

proximate cause. These concepts at times prove difficult for experienced forensic clinicians and even some attorneys. The authors' explanations are among the clearest provided for a clinical audience with a need to develop a basic understanding of these nonclinical but highly relevant legal topics. The legal glossary provided is also a great assist.

*Clinical Manual of Psychiatry and Law* is an invaluable contribution for psychiatrists developing good clinical practices as well as those who may have such practices in place but are unaware of the legal bases upon which these practices rest. This book will strengthen the understanding of the legal and clinical reasons for these practices and clarify psychiatrists' responsibilities while helping them assist their patients. Ultimately, and most importantly, our patients are the ones who benefit when we incorporate these insights into daily clinical practice, because in most cases, as the authors correctly point out, "good psychiatry and the law are complementary."

#### References

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***Menopause: A Mental Health Practitioner's Guide***, edited by Donna E. Stewart, M.D., F.R.C.P.C. Arlington, Va. American Psychiatric Publishing, 2005, 216 pp., \$41.95.

As a mental health practitioner and a perimenopausal woman, this reviewer was intrigued by the title of this book. A

review of the list of contributors reveals an unusually diverse-seeming group of authors in terms of gender, scientific expertise, origin (as divined from surname), and chosen profession. The preface makes clear that this collection of writings is not in any way meant to further the pathologizing of menopause that has been rendered by the lay public. In fact, the goal of this book is to document and promote what Margaret Meade once termed "postmenopausal zest" among women whose mid-life mood swings may be more attributable to external psychological-sociological factors than to internal hormonal ones.

Intriguingly, menopause is a stage of life that can only be properly recognized in retrospect, i.e., consisting of 12 months without menses. Historically and clinically, hormone replacement therapy—a decade ago considered an essential aspect of "well-woman care"—has been discarded as the primary intervention in favor of more individualized approaches, simply because its risks (enumerated in the 2002 Women's Health Initiative) are not negligible, despite acknowledged benefits such as prevention of osteoporosis, heart disease, and dementia.

Of the eight chapters, two of which have multiple co-authors, each addresses the topic of menopause from a unique perspective. In chapter one, Nada Stotland, M.D., whose feminist bent underscores the theme of change within culture as a foundation from which to inspect the meanings of menopause, develops the argument that a woman's experience of menopause is dependent upon her background and present context, just as men's experiences of menopause derives from their upbringing and indoctrination. Workplace, sexual, and body image ramifications are presented; the fundamental clinical rule, according to Dr. Stotland, is to "make no assumptions" about any particular woman or any specific menopause. Dr. Stotland's chapter presents the most ambitiously broad concept of menopause, perhaps most in keeping with the volume's intent. Chapters 2 through 8 probe the physiological, neurological, affective, psychotic, medical, gynecologic, and psychotherapeutic aspects of menopause, respectively.

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