***Amenorrhea, A Case-Based, Clinical Guide*, edited by Nanette F. Santoro and Genevieve Neal-Perry**

New York: Springer Science+Business Media, 2010.
Hardcover, 218 pp., \$189.00.

Reviewed by R. Wayne Inzer, MD

Within the first year of private practice, I was faced with an interesting set of cases. A mother and daughter presented on the same

day with the same complaint: no menstrual cycle for several months with hot flashes and night sweats. They had been cycling together since the onset of the daughter's puberty, about 1 year earlier. The same symptoms but significantly different ages suggested the probability of different etiologies, different evaluations, and ultimately different treatment approaches. This scenario illustrates the complexity of evaluating amenorrhea.

In *Amenorrhea, A Case-Based, Clinical Guide*, the editors state that they set out to organize a comprehensive review of amenorrhea that would update clinicians "on our current knowledge regarding normal female reproductive physiology and . . . discuss the pathophysiology, diagnostic algorithms, and therapeutic intervention for amenorrhea."

The book begins well, with two chapters on what is normal, followed by chapters addressing the various causes of amenorrhea. Each chapter has a different author or set of authors, so style and content vary. While each chapter uses a clinical case (as inferred from the title) to highlight its topic, some carry it off better than others. In chapter 6, "Hyperprolactinemia and Pituitary Causes of Amenorrhea," the use of a case of a 33-year-old runner illustrates well how easily clinicians could have been led down the wrong road without a thorough evaluation.

The last several chapters were especially informative. Chapter 10, "Clinical Implications of Prolonged Amenorrhea," chapter 11, "Long-Term Implications of Oophorectomy at the Time of Hysterectomy for Benign Disease," and finally chapter 12, "Ethnicity and Amenorrhea," are topics not usually addressed in such a text.

Overall, I believe the editors accomplished what they stated in the preface. It would have been of value, considering their stated audience of practicing clinicians, to have added a summary chapter with the basic overall approach to a patient with amenorrhea. Algorithms for evaluation and triage would have been a useful reference for the busy clinician.

Any physician, obstetrician/gynecologist, internist, family practitioner, or even endocrinologist who encounters female patients would find this book informative and a useful guide for their library.

The reviewer, **R. Wayne Inzer, MD**, is director of the residency program in obstetrics and gynecology at Baylor University Medical Center at Dallas.

***Notes of a Medical Maverick* by Allen B. Weisse, MD**

Bloomington, IN: iUniverse, Inc., 2010.
Paperback, 204 pp., \$17.95.

Reviewed by F. David Winter Jr., MD

Allen Weisse is a cardiologist, though his writings suggest that he would much rather be a writer.

In this, his sixth publication, he assembles a hodgepodge of topics ranging from health care delivery failures to the clinical irrelevance of the Krebs cycle. His writing style is jaunty and amusing. As an author, he assumes a humble persona and rationalizes his mastery of nothing, explaining that "*jacks*, after all is said and done, might have a lot more fun than *masters*." He writes of living two separate lives, "that of an aging cardiologist and a medical historian." He laments being "an oft-rejected author," explaining that "you have a better chance of playing for the New York Knicks than making it on the *New York Times* best seller book list." Regarding his yearning to write, Dr. Weisse proclaims that "everyone of us has at least one book in him or her. . . . Whether that book is any good or not is another question."

The rationale behind the title of the book consumes the first chapter. I had not been aware that the term "maverick" originated from the name of an independent-minded Texan who refused to brand his cattle. Such interesting and nonessential pieces of trivia are found throughout the book.

An autobiographical chapter on personal dreams strays into the superficial psychoanalysis of the significance of his naked feet. He stops short of deeper interpretations to avert piling more "psychological problems" on his already full plate.

The variation and lack of relevance of the chapter topics tempts one to skip over some and delve more interestingly into others. Many have medical themes, such as the story of the first heart operation, the controversy over the role of clots in myocardial infarctions, and the decline in the use of digitalis. How not to win the Nobel Prize will interest those even outside of the medical field, as will a witty discussion of people's names that correspond with their profession. I could not help