

Book Reviews

CLINICAL ENT

AN ILLUSTRATED TEXTBOOK

Gerard M. O'Donoghue, Grant J. Bates and Antony A. Narula.
Oxford University Press, 1992.
ISBN 019 2616676. Price £22.50.

This new textbook of Otolaryngology is written by a 'triumvirate of enthusiastic, well-trained young teachers', to quote Professor Sir Donald Harrison in his Foreword. And as someone who has been more recently in that part of the market at which the book is aimed than the Professor, I would have to say that I concur wholeheartedly in his enthusiasm for the book.

In essence, the book is a general textbook of basic ENT directed at the medical student and houseman levels. The contents are divided into three sections, dealing sequentially with the Ear, the Nose and Sinuses and the Larynx, Head and Neck. Each section is prefaced by a very useful synopsis of the relevant clinical anatomy and physiology, and a useful guide to the appropriate history-taking and examination. The text itself is very neatly laid out, with clear subdivisions by subject that makes reading extremely easy and enjoyable. To supplement this, there are highlighted panels at the end of each section summarizing key points, and enough colour illustrations to form an atlas in their own right.

The book comes bound as a moderate sized paperback, which, on reflection, is remarkable for being so comprehensive for a book of the size. If there is one reservation, one may wonder if, at £22.50, the book will not be slightly too expensive for students of medicine for whom ENT forms a relatively small part of the curriculum. My advice to them would have to be that it is well worth a sacrifice.

J. M. Hadley.

HALL AND COLMAN'S DISEASES OF THE NOSE, THROAT AND EAR, AND HEAD AND NECK

Editor: B. H. Colman. 14th Edn.
Churchill Livingstone.
ISBN 0 443 04563. Price £13.95.

This book represents the 14th Edition of the text 'Diseases of the Nose, Throat and Ear' that goes back to 1937. Its title has been revised, adding 'and Head and Neck', in order to recognize the fact that the speciality of Ear, Nose and Throat Surgery now covers the area from the clavicles upwards but excluding the jaws, eyes and cranium.

The book's stated remit is to be useful for undergraduate

medical students, general practitioners and doctors with limited ENT experience. It is priced at £15.95, which is on the upper limit of what medical students seem to be willing to pay for a book dedicated to a speciality that is still a relatively small part of their training.

There are 285 pages, mostly text, with 49 lines per page, and approximately 16 words per line. The illustrations are small, occupying up to 25 per cent of one page, and are of reasonable clarity. The book is divided into nine sections: The Nose, Nasal Sinuses, Pituitary Gland, Mouth and Salivary Glands, Pharynx and Larynx, Endoscopy of the Lungs and Oesophagus, Neck and the Ear. Of these, the section on the ear is by far the largest and most comprehensive, occupying 98 pages. The smallest sections are those on the pituitary gland and neck.

As a general text for medical students studying ENT this book achieves its aims, although the management of malignant disease, at the admission of the editor, is beyond the remit of the book and not covered in any great depth. The otology section is excellent, and in sufficient detail to take postgraduate ENT trainees well on the way to Fellowship standard.

M. G. Dilkes.

EFFECTIVE HEALTH CARE: THE TREATMENT OF PERSISTENT GLUE EAR IN CHILDREN

Number 4—November 1992—pp 15—£3.00.

This bulletin based on a systematic review of literature on one of the most commonly performed ear operations is timely and should be welcomed by all the professionals involved in caring for children. It is compiled and written by a research team based at Universities of Leeds and York and is funded by the Department of Health.

The bulletin is divided in 10 sections from A–J and covers all aspects of Glue ear.

The annual rate of surgical treatment for glue ear in England and Wales is about 5 per 1000 children under the age of 15 years at a cost to the NHS of around £30m. The bulletin raises doubts about the indications and effectiveness of surgery.

The subject is discussed under following headings:

A. *There is insufficient evidence to demonstrate a causal link between Glue ear and significant disability.*

The highest incidence of acute otitis media and glue ear is in first three years of life. Hearing assessment at this age, even in experienced hands can be difficult and/or unreliable. Children of this age 'a silent majority' are also unable to convey the level of discomfort and pain they are experiencing.

If the incidence of glue ear was as common in adults as it is in children, hospital clinics would be overwhelmed by patients seeking treatment.

B. Most episodes of glue ear are of short duration and resolve spontaneously.

In many children glue ear is transitory, however, many parents have no idea for how long the child had been experiencing symptoms. The average age at which many parents believe that the condition began is 22 months of age and usually there is considerable delay before the child is eventually being seen by the specialist.

C. There is large regional variation in rates of surgical treatment for glue ear.

Glue ear is not a glamorous disease and it is regarded as a minor problem. In most surgical specialities in the NHS, majority of patients are seen and treated by 'relatively inexperienced' junior medical staff in busy out-patient clinics, without adequate support of experienced audiologists, educational psychologists or speech therapists for a full assessment of a child. No doubt, surgeons take the easy option of entering child's name on the waiting list.

D. No single investigation can identify children most likely to benefit from surgical interventions.

The assessment of a child should include careful history, full clinical examination of the upper respiratory tract, age appropriate hearing tests and tympanometry.

The decision whether to operate or to wait should depend on the patient's age, speech development, symptoms, hearing level and the appearance of the tympanic membrane.

E. Hearing improvement after surgery is less than 12 dB and the effect of treatment diminishes with time.

Pure tone audiogram in young children is not always accurate or reliable. In some children the audiogram may be almost normal and yet the speech discrimination could still be impaired. Most normally hearing adults have no idea what an infant with 25–30 dB hearing loss actually hears.

F. A period of watchful waiting and use of a provisional waiting list may reduce surgery rates.

The most conservative treatment is careful follow-up of children, provided they are free from symptoms and do not have communication, educational or behavioural problems. However, most children by the time they reach the specialists for advice, have been waiting for months.

Children must be reassessed prior to an operation to make sure that the middle ear effusion is still present, however, the decision whether to insert a grommet or not should be made before and not at the operation.

G. Quality and Audit.

All established and organized departments should be following the recommended guidelines, assessing each case on its individual merits.

H. Cost.

Introducing watchful waiting and comprehensive assessment of each child by a team of experts has considerable implications in terms of finance and personnel.

I. Recommendations.

There is an urgent need of establishing uniformly good primary care facilities in local clinics and surgeries, so that only children with genuine needs are referred for specialist advice.

J. Research.

Whilst research in all aspects of management, including feed-back from the parents and children must continue, we

must also remind ourselves that we are treating children and not the glue ears.

Medicine is not only about curing but it is also about palliation and caring.

N. Shah.

SURGERY OF THE EAR AND TEMPORAL BONE

Ed. Joseph B. Nadol, Jr and Harold F. Schuknecht.
Raven Press. New York 1993. ISBN 0 88167 803 1.
Price \$206.50.

The common factor linking the many contributors to this book is an association with the Massachusetts Eye and Ear Infirmary. The Editors, who have also written a number of the chapters, have set out to produce a text which reflects that great institution's tradition of otological surgery. Certainly the influence and teaching of Professor Schuknecht is apparent throughout the text and most notably in the emphasis given to the underlying pathological processes present in ear disease. Without in any way diminishing the value of individual contributions, this book is very much a tribute to Professor Schuknecht's pioneering work and teaching.

The first six chapters of the book are devoted to the examination of the ear and include such topics as photography, imaging and the evaluation of the vestibular system and facial nerve function. The rest of the book deals with various aspects of ear surgery ranging from the treatment of auricular deformities through middle ear and mastoid surgery to tumour surgery and cochlear implants.

Each chapter deals with a separate topic. Operative techniques are described in a varying amount of detail but this is not simply a text book of operative surgery. Where appropriate the pathology of the condition under consideration is discussed as well as indications and contra-indications for surgery and the management of complications.

The operative techniques described are those that have been adopted and regularly used in the Massachusetts Eye and Ear infirmary. As this is one of the main purposes of the book it is not surprising that there is little mention of evaluation of alternative methods. In some chapters there is no specific reference to results. Although one can accept that the procedures would not be recommended if the results were not satisfactory, some statistical analysis of results for operations such as ossiculoplasty and tympanoplasty would have been helpful. Most of the chapters include a useful list of references ranging from 138 entries in the well balanced contribution on otitis media with effusion to a chapter with a single reference to the Author's own publication in 1973.

This is a handsome well produced volume. It is a pleasure to handle and read and the standard of illustration is excellent. It is an expensive book but not unduly so bearing in mind the overall high standard of the contents and the quality of the production.

Valentine Hammond.

COCHLEAR IMPLANTS AND DEAF CHILDREN

National Deaf Children's Society. Price £2 from
N.D.C.S., 24 Wakefield Road, Rothwell Haigh,
Leeds LS26 0SF. (Free to parents of deaf children).

Rather less than a decade ago the National Deaf Children's