Cases have been mislabelled as acrodermatitis enteropathica on occasion.³ Biochemical indicators, for example an abnormal organic aciduria, are not always present and thus the observed symptoms become most important in the differential diagnosis of such patients, particularly with neurological and dermatological problems. Irreversible brain damage and even death may occur in untreated patients^{3 4} and as the disorder is rapidly responsive to oral biotin, early diagnosis and treatment is essential. Diagnosis is straightforward, by biotinidase activity determination in plasma or serum, and the condition should be considered in any cases of hair loss particularly associated with neurological, dermatological, or respiratory illness.

R A CHALMERS

M D BAIN

Department of Child Health,
St George's Hospital Medical School,
Cranmer Terrace, London SW17 0RE

- 1 Verbov J. Hair loss in children. *Arch Dis Child* 1993; **68**: 702-6.
- 2 Wolf B, Heard GS. Disorders of biotin metabolism. In: Scriver CR, Beaudet AL, Sly WS, Valle D, eds. *The metabolic basis of inherited disease*. 6th Ed. New York: McGraw-Hill, 1989; 2: 2083-103.
- 3 Nyhan WL, Sakati NA. *Diagnostic recognition of genetic disease*. Philadelphia: Lea and Febiger, 1987.
- 4 Hanovar M, Janota I, Neville BGR, Chalmers RA. Neuropathology of biotinidase deficiency. *Acta Neuropathol (Berl)* 1992; **84**: 461-4.

Chicken scratches

EDITOR, - Non-fatal self inflicted intended harm is commonly called 'attempted suicide' or parasuicide. The rate of parasuicide was reported to be declining in the 1980s when compared with the 1970s.¹ In the last two decades there has been an increase in the rate of suicide in older children.²

The full extent of parasuicide behaviour in teenagers is not clear and a great proportion of parasuicides do not come to the notice of official agencies.³ Clinical studies on victims of child sexual abuse report that there is a higher than normal association with parasuicide.⁴ The youngsters do attempt suicide methods that are more likely to be discovered.

'Chicken scratches' is a new term used by teenaged girls for the lacerations and bruising on the dorsal aspect of one or both hands (figure). These are produced by the vigorous rubbing of a plastic ruler. Teenagers are usually secretive, protect their peers' interest, and so it is difficult to know how these injuries are inflicted and why they are seeking the attention of others.

It is important to identify these very obvious lacerations, which are not confined to the

location of any major blood vessels, and could be dismissed as accidental injury. They are common in girls who are withdrawn and are not popular in their class. These girls do not have friends or adults with whom they can talk about their own problems and worries. Once they are identified it will be necessary to involve the child protection agencies early on to prevent disastrous consequences.

K M SRIVATSA

Paediatric Department,
St Cross NHS Trust Hospital,
Rugby CV12 0NX

- 1 Platt S, Hawton K, Kreitman N, Fagg J, Foster J. Recent clinical and epidemiological trends in parasuicide in Edinburgh and Oxford: a tale of two cities. *Psychol Med* 1988; **18**: 405-18.
- 2 Tayler PJ, Burton K, Kolvin I. Suicidal behaviour in children and adolescents. *Recent advances in clinical psychiatry*. Vol 7. London: Churchill Livingstone, 1992: 1-13.
- 3 Keinhorst CWM, Wolters WHG, Diekstra RFW, Otte E. A study of the frequency of suicidal behaviour in children age 5-14. *J Child Psychol Psychiatry* 1987; **28**: 153-65.
- 4 Rimsza ME, Berg R, Locke C. Sexual abuse, somatic and emotional reaction. *Child Abuse Negl* 1988; **12**: 201-8.

BOOK REVIEW

The Handbook of School Health. 17th Ed. Issued by Medical Officers of Schools Association. (Pp 236; £18.95 paperback.) Trentham Books, 1992. ISBN 0-948080-66-3.

This book provides an interesting blend of good sense, some equivocal recommendations on management of health associated problems, and more than a whiff of 'jolly hockey sticks'. It is likely to prove more use to doctors attached to independent schools, particularly those with boarders (presumably the bulk of Medical

Officers of Schools Association (MOSA) membership) than to a clinical medical officer or rotating senior house officer attached to a state primary or comprehensive school. This is the 17th edition, the first was published in 1885, the 16th in 1984. Some of the phrasing used seems more applicable to the 1890s than the 1990s.

The book contains sections on the responsibilities of school medical officers, preventive medicine in schools including immunisation, physical and emotional development in childhood and adolescence, selected medical problems, sections on children with special needs, school child abuse, sports injuries, safety at school and the largest section, 47 pages, on communicable diseases including AIDS and exotica such as hepatitis E and schistosomiasis. There are eight appendices including lists of notifiable diseases, suggested entry questionnaires, advice to parents of boarding school pupils, development and growth charts, the Education 'School Premises' Regulations 1981, and swimming pool disinfectants.

Most of the advice is sensible and orthodox, if in some sections brief to the point of being incomplete. The easy to use layout will ensure likely frequent use of the book by MOSA members. The sections on alcohol, tobacco and drug misuse, especially the latter, are not optimistic regarding prevention and not really helpful regarding established use. The section on sex includes a good summary of acceptable procedures regarding prescription of contraceptives for girls and includes the perhaps unintentional restrictive advice that 'ladies taking the contraceptive pill should not smoke'.

There are only six pages on children with special needs including one on gifted children and three on children from ethnic minorities. The section on school child abuse seems to mainly relate to child sexual abuse but fails to distinguish acute from chronic, nor make the distinction into low, medium, and high probability. There are other concerns in this section, for example the social services or NSPCC are recommended to be engaged at the onset apparently only in the most blatant examples of school child abuse. When the history is equivocal, it is considered preferable for the physician to 'maintain a low profile to avoid unnecessary anguish and distress for all parties'.

This book may prove useful, with reservations, to its organisational membership, but is likely to be of only limited use to most school doctors in this country and even fewer school nurses who, increasingly, provide health service continuity in schools as educational medicine moves towards becoming mainly a special needs service.

BRENT TAYLOR

Professor of community child health
Principal school medical officer