
Reference librarians usually attempt to record statistics by making hashmarks on the reference desk statistics form. Sometimes librarians create lists of the questions they can remember, or files of the most challenging inquiries. Librarians need to know not only the number and type of questions asked but who from where asked what and how the questions were resolved. Such information is useful in redesigning and expanding services. Yet few busy reference departments develop more than an intuitive assessment.

Reference Inquiries Statistics Reporter (RISR) was produced at the request of librarians. RISR comes with a program disk and a twenty-page handbook and is available in DOS, Windows, and network versions. Installation is simple. Documentation is easy to understand. The program is menu driven. The main menu offers the options “add,” “modify,” “delete,” “print report,” and “system utilities.”

To add an inquiry, one is provided with two on-screen boxes, the first for client information, the second for the reference encounter. In the upper box, one may enter the name, organization, address, phone, and fax number data. A nice feature is that after the organization has been entered, the computer checks for a previous entry and automatically fills in the address field.

In the second box, the computer highlights the “date received” field. The user must then press the enter key. The highlighting disappears. Only when the highlighting is in the field can the user leave that field.

When you press the down-arrow key, the highlighting reappears on the field “contact method.” Pressing the enter key will elicit a pop-up box, where one can add the names of contact methods, such as walk-in, telephone, etc. You can create similar lists for the “requested by” field. This ability to create indexes is an efficient aspect of this program and very adaptable to medical libraries.

Likewise, the “resolution” field allows the creation of a list, with responses such as “referral,” “immediate,” or “directional” for questions that the Association of Academic Health Sciences Library Directors statistics would classify as directional. One could enter such responses as “MEDLINE search,” “DIALOG or BRs search,” or “in-depth manual search” for other statistical categories. Another useful field for medical librarians is the “subjects” field. You could enter up to fifty MeSH headings, possibly starting with the list of MeSH pre-explosions. There is no pop-up list for the “comments” field.

Other features include the ability to delete or modify an existing entry and the option to update and delete words from any of the lists. You cannot update or delete words, unfortunately, from the pop-up windows screens. You have to select the “update keywords” option from the main menu. You have the option of entering the entire word, which immediately is capitalized as your signal to make changes, or entering the first few letters to bring up the index window. This would allow updating of MeSH terms.

The “print report” section is the reason to purchase this software. Reports may be sent to the screen, printer, or disk file and generated under the following headings: “list of names and organizations,” “calculate overall statistics,” and “build specific search.” The “list of names and organizations” is an alphabetical list by the name on the first line of the record. If you want the list to sort by the last name of the client, the last name must be entered first. “Calculate overall statistics” asks you to enter specific dates. The program will list each of the variables that you have entered and give you the exact number and percentage of contacts in your database by each specific item. This would be great for use in annual reports and long-range plans.

Possibly even more useful is the “build specific search” option, which allows limited Boolean searching by date combined with any other specific. For example, you might select telephone and physician in the “out of” box, and add “MEDLINE search” in the “status” field of the “how many” box. The computer provides the number of physician telephone requests, the number answered by MEDLINE search, and the percentage that number constitutes. The usefulness of a program that calculates such statistics so easily is obvious.

Finally, under “system utilities” on the main menu, one has the option to make a new data disk, switch data disks, back up data, print inquiry data to file, delete inquiries by date, or exit. The program does require a lot of unnecessary keystrokes. Although it is simple to use RISR, fewer keystrokes would improve the program’s efficiency and ease of use.

In conclusion, RISR fills a niche in the library software world for a program to keep track of reference statistics. Medical librarians can appreciate its flexibility. However, I wonder when a busy reference librarian would find the time to enter all the necessary inquiries. For those who have the time, the staff, the desire, or the imperative to enter the data, Reference In-
queries Statistics Reporter is made to order.

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Anatomy and Anaesthesia of the Mandibular Nerve (Version 1.0, 1992). A. Demirjian, Université de Montréal, Faculty of Dentistry, 2900 Edouard-Montpetit Blvd., P.O. Box 6128, Station A, Montréal, Quebec, Canada H3C 3J7. Or, Sonart Inc., P.O. Box 103, T.M.R., Montréal, Quebec, Canada H3P 3B8; MULTIMEDIA@MEDENT.UMONTREAL.CA (Internet). U.S. $199.95 (French or English languages); discounts for multiple and student orders. System requirements: IBM-compatible or Macintosh.

Computer-based interactive educational programs in dentistry and oral health are few, and good ones are scarce. The Anatomy and Anaesthesia of the Mandibular Nerve program falls within the latter category. Dr. Arto Demirjian and his colleagues from the faculty of dentistry, University of Montréal, are to be commended for the development of this program, which successfully incorporates sound, text, and graphics (drawings, digitized black-and-white and color photographs, x-rays) on the same screen, within the framework of an interactive teaching program. They also have developed a number of other dental, trilingual (English, French, and Spanish), computer-based interactive programs or “multimedia medico-dental courseware,” as the authors label them, which utilize both CD-ROM and diskette technologies. Minimum hardware specifications for the IBM-compatible are a 386 central processing unit, a 13-inch VGA color monitor (640 by 480 pixels), 8-bit videocard (256 colors), mouse, 1.44-megabyte diskette drive, 3-megabyte free RAM, 13-megabyte hard disk space, sound card (optional), and Windows 3.x (with Multimedia Extension Kit, if version 3.0). Minimum specifications for the Macintosh are a 13-inch color monitor, 8-bit videocard (256 colors), 3-megabyte free RAM, 15-megabyte hard disk space, and System 6.0.7 or higher.

The IBM-based version of Anatomy and Anaesthesia of the Mandibular Nerve program was reviewed. It was loaded onto a 386 central processing unit hard disk using 7 high-density diskettes (A CD-ROM version of the program is now available for U.S. $249.95 in English, French, or Spanish.) Installation of the program was uneventful (the sound component of the program was not activated for this review). Accompanying documentation was minimal and of informational value only. Those users familiar with Macintosh or Windows programs should have no difficulty in using the program.

This branching computer-based interactive program comprises four teaching modules or chapters: Osteology, Dissection, Clinic, and Quiz. It is designed to help dental students and dental practitioners correctly identify the mandibular nerve and the surrounding bone structure, nerves, blood vessels, and muscles. The program also instructs the user in the correct technique for anaesthesia of the mandibular nerve. And finally, it provides a self-assessment module, Quiz, which is designed to test the user on knowledge acquired in the Dissection chapter of the program.

Five “assist” buttons are available and they include “menu” (displays opening menu), “back” (returns the user to the preceding section), “help” (single help screen), “quit,” and “Where am I?” (a navigation device). The “Where am I?” button, perhaps the most useful of these buttons, serves as a location or navigation tool. When activated, a clear, linear diagram of the current module is displayed, locating the user’s position in that specific chapter or module. It also allows the user to click ahead or back in the current module or to click to any other of the three remaining modules without resorting to continuous clicking of the “back” button or clicking the “menu” button to return to the beginning of the program. There are also “zoom” (provides a close-up) and “x-ray” (displays an x-ray) buttons scattered throughout the program. The “help” portion of the program, on the other hand, is quite limited and does not provide in-depth assistance in navigating the user through the program.

The four teaching modules utilize explanatory text, anatomical drawings and photographs, diagrams, and x-rays, which can be simultaneously displayed on the same screen. The Osteology module presents an anatomy program of the mandibular ramus (internal, external, anterior, and posterior), the skull (internal and external cranial base), and techniques for correct intra-oral anaesthesia. The Dissection module presents various dissection images and anatomical structures of the trigeminal ganglion (anterior and posterior divisions of the mandibular nerve). The Clinic chapter, like the previous two modules, uses photographs, drawings, and x-rays to present anatomical references identifying key facial and cranial bone “reference points” for correct syringe position and successful anaesthesia of the dental patient. The model also presents causes for anaesthesia failure and complications. The Quiz module tests the user on