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Eight years ago a man walked into a classroom at the École polytechnique de Montreal and murdered 14 young women students. The “Montréal massacre” has become a symbol, a call to do something about violence against women. But violence inflicted by strangers should not detract attention from the abuse women receive at the hands of people they know: about a quarter of Canadian women in long-term relationships are beaten or sexually abused by their male partners, and about 80 die each year. This is a time to remember, but also a time to act.

In this issue Barbara Lent reviews the roles of physicians in the early detection of spousal abuse (page 1539). Physical and sexual abuse is often disguised by the victim and may manifest as nonspecific chronic pain syndrome or as pelvic pain, among other symptoms.

Domestic abuse does not always involve violence. Fern Martin and Catherine Younger-Lewis present the check-list used at Lanark County Interval House to help women to identify whether their partners' behaviours constitute abuse (page 1555). More research is always needed, but we must also increase our diagnostic alertness to abuse; this check-list gives us a means to do so.

Premature rupture of the membranes complicates 5% to 10% of pregnancies. When this occurs at term, the physician must decide whether to induce labour or allow the woman to deliver naturally. A randomized clinical trial previously reported by the TERMPROM Study Group¹ showed that induction did not result in lower rates of neonatal infection or cesarean section (although for cases in which labour was

induced, the rates of maternal infection were significantly lower and the patients reported greater satisfaction). In this issue the same group reports the results of a prospective economic evaluation conducted alongside the clinical trial (page 1519). Induction with oxytocin was significantly less costly than expectant management or induction with prostaglandin. In an accompanying editorial, Patrick Duff argues that there is a compelling medical and economic case for immediate induction of labour in women with premature rupture of the membranes at term (page 1541).

Almost 7000 Canadians die each year because of excessive drinking, and almost a million have alcohol-related problems. Christiane Poulin and colleagues report that 5.8% of a sample of more than 12 000 Canadians had a positive result (at least 2 affirmative responses) on the CAGE questionnaire, a 4-question survey about drinking habits (page 1529). They estimate that 4.1% of the Canadian population had an alcohol dependence in 1994. Respondents with a positive CAGE result reported 7 times as many alcohol-related problems in their lives as those with a negative result. In an accompanying editorial Robert Mann urges primary care physicians to ask patients about alcohol use, to use the CAGE questionnaire in their practices and to implement screening and brief interventions (page 1543).—JH

Reference

1. Hannah ME, Ohlsson A, Farine D, Hewson SA, Hodnett ED, Myhr TL, et al, for the TERMPROM Study Group. Induction of labor compared with expectant management for prelabor rupture of the membranes at term. *N Engl J Med* 1996;334:1005-10.