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 vulnerable to these diseases. 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 present 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 effects on the 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 the bronchial reactivity 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 when used correctly.

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 a neutral 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. Kit 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.
to physicians who care for children. It appears at a time when there is great debate and con-

To the UK concerning the management of otitis media with effusion (gum ear) – the most common form of otitis media, seen by paediatricians and otolaryngologists.

The term otitis media includes a wide variety of different disease processes. Fortu-

nately the authors provide details of the different conditions they use. This is particu-

larly important in the case of glue ear as scientists interested in the clinical and research aspects of this problem have made great efforts over the past 15 years to produce an agreed terminology (one of the few things that is agreed in this condition).

The authors are both American and Charles Bluestone is a world recognised figure in paediatric otolaryngology. At a time when there is increasing multidisciplinary approaches in medicine, one of the most important aspects of this book is the fact that there is both medical and surgical input. I know of no British equivalent in this field.

It is an extremely comprehensive textbook covering all aspects of the subject. The text is extensive, and an extensive bibliography. I am a surgeon so was interested to read about medical aspects of this problem, in particular immunological topics and the work on vaccines to prevent otitis media. On the surgical side I think there is probably 'broad agreement between American and British otolaryngologists, but do not expect your British ENT colleagues to agree with every aspect of the surgical management covered in this book. Having said this, there are some useful guidelines for general practitioners on otologic and audiologic referral as well as rec-

ommended indications for insertion of tympanostomy tubes (grommets).

Although the authors state they have directed the text to all groups of health care workers involved with children, I would consider the text very much for reference and not a book that can be read from 'cover to cover'. Despite the huge number of studies quoted throughout the book, one comes away feeling the most relevant statement is con-

tained within the following words: 'the limited insight into modes of pathogenesis restricts rational and appropriate therapy'.

C A MIL福德

Consultant ear, nose, and throat surgeon


5509-8.

Adolescent medicine has made it to puberty at last – a whole monograph in clinical paediatrics devoted to the subject!

Some might be puzzled as to what age group 'adolescence' covers as adolescent style behaviours are not unknown in 'golden oldies'. However, by World Health Organisa-

tion definition and common practice, it is taken to be that period of our existence between 12 and 18 years of age.

The intention of this monograph is to 'consider those subjects in the field that are considered to be basic to the problems of today's adolescents'.

It also carries the health warning that 'each of the conditions discussed require a considerable depth of understanding and knowledge by the health-care provider seeking to offer comprehensive services to this group'.

Although the debate is only just warming up as to whether there should be 'specialists' in adolescent medicine in the UK, who are separate from the general field of paediatrics, few will doubt the benefits of improving knowledge about adolescent medicine for all those working with this age group including general practitioners, community nurses, paediatricians, teachers, parents, and others.

The main areas covered in this book, which include adolescent sexuality, teenage pregnancy, eating problems, orthopaedic problems, mental health and behaviour problems, are all high profile issues. One area per-

haps which would be of less interest in the UK is 'hypertension in adolescence', although no doubt this subject too will have its time. From a UK perspective however, it is surprising that whereas hypertension in adolescence is covered by a whole chapter, there is virtually nothing on substance abuse by adolescents (less than a page if you go by the index) which is certainly of far greater import in the UK as far as adolescent health is concerned. Hence, in line with the need for a mono-

graph like this, the various chapters are: (a) well written and readable, (b) in general, comprehensive, and (c) extremely informative. For those paediatricians and others who are interested in extending their medical knowledge to 'broad' aspects of studies

however, that the child/adolescent blames them.

In this, the book is the 'golden age of adolescence', although perhaps which would be 'hypertension (less than a page if you go by the index) which is far from being largely ignored – this is an excellent place to start catching up.


Depression is widespread in the community as a relatively transitory feeling, but some-
times it persists in a way that interferes seri-

ously with personal and family life. Long term depression in childhood and adolescence casts its shadow over development with last-

ing effects. The book is directed to parents and teachers with a straightforward, informative, useful and (most importantly), a hopeful guide to the subject and how to help.

Chapters are devoted to recognising the forms that depression may take, the frequency of incidence, the causes, the professional help available, and where to find it. The book hits the right note, providing a solid core of infor-

mation about the subject in ordinary language, setting it in its social, behavioural, psychological, and biological context. Cartoons provide flashes of insight and light relief. All good stuff likely to assist parents and teachers in giving professional help for children and adolescents at the appropriate time, and in a spirit of hope rather than with a feeling of failure.

Nevertheless, while the book takes the trouble to give information on the genetic contribution to depression, and to describe its association with experiences of loss, there is one important omission, namely the role of anger in the process. The last and following naturally from the authors' account of the loss involved in moving on from one stage of life to the next. Anger is widely recognised as a normal response to loss, as in bereavement, for example. The presence of anger helps us to understand, for instance, how both bullying and self harm can be associated with depres-

sion. In my experience, parents, teachers, and others often hesitate to seek help for fear that they will make things worse and provoke an act of self harm or some reckless behaviour on the part of a desperate youngster. They feel that they have failed, and seek to protect the youngster from a 'cruel' reality, in which they may include the treatment services. Thus the adults may join the youngster in his blame of them and the outside world. Such experiences in adults may reflect their own guilt but may also represent their own unconscious recogni-

tion that the child/adolescent blames them. This can be incapacitating unless the child's feelings are understood and accepted in its context. Just because your child blames you does not mean to say he is right. Recognising and accepting the angry component in depression, without colluding with it, can relieve the guilt of adults and youngsters alike.

The book concludes with a list of helpful addresses for information and advice on child and adolescent depression. In view of the fact that one of the authors is a child psychother-

apist, it is startling that the Association of Child Psychotherapists is left out. It is time for the reviewer to unmask himself as a child psychotherapist and to address the needs of children. (The address of the Association of Child Psychotherapists is: c/o 21 Maresfield Gardens, London NW3 5SH; tel 0171 794 8881.)

TREVOR HARTNUP

Child psychotherapist


...the way we treat our children is indicative of the state of our social structure, a measure of the achievement of our civilization.... Similarly, the way that we control our children reflects, perhaps as a continuous microcosm, strategies through which we exercise power and constraint through the wider society'

Chris Jenks

It is insights like this that justify a textbook of social paediatrics. Its distinction from other paediatric textbooks is the recognition that paediatricians work within complex social sys-

tems, of which children are often powerless victims. Chris Jenks has presented a thought-

ful, exploratory overview of concepts of child-

hood, offering vivid images in illustration. Is the child an inherently evil being to be tamed in preparation for adulthood or rather a little god to be worshipped? These two views 'although they are competitive to the point of absolute incompatibility' are pervasive within all cultures and perhaps explain the conflicting attitudes encountered when trying to provide services for children.

It is unfortunate that most of the rest of the book fails to live up to this promise. The editors have set out to cover a broad canvas, ranging through sections on demography, the environment and vulnerability, to service and planning issues. However, the chapters under these headings often disappoint and some-

nings, which the book is intended to cover a wide range, with the result that few subjects are covered in detail, with some chapters degenerating into a misleading and simplistic catalogue of substance. Paradoxically many subjects are covered repetitively. For example, successive chapters on preschool children and adoles-

cents with special needs both discuss the