

The article by Mars and Auer (*Journal of the South African Veterinary Association* (2006) 77(2): 75–78) is correct in stating that the concept of electronic diagnosis or discussion is by no means new. We just did not know that the process could be dignified by such an impressive title! Those of us who have worked in rural areas have become used to telephone consultations, with all their limitations as well as uses. Sometimes several phone calls are necessary to help solve the problem, but it can be done satisfactorily. However, we will all admit to the limitations of the telephone. Misunderstandings and misquotations may result, a lot of time may be expended unnecessarily, and missed calls can delay a satisfactory outcome. What has really improved this field is the Internet and the ease with which images can be sent over long distances.

The SAVA Livestock Health and Production Group's e-mail discussion group

'Ruralvet' which the authors refer to has (at least in my opinion) been an unqualified success, and its originator Dr Peter Irons deserves recognition for this initiative. It is active, easy and useful. Hardly a day goes by without some query, problem or response. Since it is informal, it encourages everyone to contribute and at any level. The result is a widespread response to enquiries, which is to the advantage of every person on the list. If the subject does not concern participants or they have nothing to contribute, the email is simply deleted. When a subject is deemed of greater interest, the email exchange may end up in printed form in the Livestock Health and Production Review. Its biggest limitation at present is that, for security reasons, attachments (like pictures or tables) cannot be exchanged. This is not the case with another little success story. Aid Workers in Burundi have few

resources and expertise for all the problems which confront them, and one (Diane de Treville) has e-mailed us in South Africa with descriptions, digital pictures or video clips. In this way, often with requests for further closeup pictures, information or samples, we have been able to assist from thousands of kilometres away. The Burundi Aid Workers are pleased with the result and are trying to arrange for one of us to visit them for further hands-on-training. We are using the same approach for enquiries coming from within South Africa.

The conclusion is that Telemedicine is not something abstruse and only for the boffins. It is useful and simple to use, even today. It can only get better and its use become more widespread in Africa, where expertise is often difficult to access and utilise.

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