Reviews of Books, Software, and Audiovisual Materials

Clinical Dermatology. J. A. A. Hunter, J. A. Savin, M. V. Dahl. Yearbook Medical Publishers, Chicago, 1989, 272 pp, $39.95 (paper). ISBN 0-632-01955-7.

"Would you please check this rash for me" is a frequent request I receive while precepting residents in the family practice center. Dermatologic diseases and manifestations are frequent encounters in family practice. This visual specialty has few diagnostic tests or machines to aid in diagnoses. The physician needs to learn how to look at the skin with a trained eye.

Clinical Dermatology was "created as an easily-read text with enough detail to clarify the subject but not enough to obscure it." This book is a hands-across-the-sea project; two authors are from the United Kingdom and one is from the United States. Their classification of skin diseases has attempted to avoid the chaos created by cumbersome Latin names and grouping conditions that share physical characteristics, such as papule and blisters. I especially liked the chapters "Function and Structure of Skin," "Immunology of the Skin," and "Diagnoses of Skin Disorders."

The semi-outline format for each disease covers cause, presentation, complications, differential diagnosis, investigation, histology, and therapy. There are excellent color photographs of dermatologic problems; however, all patients are white. In addition, there are excellent tables, schematic presentations of dermatologic pathology, and lists of learning points at the end of each section. An 18-blue-page formulary divided into topical treatments and systemic medications is also helpful.

The book is a well-designed synopsis of clinical dermatology. It is a concise, well-organized quick reference for medical student clerks, family practice residents, and family physicians who wish to update their skills in dermatology.

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CliniCode, Version 1.0 (1990). Healthcare Knowledge Systems, 1968 Green Road, PO Box 303, Ann Arbor, MI 48106-0303. $495.00. HOW SUPPLIED: 3 720K (3 ½") diskettes or 5 360K (5¼") diskettes. DOCUMENTATION: 2 pamphlets, total 75 pages, well illustrated. HARDWARE REQUIREMENTS: IBM AT, 386, PS/2, or 100% compatible microcomputer; 640K RAM; 8-MB free hard-disk space; DOS 3.0 or higher. MOUSE SUPPORT: No. TOLL-FREE CUSTOMER SUPPORT: No.

Medicare and many other third-party payers require International Classification of Diseases (Ninth Revision, Clinical Modification, ICD-9-CM) diagnosis codes on reimbursement forms. These payers have incessantly demanded increased specificity in diagnosis coding. With the variety of diagnoses encountered in primary care, encounter forms with preprinted diagnoses may become insufficient.

CliniCode is designed to facilitate the coding of *diagnoses*. The manual coding of diagnoses involves choosing a tentative diagnosis code from the alphabetic index of ICD-9-CM (volume 2) and then confirming the code in the tabular list (volume 1), which contains coding notes and exclusions. *CliniCode* allows the user to complete this process electronically. This software does not include *procedure* (CPT-4) codes.

Two manuals accompany *CliniCode*: the first primarily explains the operation of the software, the second primarily explains coding nuances.

The software manual is easy for computerphiles to understand. The installation instructions are clear, and the program can be installed in less than 5 minutes. However, those uncertain of how to modify AUTOEXEC.BAT and CONFIG.SYS files will need some assistance; the manuals do not guide the user through these steps. (Manuals that include step-by-step instructions for doing these manipulations are available for less than $10 (eg, Wolverton V. *Quick Reference Guide to Hard Disk Management*. Redmond, Wash: Microsoft Press, 1988. ISBN 1-55615-105-5). The manual provides instructions only for initiating the program from the AUTOEXEC.BAT file.

CliniCode is a memory resident (terminate and stay resident [TSR]) program that occupies about 85K of RAM and is immediately accessible by pressing a "hot key". The manual does not provide a method of removing the program from memory once *CliniCode* is memory resident. Unfortunately, memory resident programs are notorious for interfering with each other. The documentation of many TSRs mentions compatibility experience; this one does not. Fully installed, the program occupies about 6.2 MB of hard disk space, but uses additional space during installation. (I was unable to install it with 7 MB of free disk space.)

I tried *CliniCode* on five systems: an IBM PC (the antique 8088 chip variety) that had been upgraded with a hard disk; an IBM PC XT; a 286 IBM clone; a Compaq LTE-286; and an IBM PS/2, model 30. Even though the documentation recommends AT-class hardware, *CliniCode* performed superbly on the IBM PC and XT. On these systems, which included LCD, monochrome, and color displays, *Clinicode*'s screen presentation was clear and uncluttered.

When invoked, the *CliniCode* program appears instantaneously and operates efficiently. *CliniCode* places the user on the option line of the ICD-9-CM alphabetic index. The workhorse feature is the alphabetic search option, which, when selected, creates a window in which the user enters the term for which the program is to search. The program moves swiftly to the identified term. From the term, the user may peruse the index using logically defined cursor keys, page-down and page-up keys, and the tab and shift-tab keys (jump by main topic). The user highlights the appropriate line within the alphabetic listing and presses enter, and the tabular list screen (ICD-9-CM volume 1 equivalent) appears. The user moves the cursor to the correct line and presses enter, and if a fifth digit is available, a window listing fifth digit options appears. Coders may verify a familiar code by choosing the search feature and entering a number; this places the user directly into the tabular list.

After the appropriate description and its accompanying ICD-9-CM code number have been selected, theoretically the user may pass this information to the application in use at the time *CliniCode* was invoked. Although the diagnosis code number could be passed easily into a second application, in the test systems the diagnosis descriptions could not be transported to other programs. Furthermore, there is no feature al-lowing direct printing of the description and code number.

CliniCode version 1.0 leaves room for improvement in several areas. First, the installation process could create the program's directory, offer to modify the AUTOEXEC-.BAT and CONFIG.SYS files, and provide dialogue boxes to prompt users through the installation.

Second, there are several features that fail to maximize efficiency. Once in the index, to move to another alphabetic area, the user must return to the option line to proceed with another search, a multikey-stroke process. This program, in-tended to be an efficiency aid, should allow its major feature, searching, to be invoked by one keystroke ("s") or less (the default) from within the index.

Third, the user recalls *CliniCode* by pressing a function key or a com-bination of the alternate key and a function key. This presents a prob-lem when *CliniCode* is used with a program like *WordPerfect*, in which all the function key and alternate-function key combinations already have assigned functions. When using *WordPerfect* with *CliniCode* residing in memory, pressing *CliniCode*'s de-fault hot key (alt-F1) invoked *Clini-Code*, rather than *WordPerfect*'s thesaurus. (Otherwise, the two pro-grams seemed compatible.) Therefore, more choices, including at least one 3-key combination, must be made available for recalling *CliniCode*.

This program is made for cod-ing personnel, not physicians. There is no "mapping" function by which commonly used terms ("URI," "low back strain") can be translated to codable terms. The search strategy is strictly alphabetic rather than per-muted. In a permuted index, such as that in *Grateful Med*, all occurrences of a word would be retrieved. For example, a permuted index will find "prolapse, mitral valve" if any one of the three words in the term is searched, whereas in an alphabetic index, which functions like a diction-ary, the example would be found only if the user searched under "pro-lapse."

In summary, this memory resi-dent program performs efficiently and allows selection or verification of a diagnosis code in seconds. In a multiphysician primary care office, where diagnostic code searches occur frequently, this software will be a time saver if it is installed on an easily accessible computer (turned on) with 8-MB unused hard-disk space and 85K extra RAM. If not urgently needed, interested practices should consider waiting until the release of a later version, which may include en-hancements based on user feedback.

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