much to supplement what has been set out in the opening chapter. Special mention must go to the chapter on the biomechanics of shaking, which is extremely impressive in its detail and rigour, and completely incomprehensible to this reader.

Non-surgical management of acute encephalopathies is covered, and while information on the management strategies is available elsewhere in standard critical care texts, again the evidence base for each treatment is well set out. Outcome and prognosis of NAHI is also described in depressing detail – 20% mortality and 60% suffering severe or moderate disability – and these stark figures alone emphasise the importance of this topic. In view of this, the four pages devoted to prevention of child abuse seems to be skimping a little, even though much prevention strategy is necessarily at a societal level and little under our individual control.

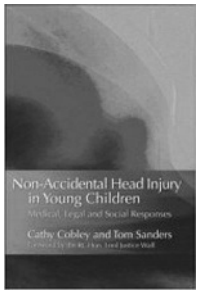
It is difficult, as a health professional, to know to what extent the chapters written from the police, legal and social work perspectives are helpful in adding to the knowledge of personnel in these fields, but they are both interesting and useful to the paediatrician reader, adding to our understanding of where our colleagues in the child protection process are coming from.

Involvement in cases of NAHI and SBS is invariably challenging for all concerned, but this book will undoubtedly serve as an excellent and reassuring reference for clinicians who have to weigh up clinical findings in what can often be emotive and contentious circumstances. As Alan Craft notes in his foreword, this is a ''state of the art'' collection of evidence, and it would be hard not to recommend a copy finding its way onto the shelves of every paediatric department.

**David Watkins**

## Non-accidental head injury in young children, medical, legal and social responses

Edited by Cathy Cobley, Tom Sanders. Published by Jessica Kingsley Publishers, London, 2006, £19.99 (paperback), pp 192. ISBN 1-84310-360-5




Child abuse remains an all too common social evil with devastating consequences for all concerned. This is particularly true of non-accidental head injury (NAHI) which carries a significant mortality and where long-term survivors are frequently handicapped. The child, the family and wider society all pay a price. NAHI presents huge challenges to all professionals – medical, legal, social services and police – and yet our understanding of the causes of head trauma, specifically subdural haematoma (SDH), is far from complete.

This compact, and readable, volume explores the complexities and the contentious issues surrounding shaken baby syndrome (SBS), SDH and NAHI. The book includes the findings of a 2-year research project on the legal and social consequences which arise when children sustain an SDH. The study was completed in 2002 and the authors combine their findings with a critique of current medical, legal and social responses to NAHI in young children in the light of more recent events, including the role of the expert medical witness.

SBS is classically associated with a ''triad'' of SDH, retinal haemorrhage and encephalopathy. Hitherto, this has been considered de facto evidence of abuse. The authors contend, however, on the basis of their research and the work of others, that the ''triad'' alone is insufficient to justify a diagnosis of NAHI: ''science alone cannot always provide the answers we seek''. The authors argue that while the starting point in the investigation of NAHI will frequently be the treating physician, it is the quality and quantity of evidence gathered by police and social services which are crucial ''if miscarriages of justice are to be avoided, children are to be protected from abuse and abusers are to be punished''. Nevertheless, the authors acknowledge the fact that in most cases the cornerstone on which allegations of NAHI are based is medical evidence and expert testimony. There is a call for more research into the cause of head injury in children. The authors acknowledge that the inevitable consequence of future advances may be that miscarriages of justice will be uncovered. The new evidence of the role played by genetic factors in unexplained infant deaths, such as in the case of Angela Canning, is cited as an example. Crucially, however, the authors note that the new evidence did not cause the miscarriage of justice but merely uncovered it. They contend that while we must not expect science to provide all the answers, further research is vital if miscarriages of justice are to be avoided and children protected. However, the authors note that the recent vilification of previously eminent expert witnesses has led to concerns that researchers will be deterred from studying child abuse and paediatricians will withdraw from child protection work. They voice the concern that in the current climate it may be easier for a busy clinician to ''suppress doubts and instincts which, in the child's interests, ought to be encouraged''.

This is a thought provoking and informative book with a comprehensive reference section. It may be uncomfortable for some, not least in highlighting the questions raised about SBS, but all paediatricians will benefit from reading it.

**Calum Macleod**

## CORRECTIONS

One author of the abstract G/THUR/PUB13 entitled ''Safe journey home? A survey of child transport practices on discharge following delivery'' and presented at the Child Public Health session was missed out in the Supplement of the April edition. His name is Dr Ali Pamina.

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The following two abstracts presented at the Child Public Health session should have been published in the Supplement of the April edition. We apologise for this error.

## British Inherited Metabolic Disease Group and British Association of General Paediatrics Joint Session

G/THURS/GEM1

### AUDIT OF METABOLIC INVESTIGATION OF RHABDOMYOLYSIS IN CHILDREN

V. McClelland, A. Powell, M. A. Preece, F. Gohar, A. Chakrapani, C. Hendriksz, P. Gissen. *Birmingham Children's Hospital, Birmingham, UK*

**Introduction:** Causes of rhabdomyolysis, the breakdown of striated muscle cells leading to an acute increase in serum creatinine kinase (CK), are often apparent from the clinical history—for example, trauma, surgery, ischaemia, infection or excessive muscular activity. However, rhabdomyolysis may be the first presentation of a metabolic disorder. The Metbionet group have recently published a guideline for metabolic investigation of acute rhabdomyolysis.
**Aim:** To audit the investigations completed in children presenting to our hospital with acute rhabdomyolysis between 2000–2005.
**Methods:** A proforma for investigations based on local and Metbionet guidelines was produced. Hospital numbers for all patients <16-years-old with CK >5000 were identified and the computerised laboratory results system was used to review retrospectively which investigations had been performed.
**Results:** Data were analysed for all 59 patients who met the inclusion criteria. Second line metabolic investigations (CSF lactate, fatty acid oxidation studies and muscle biopsy) were performed in <5% patients. Two new metabolic diagnoses were made, one patient with Carnitine palmitoyltransferase II (CPTII) deficiency and one with McArdle's disease.
**Conclusions:** High (~4%) incidence of metabolic diseases was found. A programme of improving awareness of metabolic diagnoses in patients with rhabdomyolysis for the hospital staff is being implemented with plans to re-audit in 2 years.

G/THURS/GEM2

### UNEXPLAINED IDIOPATHIC HEPATITIS, COULD THIS BE A UREA CYCLE DISORDER?

D. Joel[1], E. Dempsey[2], A. Broderick[3], I. Lambert[4], A. Monavari[1], E. Treacy[1]. *[1]Children's University Hospital, Dublin, Ireland; [2]Coombe Women's Hospital, Dublin, Ireland, [3]Our Lady's Hospital for Sick Children, Dublin, Ireland; [4]Mid-Lands Regional Hospital, Mullingar, Ireland*

We report two girls who presented at 12 and 19 months of age respectively, with abnormal liver function tests as an isolated finding. The first patient presented at 13 months of age, with a non-specific viral illness. A moderate elevation of the liver enzymes (AST: 156 IU, ALT: 202 IU) was noted, with no other concomitant findings. At 19 months, she presented again with a history of intermittent lethargy and occasional vomiting for 8 months. The liver function tests noted at that time showed elevations (alk phos 1040 IU, ALT: 1207 IU, AST: 411 IU) and prolonged coagulation (APTT: 49.3 s and PT: