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\(^3\) 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,
Crummer Terrace, London SW17 0RE


BOOK REVIEW


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, while the fourth in 1890. Some of the phrases 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, 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 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'.

The book is 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

REFERENCES