

## BOOK REVIEWS

***The Change: Women, Aging and Menopause.*** Germaine Greer. Fawcett Columbine, Ballantine Books, New York, NY, 1991, 422 pp. ISBN 0-449-90853-4.

*The Change: Women, Aging and Menopause* is a remarkable and thought-provoking book. Germaine Greer, an "in-your-face" feminist, presents a frank and exhaustive discussion of menopause. This discussion includes the viewpoints of medical researchers and physicians, psychologists, sociologists, anthropologists, writers and poets, and women in history. It is informative, both on what we know and what we do not know about menopause. This is not your typical text. Readers of this *New York Times* bestseller experience laughter, frustration, anger, fascination, and thoughtful reflection.

*The Change* includes descriptions of women's experiences with menopause in different cultures and at different times, and information on allopathic, traditional, and alternative treatments. There is an examination of societal views of women in menopause and of the emotional responses of women to those views. Other topics, pertinent and impertinent, include sex, gardening, and witchcraft. This eminently readable book is so rich in information and language that its value increases each time it is read.

Written in 1991, it is a book that will not become outdated because the information sets the context for a timeless message: Menopause "is a fundamental change, which needs mental preparation and profound acceptance. . . . We might develop better strategies for the management of the difficult transition if we think of what we are doing as acceleration of the change. . . . back to the self you were. . . . You were strong then, and

well and happy . . . and you shall be well and strong and happy again."

This is a book that all women should read, more than once, at different stages of life. It also encourages a broader perspective for health care physicians and others who care for women during menopause. In this era of increasing lifespan, concerns about health, and numerous options for women in menopause, this book is a resource for a better understanding of women and their life changes.

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***Domestic Violence and Health Care: What Every Professional Needs to Know.*** Sherri L. Schornstein. Sage Publications, Newbury Park, Calif, 1997, 186 pp. ISBN 0-8039-5959-1.

The author of *Domestic Violence and Health Care: What Every Professional Needs to Know* states that the objective for writing this book was to "raise the awareness of health care professionals and enable them to intervene appropriately when a patient presents signs of being a victim of domestic violence." The intent was to provide a comprehensive, concise tool for health care professionals currently in the field and for students who will deal with such patients in the future.

The book is divided into seven chapters. The first three chapters define domestic violence, review societal perspectives, and describe the dynamics of abuse. The next three review the medical response, describe documentation requirements, and present safety issues for the health professional. The last chapter describes the legal procedure in the prosecution of the abuser and the possible role of the health care professional in this process.

Overall, the book moves smoothly from chapter to chapter, and provides

information in an easily retrievable format. The review of domestic violence research and information is outstanding, concise, and valuable for both the practicing professional and the student. The section on the medical response is focused primarily on care of the patient in the emergency room or hospital setting. Several forms are included that the practitioner can immediately incorporate into their practice, including guidelines on interviewing a suspected victim of domestic violence, a form to document injuries, a form to obtain permission to photograph the patient, and a danger and lethality assessment tool. The chapter on prosecution takes the practitioner through the legal process and provides guidelines for appearing as an expert witness in a court case.

There is a great deal of information in this book, yet I found several key points missing. For example, nowhere in the book does the author give the reader the national hotline telephone number for domestic violence (1-800-799-SAFE), an important entry point into the domestic violence service delivery system for both the victim and the provider. This information, plus the names, addresses, and telephone numbers of the state-based coalitions against domestic violence should have been provided in an appendix. Collecting information about a patient who is a victim of domestic violence without having the necessary data on available resources in the community may negate any efforts made by the health care professional to intervene on the victim's behalf.

The author states in the introduction, "There is no single, compact, but thorough, source of information for the health care professional who needs to learn what to do when treating patients." Unfortunately, this book does not meet that criteria, either. It does provide a quick overview of



domestic violence and the medical response. I hope it will stimulate the reader to obtain more detailed information and specific management guidelines before incorporating screening for domestic violence into their ambulatory and hospital clinical practices.

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**Interviewing and Patient Care (4th edition).** Allen J. Enelow, Douglas L. Forde, and Kenneth Brummel-Smith. Oxford University Press, Oxford, England, 1996, 216 pp. ISBN: 0-19-506444-5.

There are numerous books on the market designed to give instruction on basic interviewing skills for the physician and other health care professionals, but only a few texts have endured the test of time to become exemplary. *Interviewing and Patient Care* is such a text. Now in its fourth edition, this slim volume continues to illuminate the fine art of interviewing.

It has been 26 years since the first edition of this text was published in 1972. Subsequent editions were published in 1979 and 1986. These earlier editions were co-authored by Allen Enelow and Scott Swisher and they presented interesting permutations in the state of the art as the authors successively updated their work. However, the basic principles of the open-ended style of interviewing and data gathering outlined in their first edition abide in all the later works.

In this fourth edition, Allen Enelow is joined by Douglas Forde and Kenneth Brummel-Smith to continue the tradition, and offer renovations consistent with the significant changes that have occurred in health care. As opposed to earlier editions, the focus has changed to the everyday practice of medicine in an era of managed care and economic stringency. New to this edition are key points that preface each chapter and the addition of conclusions for every chapter.

Updated references are also provided at the end of each chapter. The chapters each offer information and basic skills in interviewing an array of patients in many different circumstances.

Communication is a key ingredient in the physician-patient relationship and this book provides you with a time-tested recipe for success. In this new edition, the authors have been careful to provide the learner with a mixture of proven principles, core concepts, and contemporary advancements. The result is a finely crafted work that clearly and concisely teaches the art of interviewing. From rudimentary to advanced interviewing skills, both the student-physician and clinician should find this work a practical and helpful resource. Because of its emphasis on the patient-centered interview in everyday practice, a space should be reserved for this volume on every family physician's bookshelf.

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## ■ SOFTWARE REVIEW

**Symptom-based Case Studies on CD-ROM: Diagnostic Reasoning Series.** Novartis Pharmaceuticals Corporation, 556 Morris Ave, Summit, NJ 07901-1398.

HOW SUPPLIED: CD-ROM.

HARDWARE/SOFTWARE REQUIREMENTS: For Macintosh: HyperCard/Player 2.3 or higher, 3500K of available RAM, and a 13 in. or larger color monitor (256 colors minimum). For System 7.0, HyperCard application requires memory of at least 3500K. For IBM-compatible PC running Windows 3.1 or higher: 10MB hard disk space, at least 4MB of RAM (6MB recommended), 13 in. or larger VGA monitor with at least 640x480 resolution and a minimum of 256 colors. Windows users who want to hear the breath and heart sounds in the physical exam need a Sound Blaster-compatible sound card

and speakers or headphones and QuickTime for Windows.

ORDERING/TECHNICAL SUPPORT: By telephone:(908) 277-5127; by fax:(908) 277-4478; or by E-mail:kelly.soop@pharma.novartis.com

DEMONSTRATION DISKS: A self-running demonstration CD-ROM is available.

MONEY-BACK GUARANTEE: Yes, 30 days.

RATING: Excellent.

PRICE: For a single physician, individual case studies cost \$39.95 and a set of four cases costs \$99.95. A workstation multiuser license is available for \$650 for the first workstation and \$325 for each additional workstation; and a network site license is also available (\$1000 for the first site and \$500 for each additional site). The academic version is only available with a site license, for which the first two case studies cost \$950, and each additional case study costs \$950. Discounts apply if you buy in sets of 5, 10, or 20.

As the name implies, *Symptom-based Case Studies on CD-ROM* provides symptom-based CME case studies. These case studies are a wonderful way to simulate the types of interactions so common in primary care settings, and they are fun to use, too. The symptom-based approach, which takes the user through the diagnostic process, is much more realistic than a written review of a topic.

There are two versions of this CD-ROM: a professional version and an academic version. The professional version has five case studies available (rheumatology, neurology, osteoporosis, heart failure, and hypertension). I reviewed four patient cases: a 22-year-old man with joint and back pain, an 8-year-old girl with staring spells, a 52-year-old woman with back pain, and an 80-year-old man with dyspnea on exertion. CME credits are available after working through the cases (5 hours of category 1 credit per case).

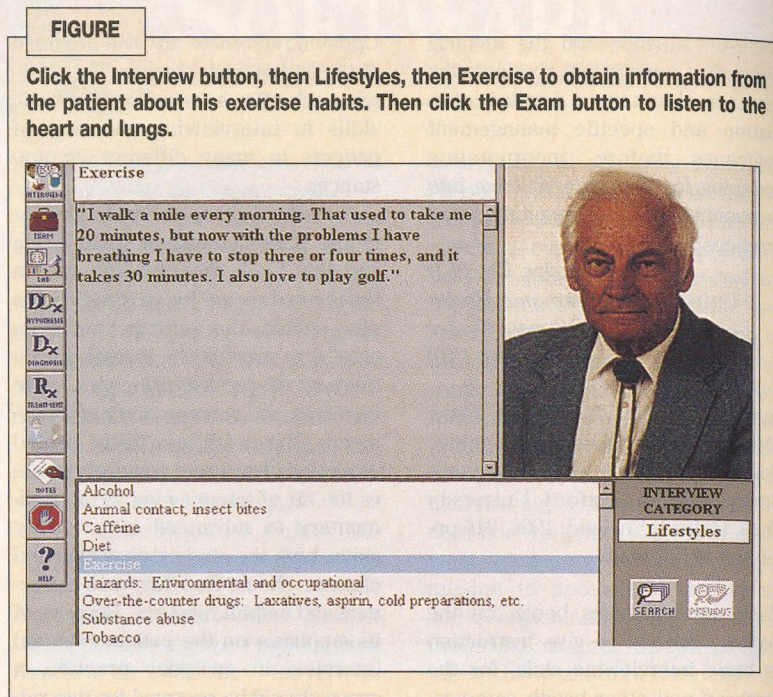
The academic version includes software for student evaluation, editing and customizing the cases, creating new cases, and a learning resource module that links to other



materials pertaining to the relevant topic. Fifty-eight cases are currently available, including topics such as abdominal pain, amenorrhea, colic, cough, headache, weakness, and the well-child visit. The academic version also permits instructors to examine and rate the students' inquiry strategies and has other features that permit some customization of the cases by faculty. Each case is structured so that the user works through the case from presenting complaint to history, physical examination, laboratory and radiological testing, therapy, and finally to case conferencing with the case expert (Figure). The learner is encouraged to produce a list of differential diagnoses that they hone as the case develops. The user can move back and forth between components of the assessment in developing the differential list. Interaction with the patient is through simple, searchable menus. Users can ask patients about the nature of their pain, and hear and see the patients tell their stories.

After users have completed the patient's history and physical examination, and have reviewed the results of any tests ordered, they enter their final diagnosis, and begin treatment. For the treatment module, users are asked a series of questions regarding therapy. At the conclusion of the case, the program rates the learner's performance in five domains (diagnosis, differential, history, physical, laboratory testing, and treatment). To improve the ratings, the student can return to the case and read the explanations for individual choices and they can correct their incorrect responses. The performance rating for the differential diagnosis is by the honor system: How on track do you think you were when comparing your list with the final diagnosis?

*Symptom-based Case Studies on CD-ROM* was easy to install and easy



to use, with little need for the accompanying documentation. To hear the patient's voice answering questions and the expert's explanation of the case enhances the realism. The case expert's narration gave me the impression of being at a case conference, grand rounds, or a CME lecture. The symptom-based presentation of the cases, compared with answering a series of questions on a specific topic, was much more interesting and fun. The case studies provided an excellent review of the practical approach to common problems, especially for medical students or physicians-in-training. For experienced physicians, the case studies also review current treatment approaches to common conditions, such as seizure disorders in children.

One potential limitation is that the software is expensive enough that a large variety of topics could not be covered without significant expense. Once the physician has been through a case and knows the diagnosis, the usefulness of the case is expended.

Reviewing new diagnostic and therapeutic options may be an important component for experienced physicians, but this component of the program, unlike history-taking and physical examination, may become outdated quickly. It may be true that a textbook does not hold a physician's attention as well as a computer, but physicians can review a wider range of topics for CME or board examinations more inexpensively with a book. Even so, for the individual physician, \$8 per CME credit seems worth the price.

More case studies will become available according to Novartis. *Symptom-based Case Studies on CD-ROM* represents a significant advance in continuing medical education. It would be a fantastic addition to the learning resources of a school or medical department, one that I wish had been available to me during training.

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