



Sending CMAJ to developing nations

Last September *CMAJ* asked readers to recommend health care sites that might benefit from free subscriptions to the journal and its sister publication, the *Canadian Journal of Surgery*. An editorial (page 63) explains why the Publications Committee considers this an important initiative. We are pleased with the results: this year, 13 free 3-year subscriptions will be sent to facilities around the world because of nominations from readers. We intend to publish the winning nominations throughout the year. The first is from Dr. Garth Dickin-

son, a Canadian emergency physician temporarily based in Zimbabwe.

The University of Zimbabwe

Zimbabwe's only medical school, located at the University of Zimbabwe just north of downtown Harare, has a bright, reasonably spacious library, and upon casual inspection it appears well stocked with books and journals. A closer look tells a different tale.

The *Canadian Journal of Surgery* is neatly bound, with complete issues available from 1970 to 1977 and unbound issues until November 1981. Its shelf neighbour, *CMAJ*, has a longer history: it comes complete and bound until 1982. However, the last available issue is from June 15, 1987.

Helga Patrikios, the chief librarian, has witnessed a persistent decline in literature resources, and by 1998 it had become drastic. Although the budget for the medical library has remained stable, international purchasing power has plummeted: the Zimbabwean dollar that once traded near par with the British pound now has an

exchange rate of more than 55 to 1.

The number of journal subscriptions has dropped from 600 in the mid-1980s to 175 today, and half of these are donated or the result of an ingenious exchange for Zimbabwe's only journal, the *Central African Journal of Medicine*.

This is not a disaster story. This national library is functional, efficient and organized, and desks and chairs are packed with quiet readers. Since the price of international medical texts is prohibitive for medical students, the library is their oasis of access to educational materials.

This library plays an absolutely essential role in the primary education of medical students and, through established outreach services, in the continuing education of physicians throughout Zimbabwe. A 3-year subscription to *CMAJ* and *CJS* will provide a sorely needed update on Canadian medicine. On an acquisitions budget that wouldn't even heat and light a similar Canadian facility, they are trying to provide medical education for an entire nation.— *Dr. Garth Dickinson*



Dr. Garth Dickinson

Not a seat to be found in this medical library

CME popular during BC's reduced-activity days

Even though Dr. Kendall Ho of UBC thought that holding educational events on reduced activity days (RADs) might prove popular with BC doctors, he was overwhelmed by the response. At a recent obstetrics conference where 150 doctors were expected, 335 showed up. And it's not an isolated incident. "We have seen a huge [attendance] increase in our conferences and workshops during RADs," says Ho, UBC's associate dean of continuing education. The RADs were organized by the BCMA to protest underfunding. During these days of protest, physicians close their offices; more than 90% have been participating.

Since the BCMA launched its action, about 10% of

UBC's CME events have been held during RADs, and since July 1998 there has been a waiting list for every event. About 30% of participants are from outside Vancouver.

Now that RADs are being held 2 days a month until at least February, doctors are clearly taking advantage of the time to upgrade their education. Some have told Ho they would like to entrench educational days into their monthly calendars and suggested that if RADs are eliminated CME days should replace them.

Not all CME opportunities can be conveniently timed for RADs, but Ho says that "as long as physicians perceive that this is good timing for them," UBC will