

Reviews of Books and Software

Travel and Routine Immunizations: A Practical Guide for the Medical Office (1995 Edition). Richard F. Thompson. Shoreland Medical Marketing, Inc, Milwaukee, Wisconsin, 1995, 178 pp, \$17.00 + \$2.95 (S&H). ISSN 1079-9664.

Have you ever been discouraged trying to keep up with the latest information on vaccines? Immunization products and recommendations change often enough to frustrate any physician who only occasionally prescribes immunizations for the international traveler. Readily available and frequently updated references on travel immunizations include the Centers for Disease Control and Prevention's "yellow book" (CDC's Health Information for International Travel) and the American Academy of Pediatrics (AAP) "red book."

What does this book provide that is new, different, and not found elsewhere? Although this book is not, and does not claim to be, a sole source reference for medical decision-making, it has several distinct features that make it a useful immunizations reference.

Travel and Routine Immunizations: A Practical Guide for the Medical Office identifies when and where conflicts exist among the recommendations of the CDC, the Advisory Committee on Immunizations Practices (ACIP), the AAP, and the manufacturer's Food and Drug Administration-approved package inserts. These side-by-side comparisons are presented in an unbiased manner and are not easily found elsewhere. Tables of the available vaccines and the variations in schedules for *H influenzae* type b conjugate (Hib) vaccines, combination Hib-DTP vaccines, and hepatitis B vaccines list both the generic and trade names. These tables are readily readable and user-friendly.

The author reemphasizes that routine immunizations should be considered by all international travelers before departure. The January 1995 Universal Childhood Immunization Schedule is presented in its entirety, with relevant sections repeated in the chapter on each routine vaccine.

The Special Immunizations section concisely compiles useful information on each vaccine, although an additional resource is necessary to determine which vaccines are necessary for an individual traveler's itinerary.

The International Travel Medical Questionnaire is excellent. This nicely formatted and focused history asks relevant questions concerning interactions and contraindications for immunizations. The Special Situations chapters on pediatric, pregnant, corporate, and HIV-positive travelers are especially practical. The chapters on accelerated immunization schedules, vaccine contraindications and precautions, and misconceptions about contraindications are also useful. The comprehensive Directory of Resources provides addresses and phone numbers for publications, manufacturers and distributors, and products; although the "green book" on immunizations by the American College of Physicians is not listed as a resource publication.

Shortcomings of this book include some omissions and some unusual additions. Although tuberculosis skin testing and antibiotic prophylaxis of plague are covered, there is no discussion of traveler's diarrhea or malaria prophylaxis. The advertisements in the book for proprietary travel clinic services, publications, and vaccine manufacturers are distracting.

When compared in detail with the 1994 edition, the 1995 edition shows greater clarity and consistency with regard to the outline format in which each vaccine is presented, although there are some lapses. Highlights of the format include a summary of what is new in 1995, easily accessible vaccine administration information, and comments on compatibility with other vaccines. The 1995 edition has new or expanded chapters on the hepatitis A, plague, rabies, injectable typhoid, and varicella vaccines. The chapter on measles immunization develops the concept of "countable doses," which helps clarify the recommendations. The chapter on immune globulin has been essentially rewritten, reflective of the recent introduction of the hepatitis A vaccine.

This book is not a complete reference for travel and routine immunizations; however, neither are any of the other available resources. The strength of this book lies not so much in its discussion of individual vaccines, but in its compilation of numerous and sometimes conflicting resources, its tables comparing various preparations of vaccines for the same disease, specific traveler information not easily found elsewhere, and the directory of resources.

This book, which happens to be blue, has a place on the immunization provider's shelf along with the yellow, red, and green books. You may eventually find, as I did, that the blue book is the first one you pull out when questions arise.

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Travelers' Health (4th Edition). Richard Dawood. Random House, New York, 1994, 619 pp, \$18.00. ISBN 0-679-74608-0.

Travelers' Health is a revision of an earlier edition published in 1992. The current edition focuses on prevention, with multiple suggestions for cures of a variety of ailments.

The first six chapters address diseases spread by poor hygiene, contagiums, and insect vectors. Ample information on the prevention, treatment, and cure for a variety of diseases travelers may encounter is provided. I was particularly impressed by Chapter 11, "Travelers With Special Needs." This chapter provides useful information for pregnant women, travelers accompanied by their children abroad, and those with diabetes and physical handicaps. Chapter 13, "Preparation for Travel," provides an exhaustive review of issues ranging from health insurance for travel to blood transfusions abroad. Toll-free telephone numbers are provided for several insurance travel funds. The text also provides a complete schedule of vaccinations to each geographic local with appropriate recommendations.

There are nine appendices that provide information in a useful format. In particular, the fourth appendix deals with the question, "Can you drink the water?" Several tables provide information about water quality in countries around the world.

This is a well-written paperback traveling companion. I particularly like the highlighted summaries presented throughout this book. This book contains more information than most travelers will need, but is very useful for a physician providing travel information to patients on the move.

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PALS Pediatric Advanced Life Support Study Guide. Barbara Aehlert. Mosby Lifeline, St Louis, Mo, 1994. 232 pp, \$19.95. ISBN 0-8151-0245-3.

The Pediatric Advanced Life Support or PALS course, developed in 1988, has been a most welcome addition to the list of available courses to help prepare health care workers to confidently manage life-threatening emergencies. Before that time, only ACLS (Advanced Cardiac Life Support) and ATLS (Advanced Trauma Life Support) were available, and neither course addressed the unique needs of the critically ill child. Subsequently, the ALSO (Advanced Life Support in Obstetrics) course and the Neonatal Resuscitation Program, sometimes called NALS (Neonatal Advanced Life Support), have been developed, giving the physician, especially the family or emergency medicine physician, a dizzying and not inexpensive menu of courses to choose from. Also, each of these courses usually takes 2 days to complete.

I have been involved as an organizer and teacher of the PALS course in my area since the course became available. Over the years, I have noted an increasing diversity of providers who have chosen to enroll in the course. At first, most of the participants were pediatricians and pediatric critical care and emergency department nurses. Subsequently, other pediatric nurses, respiratory therapists, family physicians, and emergency department physicians have also enrolled. For many of the latter, successful completion of the course has become a prerequisite for continued employment. Lately, the list of professionals represented at PALS courses I have taught has expanded further to include emergency medical technicians and firemen. While I welcome the participation of paramedical personnel in the course and feel familiarity and comfort with life-threatening pediatric emergencies is essential for them, there is a certain incongruity in presenting some of the material to mixed audiences. The course is really geared toward physicians and nurses with a basic knowledge of cardiorespiratory pathophysiology. For example, many of the case examples become clear only when the arterial blood gas results are presented. I suspect that the growing popularity of the course is due in part to it being the only course of its kind.

I mention all this because I believe the main audience for the *Pediatric Advanced Life Support Study Guide* by Barbara Aehlert will consist of professionals who approach the course with less back-

ground knowledge and less confidence in their ability to master the course material. The study guide closely follows the official course textbook published by the American Heart Association, *Pediatric Advanced Life Support*. In the study guide, the material is addressed in an easy-to-read, easy-to-review outline format. Most students will value the pretest and posttest. These tests are similar to the actual written examination administered at the conclusion of the course. Participants must pass this test to complete the course. Much of the information in the study guide is "bulleted" to allow for quick review of the material. There are color photographs illustrating some of the equipment and many of the procedures used in pediatric basic and advanced life support. Both of these features may make the material easier to absorb from the study guide than from the official PALS course manual.

The author, who has also written a similar study guide for the ACLS course, is to be congratulated for presenting the material in a very readable manner. This book is not meant, however, to supplant the official course manual. Instead, it should be viewed as an adjunct to that manual. It is not clear to me if the author had access to the second edition of the PALS course manual, which became available at about the same time this study guide was published. The former has chapters entitled "Emergency Medical Services for Children" and "Trauma Resuscitation" that were not included in the first version and not addressed by separate chapters in this study guide.

For those taking the PALS course, I advise reading the course manual first. If the participant has the time or needs to study more in order to master the material, this study guide should be used. Another valuable use of this book is as a guide for quickly reviewing the material presented, such as for a recertification course.

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Recovering from Rape (2nd Edition)
Linda E. Ledray. Henry Holt & Co, New York, 1994. 282 pp, \$12.95 (paperback). ISBN 0-08050-2928-1.

Recovering from Rape is a self-help manual for women who have been sexually assaulted. The author, Linda Ledray, is

the founder and director of the Minneapolis Sexual Assault Resource Service, and has been working with rape survivors for 20 years. She is an articulate, skillful writer who incorporates clinical experience, research findings, and medical and legal information into this guidebook for recovery.

Recovering from Rape begins with a review of the facts and myths about rape, underscoring the key message, "It's not your fault." Next, the author pilots the reader step by step through the aftermath of sexual assault, beginning with immediate decisions about legal involvement, medical treatment, and personal disclosure, and ending with a description of courtroom procedures. Along the way, she describes immediate, mid-range, and long-term psychological responses to sexual assault. The author's goal is to provide anticipatory guidance; that is, to normalize the powerful emotions that accompany rape and to anticipate how others will react to a person who has been sexually assaulted.

Ledray uses empowering language. Those who have experienced rape are not "victims" but "survivors." She encourages these women to take an active part in regaining control over their lives, and to help them, she enumerates and provides guidance about many small but important decisions women should consider. For example, should the police be notified? Who else should be told? How? When? Is professional counseling necessary and useful? Although she does acknowledge that public disclosure can be painful and humiliating, the author strongly encourages women to report sexual assault to the police. To balance the anxiety that legal action can cause, she also instructs women in how to find the best support from their own personal resources and from community agencies. In her book, Ledray provides one tangible resource: an appendix listing rape crisis centers located in every state across the country.

One unique feature of this book is the inclusion of information for the supporter of the rape survivor. Few books have acknowledged the emotional impact that rape can have on a survivor's friends and family. In each chapter of this book, Ledray speaks directly to the "significant others," addressing their own personal recovery from the trauma and providing instructions about how best to assist the survivor during the healing process.

Recovering from Rape is not written for academicians; there is no scholarly

bibliography, although Ledray does cite research findings to support specific concepts. Although it is not written for clinicians, family physicians who want a general understanding of the emotional impact of sexual assault will find this book a thoughtful, articulate source. The sections labeled "To the Significant Other" can be particularly relevant for physicians seeking guidance about providing appropriate emotional support to patients who have experienced sexual assaults. It is appropriate to recommend this book to female patients who have experienced rape in either adolescence or adulthood. Childhood sexual assault is briefly addressed, but this important topic deserves more than the one small chapter provided in this text. One final caveat: *Recovering from Rape* is best understood by high-level readers. Ledray is a sophisticated writer; patients with a high school education or less may find her book difficult to read and understand.

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Resolving Ethical Dilemmas: A Guide for Clinicians, Bernard Lo, MD. Williams & Wilkins, Baltimore, Md, 1995, 373 pp, \$85.00. ISBN 0-683-05138-5.

Ethical dilemmas occur daily in the lives of family doctors. Conflicts over morality, decision-making, financial incentives, and ultimately power arise regularly. *Resolving Ethical Dilemmas: A Guide for Clinicians*, written by a university-based inter- and bioethicist, could transform how these conflicts are resolved. If every doctor accepted fiduciary responsibility for their patients, subordinating (but not ignoring) the physician's well-being to that of the patient, then true health care reform could be realized. Sadly, this is unlikely to occur.

Resolving Ethical Dilemmas analyzes a broad range of clinical issues that perplex health care professionals. It is "a guide for clinicians," but it is also pertinent to those interested in health policy, quality management, risk management, and the law. Lo's consistent use of bioethical guidelines on patient autonomy, physician beneficence, and just allocation frame each discussion. While distinguishing a physician's ethical obligation from the law, Lo comprehensively outlines legal issues concerning life-sustaining interventions, euthanasia, surrogate decision-

makers, advanced directives, informed consent, sex with patients, HIV, organ transplantation, and much more. He also tackles the pressing future issues of the Human Genome Project and health care reform.

The book is well suited to a clinician's office bookshelf. It is rich in clinical and legal facts, placed in the context of a practicing physician. I found the index lacking, but the overall layout of the book facilitates searching. Lo's vignettes are concise patient presentations. He incorporates a succinct yet scholarly review of opposing viewpoints and is commendably candid about his own opinions.

I worry that the author underemphasizes mundane but nonetheless important dilemmas by focusing on the management of crisis situations, a common tendency in the field of bioethics. Bioethical ideology is still grounded in dealing with the problematic relationship of technology and human dignity, and has not yet faced the reality of medical practice in the 1990s, which is the ascent of profitability over professionalism.

Lo exhibits great diplomacy when he documents that self-interest, both conscious and unconscious, pervades the practice of medicine. I doubt that "fiduciary responsibility" will be nurtured by health care reform, because interests more powerful than professional ethics have been unleashed by managed care. Other profitable interests, insurance companies, hospitals, and HMOs, have brought "business ethics" into ascendancy. In this historical context, study of and reflection on professional medical ethics is more critical than ever. Family doctors who have traditionally adhered to fiduciary responsibility for patients should continue to advocate for them but should be prepared to confront changing times! *Resolving Ethical Dilemmas* can begin to prepare you for this challenge.

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Office Orthopedics for Primary Care, Bruce Carl Anderson. W.B. Saunders Company, Philadelphia, Pa, 1995, 196 pp, \$36.00. ISBN 0-7216-4576-3.

The author's stated purpose is to provide clarity on the treatment of common outpatient orthopedic problems prevalent in the everyday practice of the primary care clinician. It is intended for family physicians, internal medicine specialists, nurse

practitioners, and osteopathic and chiropractic physicians. The text is divided into 13 chapters, organized into four sections.

As I opened the book, the first thing I noticed was the incompleteness of the table of contents. The first section listed only the chapters, which are divided by anatomic location. As a quick office reference, this is not ideal. Often the practitioner will have an idea of the diagnosis and may want only some guidance on treatment or rehabilitation. A listing of the conditions under each chapter heading would facilitate this.

Section 1 describes the 44 most common outpatient orthopedic conditions and is divided into 10 chapters by anatomy: neck, shoulder, elbow, wrist, hand, chest, back, hip, knee, ankle and foot. I found the chapters to be well organized and easy to read in a few minutes, which would make this a handy office reference. Each of the 44 sections begins with a simplistic diagram and a summary of injection technique, if appropriate, followed by a brief description of the condition and its causes, as well as patient symptoms and complaints. The examination section assumes a basic knowledge of the musculoskeletal exam and includes pertinent physical findings, followed by recommendations for radiographic examination. The diagnosis section summarizes necessary findings. The treatment section utilizes a stepwise approach and includes recommendations for follow-up and therapy. A separate section for physical therapy is included with each condition. The description of injection techniques is complete, with notes on patient positioning as well as needle direction and sensations the patient will experience as the needle advances. The prognosis section is a nice feature, which can help less-experienced practitioners explain to the patient what is expected during the phases of treatment as well as risk of recurrence. Quick reference boxes are included within the text with the examination and physical therapy summaries.

Section 2 is a brief description of 10 troublesome fractures commonly encountered in primary care. Each fracture includes a diagram, physical findings, and treatment options.

Section 3 has some potentially good patient handouts, including descriptions of some joint problems and exercise instruction sheets for home physical therapy; however, these handouts may be too technical for patients and are very limited as to the exercises diagrammed. A good time saver on the handouts is the list of

activity limitations, good body mechanics, and alternative activities.

The final section describes the most commonly used supports, braces, and casts, along with their uses, advantages, disadvantages, and costs.

The appendix contains tables of the dosages and strengths of the injectable cortisone derivatives, nonsteroidal anti-inflammatory drugs, and calcium supplements.

This handbook can be a valuable quick reference addition to the office library of family physicians who treat musculoskeletal problems but are not fully informed on treatment protocol. It is also a good guide to injection techniques, and provides patient handouts that may be valuable with selected patient populations.

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On Being a Doctor. Michael A LaCombe, MD (ed). American College of Physicians, Philadelphia, Pa, 1995, 180 pp, \$29.00 (ACP member), \$38.00 (non-member) ISBN 0-943126-39-8

This outstanding little book contains amazing insights into the humanistic side of medicine. It consists of many short works of poetry and prose, most of which were previously published in a like-named section of the *Annals of Internal Medicine* between 1990 and 1994.

The book is thematically arranged into six sections that cover various aspects of a physician's life cycle: training, relating to family and friends, relating to patients, dealing with personal illness, relating to colleagues, and confronting death. This arrangement, as well as the brevity of each chapter, makes it easy to read. It can be read from cover to cover in one sitting or savored slowly, a few pages at a time.

Be forewarned, however, that although it is easy to read, it is by no means "light reading." These works are powerful. Titles such as "On Losing One's Parents," "Working Late," "Heal Thyself," and "Playing God" give a clue as to the level of energy and feeling contained within.

One of many memorable sections of this book is by H. J. C. Swan, MD, PhD, of Swan-Ganz catheter fame. In it, he describes his daughter Kathy and her untimely illness and death in three brief but emotional pages. His friend's conclusion that "Jeremy Swan's greatest contribution to this world was not the catheter but the Katherine" makes it clear that no matter how famous or obscure, we are all intensely human.

And then there is Dr Bruce Brown's contribution, "The Good Physician":

You and I cannot be friends, for now.
 I must coldly probe, pain and score you.
 If I care too much,
 Yours, and all the others' pains
 Will drain, weaken, and kill me.
 My love must be shallow enough
 For both of us to survive.

On Being a Doctor is an excellent look at the fears, hopes, failures, and joys of the medical life. I heartily recommend it to every physician.

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Software Reviews

FDA on disk. FDA documents and manuals. Vol. 3, No. 2. Distributed by FDA Parklawn Computer Center, Room 2A-45, 5600 Fishers Lane, Rockville, MD 20857. Annual subscription (quarterly updates), \$300.

DOCUMENTATION: Very readable but minimal, loose-leaf; copy on CD also.

HOW SUPPLIED: One CD-ROM containing search software and database.

HARDWARE REQUIREMENTS: IBM compatible, MS DOS 3.3 or above, 550K free RAM, monochrome or color monitor (VGA recommended), graphics card (VGA), CD-ROM player, hard drive, printer (optional) for 300 DPI with Laserjet II or Epson emulation.

MOUSE SUPPORT: None on MS DOS version of software.

TOLL-FREE CUSTOMER SUPPORT: Yes, 800-328-2347.

DEMONSTRATION DISK: No.

MONEY-BACK GUARANTEE: No.

RATING: Excellent for those who need this type of information.

If you need to know the law or if you want to know the most recent scuttlebutt on drugs, devices, foods, medical or veterinary herbs, the *FDA on disk* is just for you.

This miscellaneous collection of laws, letters, and legal machinations of the FDA is nicely put together in a multi-megabyte-size database accompanied by a powerful search tool. This marriage has been accomplished in a compact disk (CD-ROM) for IBM-compatible PCs. Included in this CD-ROM is the full text and images of the Food, Drug, and Cosmetic Act; Nutrition Labeling and Education Act of 1990; Code of Federal Regulation (Title XXI); Preamble to Medical Device Reporting Requirements; Federal Register Announcements; Staff Manual Guide; FDA Import Alerts; Office of Regulatory Affairs Guides; Center for Biologic Evaluation and Research Guides; Center for Drug Evaluation and Research Guides; Center for Veterinary Medicine Guides; Center for Food Safety and Applied Nutrition Guides; Talk Papers/Press Releases; and the FDA Phone Book. The subscription cost of \$300, which has not changed for at least the last 3 years, includes a quarterly update CD, users' manual, and a toll-free technical support telephone line.

The CD is very easy to use and, unlike many CD-ROM programs, requires a small amount (half a megabyte) of hard-disk storage. The search program, called *KAware2*, produced by Knowledge Access International, is logical, flexible, and powerful. You can search any of the documents listed above for a word, phrase, or words within a specified distance apart. You can also highlight a word or phrase in any text and do a search on it. A "set" is the combination of all of the text locations that the computer finds when you search for your word or phrase. Sets can then be combined using the Boolean operators "And, Not, Or," forming another set. When you find the information you need, you can mark that portion you want and either print it or save it to a file for later reading or incorporation into a report on your word processor.

The CD comes with a small loose-leaf manual that describes in truly non-technical language how to load and run the software. If you inadvertently lose it, the entire manual can be printed from the CD, which also includes a complete help guide.

The search program works with the MS DOS operating system, but you can obtain a Windows version from the software publisher. If you are familiar with Windows, a few simple tricks can make

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the MS DOS version run in your Windows environment.

A friend who is a consultant in regulatory affairs for drug companies cannot wait to get her subscription to *FDA on disk*. Its capacity for locating details and references to legal and governmental thought on various drug- and device-related problems and procedures is invaluable to her and anyone heavily involved in guiding these products through the FDA's bureaucratic labyrinth. Remembering where information is found in the paper versions of these guides and periodic press releases is an impossible task, whereas *FDA on disk* can find all mentions of a topic in only moments. People who need this information will find *FDA on disk* to be a powerful and useful yet easy to use reference tool. For most primary care physicians, however, the information is interesting but has limited usefulness.

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EDITOR'S NOTE: When I called the customer support 800 telephone number to verify the price, the service personnel were clueless about the product.

Diabetes Mellitus: A Program to Inform Patients and Families, Version 2.0 (1995). Distributed by Microhealth Software, PO Box 98471, Raleigh, NC 27624-8471. (919-954-0807). \$69.

DOCUMENTATION: None.

HOW SUPPLIED: one 5.25-in. or 3.5-in. diskette.

HARDWARE REQUIREMENTS: For IBM PC and compatibles; printer required for printing handout.

MOUSE SUPPORT: No mouse needed.

CUSTOMER SUPPORT: No toll-free customer support.

DEMONSTRATION DISKS: Available for \$15, applicable to price of \$69.

MONEY-BACK GUARANTEE: No.

RATING: Marginal.

Diabetes Mellitus: A Program to Inform Patients and Families, (DM) is a DOS software package for patients who have recently been given a diagnosis of diabetes, their families, and for previously diagnosed patients who do not understand

the disease well. Physicians with a computer available for patient education may choose to use this basic review of a common diagnosis for their patients and their families.

The program begins with a "Preview List," not a main menu, because users are forced through each section sequentially. Topics include an explanation of what diabetes mellitus is, signs and symptoms, types of diabetes, complications, lab tests, low blood sugar, and treatment. Topics are presented in clear, concise language and are summarized before the next topic begins. The screen display lacks graphics or animation with the exception of a moving drop, representing urine, illustrating testing for ketones using a test strip. This effect plays best with a color monitor.

A quiz at the end of the program provides essential reinforcement of the material presented. Patients may elect to review any previous topic at this time. The approximate 30-minute program seems an appropriate length for the basics of such a complex disease. Diet and exercise are mentioned as two of the keys to feeling well and staying healthy; no further education is provided about these issues.

A 3-page printout can be produced from *DM*, including an alphabetic list of diabetic terms and abbreviations, a list of oral hypoglycemic agents, and sick-day guidelines. The alphabetic list of terms erroneously defines Humulin as, "a common brand of regular (short-acting) insulin" (Humulin is not specific to "short-acting" insulin). The list of oral hypoglycemic drugs is divided into first- and second-generation agents and biguanides; this information has no value to patients at this stage in their diabetic education. The columns listing generic names and trade names are not well defined, which makes it difficult to distinguish generic names from trade names. Biguanides are included with a note that they are currently experimental in the United States. That statement is now outdated, as metformin (Glucophage) was approved by the FDA early in 1995. The sick-day guidelines are an essential resource for the diabetic patient and include sound advice but, as with the list of oral hypoglycemics, they are poorly organized, making the merged text confusing to read.

Instructions do not accompany the disk. The computer-wise user will quickly

figure out that there is one executable program file, DM.EXE, on the disk. Once *DM* is started, there is an instructional line at the bottom of each page. Users are told they may view the preceding page by using the backspace key when they are at the bottom of the page. Getting to the bottom can take as many as 11 key strokes, each of which adds to the information visible on screen. Viewing the previous page may be difficult, but the user may easily return to the Preview List and begin the program anew or completely exit the program at any time.

This program provides elementary information for patients with a new diagnosis of diabetes who are computer comfortable and learn well from written material. It will not enhance the learning process for the auditory learner, graphic visual learner, computer novice, or someone with less-than-average reading skills. The printout is of minimal help and has some inaccuracies. There may be an audience for this program, but the average 50- to 60-year-old diabetic patient would not be comfortable with this "computer pamphlet." This program may be more appropriate for members of the younger generation who are more attuned to graphical and interactive presentations.

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CORRECTION

In the September issue of the *Journal*, Software Reviews, two screens illustrated on pages 300 and 301 were erroneously transposed. The figure illustrating *wDIAG* as shown on page 301 belongs on page 300, over the caption "Figure. Screen showing checklist with brief explanation of terms," and the figure on page 300 belongs at the top of page 301, with the caption "Figure 1. *ClinDerm's* main screen." The editors regret this error.