

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

methodological problems of establishing the prevalence of disability in childhood. Failure to thrive appears, with variable degrees of authority, in three separate chapters.

Unfortunately, as a result of these limitations, I find it hard to see in which niche this book belongs. The style of presentation is too heavyweight to engage the interest of students, but is mostly not detailed enough to provide a reference text for practitioners. I would have liked it more if each chapter had drawn on the specialist insight of the contributor to produce thought provoking ideas, even if some subjects were not covered at all.

Being asked to review this book offered me the opportunity to offend, at one stroke, 52 eminent contributors. This has not been a welcome task. I wish I could have praised the book more, but ultimately I found it unsatisfying. Maybe the next edition will more effectively hit the mark.

CHARLOTTE WRIGHT
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Pediatric Sonography. 2nd Ed. Edited by Marilyn J Siegel. (Pp 578; \$148 hardback.) Raven Press, 1994. ISBN 0-7817-0214-3.

What is the creaking you can hear so often walking down a hospital corridor these days? Perhaps the grating of the aging radiologist's apophyseal joints or the groan of the middle aged paediatrician's degenerating spine? It is much more likely to be the poor book shelves endeavouring to resist the constraints of gravity on an ever increasing 'volume' of diverse medical books. (Old George down the corridor has just got his third book on improbable diseases of the left adrenal.) I am not, as you may surmise, a great lover of medical textbooks, or keeping up with Dr Jones. I decided to approach this review in the same spirit as I might have viewed a rather unpromising evening at the theatre; perhaps an endless Jacobean tragedy or an earnest 20th century drama translated from the original Spanish. I had the idea that I could slip out after a crafty pint of interval Murphy's. As it was I willingly 'sat it out' to the final curtain, so why the enthusiasm?

First things must come first. How often does a textbook seem to let you down when you really want to know 'that certain something'? Information should be available: the commonly encountered conditions must have a depth of cover and the text must flow. I looked, for instance, at the section on neonatal cerebral haemorrhage and was pleased. It was a text that I could use when I want to revive the flagging memory, an aid to understanding the conditions and classifying them in a pragmatic fashion.

To say that text should inspire might provoke a coughing fit, but why should that be? There were some sections in this book that were a revelation. The account of ascitic flow would have graced an adult surgical book (though unaccountably this fascinating subject is often totally neglected). Similarly the text on the shoulder was rather better than in many an 'adult' book. Remember, if you can, the excitement of that 2nd MB lecture that gave an enticing view of what was to come and sent you home happy through glistening wet streets. All of us at some time have been fascinated by medicine and why should we not ask of a book that it stirs that memory; it should not be too much to expect.

So is this edition a volume too far? I certainly picked it up with a sigh. I did not seek conversion; it was thrust upon me by a light, uncluttered style. As one would expect there was something new to say about a reasonable number of things. Now where is the number of that friendly chap in the works department?

PETER CORNAH
Consultant radiologist

Pediatric Neuroimaging. 2nd Ed. By A James Barkovich. (Pp 684; \$183 hardback.) Raven Press, 1994. ISBN 0-7817-9-0179-1.

There are few fields in medicine where the introduction of magnetic resonance imaging (MRI) has had such an impact on our understanding of disease processes as in the paediatric brain. The rapidity of this development is highlighted by the author in his introduction by the large number of new references cited.

While the majority of the book is concerned with the value of MRI, ultrasound in the neonatal period and computed tomography in certain circumstances are well covered. However, its strength is that throughout it correlates imaging appearances with clinical and pathological findings.

The chapter on normal brain maturation and development is particularly important. It provides both radiologists and paediatricians with reference standards for the rapid changes seen on MRI in the first 18 months of life.

Pathological processes are dealt with in a series of chapters covering toxic and metabolic effects, destructive lesions including hypoxic and ischaemia injury, congenital anomalies, and neoplasms. At each stage there are precise definitions of statements made and the interpretation and usage of these in the literature – not always the same. This provides a clear and concise understanding of what is meant by the various terms and titles given to appearances on imaging. The phakomatoses and the rare vascular diseases of the nervous system are dealt with in separate chapters. There is a useful chapter on hydrocephalus and disorders of cerebrospinal fluid flow dynamics including the complications of treatment, particularly valuable as it probably represents the single commonest indication for a paediatric brain scan that many general radiologists may be called upon to interpret.

The author and his colleagues are to be congratulated on producing a superb volume which will become a standard reference in paediatric neuroimaging. It should be available to both neuroradiologists and general radiologists when they come to interpret computed tomography or MR images of the brain in children and will be an invaluable source for paediatric neurologists and paediatricians.

This will not be a book that gathers dust in our department.

ANDREW J MOLYNEUX
Consultant neuroradiologist

Nutrition in Child Health. Edited by D P Davies. (Pp 240; £19.50 paperback.) Royal College of Physicians of London, 1995. ISBN 1-86016-018-2.

One of the advantages of being asked to review a book for *Archives of Disease in Childhood* is that the reviewer is allowed to keep the book. Accordingly, I was delighted to be invited to review this particular volume as I had already decided to buy it. Now having read it, I can say that it has even exceeded my

expectations. Here in one small volume are covered the majority of topical issues in childhood nutrition. The nature of the subject, of course, is wide ranging and we find the nutritional issues explored across the range from those of the preterm infant to those of the adolescent. New research findings and the hypotheses generated from them are reviewed, and make this book a valuable learning resource in childhood nutrition. Recent data on the constituents of human breast milk and their relevance to the developing brain, together with the concept of early nutrition in programming various pathophysiological processes in later life are of particular interest. The nutritional aspects of managing specific diseases are covered and include renal disease, cystic fibrosis, and a useful contribution on children with cerebral palsy. For those of us who need guiding principles to help them through the quagmire of childhood food allergy and food intolerance, Professor Tim David's chapter (a 'taster' for his recent book on the subject) will make memorable reading. The national and international perspective is provided by an account of the nutritional issues pertinent to children in *Health of the Nation* and an overview of the nutritional needs of children in developing countries, which highlights the growing awareness of micronutrient deficiency in these areas.

This book is well written and authoritative, with contributions from acknowledged leading exponents in the various fields covered. Its practical size and format and easy readability should make it attractive to a wide range of health care professionals with an interest in the nutritional aspects of child health.

PETER B SULLIVAN
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An Aid to the Paediatric MRCP Viva. Edited by Alan Cade, Arun Shetty, and Tracy S Tinklin. (Pp 160; £16.50 paperback.) Churchill Livingstone, 1995. ISBN 0-443-05246-8.

Soon after my MRCP written examination my consultant threw me this book. Naturally I was grateful for his concern and generosity, but then found I was expected to provide an expert opinion. No matter, despite its gaudy yellow and mauve cover the book sold out in both Oxford and London in the following month, which illustrates the demand for such a text.

The book gives sensible advice about viva technique and provides a synopsis of subjects within the broad areas covered in the viva, many of which are not in conventional textbooks. It does this by providing model answers to frequently asked or topical questions. The model answers are written in the first person, and while initially I found this disconcerting to read, I found myself borrowing and practising slick phrases. The chapter on viva technique was the most valuable; general advice about structuring the answer, citing common examples first and giving phrases to substitute for 'I don't know' helped me prepare for ambush questions. The information used to prepare the book seems to be anecdotal, rather than based on a survey of examinees like a similar book for the adult examination. It would be useful to have included a longer list of questions as an appendix so one could practise the techniques.

Examiners may also find this book of value, but their reading may result in more hazardous questions or even higher expectation; for them I suggest a higher retail price.