

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.

ROGER BUCHDAHL
Consultant paediatrician

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.

C H CHEETHAM
Consultant paediatrician

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.

STEVEN GOULD
Consultant paediatric pathologist

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

to physicians who care for children. It appears at a time when there is great debate and controversy in the UK concerning the management of otitis media with effusion (glue 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. Fortunately the authors provide details of the definitions and terminology they use. This is particularly 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 extremely detailed with 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 contained in this book. Having said this, there are some useful guidelines for general practitioners on otologic and audiologic referral as well as recommended 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 contained in the chapter dealing with physiology and pathogenesis – 'the limited insight into modes of pathogenesis restricts rational and appropriate therapy'.

C A MILFORD
Consultant ear, nose, and throat surgeon

Monographs in Clinical Pediatrics No 7. Adolescent Medicine. Edited by I Ronald Shenker. (Pp 306; £42 hardback.) Harwood Academic Publisher, 1994. ISBN 3-7186-5509-8.

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 'adulthood' covers as adolescent style behaviours are not unknown in 'golden oldies'. However, by World Health Organisation definition and common practice, it is taken to be that period of our existence between the ages of 10 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 in the clinical setting as the year 2000 approaches'. 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 perhaps 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. However, in line with the need for a monograph 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 an age group which so far has been largely ignored – this is an excellent place to start catching up.

AIDAN MACFARLANE
Consultant community paediatrician

So Young, So Sad, So Listen. By Philip Graham and Carol Hughes. (Pp 56; £5 paperback.) Gaskell/West London Health Promotion Agency, 1995. ISBN 0-902241-X.

Depression is widespread in the community as a relatively transitory feeling, but sometimes it persists in a way that interferes seriously with personal and family life. Long term depression in childhood and adolescence casts its shadow over development with lasting effects. The authors provide 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 information 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 to seek 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 depression. This would follow on 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 reaction 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 depression. 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 recognition that the child/adolescent blames them. This can be incapacitating unless the child's anger is recognised, and understood 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 psychotherapist, 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 make good the deficit! (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

Social Paediatrics. Edited by Bengt Lindstrom and Nick Spencer. (Pp 614; £75 hardback.) Oxford University Press, 1995. ISBN 019-262179-3.

'... the way we treat our children is indicative of the state of our social structure, a measure of the achievement of our civilisation.... 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 systems, of which children are often powerless victims. Chris Jenks has presented a thoughtful, exploratory overview of concepts of childhood, 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 sometimes confuse. Each author appears to have been encouraged to cover a wide range, with the result that few subjects are covered in detail, with some chapters degenerating into a sequence of headings and little in the way of substance. Paradoxically many subjects are covered repetitively. For example, successive chapters on preschool children and adolescents with special needs both discuss the