A special room with a computer and braille material for the visually impaired has been organised. This library could be accessible with very little work and cost and the librarian promised to deal with the accessibility problem but 9 months later there is no change. This emphasizes what was said in the IFLA Checklist: *many improvements, however, can be implemented with very small amounts of money – or possibly without any costs. The solution can often be found through a change of staff attitude and thinking in new ways* (1).

Cluj Central University Library
In this library the staff is well aware of the issues and is used to receiving disabled persons − the problem is relatively common: how to adapt a listed building to be accessible (Figure 3). They built a lift round the side of the building which in fact only goes only to the first floor but gives access to all the reading rooms on that floor and assistance is given to bring books/periodicals from other floors (Figure 4). There is good access to catalogs but not to the service desk as it is too high. Also there is a computer for the visually impaired through a joint project with the Cluj School for the Visually Impaired. There is no accessible toilet, however.

Fig. 3. *Cluj Central University Library.*

Fig. 4. *Lift for wheelchairs at the Cluj Central University Library.*

The **Technical University Library,** the 2nd largest university in Cluj has no access possible from outside, no lifts, and no provisions have been made to serve the disabled. The staff were completely unaware of the problem and did not express any interest in doing something about it.

The Agriculture and Veterinary Sciences Library had, in fact, the best ramp of all libraries in Cluj and a good standard disabled toilet on the ground floor but unfortunately, once inside, the options were very limited. One could request books on loan from the service desk but it is too high to see anyone and all reading and computer rooms were upstairs, without lifts, therefore inaccessible.

The table below summarizes the findings (Table 1):

These findings unfortunately reflect the situation of accessibility at a national level. In 2009, 79% of Romanians were comparatively less in favour of measures being adopted to provide equal opportunities and employment of disabled people, which is 8 points below the European average. Romanians were less likely than EU25 citizens to think that all forms of discrimination, with the exception of age, are widespread in their country (3). Attitudes include indifference, contempt, or fear of disability. At a national level, a number of measures are being implemented:

- a legal framework has been adopted (4);
- increased awareness of the general population – especially by the action of the General Authority for the Protection of the Disabled People and various NGOs in Romania (5);

CRITERIA	COUNTY LIBRARY	CENTRAL UNIVERSITY LIBRARY	TECHNICAL UNIVERSITY LIBRARY	AGRICULTURE AND VET SCIENCES LIBRARY	MEDICAL UNIVERSITY LIBRARY
PHYSICAL ACCESS					
Entrance to premises	0.5	1	0	1	0
Layout of space	1	1	0	1	0
Toilets	1	0	0		0.5
Service desks	1	0	0	1	0
MEDIA FORMATS					
Books and printed material	0.5	0	0	0	0
Computers	1	1	0	0	0
SERVICE AND COMMUNICATION					
Staff training	1	1	0	0	0
Signing / announcements	0.5	0	0	0	0
Website / library catalog	0	0	0	0	0
TOTAL	5	4	0	3	0.5

Table. 1. *Summary of accessibility to Cluj libraries.*

- EU funded projects;
- international partnerships with other countries and organisations in the field of disability;
- elaborate a standard survey assessing access for the disabled in libraries; a useful model is the Nelson study of 1996 (6). A good example of such an assessment is the very recent article by Willis (7).

However, in the past five years the attitude towards accessibility has not changed much and as new buildings throughout Romania, hotels, offices, institutions and libraries continue to appear without access, it seems that the government are doing little to change it. For libraries, by enforcing the existing laws on the library governing bodies (local councils, universities, schools) and by increasing awareness among the librarians, there are measures that can be taken locally with a minimum effort, such as:

- ensuring access by ramps;
- converting 2 small toilets into one disabled toilet;
- accessible signing and announcements;
- redesign of service desks;
- purchase of friendly, accessible printed material;
- design of the website;
- making the library catalogue accessible;
- staff training.

This is a case study of accessibility in Romanian libraries and it is obvious that it is far behind quite a few European countries but the question remains: is *your* library accessible? Libraries and buildings are very different around the world and also laws and regulations in each country regarding accessibility differ, so the IFLA checklist is regarded as a very practical and comprehensive guideline. But the physical access to a library is only one aspect of accessibility. *Making the library accessible for persons with disabilities includes the provision of services and programs that meet the needs of these user groups. Accessibility to the library should be a clearly defined management responsibility. A designated employee should act as liaison person with disability groups and support organizations. It is, however, important that all staff be knowledgeable about various types of disabilities and how to best assist the patron* (1). Have you ever, for example, offered staff training with disabled people? The message is clear: librarians must take the responsibility for offering equality in access to all disabled patrons, regardless of disability. Librarians should make every effort to ensure their libraries are accessible in every way!

References

1. Nielsen GS, Irval B. Access to Libraries for Disabled Persons Checklist: a practical tool. 71st IFLA General Conference and Council, Oslo 2005. [PDF document]. Available at: http://archive.ifla.org/IV/ifla71/papers/113e-Nielsen_Irval.pdf

2. Academic Network of European Disability Experts. Facts and Figures for Romania [Website]. Available at: http://www.disability-europe.net/countries/romania

3. Eurobarometer, 2009 http://www.enothe.eu/cop/docs/eurobarometer_poverty.pdf

4. The EU Disability Action Plan 2011. Available at: http://www.disability-europe.net/content/aned/media/ANED%20Independent%20Living%20report%20-%20Romania.pdf

5. Directia General Protectia Persoanelor cu Handicap [General Authority for the Protection of Disabled People]. Romanian Ministry of Labour. [Website]. Available at: http://www.anph.ro/

6. Nelson, P.P. Library Services for People with Disabilities: Results of a Survey. Bulletin of the Medical Library Association 1996;84(3):397–401. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC226160/pdf/mlab00100-0119.pdf

7. Willis CA. Library Services for Persons with Disabilities: Twentieth Anniversary Update. Medical Reference Services Quarterly 2012; 31(1): 92-104

EAHIL 25ᵗʰ Anniversary Conference
2-6 July 2012, Brussels – Belgium:
Health information without frontiers

The European Association for Health Information and Libraries (EAHIL) and the organising institution, l'Universitécatholique de Louvain (UCL) and its Library for Health Sciences, are proud to announce their 25th anniversary conference, to take place from July 2 to July 6, 2012, in Brussels (Belgium).

EAHIL was created in 1987, and organised its first meeting in Brussels. The UCL is honoured to be elected as the venue of this anniversary meeting.
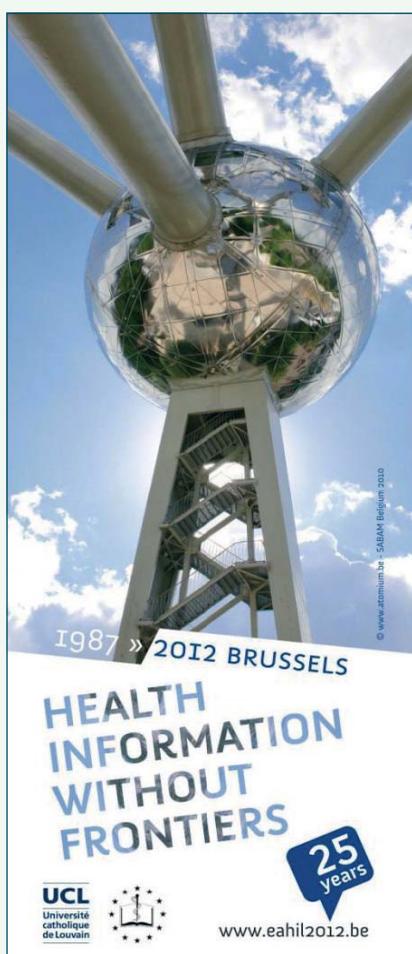
2012 Conference
Schedule's pinpoints

Tuesday July 3, 2012:
• **First timers' event** at UCL Medicinal Plants Garden
• **Old timers' event** in typical Brussels cafés

Wednesday July 4, 2012:
• **Welcome reception** in a fascinating Brussels place

Thursday July 5, 2012:
• **A la carte afternoon:** a unique opportunity to spend the afternoon debating special interest points or visiting Brussels libraries
• **Gala Dinner** at Aula Magna in Louvain-la-Neuve

Registration information
Early registration fee (from April 1 to May 2, 2012) ...... EUR 400
Late Registration (From May 3 to 30, 2012) .... EUR 450
Accompanying Person .... EUR 250
Last day for registration: May 30, 2012

Registration fee includes:
• Attendance to all scientific sessions
• Conference bag
• Lunches and coffee breaks during the conference
• Entry to the First Timers' reception, July 3 (first timers only)
• Welcome reception, July 4 (for accompanying people too)
• Library visit, July 5 (for accompanying people too)
• Gala dinner, July 5 (for accompanying people too)

Continuing Education Courses (CEC): July 2 & 3, 2012

- **A manageable, cyclic approach to studies of user needs and information behaviour**
  Health libraries and information services (LIS) need to ensure that services stay relevant, innovative, in-line with institutional policies and resources and on par with users' expectations and preferences, and what is offered by other health LIS. The workshop purpose is to explore a manageable, cyclic approach health LIS can follow in a dynamic, IT driven environment.
  Prof Ina FOURIE (University of Pretoria, South Africa) & *Dr Suzanne BAKKER* (Central Cancer Library, The Netherlands)
  Maximum attendees: 40

- **Checklist Quality In-Depth Searching for Systematic Reviews**
  Provides a checklist of what to look for when searching the literature for evidence so that participants can either improve their searching skills or conduct quality checks on outsourced searching. Was the search strategy sufficiently sensitive and comprehensive? Have the most relevant databases been searched? How much is enough and when is too much too much?
  Tomas ALLEN (World Health Organization, Switzerland)
  Maximum attendees: 12

- **Design and create a sustainable 23 Things for EAHIL**
  23 Things programmes have become established as a relatively cheap and effective ways of maintaining continuing professional development in times of increasing financial constraint and fast moving technological expansion. This workshop will allow for the collaborative development of a 23 Things programme for European health information librarians.
  Karen BUSET (NTNU University Library, Norway), *Guus van den BREKEL* (University Medical Center Groningen, The Netherlands), & *Isla KUHN* (Cambridge University Medical Library, United Kingdom)
  Maximum attendees: 25

- **Drupal for Librarians**
  Drupal is a modular open source content management system: supplemental functionalities can be added through third party modules.
  Prerequisite: basics of CMS and HTML
  Type of workshop: demonstration and question and answers *Patrice CHALON* (KCE - Belgian Health Care Knowledge Centre, Belgium)
  Maximum attendees: 20

- **How do you search health information and documentation? A documentary portal, VigiPallia, participating to the dissemination of palliative care for example**
  [to be confirmed]
  FIRST PART: How can we search health information? SECOND PART: How can we find health documents? THIRD PART: How can we be aware of the latest health information?
  Caroline TETE & *Sophie FERRON*
  Maximum attendees: 20

- **MeSH translation. Sweden, Italy and Norway sharing translation experiences**
  The course will at the beginning give a description of the MeSH Translation Maintenance System (MTMS), developed by NLM in order to facilitate translators' work.
  Then practical experiences of translation work in Sweden, Italy and Norway will be outlined during the remaining time.
  Gun Brit KNUTSSÖN, Maurella DELLA SETA (Istituto Superiore di Sanita, Italy), & *Sigrun Espelien AASEN* (Norwegian Knowledge Centre for the Health Services, Norway)
  Maximum attendees: 30

- **Présentation de CISMeF (Catalogue et Index des Sites Médicaux de langue Française)** – *In French*
  Depuis 1995, CISMeFrecenseetindexe les ressourcesprésentessur la toile médicale francophone en accèslibre et gratuit. Ses services se sontégalementétendus à la diffusion des terminologies médicales de référence (MeSH etc.). La première partie du cours sera consacrée à la recherched'information au sein du catalogue grâce au moteur de recherche, la seconde au portailterminologique de santé.
  Gaétan KERDELHUÉ (Medical Library, Rouen University Hospital, France)
  Maximum attendees: 30

- **Selling CAT's: action needed for the Information Specialist!**
  Finding evidence for everyday clinical questions has become very important for doctors. Training this ability has also become part of medical education, especially for residents. In the Netherlands the Central Council for resident education demands that a resident presents a CAT (Critical Appraisal of a Topic) twice a year. Medical libraries are usually not considered a partner for this kind of education. But we will show in this course that we are!
  Ingeborg van DUSSELDORP (Zorggroep Noorderbreedte, The Netherlands), *Hans KET* (University Library Vrije Universiteit, The Netherlands), & *Marion HEIJMANS* (OrbisMedisch Centrum, The Netherlands)
  Maximum attendees: 30
- **Text analysis tools for information retrieval**
  In the development of search filters, information specialists and researchers regularly apply text analysis tools to a set of relevant citations to identify terms which are most likely to identify those citations economically. The aim of our workshop is to present software tools to identify candidate terms and to talk about the use and application of the text analysis tools for the routine development of search strategies.
  Elke HAUSNER
  Maximum attendees: 15
- **The Cream of the Crop - Free Resources in BioMedical Internet Searching**
  While there are many search tools in biomedical Internet searching, some of the best are not generally known and some to a large extent recycle functionalities of the more popular tools. This course will focus on the most effective search engines and search tools as well as tips and tricks and browser add-ons. The trainer draws on years of trying and testing in this field.
  Friedhelm RUMP (Stiftung Tierärztliche Hochschule Hannover, Germany)
  Maximum attendees: 20
- **Visibility and impact – library's new role: How the library can support the researcher to get visibility and generate impact to researcher's work**
  The process of publishing scientific research results doesn't end at publishing the article. Equally important part of the process is what happens after the research article has been published. Visibility and impact in the scientific community and in the society are crucial for making the research go forward (i.e. to get the research results in use) as well as for getting research funding and promoting the researcher's career.
  Tiina HEINO (University of Helsinki, Finland) & *Katri LARMO* (Meilahti Campus Library Terkko, Finland)
  Maximum attendees: 25

Detailed and up-to-date information available on the conference website: http://www.eahil2012.be. Registration to CEC together with conference registration, from April 1, 2012.

Next website major updates
- **February:** Information for sponsors and exhibitors
- **March:** CEC schedule and fee
  Social programme
  Hotel accommodation
- **April: Registration form available**

UCL Medicinal Plants Garden   © INESU - Pol Lardinois

Contact Information
- **Scientific questions**: Chair of the International Programme Committee – Dr Henri Verhaaren (henri.verhaaren@ugent.be)
- **Organisational issues**: Chair of the Organising Committee – Ghislaine Declève (ghislaine.decleve@uclouvain.be)

[Collected during November 2011 to February 2012]

Benoit Thirion

Chief Librarian/Coordinator
CISMeF Project
Rouen University Hospital, Rouen, France
Contact: Benoit.Thirion@chu-rouen.fr
          Benoit_Thirion@yahoo.fr

The goal of this section is to have a look at references from non-medical librarian journals, but interesting for medical librarians (for lists and TOC's alerts from medical librarian journals, see: http://www.chu-rouen.fr/documed/eahil67.html)

Free full text

1. Ukachi NB. **Librarians and Health Workers: Partnering and collaborating to support free access to health information in Nigeria**
Collaborative Librarianship 2012 [cited 2012 February 6];3(4):222-7
The well-being of individuals and communities depend on accessibility to accurate health information. A recent study shows the many communities in some regions of Nigeria lack accessibility to this informa-tion. Building on the success of partnerships between librarians and health care workers in the delivery of health information in other parts of the world, the Nigerian situation could be greatly improved through a number of strategies, as suggested.
Available from: http://www.collaborativelibrarianship.org/index.php/jocl/article/view/178/120

Abstracts only

2. Sismondo S. **Medical publishing and the drug industry: is medical science for sale?**
Learned Publishing 2012 [cited 2012 January 20];25(1):7-15
The pharmaceutical industry produces an abundance of special-purpose knowledge, flooding the markets it is most interested in. To gain the largest scientific impact and market value from research, drug company articles placed in medical journals are often written under the names of independent medical researchers. Pharmaceutical company statisticians, reviewers from a diverse array of company departments, medical writers, and publication planners are only rarely acknowledged in journal publications, and key company scientists only sometimes acknowledged. The public knowledge that results from this ghost-managed research and publication is a marketing tool, providing bases for continuing medical education, buttressing sales pitches, and contributing to medical common sense and further research. In the pharmaceutical industry, knowledge is a resource to be accumulated, shaped, and deployed to best effect. In this paper, I describe this process and discuss ways in which it might be addressed.
Available from: http://www.ingentaconnect.com/content/alpsp/lp/2012/00000025/00000001/art00002

3. He X *et al.* **Profit or access: which is more important for Chinese medical journals?**
Learned Publishing 2011 [cited 2012 January 20];24(4):299-302
The Chinese Medical Association, one of the largest and most influential medical journal publishers in China, signed an exclusive copyright transfer agreement with Beijing Wanfang Data Co. Ltd in 2006, which ended the era of cheap transfer of copyrights from journals to full-text databases. Since then, many journals have chosen the same route to earn more money. However, without generally recognized databases that offer free access to medical abstracts in China, many potential readers are lost. In addition, many Chinese readers do not have adequate literature retrieval skills: more convenient access to journals is therefore far more important than earning immediate profits. Goods in exclusive shops are more expensive than those in ordinary shops. That is why many journals sell exclusive copyrights to databases. However, while obtaining more profits by exclusive copyright transfer, journals may actually lose a large proportion of readers.
Available from: http://www.ingentaconnect.com/content/alpsp/lp/2011/00000024/00000004/art00007

4. Yi YJ *et al.* **Cultural influences on seeking quality health information: an exploratory study of the Korean community**
Library & Information Science Research 2012 [cited 2012 January 19];34(1):45-51
Consumer health information-seeking behavior of members of a local Korean community in Tallahassee, Florida, was explored through semi-structured interviews. Questions explored how this community assessed the quality of health information, and what cultural values influenced their understanding of its quality. Accuracy and reliability were identified as the two most valuable quality characteristics. A commercial type of webpage was considered as a negative indicator for reliability, while information described in detail or displayed reiteratively was a positive indicator. In addition to functional quality criteria, nonfunctional characteristics such as sympathy were found. Above all, findings highlighted that cultural differences limited the use of health information. Quality based selection of information is an important part of a health information seeking process. Findings can give the designers of Web-based consumer health information systems important insights into how to support evaluation of the quality of health information by consumers, and how to reduce barriers to health information seeking and use caused by cultural differences.
Available from: http://www.sciencedirect.com/science/article/pii/S0740818811000910

5. Xie B. **Improving older adults' e-health literacy through computer training using NIH online resources**
Library & Information Science Research 2012 [cited 2012 January 19];34(1):63-71
A computer-based health literacy intervention for older adults was developed and assessed from September 2007 to June 2009. A total of 218 adults between the ages of 60–89 participated in the study at two public libraries. The four week-long curricula covered two National Institutes of Health (NIH) websites: NIHSeniorHealth.gov and MedlinePlus.gov. Computer and Web knowledge significantly improved from pre- to post-intervention (p < .01 in both cases). Computer attitudes significantly improved from pre- to post-intervention: Anxiety significantly decreased while interest and efficacy both increased (p < .001 in all three cases). Most participants found both sites easy to use and were able to find needed information on both. Information found on NIHSeniorHealth was significantly more useful than that on MedlinePlus (p < .05). Most participants (78%) reported that what they learned had affected their participation in their own health care. Participants had positive feedback on the intervention. These findings support the effectiveness and popularity of the intervention. By tapping into the well-established public library and NIH infrastructure, this intervention has great potential for scaling-up, and significant social and economic implications for a diverse range of communities and individuals.
Available from: http://www.sciencedirect.com/science/article/pii/S0740818811000946

6. Ullah M *et al.* **Professional activities, needed competencies and training needs of medical librarians in Pakistan**
Education for Information 2011[cited 2012 January 13];28(2-4):2010-1
The study aims to explore the professional activities, needed competencies and education/training needs of medical librarians in Pakistan. The following questions guided the study: what are the current professional activities of medical librarians in Pakistan? What is their perception of the competencies needed of medical

librarians? And what are their training and education needs? Twenty medical librarians were identified through purposive sampling. An interview guide was prepared after expert review and pilot testing. Personal and telephone interviews were conducted to collect the data. Data were analysed using content analysis methods. Sixteen (80%) out of 20 medical librarians could be approached. The findings reveal that the medical librarians were generally involved in traditional kinds of professional activities. They were unaware of the latest trends in medical librarianship. Out of ten competencies mentioned by the respondents "ability to use ICT and integrated library software", "verbal and written communication skills" and "extensive knowledge of Pub Med and other medical databases" were ranked first, second and third respectively. The opportunities of specialized education and training are also limited for medical librarians. Based on the findings of the study it was recommended that formal training programs should be initiated for medical librarians in Pakistan by MELAP, CPSP and library schools.
Available from: http://iospress.metapress.com/content/x7304633u7x54571/?p=da1350964ed94972b032061b2898f000&pi=2

7. Lamothe AR. **The importance of encouraging librarians to publish in peer-reviewed publications**
Journal of Scholarly Publishing 2011[cited 2012 January 13];43(2):156-67
Advancement in any field can only be achieved when participants distribute their ideas and experiences. What happens, however, when colleagues express uninterest, hesitation, apprehension, and, in some cases, outright hostility toward publishing? By relaying his publishing experiences as an academic librarian, both positive and negative, the author hopes to alleviate the fear, doubt, and resistance some feel toward publishing their results and ideas, particularly in peer-reviewed journals. Reasons to publish, as well as valuable suggestions and advice, are presented to the reader.
Available from: http://utpjournals.metapress.com/content/f722843676602r38/?p=60b1bbbfbfe14096a5f7c009c2390dc2&pi=2

8. Baro EE *at al.* **Awareness and use of online information resources by medical students at Delta State University in Nigeria**
Library Hi Tech News 2011[cited 2012 January 13];28(10):11-7
Purpose – This paper aims to present the results of a study which was carried out to find out whether the undergraduate students in the College of Health Sciences in Delta State University are aware of and fully utilize the medical databases and other online information resources within and outside the medical library. Design/methodology/approach – A questionnaire and interview methods were used to elicit data from the students. Findings – The results revealed that majority of the students are not aware and do not use the online information resources such as: MEDLINE, HINARI, CINAHL databases, NUC virtual library as sources of information to retrieve materials related to medical literature. This could be as a result of lack of training for information literacy skills and ineffective user education programmes in the medical libraries and medical schools to equip the medical students with necessary skills to use the medical databases and other online information resources. Problems such as lack of skills to use the online information resources, lack of time, poor user education programmes, and slowness of server were mentioned by the students as some factors militating against the effective use of online information resources. Originality/value – The findings will be useful for medical librarians and faculty in highlighting the need to collaborate in integrating information literacy skills into the medical school curricula in developing countries. Paper type Research paper.
Available from: http://dx.doi.org/10.1108/07419051111202655

9. Dawson PH *et al.* **Are science, engineering, and medical libraries moving away from the reference desk? results of a survey of New Jersey libraries**
Science & Technology Libraries 2011[cited 2012 January 13];30(4):343-53
An online survey, conducted in 2009, of New Jersey academic libraries' provides data for studying different types of reference models being used in a subset of libraries involved in science, engineering, medical, nursing, or allied health subject areas. Based on the results, the traditional library reference desk is still the

primary mode for delivering reference services. However, some of these libraries are supplementing the traditional service with nontraditional forms of reference and are experimenting with a variety of virtual, Web 2.0 tools. Community colleges, private and state universities and private and state colleges participated in this study.
Available from: http://www.tandfonline.com/doi/abs/10.1080/0194262X.2011.626337

10. West D. **A comparison of PsycARTICLES and PsycINFO as offered by APA and third-party vendors**
The Charleston Advisor 2011[cited 2011 December 9];13(2):5-9
When libraries purchase a database for their users it is usually based on a comparison with other similar sources using a number of factors such as content, searchability, and currency. When we chose a provider for PsycINFO and PsycARTICLES, we focused on the above factors but had not realized that the number and type of search results could differ between vendors of the same database. That is, until a student asked one of our professors why she found more articles at another university's library than she found using the same databases at our Library. Initially the assumption was that the student did not use the same search method at each institution. We replicated the search using two different providers and confirmed that the student's observation was correct—results did vary between the two vendors. We decided to compare search results from third-party vendors of PsycINFO and PsycARTICLES to each other and to a direct subscription to APA's platform (PsycNET). Even though we found that search results varied by as much as 30% between the providers, we also realized that it's more than just the numbers that should sway the decision to choose one provider over another.
Available from: http://dx.doi.org/10.5260/chara.13.2.5

11. Linton JD *et al.* **Publish or perish: how are research and reputation related?**
Serials Review 2011[cited 2011 December 5];37(4):244-57
A study of twenty-seven fields in 350 highly ranked universities examines the relationship between reputation and rank. We find that many metrics associated with research prowess significantly correlate to university reputation. However, the next logical step– looking at the relationship that links different academic fields with the reputation of the university–did not always offer the expected results. The phrase "publish or perish" clearly has very different meanings in different fields.
Available from: http://www.sciencedirect.com/science/article/pii/S0098791311001304

12. West WL. **Electronic Journals: Cataloging and management practices in academic libraries**
Serials Review 2011[cited 2011 December 5];37(4):267-74
The growth and availability of electronic journals offer libraries the opportunity to provide end users with quick and easy access to more journals than ever before, thereby creating a complex new workload in academic libraries. Libraries have addressed the evolving challenges unique to electronic resources by creating new policies and workflows and dedicating staff to work on the processes, despite the lack of best practices. In the fall of 2009, a survey was distributed to ninety-five libraries at peer institutions to gather information about their policies and practices for cataloging and managing electronic journals in order to gauge the current status of electronic journal management among these peer institutions. This paper reports on the survey findings related to cataloging approach, sources for bibliographic records, methods for identifying problems, and the staff and staff hours dedicated to electronic journals.
Available from: http://www.sciencedirect.com/science/article/pii/S0098791311001389

13. Teixeira Lopes C, Ribeiro C. **Comparative evaluation of web search engines in health information retrieval**
Online Information Review 2011[cited 2011 November 28];35(6):869-92
Purpose – The intent of this work is to evaluate several generalist and health-specific search engines for retrieval of health information by consumers: to compare the retrieval effectiveness of these engines for different types of clinical queries, medical specialties and condition severity; and to compare the use of

evaluation metrics for binary relevance scales and for graded ones. Design/methodology/approach – The authors conducted a study in which users evaluated the relevance of documents retrieved by four search engines for two different health information needs. Users could choose between generalist (Bing, Google, Sapo and Yahoo!) and health-specific (MedlinePlus, SapoSaúde and WebMD) search engines. The authors then analysed the differences between search engines and groups of information needs with six different measures: graded average precision (gap), average precision (ap), gap@5, gap@10, ap@5 and ap@10. Findings – The results show that generalist web search engines surpass the precision of health-specific engines. Google has the best performance, mainly in the top ten results. It was found that information needs associated with severe conditions are associated with higher precision, as are overview and psychiatry questions.Originality/value – The study is one of the first to use a recently proposed measure to evaluate the effectiveness of retrieval systems with graded relevance scales. It includes tasks from several medical specialties, types of clinical questions and different levels of severity which, to the best of the authors' knowledge, has not been done before. Moreover, users have considerable involvement in the experiment. The results help in understanding how search engines differ in their responses to health information needs, what types of online health information are more common on the web and how to improve this type of search.
Available from: http://dx.doi.org/10.1108/14684521111193175

14. Sedghi S. *et al.* **Medical image resources used by health care professionals**
Aslib Proceedings 2011[cited 2011 November 28];63(6):570-85
Purpose – Medicine is heavily dependent on images and health care professionals use medical images for clinical, educational and research purposes. This paper aims to investigate the resources used by health care professionals while searching for medical images. Design/methodology/approach – The research is based on a qualitative study that uses the Straussian version of grounded theory and involved 29 health care professionals from various health and biomedical departments working within Sheffield Teaching Hospitals NHS (National Health Service) Foundation Trust. Data collection was carried out using semi-structured interviews and think-aloud protocols. Findings – The findings show that health care professionals seek medical images in a variety of visual information sources, including those found online and from published medical literature. The research also identified a number of difficulties that health care professionals face when searching for medical images in various image resources. Originality/value – There have been few studies that investigated the image resources used by health care professionals. Thus, this study contributes to the understanding of medical image resources and information needs of health care professionals. A clear understanding of the medical image information needs of health care professionals is also vital to the design process and development of medical image retrieval systems.
Available from: http://dx.doi.org/10.1108/00012531111187225

15. Vahideh ZG. **Role of librarians in information therapy (Ix): a comparative study of two developing countries**
Aslib Proceedings 2011[cited 2011 November 28];63(6):603-17
Purpose – The main aim of the study is to determine whether information therapy (Ix) services are rendered in hospital/medical libraries in Iran and India and to identify the role of librarians in providing health information to patients in the context of information therapy (Ix) services, and the problems and prospects for rendering Ix services in hospital/medical libraries. Design/methodology/approach – An exploratory survey was conducted using a questionnaire to collect data. Librarians were selected by a simple random sampling method from the membership list of the Iranian Medical Library Association and the Medical Library Association of India. In total, 100 questionnaires were distributed through mail and e-mail to each of the sampling frames. A total of 71 and 84 valid responses were collected from Iran and India, respectively. Simple descriptive statistical analysis was utilized using SPSS version 15.5. A Chi-square test or Fisher's exact test was used to compare variables. Findings – Information therapy (Ix) services are rendered in the hospital/medical libraries of Iran and India, formally and informally. There are various obstacles for librarians in rendering Ix services in both countries. Originality/value – The study brings to light the state of

information therapy services in Indian and Iranian health science libraries in supporting patient care. It reflects the librarian's role in Ix, the problems and prospects. It enables library managers and health care policy makers to make evidence-based decisions and develop standards and programs for successful national consumer health information and information therapy services.
Available from: http://dx.doi.org/10.1108/00012531111187252

16. Encanto JA. **Factors that influence the establishment of a network of medical libraries in the Philippines**
The International Information & Library Review 2011[cited 2011 November 24];3(4):230-8
This paper sought to identify the factors affecting the establishment of a network of medical libraries in the Philippines. This paper dealt with the following questions: What facilitates or hinders the establishment of a network of medical libraries in the Philippines? What are the advantages and disadvantages of having a network? Is it feasible to establish such a network? Who will manage the network? What are the network's functions and services? What are the requirements to join this network? What are the governing policies and guidelines? The researcher sent survey questionnaires to heads of medical libraries who are members of the Medical and Health Librarians Association of the Philippines (MAHLAP) and/or the Association of Philippine Medical Colleges (APMC). After the initial survey, the researcher conducted focus group discussions (FGD) participated by the MAHLAP 2010 Board of Officers. The researcher also interviewed networking experts and heads of medical institutions to obtain their opinion and suggestions on network establishment. Frequency analysis was used to count preferences of librarians regarding the facilitating and hindering factors affecting the establishment of a network of medical libraries. The study revealed that the key factors affecting the establishment of a network include administrative support and budget to address hindrances such as networking costs and other requirements for joining a network. Attaining these key factors directs the readiness of medical librarians and libraries to establish a medical library network. The researcher recommends that potential member libraries sit down and further discuss the establishment of a network of medical libraries. MAHLAP should take the initiative to convene its members and present to them draft policies and guidelines. Once discussed, this can be submitted to APMC for the head's of institution review and approval. Once the invitation for membership is approved, librarians can meet to finalize the guidelines.
Available from: http://www.sciencedirect.com/science/article/pii/S1057231711000609

17. Cullen R, Chawner B. **Institutional repositories, open access, and scholarly communication: a study of conflicting paradigms**
The Journal of Academic Librarianship 2011 [cited 2011 November 14];37(6):460-70
The Open Access movement of the past decade, and institutional repositories developed by universities and academic libraries as a part of that movement, have openly challenged the traditional scholarly communication system. This article examines the growth of repositories around the world, and summarizes a growing body of evidence of the response of academics to institutional repositories. It reports the findings of a national survey of academics which highlights the conflict between the principles and rewards of the traditional scholarly communication system, and the benefits of Open Access. The article concludes by suggesting ways in which academic libraries can alleviate the conflict between these two paradigms.
Available from: http://www.sciencedirect.com/science/article/pii/S009913331100156X

The Library mouse

Oliver Obst

Central Medical Library
University and Regional Library, Münster, Germany
Contact: obsto@uni-muenster.de

Dear Librarians,

To promote your library to the public can really be so easy. Nowadays we worry so much about marketing, but sometimes public attention for the library comes unexpectedly and without advance strategical planning.

A brief history of mouse time
The story starts in the year 2011. Occasionally, there are mice seen in the library. They are tolerated as they are not harmful. Until one day, on New Year's Day 2011, in the early morning, a disaster descended on the library: the alarm went off, warning that there was an intruder in the library. Immediately the clinic fire brigade crew and three (!) police patrol cars were on their way, with screeching tires and wailing sirens. At the same time, the shrill tones of the telephone woke up the Director of the library. Half asleep, he received the message: Burglar in the library! As he frantically dressed, thoughts flashed through his mind: "Is there really a burglar or has lightning triggered the alarm? Did he in fact leave a window open and maybe a bird flew in? Did the cleaning lady once again forget to turn off the alarm?" But a few minutes later the all-clear was given: a mouse was identified as the culprit.

So far, so good. Here the story could have ended. No one would have heard anything more about the mouse. The library would have gone back to its everyday routine – many would have wished this. But not the library director: in his imagination, hordes of rodents were appearing, playing cat and mouse with the burglar alarm and getting him out of bed at all hours. He rightly was worried about his well-earned sleep. That was the top priority now! He presented his version of events on the homepage of the library and threatened the demise of the mouse:

"The mouse will no longer be tolerated: the library as a rodent asylum is finished!"

And now the hunt was on – although initially only with live traps and chocolate cakes, but the exterminator had his rifle at the ready. The poor mouse became very anxious and feared for her life and wrote this in the news system Twitter. This triggered an avalanche of solidarity: by the Twitter news chain @v_i_o_l_a, @monasterium and @wwu_muenster. Then the local press heard about it and started its first reports. The hashtag #librarymouse was born. It brought the mouse (and the library) into the headlines of local newspapers. By now it had become daily news: three days after the alarm, a tubby mouse was trapped in the library's kitchen. Fortunately, this was documented by a student: prime mouse portraits and mouse names were circulated on Facebook. The mouse was

a "he" and was given the name "Jerry". When Jerry was released back into the wild safely, the press was jubilant. Finally, the mouse had an identity and pictures were taken out of our hands.

However, it turned out that Jerry was not the Library Mouse. Three clues suggested that: 1. Jerry was male, and the Library Mouse was female. 2. Jerry was caught in the small kitchen in the administration area, whereas the Library Mouse did mischief in the user area. 3. The Library Mouse had watched Jerry's capture from a safe distance and commented on it on Twitter.

The press was very excited and already addicted to the mouse chase. The most important task assigned for the library director was now to inform the press in time when there were new images or captures. Then a television crew applied for an interview and we agreed to one on the 11th January. That same morning, two mice were caught in the trap and all phones began ringing like crazy: "Under no circumstances should the mouse be released; the TV team requires moving pictures!" The local press phoned to say it was on its way too, as fast as it could, but asked for our patience. The clinic's PR was content with any pictures we get. The mouse, meanwhile, tweeted in real time out of the trap: "You have me. How could I be so stupid!" No sooner had her 80 followers on Twitter read this, they established a Facebook fan group "Free the Library Mouse in Münster". Anxious minutes and hours passed by: what was the fate of the two mice?

The male mouse was released immediately: the press was only interested in the *Twitter mouse.* The female mouse had to still hold out a little longer and was fortified for the photo session, meanwhile, with tasty carrot shreds. But then it was all over: she performed very well in front of the cameras and was released under the watchful eyes of the TV crew. Everyone was by then sad, but the mouse was fine. Back in freedom she twittered gaily, "Yippee! I am free! At last!" The next day dawned with big headlines in the local press, and a family-friendly, three minute report on TV.

What makes the mouse story a success?
As I said in the last issue: people love to be told stories. They do not necessarily have to be nice stories, but if they are nice (and mysterious) stories, that's a great advantage. Three ingredients made this special story a newsworthy one: 1. the witty portrayal of the confrontation between the mouse and the library staging a David - Goliath relationship: the mouse had become the disadvantaged in an asymmetrical battle against a mighty and relentless enemy; 2. in a second – and even more brilliant – step, the victims' perspective was exploited by giving the mouse a public voice: "the mouse tweeted for her life". Now the gentle readers had a tangible and audible counterpart, which made its identification and their compassion much easier; 3. from the very beginning, there was a mystery about the whole case. Not knowing who was behind the Twitter account @LibraryMouse, was fascinating, even adventurous. Was it the friendly man at the lending desk wearing the mice shirt? Or was it a medical student who just saw a media opportunity? Or was it even an animal rights activist? In the end no one was sure who it was, perhaps it was the mouse itself… ?

Public relations, which focuses on the dynamics of social networks is often referred to as viral marketing (VM). VM can begin with very little, such as a small report on the homepage, and expand rapidly – without any reason – to a real press tsunami, that strikes you and leaves you quite passive. Press and television will stop at nothing to get such "human interest stories" and are more than happy to spin sequels (and the press officer of the library becomes somewhat redundant). The so called *silly season* is ideal for spreading of such news.

The moral of the story
The library can breathe again. A media invasion can be quite exhausting without a press officer who governs everything. But, could a press officer have made even more out of this? He could have invited even more newspapers and TV stations, or asked all citizens of Münster to take a vote on a name for the mouse, or sell T-shirts with "Save the Library Mouse", or continue to spin the story further again: the Library Mouse found a family with Jerry, they had children, reoccupied the library, and tweeted about everything in abundance - the possibilities are beyond imagination.

But how can we evaluate this return on investment? Does it give the library what they want? Has the library benefited long term from this event? Some readers may have thought: "Doesn't the library have anything better to do?" or "The mice may transmit many diseases" or "The library should be in the news for their user services, not because of something like this!" Indeed, one reporter even apologized that he did not come to report on our reader services, but came only for the mouse story as user services were just not interesting for them. But … in the midst of the mouse hype… a reporter did accidentally discover our iPad rental service and encouraged a colleague to write about it. We were interviewed and an informed report appeared the next day with a circulation of 220,000 issues. This was one of the rare cases in which lead was turned into gold.

But for the time being we are satisfied with the hype it caused. Because of the mouse, we are now much better known and linked in the media landscape. Press editors became fans of our Facebook page and pursue our messages now directly. It seems more likely that they will write something about us again, even if it is not about the mouse.

You will find all links at http://medbib.klinikum.uni-muenster.de/wiki/BibliotheksMaus

Have you renewed your EAHIL membership for 2012?

Dear EAHIL member,
EAHIL membership is free of charge for all health information professionals in Europe, but all members must renew there membership annually. All members should have received an e-mail with a request to renew your membership. Many members have already renewed, but not all members. If you have not received the e-mail, your e-mail address in the membership database is incorrrect. It is than vital that you login and correct your details.

Membership records of members not renewing will be deleted!
Please note that even paying members from outside Europe, should login to the membership database and renew their membership through the database. The reason for this is that we want you to update your address, e-mail address and so on. It is noted that there sometimes are problems with extended ASCII. Please remove all accents from the data and do not use apostrophe or quotation marks.

Instructions:
1. Go to EAHIL web http://www.eahil.net/
2. Click on Membership database
3. Login with your userid and password.
4. When you have logged in into the database you must check/update all information. The information in the database is used for mailing of the Journal of EAHIL and for communicating with all members via e-mail, so it is vital that both your mail address and your e-mail address are up-to-date. Registrations lacking proper (institutional) address data and at least one phone number will be removed from the database.
5. Click on **Update and renew membership** if you want to continue to be EAHIL member. Click on Cancel membership if you want to cancel your membership.

GET YOUR MEMBERSHIP CARD
When you have renewed your membership for 2012 you can print your membership card for 2012. Click on the link Get your membership card and follow the instructions. Unfortunately not all browsers interpret correctly the characteristics of the downloaded file. A PDF is created and in some cases you have to make sure that the proper extension (.pdf) is added to the file name.

Please note that if you have uploaded your photo in the membership database. Your photo will be printed on your membership card. You can anytime upload your photo and print a new membership card. Click on Userinfo and Picture Upload to upload your photo. Please contact me if you lost your userid and password or have any problems.

Remember: only members of EAHIL have voting rights!!

Suzanne Bakker
EAHIL secretariat supervisor
s.bakker@nki.nl

News from EAHIL

Letter from the President

Peter Morgan

Medical Library
Cambridge University Library, Cambridge, UK
Contact: pbm2@cam.ac.uk

Dear Colleagues,

We are fast approaching an important date, 1 April 2012, when registration for this year's EAHIL Conference opens. The Conference, "Health Information Without Frontiers", will take place on 4-6 July in Brussels at the Université catholique de Louvain (UCL) (http://sites.uclouvain.be/EAHIL2012/conference/). This year's Conference, the 13th, is particularly momentous as it will mark the 25th anniversary of our first conference in 1988, also in Brussels. The programme will celebrate the anniversary in an appropriate manner, and we hope to be joined for the occasion by former colleagues who helped to establish and develop the Association so successfully. Following last year's call for papers, the International Programme Committee met in Brussels in December and spent two very hard-working and rewarding days reviewing the submitted abstracts and putting together a programme that can do justice to the event. A summary of the accepted papers and posters has already been posted on the Conference website, together with the preliminary programme for the Continuing Education Courses (which will take place on 2-3 July), and more detailed information will be available by the time registration opens on 1 April – so do take a look and start to make plans to attend. Of course, for many members it can be difficult obtaining the funds to book a conference place. I am pleased to say that this year we shall again be offering six competitive scholarships sponsored jointly by EAHIL and EBSCO (to whom we are very grateful for their ongoing support), each for 500 euro to help the recipients attend the Conference. Further details, including the eligibility criteria and the procedure for applying, may be found in the notice which follows this Letter. But don't delay – the deadline for the online submission of applications is 31 March 2012. And I'm delighted to see that the Editorial Board for the Journal will also, as last year, be making their own scholarship award for what they judge to be the best paper published in the Journal in the past year (adding yet another reason as to why members should consider submitting articles to the Journal).

Elections for the President, Executive Board, and Council members take place every two years, and will be held in 2012. For both the Board and Council, which have a four-year term of office, only a proportion of the places are due for election in each two-yearly period. The Council elections take place later in the year, but the elections for President and Board will be held first. A nomination form for candidates wishing to stand in these elections is published in this issue of the Journal, and detailed instructions on the electronic voting procedure will be circulated to all members via email in preparation for the actual elections, which are planned to take place in June 2012. Do make sure you play your part as an EAHIL member, either by standing for election yourself, nominating another candidate, or at the very least casting your votes in the election when the time comes.

As you may recall, the Executive Board announced last year (see the September 2011 issue of the Journal) that two 25th Anniversary Research Grants would be awarded, each with a value of up to 10,000 euro a year for one- or two-year projects. The successful projects will be chosen by a panel of invited external experts assembled for the purpose. By the time you read this the closing date for applications will have passed, but as I write it is already apparent that the grants have attracted a lot of attention, and I shall be very interested to hear the results, which will be announced during the Brussels Conference.

In my previous Letter I commented on the deteriorating international economic scene and its likely adverse implications for libraries that are already struggling financially. I suggested that a broader adoption of Open Access practices would not

necessarily provide a solution to the "journals crisis" – concern about inexorable and unaffordable rises in subscription costs to scholarly journals. However, recent news from the US suggests that publishers are themselves becoming increasingly worried at the impact OA might have on their business models and profitability. The Research Works Act (RWA) (1) submitted to the US House of Representatives in December 2011 seeks to reverse existing legislation that mandates OA for the dissemination of federally-funded research papers. The current legislation has been seen as particularly important in ensuring access to biomedical research funded by the National Institutes of Health. Instead, the RWA would seek to provide publishers with much greater control over the dissemination of published papers. The main supporter of the RWA is the Association of American Publishers, which includes a number of university presses and other scholarly publishers among its members, and some of these have disassociated themselves from the AAP's position – in a few cases even resigning as members – in protest at its campaign (2). This is not just an internal issue for the United States. If the RWA is adopted, it is likely to have a serious adverse impact on the rapid dissemination of papers via PubMed Central, and this prospect is one that librarians and library users worldwide will find alarming. Apart from the considerable international campaign of direct opposition to the RWA, another development arising out of this has itself gained rapid support and – perhaps crucially – much media publicity. This is the "Cost of Knowledge: researchers taking a stand against Elsevier" petition (3), launched after a prominent Fields Medal-winning mathematician, Timothy Gowers, blogged his displeasure at Elsevier's support for the RWA and at its library subscription policies. Signatories to the petition are pledging not to publish, referee, or serve as editors in Elsevier journals. At the time of writing more than 3,000 have already signed, including some very eminent scientists. The media exposure given to this latest petition by financial commentators indicates that investment markets (and doubtless other publishers) are paying close attention – and suggests that maybe, just maybe, the commercial implications will be powerful enough to bring about changes that the library community will welcome. Watch this space!

References

1. Bill Summary & Status, 112th Congress (2011-2012), H.R.3699, CRS Summary [cited 5 February 2012].
   http://thomas.loc.gov/cgi-bin/bdquery/z?d112:HR03699:@@@D&summ2=m&
2. Notes on the Research Works Act [cited 5 February 2012].
   http://cyber.law.harvard.edu/hoap/Notes_on_the_Research_Works_Act#
3. The Cost of Knowledge: Researchers Taking a Stand Against Elsevier [cited 5 February 2012].
   http://thecostofknowledge.com/

EAHIL CONFERENCE SCHOLARSHIPS 2012
Deadline for applications: **31st March 2012**

The EAHIL Executive Board is pleased to announce the availability of 6 Scholarships to be awarded to worthy individuals to attend the 13th EAHIL Conference at the Université catholique de Louvain, Brussels on 4-6 July 2012 http://sites.uclouvain.be/EAHIL2012/conference/. The scholarships, which are partly sponsored by the generous support of EBSCO, will be 500 euros maximum. Applications must be made using the online application form at http://www.formdesk.com/eahil/scholarship2012 and must be submitted online not later than the closing date of 31st March 2012.

Eligibility:
- Applicants must not previously have received a scholarship or registration award from EAHIL
- Applicants should still be getting established in the profession
- Scholarships are not awarded to members from the country hosting the conference (Belgium)
- Successful applicants will not be eligible for any concurrent fee waiver offered to specified participants at the conference.

Please note all applications will be considered in confidence and will be judged on the merits of the case submitted by each applicant. The EAHIL Executive Board will notify successful applicants not later than 13th April 2012.

(NB Registration for the Workshop will open on 1 April, with Early Bird rates available until 2 May 2012).

Peter Morgan
EAHIL President
Head of Medical & Science Libraries
Medical Library, Cambridge University Library
Addenbrooke's Hospital, Hills Road
Cambridge CB2 0SP, UK

EAHIL
European Association for Health Information and Libraries

_____ NOMINATION FOR	President* (2-years term) _____ Executive Board member* (4-years term)	in the 2012 elections

*please clearly mark what is applicable and strike out the other option

I, EAHIL member* / election committee* Address: City: Country: E-mail: Date: Signature:	I, EAHIL member* / election committee* Address: City: Country: E-mail: Date: Signature:

hereby nominate as candidate for President*/Board member* in the 2012 EAHIL elections:

....

Candidate for Presidency* / Executive Board membership*:

Name: ....

Function: ....

Institutional address: ....

City & Country: ....

Phone: ....

Fax: ....

E-mail: ....

Candidate's agreement:

I agree to be a candidate in the 2012 elections and am willing and able to serve on the Executive Board of EAHIL from 2013-2014 (President) or 2013-2016 (Board members) respectively.

Date: ....   Signed (by candidate): ....

This form should be sent not later than **15 April 2012,** to:

preferentially by e-mail to: EAHIL@mailtalk.ac.uk attn.: Election Committee

or to: EAHIL Secretariat attn.: Election Committee, PO Box 1393, NL-3600 BJ Maarssen, The Netherlands. Fax: + 31 346550876

www.eahil.net

World Library and Information Congress:
78th IFLA General Conference and Assembly
Health and Biosciences Section – Satellite Session
The future of health information.

CALL FOR PAPERS

The establishment of health librarianship as a discrete profession is historically relatively recent. Its early development coincided with, and was in response to, the enormous increased public investment in health in the post-war era. Alongside the expansion in health services came the rapid expansion in medical and health services education and training and the consequent emergence of health libraries as a specialist resource to meet new information demands. Spectacular advances in information technology, the capacity of the internet and the increasing emphasis on scientific rigour and research-based evidence have both spurred and challenged health information professionals to develop the dynamic, scientific and innovative resources we see today. Health librarians have both adapted to and helped to shape changes in their environment: managerialism has informed the emergence of new evaluation tools and communication techniques; librarians are core to the problem-based learning approach prevalent in health and medical education; and, librarians are essential to preservation agenda of digital repositories and to promoting the open access principles which underpin it. Throughout this change the core values of information delivery, literacy and preservation have remained constant. While our capacity to predict changes in the environment over the next generation is limited, we can be certain that these values will inform our responses to it. Recent commentary has highlighted the rich body of literature examining the trends and patterns impacting on health science librarianship. We hope that this session will contribute to this conversation and, by identifying the patterns in our environment, both past and emerging, we can make informed predications about the future of our profession, the trends which will shape it and the steps we need to take to prepare for it. Papers may cover some of the following topics:

- What will be the impact of the increasing overlap of the work of health science librarianship and those working in health informatics?
- What can trend analysis, scenario planning and other approaches to future proofing contribute to our understanding of the profession's development?
- Will there still be health science librarians in 2020, or will the work of managing, delivering and analysing health information and data be part of a broader, more generic 'knowledge management' role profile?
- As the role of health libraries as repositories of print material diminishes, where will the more mobile, less library-bound, health information professional work?
- Access to knowledge is no longer the preserve of health professions and those seeking to enter them; how will our contribution to consumer health information, health literacy and patient safety affect how we analyse and communicate the knowledge we manage?
- Economic realities and political imperatives will drive an increased emphasis on the application of research to patient care. Librarians are well placed to spearhead this translational work but what new skills and tools must we learn to consolidate our role in this project?
- Librarians have contributed to the gains made possible by open access through their work in developing research repositories and other OA resources. Proposed legislation in the US may be the beginning of a reversal of these gains. Should librarians become more politically active in this and other information policy areas to secure the maximum possible availability of research evidence?

Proposals should include:
- A structured abstract (Objectives/Project Scope; Methods; Results; Conclusions/Implications) of 350 - 400 words.
- Summary of the author(s) details (name, institution, position) and brief biographical statement of no more than 50 words.
- Submit proposals electronically no later than March 30, 2012 to bgalvin@hrb.ie.
- Selected presenters will be notified by May 01, 2011.

Papers or presentations
Presenters will be expected to submit final versions of their papers or presentations by June 01, 2012. The language of the session will be English. Presenters will have up to 30 minutes at the programme to deliver their presentations, and time will be allowed for an open forum to allow audience interaction. Please note that the Programme Committee has no funds to assist prospective authors: abstracts should only be submitted on the understanding that the expenses of the attending the conference (including travel, expenses and conference fee) will be the responsibility of the authors(s)/presenter(s) of accepted papers. Some national professional associations may be able to help fund certain expenses, and a small number of grants for conference attendance may be available at: www.ifla.org/III/members/grants.htm

For more information, please contact: Brian Galvin bgalvin@hrb.ie or Terhi Sandgren terhi.sandgren@helsinki.fi

News from EAHIL

News from the MeSH Special Interest Group

Klas Moberg

Karolinska Institute University Library,
Stockholm, Sweden
Contact: klas.moberg@ki.se

Due to the constant development in the field of biomedicine new concepts are emerging, creating a continuous need to revise the MeSH. The latest annual update of MeSH-terms include a total of 454 new descriptors while 42 have been replaced and 15 have been deleted making the current number of descriptors 26 582. A number which can be compared to the 4300 descriptors present in the first edition of the MeSH published in 1960 (1). Below you will find some of the latest additions divided according to the tree structure:

C1 (Bacterial Infections and Mycoses)
Coinfection
Reproductive Tract Infections

C14 (Cardiovascular Diseases)
Angina, Stable
Masked Hypertension

C23 (Pathological Conditions, Signs and Symptoms)
Acute Pain
Breakthrough Pain
Chronic Pain
Disease Resistance
Dyscalculia
Nociceptive Pain
Pelvic Girdle Pain
Visceral Pain

D6 (Hormones, Hormone Substitutes, and Hormone Antagonists)
Insulins

E2 (Therapeutics)
Fertility Preservation
Heimlich Maneuver
Kangaroo-Mother Care Method
Organ Sparing TreatmentsPain Management

E5 (Investigative Techniques)
Dried Blood Spot Testing

Sun Protection Factor
Urine Specimen Collection

F1 (Behavior and Behavior Mechanisms)
Forgiveness
Performance Anxiety

F2 (Psychological Phenomena and Processes)
Memory, Episodic
Musculoskeletal Pain

F3 (Mental Disorders)
Mild Cognitive Impairment
Depressive Disorder, Treatment-Resistant
Obsessive Hoarding

I1 (Social Sciences)
Anthropology, Medical

L1 (Information Science)
Social Media
Social Networking
Text Messaging

M1 (Persons)
Physical Therapists
Sex Workers
Unrelated Donors

N6 (Environment and Public Health)
Disease Eradication
Drinking Water
Gas, Natural
Mortality, Premature
Patient Safety
Water Quality

Notable additions to the 2012 MeSH are for instance the diverse subcategories of pain, a large number of antigens and terms related to the Internet. Since the very start of the Swedish MeSH we have been trying to translate the new MeSH-terms as soon as they are introduced into the vocabulary. We share this responsibility within our indexing group, discussing the Swedish terminology before deciding on the final translations. As Alessandra Ceccarini and Maurella Della Seta previously noted during the Italian translation of the MeSH-terms there are not always equivalents available (2). It is not uncommon for English terms and expressions to be incorporated into the Swedish vocabulary which is why sometimes there is no need for translations. However, whenever available we try to integrate Swedish translations into the Swedish MeSH. The process of translating the MeSH is an important practice helping us become familiar with new terminology. At KIB it is also common practice to inform colleagues about terminological updates so they may use the correct vocabulary when searching MeSH-indexed databases.

References

1. Schulman J-L. History of MeSH. U.S. National Library of Medicine - National Institutes of Health2010 [last visited February 1, 2012]; Available from: http://www.nlm.nih.gov/mesh/mesh_at_50/history_of_mesh.html.
2. Cammarano RR, Della Seta M. Report from the MESH Special Interest Group. JEAHIL. 2011;7(1):41-2.

News from the MeSH Special Interest Group

Swedish MeSH goes mobile

Mikael Jergefelt

Karolinska Institute University Library,
Stockholm, Sweden
Contact: mikael.jergefelt@ki.se

In February 2012, we at Karolinska Institute University Library, released our Swedish MeSH translation as a smartphone app. App is short for software application, and refers more often than not to mobile applications designed to run on smartphones with a touch interface. The Swedish MeSH translation has been maintained and made available for searching on the web by the KI library since 2000, but has now also taken the step into the mobile domain as an app for iOS and Android, which are the two dominating operating systems from Apple and Google, powering most smartphones and tablets on the planet today.

Mobile access to library services is becoming increasingly important as smartphones now outsell the combined global market of laptop and desktop computers. Forecasts show that mobile phones will overtake PCs as the most common web access devices worldwide by 2013, if not earlier. At the KI library, we have followed this development closely, and are working towards the vision of making all relevant services mobile friendly, to accommodate the needs of our users. This was initiated last year with the general library app "KIB Mobile", featuring information and interaction with the OPAC

Fig. 1. *Splash screen*

among other things. Swedish MeSH is our second app, originating from student requests. They simply wanted to be able to look up terms during lectures for better understanding, without having to bring or use a laptop.

Because we were able to use the exact same output data from the Swedish MeSH web version, developing the app only took a few days. The downside to this though is that the app requires an Internet connection to work. Mobile Internet connectivity these days however is not a problem since smartphone subscription sales usually include data traffic. The challenge during the development process was more about the user experience design. One could argue that MeSH term search would be a great addition to our existing library app, but more functionality in an app does not necessarily make it better. Too many different features can make users lose focus of their task at hand if the user interface is crowded or difficult to overview on a small screen. Instead we made Swedish MeSH into a separate app, created to be a "microexperience". This means a more reduced interface suited for mobile interaction where the content is broken into smaller snack pieces, which should result in a more focused end to end experience of finding and using MeSH terms when away from a computer.
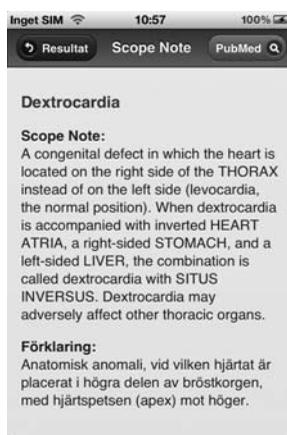
Fig. 2. *Search interface*

Fig. 3. *Scope note view*

Medical Library Association report for EAHIL

Bruce Madge

MLA representative to EAHIL
London Upright MRI Center, London, UK
Contact: Bruce.Madge@uprightmri.co.uk

MLA 12: May 18th – 23rd Seattle, Washington, USA: Growing Opportunities; Changing our Game.
It's getting closer and more information is now available on the MLA Website. Hotel details are now up as well as the preliminary program. The keynotes look excellent as at all MLA meetings. Steven Johnson will talk about innovation, the Jane Doe lecturer is Mark Funk who will no doubt deliver a witty and informative lecture and on the Wednesday T.R. Reid will speak about the American health care system. Personally I am looking forward to the Tuesday night reception at the EMP Museum (see empmuseum.org) which amongst other things is currently showing an exhibition on Jimi Hendrix in London! I shall be booking my flight as this column is published. Online registration is also open at:
http://mlanet.org/am/am2012/register/index.html

ICML/ICAHIS/ICLC Call for Papers and Posters
May 3-8, 2013 are the dates for the federated international meeting, „One Health: Information in an Interdependent World", incorporating the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference (ICLC) to be held in Boston, MA with the 2013 Annual Meeting and Exhibition of the Medical Library Association (MLA). Structured abstracts for contributed papers and submissions for posters may be submitted electronically beginning this month. The deadline for submissions is **May 1, 2012.** See:
http://www.mlanet.org/education/callcourses2013.html

The Cunningham Fellowship
The Cunningham Fellowship is a fellowship for health sciences librarians from countries outside the United States and Canada. The award provides for attendance at the MLA Annual Meeting and observation and supervised work in one or more medical libraries in the United States and Canada.

For 2013 only, the Cunningham fellowship will be replaced by Cunningham grants to allow health sciences librarians from countries other than the United States and Canada to attend the combined MLA '13, 11th International Congress on Medical Librarianship (ICML), 7th International Conference of Animal Health Information Specialists (ICAHIS), and 6th International Clinical Librarian Conference (ICLC), to be held in Boston, Massachusetts, May 3–8, 2013. These grants are supported in part by the 11th ICML.

MLA President Perry Weighs in on Advocacy for Hospital Libraries
Current MLA President Gerald (Jerry) Perry, AHIP, believes all of us can play a role in fighting for hospital libraries. See his specific suggestions and links to relevant resources in a recent post on his presidential blog:
http://jerryperry.tumblr.com/

New on MLANET
Biographies for several MLA Fellows have been posted on MLANET: Virginia Bowden, AHIP, FMLA, Frederick G. Kilgour, FMLA, Helen Kovacs, David Kronick, Robert Lentz, Erika Love, FMLA, Lenny Rhine, FMLA, and John A. Timour, FMLA. The MLA Fellows are developing a comprehensive listing of all MLA Fellows, including selected biographical information designed to illustrate each fellow's contributions to MLA. This project continues to be expanded over time. If you have suggestions or comments, contact Diane McKenzie, FMLA, or MLA staff member Mary Langman.

Call for Papers: IFLA Science and Technology Libraries Section
Papers are invited for the 78th IFLA General Conference and Assembly, Helsinki, Finland, in August 2012. The theme is „The Role of Libraries in Data Curation, Access, and Preservation: an International Perspective." The session will focus on the role of libraries and librarians in data curation and the challenges associated with establishing and operating data curation repositories on a local or national level. Proposals must focus on one or more of the following topics:

1. key issues confronted in establishing a national plan for data curation,
2. the role of libraries in establishing data curation repositories,
3. a financial model for sustaining data curation within the library and/or university, or
4. training and preparation of librarians to participate in data curation.

Proposal abstract (max 500 words) must be submitted by January 16 to Deva E. Reddy, chair, IFLA Science and Technology Libraries Section, with the topic to be discussed clearly identified by number from list above.

Publications
Have you added the latest MLA publications to your professional library? Be sure to check out *The Patient Safety Perspective* **(available in ebook and print editions),** *The MLA Master Guide to Authoritative Information Resources in the Health Sciences,* and *The MLA Guide to Managing Health Care Libraries, 2nd Edition.*

The January issue of the *MLA News* is now online.

The January 2012 issue of the *Journal of the Medical Library Association* is online at PubMed Central.

Giovanna F. Miranda

Milan, Italy
Contact: giovannamiranda@fastwebnet.it

Dear Colleagues,

Open Access. In mid-December the US Representatives introduced a bill into the House of Representatives that will roll back the National Institutes of Health Public Access Policy, which mandates that any published research that was funded by the federal science agency be submitted to the publically accessible digital archive PubMed Central upon acceptance for publication in journals. The bill, H.R. 3699, will also make it illegal for other federal agencies to adopt similar open-access policies (B. Grant. The Scientist. 2012; January 9.).

Retractions. Retractions have increased 15-fold over the past decade, while the number of papers has risen by less than 50% – some 300 retractions among 1.4 million papers published annually. An important step for boosting the long-term credibility of the scientific record is for journals — and scientists — to embrace post-publication peer review (Marcus A, Oransky I. Nature. 2011;480:449).

Citations 1. There is no way for authors to obtain information about the downloading of their articles, unlike what is possible for citations. Most publishers consider this proprietary information. The author suggests that publishers should provide a real-time counter of article downloads and that these data should be taken into consideration in the overall assessment of scientific production (C. Bellini. Lancet. 2012;379:314).

Citatons 2. Two reports – one commissioned by Elsevier and another from Thomson Reuters - confirm that scientific papers from Britain have the greatest impact in the world reputation (Marshall E, Travis J. Science. 2011;334:443).

Giovanna F. Miranda

Journal issues

Since the Journal of December 2011, the following journal issue of *Health Information and Libraries Journal* has been received: Vol. 28 Number 4.

Grant M.J.. Writing academic papers: lost in translation? Editorial. p. 247-248.

Sutton A, Grant MJ. Cost-effective ways of delivering enquiry services: a rapid review. p. 249-255.
The aim of this rapid review was to examine the evidence for the most cost-effective ways of delivering enquiry services.

Steele R. A review and rationalisation of journal subscriptions undertaken by a library and information service in a Mental Health Trust in North-East England in 2009. p 256-263

The objective of this paper was to describe the methods and processes used in an evaluation of local journal subscriptions in a mental health trust and to suggest possible further areas of investigation where similar exercises could be undertaken again.

Boruff JT, Thomas A. Integrating evidence-based practice and information literacy skills in teaching physical and occupational therapy students. p. 264-272.

This article describes the collaborative process and outcome of integrating EBP and information literacy early in a professional physical therapy and occupational therapy programme.

Gardois P, Calabrese R, Colombi N, Deplano A, Lingua C, Longo F, Villanacci MC, Miniero R, Piga A. Effectiveness of bibliographic searches performed by paediatric residents and interns assisted by librarians. A randomised controlled trial. p. 273-284.

The aim of the study was to verify whether the assistance of biomedical librarians significantly improves the outcomes of searches performed by paediatricians in biomedical databases using real-life clinical scenarios.

Davies K. Evidence-based medicine: is the evidence out there for primary care clinicians? p. 285-293.

The objectives of the study were to determine the highest level of evidence per question; to ascertain the number of questions unanswered because of a lack of evidence; to establish the frequency with which guidelines answered questions; and to determine the domain of websites used to answer questions.

Guardiola-Wanden-Berghe R, Gil-Pérez JD, Sanz-Valero J, Wanden-Berghe C.
Evaluating the quality of websites relating to diet and eating disorders. p. 294-301.

This paper is a descriptive cross-sectional study of websites on diet and anorexia/bulimia. Its aim was to verify whether the Credibility Indicator is able to evaluate the quality of websites.

Kostagiolas PA, Aggelopoulou VA, Niakas D. A study of the information seeking behaviour of hospital pharmacists: empirical evidence from Greece. p. 302-312.

This study investigates the information-seeking behaviour of public hospital pharmacists providing evidence from Greece that could be used to encourage the development of effective information hospital services and study the links between the information seeking behaviour of hospital pharmacists and their modern scientific and professional role.

Shabi IN, Shabi OM, Akewukereke ma, Udofia EP. Physicians' utilisation of internet medical databases at the tertiary health institutions in Osun State, South West, Nigeria. p. 313-320.

The aim of the study was to determine the extent, purpose, determinants and the impact of the utilization of Internet medical databases among the respondents.

Books review

Changing Roles and Contexts for Health Library and Information Professionals. Eds. A. Brettle and C. Urquhart, Facet Publishing, London UK, 2011; ISBN 978-1-85604-740-1; paperback £49.95 (price to CILIP members £39.96).

The book examines the evolving role of health professionals and explores the role they play in the context of where they work. It covers: providing information, facilitating access to information and managing knowledge, building capacity, undertaking research and evaluation, supporting research and practice, exploiting technology and evidence-based practice. *There will be a review of this book in the next issue.*

Publications and new products

Anti-Open Access Rises Again
Grant B. The Scientist. 2012;January
http://the-scientist.com/2012/01/09/anti-open-access-rises-again/

Cited or read?
Bellini C. Lancet. 2012;379;314

Science publishing: The paper is not sacred
Marcus A, Oransky I. Nature. 2011;480:449
http://www.nature.com/nature/journal/v480/n7378/full/480449a.html
U.K. Scientific Papers Rank First in Citations
Marshall E, Travis J. Science. 2011;334:443

Understanding why evidence from randomised clinical trials may not be retrieved from Medline: comparison of indexed and non-indexed records
Wieland LS.et al. BMJ. 2012;344:d7501
http://www.bmj.com/content/344/bmj.d7501

Out of sight but not out of mind: how to search for unpublished clinical trial evidence
Chan A-W. BMJ. 2012;344:d8013

Why internet users are willing to pay for social networking services.
Hsiao KL. Online Information Review. 2011;35:770

News

Rare Diseases. The final report Recommendations and Proposed Measures for a Belgian Plan for Rare Diseases was submitted to the Minister of Social Affairs and Public Health last month. The report is available online on the website of the King Baudouin Foundation. Taken collectively, the proposed measures and recommendations seek to, by the year 2016, *...diagnose and to treat, in multidisciplinary expert settings, approximately 18.000 patients with a rare disease, in surplus of the current situation.* All EU Member States are urged, via the Council Recommendation of 8 June 2009 on an Action in the Field of Rare Diseases to develop a national strategy for their rare disease patients by the end of 2013.
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:151:0007:0010:EN:PDF

Open Access. Cracks form in anti-Open Access push academic and commercial publishers disagree on the legislation that would limit public access to federally funded research findings.
http://the-scientist.com/2012/01/18/cracks-form-in-anti-open-access-push/

Library Closures. The Culture, Media and Sport Committee in UK launches a new inquiry into library closures. The Committee is inviting written submissions and requesting views. Two of the issues are: what constitutes a comprehensive and efficient library service for the 21st century and the impact library closures have on local communities.
http://www.parliament.uk/business/committees/committees-a-z/commons-select/culture-media-and-sport-committee/inquiries/parliament-2010/library-closures/

Information sources... web based

CAM-Quest® Database. Complementary and alternative medicine (CAM) Quest Database is a new online database portal free of charge with more than 16,000 records. It is searchable for clinical trials, systematic reviews and meta-analyses in the field of CAM. In *CAM-Quest®* observational trials are also included. A specific feature of *CAM-Quest®* is the collection of more than 8,000 homeopathic case reports. CAM offers two search options – a quick and simple as well as a detailed expert search. The *CAM-Quest®* Quick Search currently contains more than 4,000 records about the most common diseases and their alternative treatment options, while the *CAM-Quest®* Expert Search includes more than 16,000 records embracing the whole range of CAM therapies and diseases. If available, links to the abstracts of journal articles are given, and reference lists can be downloaded for printing. *The CAM-Quest®* database is updated and extended frequently.
http://www.cam-quest.org/en

Historical Scientific Archives. The Royal Society has announced that its historical journal archive – which includes Philosophical Transactions the first ever peer-reviewed scientific journal in 1665 – has been made permanently free to access online. Around 60,000 historical scientific papers are accessible via a fully searchable online archive, with papers published more than 70 years ago.
http://royalsocietypublishing.org/search
http://royalsociety.org/news/Royal-Society-journal-archive-made-permanently-free-to-access/

European Clinical Studies. The European Medicines Agency made available a database housing information on clinical studies of medicines authorised in the European Union that involved paediatric populations and were completed prior to the 2007 Paediatric Regulation came into effect. Via the Article 45 Paediatric Studies Database, it is possible to access information including the name and goal of the study, the medicinal product involved, and data on the patients, including age. Some trial outcomes are also available. The database is part of a global aim of the Agency to enhance transparency. The Agency is also specifically focused on improving information on medicinal products for paediatric populations.
http://art45-paediatric-studies.ema.europa.eu/clinicaltrials/

Orphanet list of orphan drugs authorised for marketing in Europe.
http://www.orpha.net/orphacom/cahiers/docs/GB/list_of_orphan_drugs_in_europe.pdf

Recommendations and Proposed Measures for a Belgian Plan for Rare Diseases. Forty two recommendations and measures grouped into five central themes: expertise and multidisciplinarity; collaboration and networking; knowledge, information and awareness; equity in access; and governance and sustainability. Available in English, French, German and Dutch languages.
www.kbs-frb.be/uploadedFiles/KBS-FRB/05)_Pictures,_documents_and_external_sites/09)_Publications/PUB _2025_BelgianPlanForRareDiseases_EN_02_DEF.pdf

Open Access Africa 2011. Presentation slides, images and poster abstracts of the BioMed Central event, held at Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana, are available online.
http://www.biomedcentral.com/developingcountries/events/openaccessafrica/program

News from publishers

Nature Publishing Group and Digital Science joint statement on Research Works Act. Nature Publishing Group and Digital Science note the concern amongst the scientific and library communities about the Research Works Act (H.R. 3699), currently under consideration by the U.S. federal government. NPG and Digital Science do not support the Research Works Act.
http://www.nature.com/press_releases/rwa-statement.html

Nature Publishing Group announces an expansion in open access among its society-owned titles. A new open access journal, Molecular Therapy - Nucleic Acids, has now been launched at www.nature.com/mtna. In addition Clinical Pharmacology & Therapeutics and Spinal Cord now offer open access options.
http://nature.com

Wolters Kluwer has announced that it has completed the sale of its pharma-related Marketing & Publishing Services business to Springer Science+Business Media. The sale is part of Wolters Kluwer's strategy to focus on core health markets through its Wolters Kluwer Health & Pharma Solutions division.
http://www.wolterskluwer.com/Press/Latest-News/2011/Pages/dec23.aspx

Oxford University Press has acquired two journals from Preston Publications: Journal of Analytical Toxicology (JAT) and Journal of Chromatographic Science (JCS),
Journal of Analytical Toxicology is a peer-reviewed, launched in 1977, focusing on potentially toxic substances and drug identification, isolation, and quantitation.
Journal of Chromatographic Science, launched in 1963, provides in-depth information concerning the practice and theory of chromatography. www.oxfordjournals.org

Forthcoming events

15-16 March 212, Milano, Italy
I nuovi alfabeti della biblioteca
Bibliostar 2012
For further information: http://www.bibliotecheoggi.it/

11-13 March 2012, Kansas City, Missouri, USA
SPARC Open Access Meeting 2012
For further information: http://www.arl.org/sparc/meetings/oa12/

21-23 March 2012, Washington DC, USA
Computer in Library 2012
Creating Innovative Libraries
For further information: http://www.infotoday.com/cil2012/

26-28 March 2012, Glasgow, UK
UKSG's 35th Annual Conference
For further information: http://www.uksg.org/event/conference12/cfp

1-5 April 2012, Barcelona, Spain
ECIR 2012
34th European Conference on Information Retrieval
For further information: http://ecir2012.upf.edu

2-4 April 2012, Austin, Texas, USA
Electronic Resources & Libraries
For further information: http://www.electroniclibrarian.com/

16-20 April 2012, Lyon, France
21st International WWW Conference
For further information: http://wwwconference.org/www2012/

16-18 April 2012, London, UK
London Book Fair
For further information: http://www.londonbookfair.co.uk/

22-25 May 2012, Limerick, Ireland
QQML 2012
4th International Conference on Qualitative and Quantitative Methods in Libraries
For further information: http://www.isast.org/

18-23 May 2012, Seattle, WA, USA
MLA 2012
Growing Opportunities: Changing Our Game
For further information: http://mlanet.org/am/am2012/index.html

14-15 June 2012, Guimarães, Portugal
16th International Conference on Electronic Publishing
For further information: http://www.elpub.net/Elpub_2012/Main_Page.html

4-6 July, 2012, Brussels, Belgium
EAHIL 2012 25th anniversary Conference
"Health information without frontiers"
For further information: http://www.eahil2012.be/

9-13 July 2012, Edinburgh, UK
OR 2012
Seventh International Conference on Open Repositories
For further information: http://www.ed.ac.uk/schools-departments/information-services/about/news/open-repositories-2012

15-18 July 2012, Chicago, IL, USA |
SLA 2012
For further information: http://www.sla.org/content/Events/conference/ac2012/index.cfm

11-17 August 2012, Helsinki, Finland
78th IFLA General Conference and Assembly
For further information: http://conference.ifla.org/ifla78

Giovanna F. Miranda

JOURNAL OF THE EUROPEAN ASSOCIATION FOR HEALTH INFORMATION AND LIBRARIES

formerly: NEWSLETTER TO EUROPEAN HEALTH LIBRARIANS

ADVERTISING RATES 2012

Print size & format	Black/White	Colour
Full page (A4)	**457 €**	**571 €**
2/3 page (landscape)	**336 €**	**420 €**
1/2 page (landscape) €	**268 €**	**335 €**
1/3 page	**207 €**	**259 €**

Full page (A4) on inside front cover or in-/outside back cover: **€499 (black/white) €620 (coloured)**

A series discount of **10%** is available for a minimum of 4 ads booked at the same time. A **10%** discount is offered to Affiliated Members.

COPY DATES
The Newsletter is published in February, May, August and November. Copy is required not later than the first day of the month **before** publication (Jan 1, Apr 1, Jul 1, Oct 1).

SPONSORSHIP RATES
Prime positions for their advertisements are available to affiliated members (EUR 397 / year) who book space in four consecutive issues in return for a prominent acknowledgement of their support for the Newsletter. It is possible to extend the membership with the option of receiving address data for postal mailings (at an extra of EUR 100 to be paid with the membership fee). For further information on sponsorship, please contact the Supervisor (Suzanne Bakker, mailto: EAHIL@nic.surfnet.nl) of the Association's Secretariat.

AFFILIATED MEMBERSHIP
Affiliated membership may be granted to firms and institutional bodies active in the area of medical information, documentation, librarianship or close related areas. Affiliated members receive the newsletter, membership directory (usage for commercial mailing is not allowed!!) and get a reduction on advertisement fees. Address data for postal mailings can be purchased by affiliated members only, EUR 100 administration costs, to be paid in advance with the membership fee, for two mailings per year to EAHIL-members (the subject material of the mailing needs approval by the EAHIL Executive Board).

TECHNICAL DATA
Full page (A4) 210 mm wide x 297 mm height; 1/2 page (horizontal) 190 mm wide x 130 mm height; 2/3 page (vertical) 125 mm wide x 262 mm height; 2/3 page (horizontal) 190 mm wide x 170 mm height; 1/3 page (vertical) 59 mm wide x 262 mm height; 1/3 page (horizontal) 125 mm wide x 130 mm height.

Process: common formats (preferentially PDF or Word) of electronic files
(please check about acceptable formats).

EAHIL Secretariat, P.O. Box 1393, 3600 BJ Maarssen, The Netherlands
Fax: +31.346 550 876 e-mail: EAHIL@MAILTALK.AC.UK
Web URL: http://www.eahil.net

Postal bank/GIRO account: 799 6024
IBAN NL65 PSTB 0007 9960 24 -BIC PSTBNL21

ABN-AMRO Bank account: 53 03 64 697
IBAN NL08 ABNA 0530364697 - BIC ABNANL2A

Colophon

Consider these titles
for your library collection

Genetics inMedicine

Pediatric RESEARCH

BoneKEy Reports
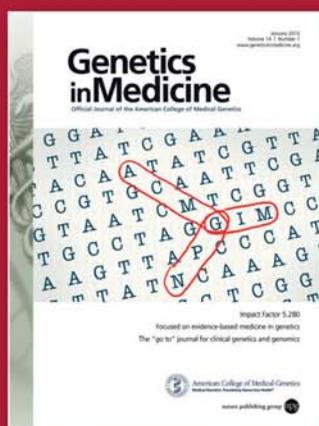
Genetics in Medicine is the official journal of the American College of Medical Genetics with a mission to enhance the knowledge and practice of medical genetics. This peer-reviewed monthly journal offers an unprecedented forum for the presentation of innovative, practice-focused papers in contemporary genetics medicine.

Pediatric Research is the official publication of the American Pediatric Society, the European Society for Paediatric Research, and the Society for Pediatric Research. The journal is published monthly for the International Pediatric Research Foundation, and features original papers, invited reviews, and commentaries on the causes of childhood diseases and disorders of development, extending from molecular biology to epidemiology.

BoneKEy Reports is published on behalf of the International Bone and Mineral Society and is a new online online only journal that publishes review articles from leading experts in the field of bone health. *BoneKEy Reports* also includes BoneKEy Watch, a unique literature awareness feature that allows users to quickly browse 200 word 'research highlights' of all the latest research from across the bone and mineral metabolism field.