***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

but smile when reading of a baseball player named Rollie Fingers; two California surgeon partners listed as Drs. Eager and Bever; pediatricians called Drs. Wee, Small, and Darling; and a proctologist named Dr. Furtherer.

The construct of the book is both its advantage and disadvantage. Each topic reads like a short essay, begging for more depth in some and relieved for the brevity in others. I found the book variably interesting and tedious, but all in all a quick and enjoyable read. As one who also is more a “jack” by practice than a “master,” I learned a collection of new and unrelated stories with which to bore and/or entertain my friends.

The reviewer, **F. David Winter Jr., MD, MACP**, is a physician in the Department of Internal Medicine at Baylor University Medical Center at Dallas.

***The Heart Manual* by Valentín Fuster, MD, PhD, with the collaboration of Josep Corbella**

New York: Harper, 2010.
304 pp., softcover, \$14.99.

Reviewed by **Beverlee Warren, MA, MS**

Hurrah for this evidence-based, well-written, consumer health book on heart disease prevention. Valentín Fuster, editor of *Hurst's The Heart* and many

other widely respected scientific publications, has collaborated with Josep Corbella to deliver this highly readable paperback peppered with illustrations from Fuster's patients and his many years of experience in cardiology. Extensive research into the causes of coronary disease has resulted in his common-sense approach to the prevention and treatment of heart disease. His observations of patients' and physicians' confusion regarding heart health has caused Fuster to lament, “Alongside the epidemic of atherosclerosis, it seems that we have an epidemic of ignorance” (p. 3). Therein is the need for this book to address issues of prevention in nontechnical language for the lay reader. We are fortunate that following its remarkable success in Spanish, Fuster's first language, *The Heart Manual* has recently been translated into English.

Fuster states his thesis for the book clearly in the foreword: “Perhaps the most useful thing a cardiologist and health professional can do now to protect people's health is to get involved in prevention, explaining which measures are effective and which are not, how to lose weight, and not put it on again, how to stop smoking and not start again, how much truth there is in the notion that wine is good for the heart—in short, to clarify all these doubts that leave so many people feeling bewildered because genuine scientific data is often mixed with humbug” (p. x). Separating the humbug from the facts makes this book valuable not only in its advice to patients but also in its reasonable approach to lifestyle modifications.

Take, for example, Fuster's advice on the issue of diet. “I do not expect them to do anything out of the ordinary. I do not ask them to take a calculator to the grocery store to count calories or to weigh themselves every morning. On the contrary, I advise them not to” (p. 54). Or on the issue of risk assessment: “But if you want an accurate assessment of your risk and want to keep that risk as low as possible, not only for cardiovascular disease but also for cancer and diabetes, the best thing is neither a computer tomography nor an effort test. The best thing is regularly to take the eight tests recommended by the American Heart Association, the American Cancer Society, and the American Diabetes Society” (p. 25).

The Heart Manual is filled with sage wisdom such as “having not much time, they tend to eat foods high in calories to ‘fill the tank’ as quickly as possible. And that is a mistake. You can eat fast and still eat well, but to do so you have to make sure not to put speed before the quality of the food” (p. 48). Or this conservative advice on alcohol use: “What we have is a real epidemic of misunderstanding about alcohol” (p. 143). “Given this scenario, what recommendations can doctors give regarding alcohol? The risk of being misunderstood is so great—as evidenced by all the patients who think they are doing the right thing when the truth is they are drinking more than they should—that I believe we should not encourage anyone to drink more than they already do. If someone does not drink, they should continue to not drink” (p. 152).

Fuster also answers numerous practical questions:

- What does a C-reactive protein test tell and should I have one?
- Is chocolate heart healthy?
- If I am on medication for hypertension, do lifestyle changes really matter?
- Is there really an ideal diet?
- What is the evidence for or against vitamin supplements?
- Is sausage a good source of protein?
- Do you recommend a vegetarian diet?

The authors provide a brief dictionary and extensive index. They address all the major issues of heart disease prevention along with recovery from heart attack and stroke. One critical chapter informs patients on “When to See a Cardiologist Even Though It's Not an Emergency.”

Given the epidemic of heart disease around the world, I recommend that copies of this book be placed in every physician waiting room. If some go missing from time to time, consider it a compliment to your compassionate care. The busy physician hardly has time to recommend more than that his patients “stop smoking, exercise more, eat well, lose weight and reduce stress”—which is about the time it would take to recommend reading this book. Take the words of Fuster to heart, “We devote almost all our working lives to trying to cure people who are already sick, but maybe the most useful thing we can do for the health of the population is to help people avoid getting sick in the first place” (p. 4). *The Heart Manual* makes it easier to dispel humbug and dispense truth that can save lives.

The reviewer, **Beverlee Warren, MA, MS**, is senior medical librarian of the Baylor Heart and Vascular Institute at Baylor University Medical Center at Dallas.