to physicians who care for children. It appears at a time when there is great debate and con-
troversy in the UK concerning the manage-
tment of otitis media with effusion (glue ear) – the most common form of otitis media seen by paediatricians and otologynologists.

The term otitis media includes a wide variety of different disease processes. Fortu-
nately the authors provide details of the definitions and taxonomy 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 well written and exhaustive. It is 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 the broad agenda 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 rec-
ommended indications for insertion of tym-
panostomy 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 in the following 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


5009-8.

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 about 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 youth, and akin to the adolescent setting of 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 prob-
lems, 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. However, 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 adolescents which so far has been largely ignored – this is an excellent place to start catching up.

AIDAN MACPFLRANE
Consultant community paediatrician


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. It is essential that young 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 in-
formation 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. Equally 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. I would follow this 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 is bereavement. For example. The presence of anger helps us to understand, for instance, how both bullying and self harm can be associated with depres-


‘... 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 sys-
tems, of which children are often powerless victims. Chris Jenks has presented a thoughtful, 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-
where these headings appear to have encouraged them to cover a wide range, with the result that few subjects are covered in detail, with some chapters degenerating into a listing of statistics or the causes and effects of substance. Paradoxically many subjects are covered repetitively. For example, successive chapters on preschool children and adoles-
cents with special needs both discuss the