

## BOOK REVIEWS

**Report of the Heights and Weights (and Other Measurements) of School Pupils in the County of London in 1959.** By J. SCOTT. (Pp. viii+247; 18 figures+63 tables. 39 NF.) London County Council. 1961.

The London County Council's periodic five-year surveys of children's heights and weights have become established as a major source of normal figures for this country and the Council's latest survey, made in 1959 and reported here, establishes it even more firmly as the leading authority in this field. This time not only were height and weight taken but also two measurements of subcutaneous fat, by the skinfold caliper technique, and measurements of upper-arm and calf circumference. In the interests of accuracy the old method of having many different people measuring for the various schools was dropped, and teams of two health visitors per Division were selected, briefed and given a number of training sessions in the Department of Growth and Development at the Institute of Child Health.

As on previous occasions a random sample of schools was taken from each of the nine Divisional Areas and a total of 25,000 boys and girls was measured, being approximately 1,000 of each sex each year from 5-14 inclusive, with half this number of 15-year-olds, a quarter this number of 16-year-olds and a few 4-year-olds. As before the results are presented as frequency distributions of height and weight, with 3rd, 10th, 25th, 50th, 75th, 90th and 97th percentiles at each year of age: the same has been done for the newly-added measurements. There is also a number of Tables of bivariate distributions, irrespective of age, including notably the distributions of weight according to height, according to arm circumference, calf circumference and subscapular skinfold.

The results show that London children were taller and heavier in 1959 than in 1954, though this time only at ages over 8. Evidently the secular trend is still operating at adolescence—14-year-old boys having increased 2 cm. during the past five years and 12-year-old girls having increased 1·7 cm.; but it does seem as though the trend is stopping in the pre-school years. Further data on this aspect will be awaited with much interest.

Each girl was questioned as to whether or not she had begun to menstruate and the average time of menarche was calculated from this by the method of probits; the average age in 1959 was 13·05 years, which is three months earlier than in 1954. Thus, the secular trend in this measure of maturity, estimated by Tanner to have been about four months per decade over the past 60 years, has been well maintained.

Children in different health Divisions of the County differ now by less than 2% at any age. This survey provides new and valuable data on the relation between height and weight and the number of brothers and

sisters in the family, confirming for London what was well established some years ago by Scottish data that there is a considerable decrease in size in children from larger families. Nine-year-old boys, for example, are 5 cm. shorter when they possess four or more siblings than when they are only children. This differential is seen at all ages and it is the greatest pity that the London County Council was unable to report the occupational/social class of the families and thus to see how much the family size effect was characteristic only of the families with lower incomes, as in the Scottish data. This omission is indeed a glaring fault of the otherwise most excellent and comprehensive survey. Surely one of the major reasons for such a survey is to see whether the children of the less economically favoured members of the community are growing as well as those of the more economically favoured, and this the survey fails to do. Where the London County Council is most to be congratulated is on having included for the first time data on body fat and on family size, both of which are of much interest to paediatricians, nutritionists and others concerned with growth. It is to be hoped that in 1964 it will take a further important step and obtain data on social class.

**Child Guidance Centres** [Wld Hlth Org. Monograph Ser. No. 40]. By D. BUCKLE and S. LEBOVICI. Pp. 133. 20s.) London: H.M.S.O.; Geneva: World Health Organization. 1960.

This monograph describes the functions of child guidance centres, and their relationship to the social services; it is based on lectures and discussions held at a Seminar which took place in Lausanne in 1956. It repays careful study, as it is full of useful information based on experience. Subjects include location and equipment of the clinic, qualifications of the members of the child guidance team, techniques of case finding, history-taking, and diagnosis and treatment of behaviour disorders of children.

The chapter on the child guidance team discusses the training and the functions of the social worker, the educational psychologist, and the psychiatrist. In theory, the psychiatric social worker is mainly concerned with the parents and with the case history; the educational psychologist assesses the child's mental abilities, and the psychiatrist makes the final diagnosis, and institutes treatment. Case conferences are held by these three members of the team and individual children are discussed; other interested persons may be invited to be present. This is the familiar pattern of the child guidance set-up, but such arrangements do not always prove satisfactory. The importance of the team working harmoniously together, and the harm done by internal dissensions within the group are admitted and discussed.