line levels of antimyeloperoxidase antibodies were detectable by enzyme linked immunosorbent assay (ELISA). Antinuclear (titre 1:640 by indirect immunofluorescence) and antihistone autoantibodies (strongly positive by ELISA) were also detectable. Antibodies to native DNA were moderately positive by ELISA but negative by indirect immunofluorescence using cultures of *Criethidia luciliae*. The rash subsided within two weeks when levamisole was withdrawn. All autoantibodies were still detectable seven months later.

The clinical features in our case strongly resemble those described in the literature with the exception that in our patient the reaction occurred after a treatment period with levamisole of five years, by comparison with one to three months in the reported patients.²⁻⁴

This observation indicates that cutaneous vasculitis induced by levamisole may be associated with circulating autoantibodies.

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- 1 Kurman MR. Recent clinical trials with levamisole. *Ann N Y Acad Sci* 1993; 23: 269-77.
- 2 Macfarlane DG, Bacon PA. Levamisole-induced vasculitis due to circulating immune complexes. *BMJ* 1978; i: 407-8.
- 3 Scheinberg MA, Gomes Bezerra JB, Almeida FA, Silveira LA. Cutaneous necrotising vasculitis induced by levamisole. *BMJ* 1978; i: 408.
- 4 Ferlazzo B, Barresi G, Puglisi A. Vasculite necrotizzante cutanea da immunocomplessi in corso di trattamento con levamisolo. *Boll Ist Sieroter Milan* 1983; 62:107-11.

AUTUMN BOOKS

Physical Signs of Child Abuse. A Colour Atlas. By Christopher J Hobbs and Jane M Wynne. (Pp 245; £60 hardback.) W B Saunders, 1996. ISBN 0-7020-1778-7.

When the history of the eighties comes to be written there may be more than a passing reference to the epidemic of child abuse uncovered during this decade. Together with the collapse of communism and the march of materialism, there was enormous social change. The rapid transformation throughout the developed democracies from smoke stack to service economies had severe consequences for the large communities of labouring populations no longer required in the manufacturing conurbations. This social involution destroyed longstanding support networks, some of which had concealed or contained abusive behaviour towards children. Coupled with changes in family formation, this resulted in increasing pressures on parents: some of whom found that declaring abuse uncovered resources.

Beliefs influence decisions and diagnoses—even if we are unaware of them. There is a human tendency to conform with

firmly expressed opinions rather as religious sects fall into doctrinal rigidity. One belief comes to dominate and any opposition is damned as heretical. Paediatricians in Britain will be aware of the problems that arose after overzealous investigations in communities as disparate as Rochdale and Orkney; American readers would be similarly aware of Merivale and Wenatchee.

Two of the pioneering workers in the field of child abuse in the 1980s were doctors Hobbs and Wynne who worked together in Leeds. They have published prolifically but, like many pioneers, not without opposition or criticism. The time may now be opportune to reflect objectively on this body of work. The atlas may assist in the process suggested by Vandeven and Emans whereby photographs of lesions should be reviewed by panels of experts to establish an audit of clinical criteria for a diagnosis of child abuse (*Arch Dis Child* 1995; 73: 469-71). Hobbs and Wynne's atlas provides a firm pictorial record of the material on which they based their opinions.

This atlas is beautifully presented with many colour illustrations, radiographs, and growth charts that summarise the sad catalogue of effects of violence towards the vulnerable. The introduction suggests that it is important as a resource for practically everybody involved in child protection (from judges to nursery nurses and police to paediatricians). The text however is limited, banal in places ('don't forget the battery in the flash') and in many cases too technical for a non-medical readership. A simple description of both the normal and the injuries would have been helpful. An indication of the range of possible causes for a given illustration would be expected; ambiguous illustrations are not helped by the text 'this is a worrying sign'. Differential diagnoses, including accidents and rare conditions, are required. An index would also be useful.

The book would benefit from strict editing with a layout in a more logical form to facilitate access and cross referencing. More rigid selection of photographs is needed to indicate the relative importance of different conditions.

It is always refreshing to review colleagues' views. There is much to learn in this atlas for many professionals. Teachers may be interested to know that 'spanking may have sexual overtones', dentists that 'untreated dental caries are part of the picture of neglect', dietitians that 'failure to thrive and obesity may be part of the same attachment difficulty which amounts to abuse', and gynaecologists to learn that 'children who insert foreign bodies have almost always been sexually abused'. The inclusion of accidental burns and evident deprivation as abusive acts serves only to confuse, weakens efforts to help the underprivileged, and may indicate a lack of objectivity in the authors.

International referees cited by the editor of *Child Abuse and Neglect* questioned the very high level of positive findings among Leeds children, together with the low level of allegations by these children (*Child Abuse Negl* 1989; 13: 165). Such a fraught area requires careful reflection, repeated reassessments of objectivity together with full assessment of all aspects of the child's history. Overstatement may lead to scepticism with consequent neglect of those in need of help. The time is right for the establishment of clear criteria and guidelines for the diagnosis of child abuse. Unfortunately this book does not serve this purpose.

There are several excellent alternative teaching aids I prefer: *ABC of Child Abuse* (edited by S R Meadow); London: BMA Publications, 1989 (this includes the work of the authors of this atlas). *Atlas of Child Sexual Abuse* (edited by D Chadwick *et al*); Chicago: Yearbook Publications, 1989 (a masterly monograph). *The Battered Child Syndrome* (by S M Smith); London: Butterworth, 1975 (which in 27 illustrations shows most aspects of physical abuse and has a useful historical introduction). *Child Abuse. A Handbook for Health Care Practitioners* (by I Blumenthal); London: Edward Arnold, 1994 (uses line drawings rather than photographs in a balanced comprehensive text). *Clinical Forensic Medicine* (edited by W S McLay); London: Pinter Publications, 1990 (the chapters on child abuse and child sexual abuse have clear uncontentious text with line illustrations).

Sadly, I cannot recommend this beautifully produced atlas because of its poor organisation, lack of index, ambiguous text, and lack of differential diagnoses. It serves as a useful record of the work and opinions of two pioneering paediatricians.

R SUNDERLAND
Consultant paediatrician

The Child with a Disability. 2nd Ed. By David M B Hall and Peter D Hill. (Pp 386; £65 hardback.) Blackwell Science, 1995. ISBN 0-86542-850-6.

David Hall and Peter Hill offer this book to hospital paediatricians and general practitioners, professionals allied to medicine and to non-medical disciplines but curiously do not mention community paediatricians specifically as a target audience. It assumes previous knowledge of paediatrics and is clearly not an introductory text. Polnay and Hull's *Community Paediatrics* is therefore a better buy for undergraduates or the senior house officer entering the world outside hospital for the first time. But this book undoubtedly fills a gap in the market for specialist registrars embarking on the more specialised aspects of developmental assessment in a community setting or the child development centre. Until now such skills have had to be passed on by word of mouth backed up where possible with in-house teaching materials. The advent of a core text will be a blessing to those of us involved in specialist training.

The first seven chapters address in detail the assessment of children referred with developmental delay and the management of disclosure of developmental problems. The layout is pleasing to the eye, having two columns per page, with lots of headings. There are numerous tables giving useful hints on how to approach initial interviews and how to extract useful information by appropriately phrased questions (which are outlined in the tables). The review of normal development is useful and hearing and vision assessment is described separately. Tests used in the assessment of intelligence, speech, and language and general development are reviewed and their limitations and uses discussed. Headings will allow readers to dip into the text but the book is also eminently readable chapter by chapter.

The rest of the book is devoted to specific developmental disorders including their clinical features, investigation, and long term management. The choice of conditions described in detail seems somewhat arbitrary with half a page on the genetic variants of

fragile X syndrome but only a page and a half on all single gene disorders including the mucopolysaccharidoses, degenerative disorders, phenylketonuria, etc. The detailed illustrations in the chapter on cerebral palsy are worth a thousand words and could have been used to good effect when describing dysmorphic syndromes elsewhere in the text. The chapter on educational underachievement describes specific learning disabilities including reading disability (dyslexia), motor disability (clumsiness), and attention deficit disorder (hyperactivity). The most important lesson is that the changes in terminology do not necessarily indicate improvement in understanding and that the management of children displaying such difficulties is often based on fashion rather than evidence.

As expected when a child psychiatrist is a coauthor, the behavioural and emotional aspects of developmental disorders are given prominence both throughout the text and in the separate chapter on managing behaviour problems. The response of parents and family to disclosure and subsequent management is described for each group of disorders. Possible reasons for different parental responses are discussed, for example a parent's feeling of rejection by a blind baby because of the importance of eye contact in establishing human relationships. It will give excellent insight to doctors in training into the strain of looking after a child with a disability. What could be improved? A more balanced approach to the discussion of individual conditions would, I think, improve the book overall. A paperback edition at reduced cost would make it more accessible to impoverished trainees. But the authors are to be congratulated on the production of an excellent source book for the community paediatric syllabus which contains references as recent as 1995 and is therefore both accurate and timely.

CLIONA NI BHROLCHAIN
Consultant community paediatrician

Sudden Infant Death: A Workbook for Professionals. Produced by a Steering Group of The Foundation for the Study of Infant Deaths. (Pp 129; £13 (includes p&p) hardback.) Sponsored by Johnson and Johnson. The Foundation for the Study of Infant Deaths, 1996. (Obtainable from FSID, 14 Halkin Street, London SW1X 7DP.)

In 1981, I read in the *BMJ* Wendy Valerie Harman's account of the cot death of her 10 week old son Charles.¹ This was no calm, dignified, personal reflection on a common family tragedy: it was a shocking, unsentimental description of a death and its aftermath, full of anger, pain, and indignation. In two pages Mrs Harman taught me more about the impact of sudden infant death on a family, and how we as carers could help or hinder grieving parents, than three years of paediatric training had achieved. Although it reinforced the feelings of inadequacy I had experienced as a registrar when talking to bereaved parents, it also made it clear that we as paediatricians could help. It struck a chord and it made me think and behave differently.

I soon learnt that the Foundation for the Study of Infant Deaths was a valuable source of information and advice. Their series of leaflets for parents and health professionals, their local parent support groups, and their telephone helpline, all proved useful in

setting up a local support service for bereaved families. Their gentle but persistent campaigning ensured that cot death, which is still the commonest cause of death between the ages of 1 month and 1 year, received more attention than it would otherwise have received.

Now the foundation has distilled 25 years of experience into a workbook for professionals. This is not another textbook reviewing what we know and don't know about cot death, or an academic dissection of the complexities of grief. It is a flexible, modular educational package written with the goal of helping health professionals listen to and support families after a cot death.

The first section discusses working with bereaved families. There are suggestions for various learning activities that may help professionals appreciate the issues that are important to different members of the bereaved family. As ever, the quotations from parents themselves are often the most thought provoking statements. The importance of our listening rather than succumbing to the temptation to fill embarrassing silences is rightly emphasised.

The second section gives 'the necessary facts'. I found the interactive approach less appealing and effective here, but I confess to being of that old school that still likes their necessary facts served up raw in succinct editorials or review articles rather than in the fashionable sauce of group activities. The essential information is all here.

The final section consists of a series of action plans for general practitioners, health visitors, midwives, accident and emergency staff, and paediatricians. These are little gems: models of clarity, brevity and wisdom, which it would be difficult to improve upon, and which could be adopted and adapted easily.

Overall, it is difficult to find fault with this book. I hope it will be widely read; I hope it will stimulate more care in the way those of us act who come into contact with one of the 500 families in this country who lose a baby from cot death this year.

JON COURIEL
Consultant in paediatric respiratory medicine

1 Harman WV. Death of my baby. *BMJ* 1981; 282: 35-7.

Illustrated Junior Encyclopaedia of Epilepsy. By Richard Appleton. (Pp 59; £7.95 paperback.) Published by Roby Education Limited for Mersey Region Epilepsy Association, 1995. ISBN 0-948-27060-8.

In a world of science and technology, the common condition of epilepsy remains relatively unknown in the public consciousness. People often hold very distorted impressions of what the condition means; therefore, to be diagnosed as epileptic—especially as a child—can initially be very frightening with countless questions arising: what did you do during the crucial three minutes which are blocked out of your brain? Is it going to happen again? Why you? And, most importantly, are you normal?

This volume tries to answer these questions and more through generous illustration and a clear and comprehensible text. Probably aimed at children in the 8 to 14 age group, this is a clear A-Z of all areas of epilepsy and is easy to use because of its good

use of keywords to connect one entry to another.

Dr Appleton covers all aspects of epilepsy, starting at the first diagnosis. He explains the causes of the condition and the range of tests and treatment that the recently diagnosed child can expect to face. From electroencephalography to computed tomography Dr Appleton takes the mystery out of the medical jargon that it is often difficult to question in the consulting room.

However, the book's content is not exclusively for those who suffer from epilepsy. It would also be useful for the patient's family and friends who may be facing epilepsy for the first time too. Perhaps if my friends had read this book, particularly the section on what to do in the event of a seizure, I wouldn't have found myself stumbling off a crowded coach at accident and emergency, to be greeted by numerous doctors and nurses who were obviously expecting more casualties than one confused epileptic.

Perhaps the most important element of the book is the emphasis Dr Appleton places on the normality of the condition. Julius Caesar, Van Gogh, and Dostoevsky are just three of the famous people mentioned to prove that epilepsy need not be an inhibiting condition. While there are pastimes that are not suitable for epileptics, it is pointed out that those are greatly outnumbered by those that can be practised by anyone, showing that the condition should not greatly affect your life. The author's demystification of epilepsy underlines this, making this book a valuable edition to the bookshelves of any young epileptic and an essential for every school library.

CATHERINE WILSON
Student and patient

Childhood Seizures. Edited by Shlomo Shinnar, Naomi Amir, and David Branski. (Pp 200; DM 280 hardback.) Karger, 1995. ISBN 3-8055-6009-5.

The overall risk of developing epilepsy during childhood and adolescence is of the order of 1%. Many more children will present at clinics or in casualty departments with disorders such as febrile seizures, breath holding spells, or vasovagal syncope that will need to be distinguished from epilepsy. When epilepsy is diagnosed, a variety of investigations may be required to determine, where possible, the epilepsy syndrome and the underlying cause. Judgments will need to be made as to whether to treat with anticonvulsants, and what anticonvulsants to use. Advice will need to be given on drug side effects, risk minimisation, and the management of major convulsive episodes should they occur. There will need to be discussion about prognosis, schooling and, in adolescence, driving, careers, and pregnancy. Fifteen to 25% of children with childhood epilepsy will be resistant to treatment and both newer medications and non-pharmacological treatments including epilepsy surgery may need to be considered. In those in whom the epilepsy is well controlled with treatment, a decision as to when to withdraw treatment will need to be made.

Given the prevalence of the disorder, most paediatricians will spend some time in epilepsy diagnosis and management. For those with a specifically neurodevelopmental interest, the more difficult epilepsies represent a considerable proportion of the workload.