more objective in our approach to food allergy and intolerance these cases will continue to arise. It is disturbing that in so many of the children we describe the myth of food allergy was perpetrated or perpetuated by doctors. This is very similar to the experience in an adult allergy clinic,⁷ where the patients with pseudo-allergy had evidence of emotional disturbance.

As with other forms of Meadow's syndrome the management is extremely difficult. These few cases stand out in our memories as having caused more problems and occupied more time than the genuine cases of food intolerance put together. Unfortunately confrontation, as suggested by Meadow,¹ does not succeed in these cases because the problems are usually not severe enough to warrant enforcement of a new treatment regimen. We suspect that prevention is the most important approach. Sensible handling when these problems first arise may prevent mothers from developing an entrenched belief about the cause of their children's symptoms.

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Commentary

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Clinicians are familiar with parents who exaggerate their child's illness, are exceedingly anxious about minor symptoms, or who report symptoms and signs that are not apparent to others in the family and to other trained observers. The mothers have to be treated with understanding and skill in order to avoid over investigating the child; such families are a

regular part of every paediatrician's work. The mother's behaviour becomes pathological and dangerous, however, when she resorts to extreme falsification or the fabrication of signs, and when the child's growth and development is hampered by excessive hospitalisation, investigations, or by restriction of activity and schooling by the mother.

Dr Warner selected 17 children from among several hundred allegedly allergic children who were found not to be allergic. The particular problem for these children, as study of the detail of the results and discussion sections of his paper shows, was the way in which extraordinary and unpleasant regimens were inflicted on the children because of the mothers' obsessions—for instance the school child who had to sleep on an upturned wardrobe wrapped in toilet paper and silver foil. Most of us would agree that that child was being abused fearfully.

The mothers probably did not fabricate signs, and most readers are likely to conclude that the mothers did not *deliberately* falsify the illness story or the symptoms. Unfortunately there is no sharp dividing line between deliberate falsification (malingering for conscious gain) and abnormal illness behaviour in which there is unconscious gain (hysterical behaviour). The end result for the child is the same, and can be both cruel and dangerous, regardless of the origin of the mother's behaviour.

It is interesting that in the 11 families neither the children nor their siblings seem to have suffered from other forms of child abuse, for there is an important link between parentally induced factitious illness and non-accidental poisoning, physical abuse, and sudden death.¹

'Allergy' has been reported as an associated feature of many of the gross cases of Munchausen syndrome by proxy reported from several different countries in recent years. Of 71 British cases for whom I have details, 'allergy', though rarely the most worrying presentation, was an additional main presentation in 22. After a false story of seizures and after factitious bleeding it was the third most common presentation.¹ The alleged allergies have been to a variety of substances—foods causing diarrhoea, chemicals causing behaviour problems, and chemicals, plasters, and procedures causing rashes. Allergy is one of several warning signals that may help the clinician to remember the possibility of factitious illness when dealing with a child who has prolonged, unexplained and complex illness which has been solved by neither extensive investigation nor treatment.

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