BOOK REVIEWS

Bailliere's Clinical Paediatrics. International Practice and Research Volume 1, Number 3. Arthritis in Children and Adolescents. Guest editors T R Southwood and P N Malleon. (Pp 325; £27.50 hardback.) Harcourt Brace, 1993. ISBN 0-7020-1752-3.

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, means 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 might bring are treasured, 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 Malleon'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 minor: I wouldn't have minded 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 appendix, and the patellae 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.

RA F BELL
Consultant paediatrician

Growth Disorders in Children. By J M H Buckler. (Pp 197; £20.95 paperback.) BMJ Publishing Group, 1994. ISBN 0-7279-0850-2.

Growth is such a central part of child health practice that one would imagine that its assessment and interpretation would be organised to a uniformly high standard. The Hall report suggested otherwise, stressing unnecessary anxiety provoking referrals as a particular problem rather than 'missed' treatable causes of abnormal growth. My own 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 unacceptably 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 growth 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 most appropriate to 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-

tion of disordered growth and its treatment using 35 of Dr Buckler's own cases, each with a growth chart and photograph to accompany the text. A wide variety of relevant conditions are included.

The book is an easy read, written in a conversational style. Some of the graphs could have been sacrificed in favour of illustrating measuring techniques and photographs (or at least better drawings) used to depict pubertal staging.

I can recommend the book to paediatricians in training and to community paediatricians as a general overview of growth problems and the options available for investigation and treatment. I am not certain that the basics are sufficiently basic for those with no postgraduate experience in paediatrics.

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Gastrointestinal and Hepatic Immunology. Edited by Richard V Heatley. (Pp 394; £65 hardback.) Cambridge University Press, 1994. ISBN 0-521-44509-4.

As a medical student I remember a senior and notoriously outspoken lecturer in pathology decrying immunology as a discipline 'charging up its own blind alley'! Nearly 20 years on even hardened sceptics like this would have to admit that advances in understanding the immunological basis of disease have opened new doors on the world of pathogenesis, especially in diseases of the liver and gastrointestinal tract. So rapidly is information accruing in this area that it is difficult to keep abreast of new developments let alone to synthesise these into an understanding of disease processes that can influence patient management.

Herein lies the rationale for a volume which, drawing on data from well over a hundred scientific journals, attempts to bring up to date the most recent scientific and clinical advances in liver and gastrointestinal immunology. A detailed description of the current understanding of gut associated lymphoid tissue, antigen handling, and gut mucosal defence precede chapters focusing on specific conditions such as coeliac disease, intestinal infections, and inflammatory bowel disease. The gastrointestinal consequences of immunodeficiency including AIDS are also covered in detail. Enteropathic cytokines emerge as having a central role in the pathogenesis of many autoimmune gut diseases and hence can be used as surrogate markers of disease activity and response to treatment. Following antigen recognition by T cells a cascade of events ensues which serves to amplify the immune response; this phase is the target for the majority of immunomodulatory treatments in current use. There is growing interest in the potential for immunotherapy directed at the interaction between T cell receptors and the antigen/MHC complex and also in the possibility of employing an interleukin-1 receptor antagonist in the treatment of inflammatory bowel disease. The therapeutic role of both small bowel and liver transplantation are reviewed.

New findings on the gut based immuno-neuroendocrine system with its cooperation of multiple cell types and systems in an integrated response to antigen stimulation throw new light on the 'gut-brain axis', long suspected by those of us who serve in gastroenterology clinics!