Note: Some instructors may feel that certain things explained in this chapter are very obvious. They may think that to teach them would be a waste of time, or even an insult to the students. But skills in using an index and looking up page references should not be taken for granted. If you allow time for explaining and helping students master these basic skills, it can make a big difference in their problem-solving abilities.

LEARNING HOW TO LOOK THINGS UP

Persons who have not done much reading may find it difficult to use an information book effectively. In addition to reading slowly, they may also have difficulty finding what they are looking for. Sometimes they try to find things by flipping through the book, looking at the pictures. But this can be slow, and they may miss important information.

Early in the training course, take time to show students how to use their books. Instructors and more experienced students can guide others in practicing how to look things up.* The following are some points you may want to explain.

Page numbering

The pages are numbered in order: 1,2,3,4,5,6,7,8,9,10 . . . 20 . . . 30 . . . 100 . . . 200, and so on. So if you want to find page 168 to read about 'Cough', do not start at the beginning of the book and go through it page by page. Instead . . .

Open the book somewhere in the middle—
for instance to pages 198 and 199.

That is too far forward, so turn back
some, say to page 184 and then to 166.

Now you are very close. Turn the page to 168.

*It is a good idea, in the first days of the course, to check each person's reading ability, knowledge of alphabetical order, and basic arithmetic skills. Provide special practice for those who need it. But be sure these students are not made to feel ashamed because they have had less schooling. Include them in all regular classes and help them feel free to participate.
Alphabetical lists

*Where There Is No Doctor* has several reference sections, or lists where you can look things up. Three of these are arranged in alphabetical order:

- The **INDEX** (the yellow pages at the end of the book)—where you can look up the page or pages with information about almost anything in the book.
- The **INDEX OF MEDICINES** in the GREEN PAGES—to help you find the page with the uses, dosage, and precautions for the medicine you want to know about.
- The **VOCABULARY**—where you can look up the meanings of words written in *italics* in the main part of the book.

In each of these lists, the words are arranged so that their first letters are in the order of the alphabet: A,B,C,D,E, and so on until Z.

Suppose you want to look up 'Vomiting'. Depending on whether you are interested in medicines, a definition, or a full discussion on vomiting, you can look it up in the GREEN PAGES, the VOCABULARY, or the INDEX.

First, look for the large dark letters in the center of each column. V will be near the end of the lists because it is near the end of the alphabet.

After you find V, start looking for 'Vomiting'—after 'Vaccinations' and 'Vitamins'.
Using the INDEX (yellow pages) of *Where There Is No Doctor*

When you find a word in the index followed by several page numbers, the **dark number** indicates the page that has the most information. For example,

- page 147 for ‘Vaccinations’,
- pages 241-242 for ‘Vaginal discharge’, and
- page 175 under ‘Varicose veins’.

What others do you find in this list?

If you find several words listed in lighter letters under the main word, these are subheadings related to the main topic or idea. For example, ‘with diarrhea’ refers to ‘Vomiting with diarrhea’.

If you do not find the subject you want in the INDEX, try looking for it under another name. For example, you might look first for ‘Upset stomach’. If that is not listed, look up other words that mean the same thing: ‘Puking’, ‘Throwing up’, or ‘Vomiting’. Usually the most widely known word is listed.

### Practice

Practice at finding things in alphabetical lists will make it easier for health workers to use the INDEX and VOCABULARY.

### INDEX

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*I NEVER LEARNED THE LETTERS IN ALPHABETICAL ORDER BECAUSE I DIDN'T SEE ANY USE FOR IT.*

*I ME NEITHER. BUT NOW THAT I SEE THE USE, I'M GOING TO LEARN IT!*
Finding what you are looking for on a page

After you have looked something up in the INDEX and have turned to the page with the topic you want, take a moment to look over the whole page. Do not just start reading from the top. First notice what part of the page has the information you are looking for.

For example: Suppose some neighbors have a baby who is cross-eyed, and you want to discuss with them what can be done to correct the problem. You look in the INDEX (or the CONTENTS) and find that the main reference to cross-eyes is page 223. But where on page 223 should you read? Here are some clues:

**INFECTION OF THE TEAR SAC (DACRYOCYSTITIS)**

*Signs:*
Redness, pain, and swelling beneath the eye, next to the nose. The eye waters a lot. A drop of pus may appear in the corner of the eye when the swelling is gently pressed.

*Treatment:*
- Apply hot compresses.
- Put antibiotic eye drops or ointment in the eye.
- Take penicillin (p. 351).

**TROUBLE SEEING CLEARLY**

Children who have trouble seeing clearly or who get headaches or eye pain when they read may need glasses. Have their eyes examined.

In older persons, it is normal that, with passing years, it becomes more difficult to see close things clearly. Reading glasses often help. Pick glasses that let you see clearly about 40 cm. (15 inches) away from your eyes. If glasses do not help, see an eye doctor.

**CROSS-EYES AND A WANDERING OR 'LAZY' EYE (STRABISMUS, 'SQUINT')**

If the eye sometimes wanders like this, but at other times looks ahead normally, usually you need not worry. The eye will grow straighter in time. But if the eye is always turned the wrong way, and if the child is not treated at a very early age, she may never see well with that eye. See an eye doctor as soon as possible to find out if patching of the good eye, surgery, or special glasses might help.

Surgery done at a later age can usually straighten the eye and improve the child’s appearance, but it will not help the weak eye see better.

**IMPORTANT:** The eyesight of every child should be checked as early as possible (best around 4 years). You can use an ‘E’ chart (see Helping Health Workers Learn, p. 24-13). Test each eye separately to discover any problem that affects only one eye. If sight is poor in one or both eyes, see an eye doctor.

When you get to the bottom of the page, be sure to check the next page to see if the information continues.
Looking up page references

Once you have read about the topic you looked up, you may want to turn also to other pages mentioned in the text. These are often referred to in parentheses (inside curved lines like these)—for example, "(see p. 140)," or simply "(p. 125)."

On these pages you will find additional information, such as:

- another disease that may be a cause of the problem you are interested in
- danger signs you should watch for
- how the same disease can affect another part of the body or another person
- medicines recommended for treatment, their dosage and precautions
- other recommended treatments
- how to prevent the problem you are reading about

Page 307 of *Where There Is No Doctor* refers you to various causes of anemia in children.

Anemia

*Common signs in children:*
  - pale, especially inside eyelids, gums, and fingernails
  - weak, tires easily
  - likes to eat dirt

*Common causes:*
  - diet poor in iron (p. 124)
  - chronic gut infections (p. 145)
  - hookworm (p. 142)
  - malaria (p. 186)

Also point out how arrows are used in the book to join writing with pictures (as on page 124 above) or to show which direction to read (page 142 above). Check students’ ability to follow the arrows.
special treatment if vomiting is a problem

VOMITING

- Continue breast feeding and also give sips of Rehydration Drink.
- If vomiting is a problem, give breast milk often, but only a little at a time. Also give Rehydration Drink in small sips every 5 to 10 minutes (see Vomiting, p. 161).
- If there is no breast milk, try giving frequent small feedings of some other milk or milk substitute (like milk made from soybeans) mixed to half normal strength with boiled water. If milk seems to make the diarrhea worse, give some other protein instead—chicken, eggs, lean meat, or skinned mashed beans, mixed with sugar or well-cooked rice or another carbohydrate, and boiled water.
- If the child is younger than 1 month, try to find a health worker before giving any medicine. If there is no health worker and the child is very sick, give him an 'infant syrup' that contains ampicillin: half a teaspoon 4 times daily (see p. 353). It is better not to use other antibiotics.

When to Seek Medical Help in Cases of Diarrhea

Diarrhea and dysentery can be very dangerous—especially in small children. In the following situations you should get medical help:

- If diarrhea lasts more than 4 days and is not getting better—or more than 1 day in a small child with severe diarrhea
- If the person shows signs of dehydration and is getting worse
- If the child vomits everything he drinks, or drinks nothing, or if frequent vomiting continues for more than 3 hours after beginning Rehydration Drink
- If the child begins to have fits, or if the feet and face swell
- If the person was very sick, weak, or malnourished before the diarrhea began (especially a little child or a very old person)
- If there is much blood in the stools. This can be dangerous even if there is only very little diarrhea (see gut obstruction, p. 94)

Page 159 of Where There Is No Doctor refers you to several pages with more information about...
Looking up related information—
even when page references are not given

Usually a book gives only the most important page references, to save you
time in looking things up. But sometimes you will want to look up related
information, or something you are unsure about—even though no page reference
is given.

Read this information about measles from pages 311
and 312 of Where There Is No Doctor:

Measles
This severe virus infection is especially dangerous in
children who are poorly nourished or have tuberculosis. Ten
days after being near a person with measles, it begins with
signs of a cold—fever, runny nose, red sore eyes, and cough.

The child becomes increasingly ill. The mouth may become
very sore and he may develop diarrhea.

After 2 or 3 days a few tiny white spots like salt grains appear in the mouth.
A day or two later the rash appears—first behind the ears and on the neck, then
on the face and body, and last on the arms and legs. After the rash appears,
the child usually begins to get better. The rash lasts about 5 days. Sometimes
there are scattered black spots caused by bleeding into the skin (black
measles). This means the attack is very severe. Get medical help.

Treatment:
• The child should stay in bed, drink lots of liquids, and be given nutritious
food. If she cannot swallow solid food, give her liquids like soup. If a baby
cannot breast feed, give breast milk in a spoon. (See p. 120.)
• If possible, give vitamin A to prevent eye damage (p. 352).
• For fever and discomfort, give aspirin or acetaminophen.
• If earache develops, give an antibiotic (p. 381).
• If signs of bronchitis, meningitis, or severe pain in the ear or stomach
develop, get medical help.
• If the child has diarrhea, give Rehydration Drink (p. 152).

Prevention of measles:
Children with measles should keep far away from other children, even from
brothers and sisters. Especially try to protect children who are poorly
nourished or who have tuberculosis or other chronic illnesses. Children from
other families should not go into a house where there is measles. If children in
a family where there is measles have not yet had measles themselves, they
should not go to school or into stores or other public places for 10 days.

To prevent measles from killing children, make sure all children are well nourished. Have your children vaccinated
against measles when they are 8 to 14 months of age.

Do you know what a virus is? If not, look it up in the
VOCABULARY.

What foods are nutritious? Look in the INDEX, the
VOCABULARY, or
Chapter 11 on Nutrition.

This is an exact page reference. Turn to page
120.

What are the dosages, risks,
and precautions for these
medicines? Look them up
in the GREEN PAGES.

What is an antibiotic? You
can turn to p. 351, as
suggested. But for more
information, look in the
INDEX or the GREEN
PAGES.

What are the signs of
pneumonia and meningitis?
How can you check for
severe pain in the ear or
stomach? If you are
uncertain, look these up in
the INDEX or the
CONTENTS.

What are vaccinations?
You can look in the
VOCABULARY. Where
you can find out more
about them? Look in the
INDEX or the CONTENTS.
You might also try looking
under ‘Prevention’.

Be sure students practice looking up page references
and reading the related information. They should keep
practicing this until they can do it easily. The group can
play a game by following references from page to page.
They will find that almost everything in health care is
related!
Role-playing exercises can give students a good chance to develop skill in using *Where There Is No Doctor*—especially the CONTENTS, the INDEX, and the page references.

For example, one person can pretend he is sick with a very bad cough, in this case pneumonia. (But do not tell the students what the illness is. Let them find out through their own investigation and use of their books.) The person says his sickness began a few days ago like a cold or the flu—with a headache and sore throat. But now he feels much worse.

The students must ask questions to get more information. The ‘sick person’ can complain of chills or chest pain. To make it more realistic, he breathes with rapid, shallow breaths (as described in this book on page 14-11). A pretend thermometer can be used to show that he has a fever (see page 14-4).

Encourage the students to look in any part of the book where they think they might find useful information—and to share what they find with each other. Especially help those who have trouble reading or looking things up.
If the group decides that the person in the role play probably has pneumonia, be sure that everyone looks up the references mentioned in the treatment section on page 171.

PNEUMONIA

Pneumonia is an acute infection of the lungs. It often occurs after another respiratory illness such as measles, whooping cough, flu, bronchitis, asthma—or any very serious illness, especially in babies and old people. Also, persons with AIDS may develop pneumonia.

Signs:
- Sudden chills and then high fever.
- Rapid, shallow breathing, with little grunts or sometimes wheezing. The nostrils may spread with each breath.
- Fever (sometimes newborns and old or very weak persons have severe pneumonia with little or no fever).
- Cough (often with yellow, greenish, rust-colored, or slightly bloody mucus).
- Chest pain (sometimes).
- The person looks very ill.
- Cold sores often appear on the face or lips (p. 232).

A very sick child who takes more than 50 shallow breaths a minute probably has pneumonia.

(If breathing is rapid and deep, check for dehydration, p. 151, or hyperventilation, p. 24.)

Treatment:
- For pneumonia, treatment with antibiotics can make the difference between life and death. Give penicillin (p. 358), co-trimoxazole (p. 361), or erythromycin (p. 355). In serious cases, inject procaine penicillin (p. 353), adults: 400,000 units (250 mg.) 2 or 3 times a day, or give ampicillin by mouth (p. 353), 500 mg., 4 times a day. Give small children 1/4 to 1/2 the adult dose. For children under 6, ampicillin is usually best.
- Give aspirin (p. 379) or acetaminophen (p. 390) to lower the temperature and lessen the pain.
- Give plenty of liquids. If the person will not eat, give him liquid foods or Rehydration Drink (see p. 152).
- Ease the cough and loosen the mucus by giving the person plenty of water and having him breathe hot water vapor. Natural drainage may also help (see p. 169).
- If the person is wheezing, an anti-asthma medicine with theophylline or ephedrine may help.

special drink if he will not eat

to ease the cough

and loosen the mucus
Using the GREEN PAGES to find information about medicines

Here, too, role playing can be a realistic and fun way to practice using WTND.

For example, one person pretends to be the mother of a 6-year-old boy who has tapeworm. She says she has seen little flat, white worms in his shit.

Another student plays the role of the local store owner. He sells the mother a medicine called Mintezol, saying that it is “good for all kinds of worms.”

But before giving it to her son, the mother visits the local health worker to ask if the medicine will work and how much she should give. The student playing the role of the health worker first reads the fine print on the side of the bottle:

Then he and the rest of the class help each other to look up ‘Thiabendazole’ in either of the lists at the beginning of the GREEN PAGES.

Both lists say to turn to page 375. Together, the ‘health worker’ and the ‘mother’ (and the rest of the class) read what the medicine can be used for. They notice that the description says nothing about tapeworm.

So the health worker tells the mother that Mintezol would probably not be useful for her son’s tapeworm.

If the class looks at the next page (376) of WTND, they will find 3 medicines that do work for tapeworm: niacinamide (Yomesan), praziquantel (Biltricide, Droncit), and quinacrine (mepacrine, Atabrine). They can read about the risks and precautions, and compare the prices and availability of the different medications. The students will need to have already written in the prices of products in their area. Or the instructor can provide this information during the role play. Be sure all students write it into their books.
The students can now decide with the 'mother' which medicine may work best at a price she can afford. The health worker then reads or figures out the exact dosage for the child, writes it down, and explains it to the mother. If she cannot read, the health worker can use a dosage blank with pictures (see page 64 of Where There Is No Doctor). Practice in finding and explaining the right dosage is extremely important. (See page 18-10.)

It is also important that health workers read all they can about a problem before recommending medicines. So, during the role play, be sure students look up 'Tapeworm' in the INDEX or CONTENTS of Where There Is No Doctor, and turn to page 143.

The students can use the pictures in the book to help explain to the 'mother' and her 'son' about tapeworms and how to avoid them. They may also want to look up the 'Guidelines of Cleanliness' referred to in the discussion of tapeworm prevention. (See especially p. 133 of WTND.)

Depending on your local situation, the role play can be developed in various ways. For example, the mother might complain that her son will not swallow pills. What should she do? The health worker and mother can look in the INDEX or CONTENTS, and will be guided to page 62.

Or the health worker might go with the mother to return the unused medicine and buy one that is effective against tapeworm. To interest the store owner in learning more about the medicines he buys and sells, the health worker might show him the 'Words to the Village Storekeeper (or Pharmacist)' on page 338 of Where There Is No Doctor.
Using the INDEX or CONTENTS to plan classes or for independent study

The INDEX (yellow pages) is a good source of ideas for independent or group study because it lists all the pages that have information about a specific subject. For example:

If health workers want to refresh their knowledge about how to examine someone:

If mothers have already learned the importance of giving Rehydration Drink to children with diarrhea, and want to learn about other uses for it:

If health workers need to review the possible changes in appearance of the urine, and what problems these represent:

The list of CONTENTS at the beginning of the book can also be useful for planning classes or study. For example, if a group of concerned persons in the community wants to learn about the special problems of old people, the list of CONTENTS may help them plan what to study.

Chapter 22

HEALTH AND SICKNESSES OF OLDER PEOPLE. .........................323

Summary of Health Problems Discussed in
Other Chapters 323
Other Important Illnesses of Old Age 325
Heart Trouble 325
Words to Younger Persons Who Want to
Stay Healthy When Older 326
Stroke (Apoplexia, Cerebro-Vascular Accident, CVA) 327

Deafness with Ringing of the Ears and Dizziness 327
Loss of Sleep (Insomnia) 328
Diseases Found More Often in People over Forty 328
Cirrhosis of the Liver 328
Gallbladder Problems 329
Accepting Death 330

In several health programs we know, village health workers meet every month or so to review a chapter of WTND, or part of a chapter, in order to continue learning. In other programs, health workers and teachers meet regularly with parents, school children, or mothers' clubs to read and discuss the book, chapter by chapter.

There are many ways people can use a book like Where There Is No Doctor. But to use it fully and well takes a lot of practice. Practice guided by friendly persons who have experience in using reference books is especially helpful.