Paediatric cardiology and neonatology are universally accepted as 'necessary' specialties within paediatrics; oncology has successfully pleaded its case, and few general paediatricians can deny the need for specialist help with some gastroenterological and endocrine problems. Yet the division of British paediatrics into subspecialties, especially in teaching centres, is not an unalloyed good; increasingly one encounters colleagues with substantial lacunae in their experience, because time spent in a special field, often chasing publications, may make time that can't be spent doing something else.

Rheumatology is a field in which terrifyingly sudden deterioration, such as occurs in a child in heart failure or after treatment for a malignancy, occurs rarely, so the need to have an expert close at hand is less pressing, but if there is any branch of medicine where the "minute particulars" of additional benefit that a specialist is able to give are more truly realised, it is the management of children with progressive disabling disease, of which the rheumatic disorders are painful examples.

As most children with such problems will continue to be managed by general paediatricians, there is a need for good textbooks aimed at them, and experience shows that if such books are large, they tend to remain unread. Paediatric rheumatology is not yet a field bristling with popular texts, although middle aged paediatricians remember Barbara Ansell's short, but authoritative, monograph with nostalgia; indeed there was a time when all one seemed to need to know about paediatric rheumatology was the name and telephone number of that truly extraordinary doctor.

Southwood and Malleson's book isn't like Ansell's at all; it has 16 experts, from the UK, USA, Canada, Australia, France and Belgium, in 314 pages of text, yet with little overlapping of chapter contents. The whole book can be read with profit by any general paediatrician, although not at one sitting, and the first chapter by Southwood and Woo from Birmingham and Harrow respectively on current knowledge regarding the aetiology and pathogenesis of juvenile chronic arthritis (JCA) sets the book off in sizzling style. If any paediatrician thinks that having JCA is little more than a nuisance he will be quickly disabused on reading the chapter by the book's editors on the impact of the disease on a child's life: out of approximately 100 waking hours available to a child, no less than 22 are lost as a direct result of having a chronic arthritis!

There is an entertaining section on the classification of the arthropathies of childhood by Prieur from Paris, and Petty from Vancouver, and a good, and necessarily long, account, from Laxer and Silverman from Toronto, of the drug treatment for JCA, and a short description of the current role of surgery in the same disease from Paris and Leuven. Niggles are a personal matter, but I have minds more on chondromalacia patellae, and many readers might wonder what the SEA syndrome is; it is found neither in the text nor in the index, but appears in a hilarious figure entitled 'Enthesopathic sites in 38 children with SEA syndrome', which places the iliac crest somewhat medial to the patella, and the patella in the thighs.

This book contains an enormous amount of information – and wisdom – in a small space and at £27.50 is something of a bargain: the editors deserve congratulation.

R A F BELL
Consultant paediatrician


Growth is such a central a part of child health practice that one would imagine that its assessment and interpretation would be organised on a more rigorous standard. The Hall report suggested otherwise, stressing unnecessary anxiety provoking referrals as a particular problem rather than 'missed' treatable causes of abnormal growth. My experience, from what I always imagine to be typical district general hospital paediatric practice, is that while such referrals of normal children are common it is regrettably also not unusual for the genuine problems to be sent up unacceptable late.

Dr Buckler has written this manual to present the fundamentals of auxology to non-specialists evaluating children at the primary care level, and thus to raise awareness of whether and when specialist referral is needed. In addition he includes information on diagnostic approaches, treatment options, and outcomes in an attempt to demystify the subject.

This is a book of two halves, the first of which contains the theory while the second shows examples of different disorders.

Theory begins with 'normal growth' – descriptions of use of centile charts, concentrating on velocity charts in particular. The difference between longitudinal and cross sectional data is well described. (Unfortunately the timing of publication means that the new Child Growth Foundation charts are not covered.) The when, what, and how of measurement follows. The suggested timing of screening – 11 separate occasions routinely during childhood, will raise some eyebrows!

Comprehensive approach to growth assessment is completed by chapters on the significance of weight on skeletal age and puberty. 'Abnormal growth' is built up as a concept of non-pathological and pathological influences on the fundamentals which increase height or weight that is too fast or too slow. The features which ought to trigger specialist referral are then discussed.

The approach to investigation is deliberately basic. The tests of most appropriate for primary care are considered with brief outlines only of those needing hospitalisation. The same emphasis applies to the conclusion of the theory half of the book which describes treatment.

The second half of the book is an illustra-