

Global public health and the information superhighway

Epidemiologists are using the internet

EDITOR,—Ronald LaPorte and colleagues presented an impressive, though not unrealistic vision of an electronic future for public health.¹ Many of us in public health have used Internet in some of the ways suggested.

In 1990 an electronic network for research and teaching in public health was established among epidemiologists in Hungary, Canada, Norway, Israel, and Australia.² In 1991, to facilitate a European Community funded TEMPUS (Trans European Mobility Programme for University Studies) project aimed at developing education for a new public health in Hungary, we set up a listserv at the University of Western Ontario, Canada, linking 16 partners in six countries.³ This electronic mailing list has provided a mode of communication between partners, enabling rapid transfer of information and discussion of the project, as well as development of presentations and publications.

More recently, in Newcastle, a listserv has been set up as a part of the *Mailbase* system open to academics in public health.⁴ This list facilitates the sharing of information (on workshops, seminars, conferences, research grants, new ideas, etc) and promotes links, collaborative working, joint problem solving, and mutual support. It was initially intended for those working in the United Kingdom, but the membership has grown rapidly over 18 months and has spread to the rest of Europe and North America. At the outset the list was easily accessible only to academics, but the opening up of the information superhighway¹ heralds the possibility of a much wider membership for the list, including those working in health services (such as public health physicians in Britain) and others in public sector and non-governmental organisations.

Electronic communication, especially computer conferencing, has also been used as a tool for distance education in epidemiology and biostatistics,⁵ breaking the isolation that is often felt by students at remote sites.

As LaPorte and colleagues have indicated, the possibilities are many. The advantages are also great. For example, preparing a joint publication with international authorship takes considerably longer without electronic mail (e-mail); we prepared this letter by shuttling the draft back and forth across the Atlantic in a matter of seconds for each transfer. We could even have e-mailed it to the *BMJ* if the journal had its own e-mail address, enabling direct editing and typesetting. Could this be a future for rapid communication in medical journals?

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The *Mailbase* system operates from Newcastle University Computing Centre and provides a national

We prefer short letters that relate to a recently published article and we are unlikely to publish letters longer than 400 words and containing over five references. Letters may be shortened. Your letters should be typed with double spacing and include a word count. All authors need to sign the letter and provide one current appointment and address. We encourage you to declare any conflict of interest. Please enclose a stamped addressed envelope if you require an acknowledgment.

resource for the support of academic e-mail discussion lists. To join the public health list, send an e-mail message with the single line:

join public-health firstname lastname
to mailbase@mailbase.ac.uk, substituting your first and last names as appropriate. There is no cost and you will receive full information on the list and on using *Mailbase* when you join.

- 1 LaPorte RE, Akazawa S, Hellmonds P, Boostrom E, Gamboa C, Gooch T, *et al*. Global public health and the information superhighway. *BMJ* 1994;308:1651-2. (25 June.)
- 2 Østbye T, Bojan F, Rennert G, Hurlen P, Garner B. Establishing an international computer network for research and teaching in public health and epidemiology. *European J Epidemiol* 1991;7:34-8.
- 3 TEMPUS Consortium for a New Public Health in Hungary. Computer communication for international collaboration in public health. *Ann NY Acad Sci* 1992;670:43-9.
- 4 Parkin D, White M. New electronic mailing list for public health and epidemiology. *Public Health Physician* 1993;4(1):10.
- 5 Østbye T. An "electronic" extramural course in epidemiology and medical statistics. *Int J Epidemiol* 1989;18:275-9.

Electronic mail forum proposed

EDITOR,—Given the dearth of clinically oriented information technology (as opposed to financial systems) in the new NHS, I was pleased to see the *BMJ* give such prominent space to Laporte and colleagues' article promoting the use of the information superhighway in medical communication.¹ When the internet is used for purposes as diverse as "virtual" rock concerts, updates of soap operas, and conferences about bestiality it is surely time for doctors to join the bandwagon and use this astonishing resource for their own purposes.

Although a bulletin board for general practitioners already exists and a "healthcare" forum has recently been added to CompuServe, I think that the *BMJ* has its own contribution to make. I agree wholeheartedly that letters in response to clinical research papers are at least as informative as the papers that prompt them² and suggest that the *BMJ* provide an electronic mail forum for correspondents to comment on research published in the journal. Not only would this provide inexpensive "real time" clinical dialogue, but the system would enable both easy international access and a digest of opinion to be published in "hard copy" in the journal as at present.

Perhaps an e-mail address for the BMA would be a useful first step?

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- 1 Laporte RE, Azakawa S, Hellmonds P, Boostrom E, Gamboa C, Gooch T, *et al*. General public health and the information superhighway. *BMJ* 1994;309:1651-2. (25 June.)
- 2 Bhopal RS, Tonks A. The role of letters in reviewing research. *BMJ* 1994;309:1582-3. (18 June.)

**The *BMJ* does have e-mail addresses (CompuServe addresses: R Smith 100336, 3120; J Smith 73064, 2044; internet address jsmith@bmjedit.demon.co.uk). We don't broadcast these widely because we haven't yet integrated our external e-mail facilities with our internal systems. When we have done so we will advertise the relevant numbers in the *BMJ*. We also don't routinely publish authors' e-mail numbers in articles and letters for the same reason that we don't publish their phone or fax numbers: because we want to keep contact information to a minimum that is accessible to anyone. Everyone has a postal address; not everyone (yet) has a phone or fax or e-mail address. Likewise, Dr Smith's suggestion of an electronic forum is one we are keen to explore, but publishing comments on letters electronically (and not in print) presents problems for those readers who don't have electronic access.—ED, *BMJ*

Doctors and students need computer training

EDITOR,—Ronald E LaPorte and colleagues point out the potential of exchanging information by means of the internet.¹ But how many of the journal's readers have the confidence or competence to use computers in this way? Furthermore, how many practitioners outside the academic community have easy access to the network?

We have investigated the computer literacy of 354 (64% of 553) first and third year medical students, 224 (55% of 407) teachers in the faculty of medicine, and 492 practitioners (96% of 513 attending an introductory computer course) in Glasgow and the west of Scotland by use of self completed questionnaires. Three quarters of the undergraduates (272 (77%)) and practitioners (384 (78%)) would need help even to use one computer package, even though 443 (90%) practitioners had access to a computer at work and 202 (57%) students had access to one at home. Computer literacy among undergraduates was no better than that found in a previous survey² and similar to that seen elsewhere.³ Teachers were more literate (only 76 (34%) needing help to use one package), but 69 (31%) had no computer in their own workspace.

First year students were more likely than third year students (50 (21%) *v* 19 (16%)) to have used computers frequently at school, and there is other evidence that secondary schools are starting to address the problem.² The General Medical Council recommends that all students should acquire basic computing skills. Glasgow University, like some others, is starting a university-wide computer literacy course this autumn, which is aimed particularly at those students (at present 80%) who did not use computers frequently at school. The next problem is to provide appropriate hardware and software to satisfy the assumed increased demand from students and to allow all staff to have access to a computer.

Two obstacles to LaPorte and colleagues' vision must be tackled. Firstly, we need continuing education for existing practitioners and a substantial proportion of new graduates who are