

Acute asthma or wheeze is the commonest cause of childhood hospital admission in the developed world. A book updating the epidemiology, aetiology, and management is welcome. The main theme is that if not all that wheezes is asthma then what else could it be? A host of internationally renowned authors answer with evidence for distinct clinical varieties of wheezing disorders and the means to manage them.

The chapters on developmental processes include discussion of how airway calibre and differential growth rates of alveoli and peripheral airways may make small children more prone to wheeze. Further, there may be periods of immunological vulnerability in infancy. Although atopic IgE mediated disease has hitherto not been thought relevant in viral associated wheeze, evidence is presented in the chapters on immunology and histopathology that viral associated wheeze may involve IgE and eosinophil mediated mechanisms.

A critical review of epidemiological studies suggests that there has been a real increase in the incidence and prevalence of wheezing disorders. The effects of antenatal and postnatal cigarette smoke, air pollution, and allergen exposure are discussed at different points in the book and summarised in a chapter on preventive measures.

I found the chapters on lung function and the measurement of bronchial responsiveness informative. The account of the rapid thoracic compression technique and its limitations was particularly clear.

Conditions sometimes ascribed to 'asthma' are discussed by a number of contributors. In the absence of wheeze one should not be forced into labelling persistent cough as asthma. The case is made that more evidence is needed for any therapeutic benefit on cough of bronchodilators and anti-inflammatory treatment.

The chapters on clinical management, pharmacology and therapeutics, are comprehensive. From practice nurse to specialist pulmonologist this book is an essential buy, not least for the practical advice it gives on the use of aerosols, spacers, and masks. A review of the management of wheezing disorders in infancy is a timely update. I learnt in this chapter that nebulised adrenaline, more than any other bronchodilator, has a part to play in the management of acute virus associated wheeze in infancy.

I have few criticisms. Perhaps the chapter on gastro-oesophageal reflux assumes too readily that the condition is a disease of infants rather than a normal phenomenon. I am not sure how much infant wheeze could really be ascribed to it. Given the breadth of medical and scientific expertise, perhaps the editor should have considered a chapter written by an asthma nurse, a breed of professional of increasing importance in managing childhood asthma.

In his preface the editor speculates whether the era of the textbook may be over. He is right to dismiss the notion. With this volume, I for one, will have decidedly less need of the Internet or Medline. He should be encouraged to keep the book up to date.

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The Child's Eye. Diagnosis of Ophthalmic Disorders in Children. B Dhillon and G Millar. (Pp 133; £24.95 paperback.) Oxford University Press, 1994. ISBN 0-19-262302-8.

One does not meet an ophthalmologist by chance as often as one does colleagues in many other specialties. Ophthalmologists have their own operating theatres, special rooms in outpatients, and sometimes their own hospitals. Patients can tell if they have an eye problem and so referrals are comparatively unusual. Our eye colleagues are, in my experience, very knowledgeable about their own practice, and a courteous group with whom it is a pleasure to work. They know their business and we are expected to know ours.

The Child's Eye is written by ophthalmologists and is a brief account of the eye problems that occur in childhood. It is concise. It is very easy to read and superbly illustrated. So much so that it is as much an atlas as a textbook.

Common ophthalmological problems are well described. The section on squints and their elucidation is an outstanding example of simple descriptive writing. All who read this will be able to perform and understand the cover test without difficulty. I like some of the clinical manoeuvres described: a piece of card or plastic in front of the eye is less well tolerated than the examiner's thumb gently pressing down on the upper eyelid, apparent squints can be demonstrated to the mother by gentle compression of the bridge of the nose.

Dhillon and Millar do not want us to invade their ground. They often invite us to refer children to them. I would like them to teach us how to use the indirect ophthalmoscope, which gives so much more information about the fundus of a child who cannot fixate away from the ophthalmoscope light. A section on ophthalmological diagnostic tests and procedures would be helpful.

This is definitely an ophthalmological view of children's eyes. There is no help here for the physician puzzling over the medical causes of an eye problem. The red eye is well described and illustrated but an adequate differential diagnosis is missing. A section on the preventable causes of blindness makes no mention of diabetes, retinopathy of prematurity, or raised intracranial pressure. There are no comments on screening for visual handicap or the indications for looking for eye problems in children with learning difficulties.

Who will buy it? Children's ophthalmological disorders are in a specialised field and comparable books are all major reference works. Standard undergraduate textbooks have very short sections on eyes. Reference paediatric textbooks contain more information which is reliably complete but not so much fun to read. This is not a reliable reference source, but if you want a well illustrated book which is easy to read you will find that it is possible to learn about children's eyes without getting spots in front of your own.

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Pediatric Cytopathology. Kim Geisinger and Jan F Silverman. (Pp 379; \$165 hardback.) American Society of Clinical Pathologists, 1995. ISBN 0-89189-378-4.

One is always impressed by colleagues in adult cytopathology who determine major treatment from a few cells on the corner of a slide or provide outpatient diagnoses using fine needle aspiration (FNA). In this book's introduction, the authors suggest that, with regard to diagnostic cytopathology, children have been sorely neglected. One of the aims of

the monograph is to stimulate the incorporation of cytopathology into the diagnostic repertoire.

The book is divided into two main sections: exfoliative cytology and FNA. Chapters focus on individual sites or organ systems and there is a single chapter on radiological imaging. The text is set in single column with a pithy phrase extracted from the main body and highlighted in the adjacent space. Pathological descriptions reflect the authors' wide personal experience and awareness that they may well be read more by adult than paediatric pathologists. Frequent reference to only isolated case reports provides some indication of the paucity of the paediatric cytopathological literature. The quality of the illustrations is above reproach, although it is an occasional irritation they are set apart from the text. All the cytological photomicrographs are in excellently reproduced colour. The black and white electron micrographs, computed tomograms, and ultrasound are of equal quality and would augment and grace most paediatric/pathology lectures.

But what of the authors' case for more paediatric cytopathology? Cytology is well established in fields such as paediatric neuropathology or haematopathology and the examination of ascitic fluids or effusions is a routine, if highly selective, procedure. Material from bronchoscopy is valuable in the investigation of infection, but the benefits of other analyses of lavage fluid is less clear – certainly diagnostically. It is, though, in the use of FNA that the major questions arise. Acknowledged and discussed by the authors, this is a potentially traumatic procedure for small children. FNA cannot afford to be a duplicate investigation and must remove or reduce significantly the likelihood of further diagnostic procedures such as biopsy for which a general anaesthetic might be necessary. There are occasions when FNA may be more appropriate than biopsy and this book persuasively indicates these, particularly in the work-up of lymphadenopathy. In other situations the case for FNA is less convincing, partly because excision is the likely outcome whatever the diagnosis, and partly that, compared with biopsy, FNA may yield insufficient material to either generate a specific enough diagnosis or answer ancillary questions. But this is changing. For example, molecular technology needs only a few cells to investigate specific chromosomal translocation in an increasing number of sarcomas or N-myc in neuroblastoma.

This book is more likely to benefit the adult cytopathologist, who can apply the wealth of their daily experience to paediatrics, than the paediatric pathologist who may never feel comfortable with experience limited to an occasional cytological specimen. Nevertheless, it will be for those working more directly in the paediatric field, clinician and pathologist, alert to the advances in diagnostic methods, who should recognise the changing potential of the technique.

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Otitis Media in Infants and Children. 2nd Ed. By Charles Bluestone and Jerome Klein. (Pp 310; £45 hardback.) W B Saunders Company, 1995. ISBN 0-7216-4818-5.

As the preface to this book states, otitis media is the most frequent illness resulting in visits