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 'adolescence' 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