fine levels of anti-methylperoxidase antibodies could be detectable by enzyme linked immuno-
turbidimetric assay (ELISA). Antinuclear (ANA), 1:640 by indirect immunofluorescence) and
antibodies to native DNA were moderately positive by ELISA but negative by indirect immunoflu-
rescence using cultures of Crithidia 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levamisole was withdrawn.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 asso-
ciated with circulating autoantibodies.

1 Kurman MR. Recent clinical trials with leva-

2 Macfarlane DG, Bacon PA. Levamisole-induced
vasculitis due to circulating immune com-

3 Scheinberg MA, Gomes Bezerra JB, Almeida FA,
Silveira LA. Cutaneous necrotising vasculitis

4 Ferlazzo B, Barreto G, Pulgin A. Vasculite necro-
tissante cutanee da imunocomplexo em corso
do tratamento com levamisole. Boll It Stereor

The Child with a Disability. 2nd Ed. By
David M B Hall and Peter D Hill. (Pp 386;

David and Hall offer this book to hospital paediatricians and general paediatricians and
to non-medical disciplines but curiously do not mention community paediatricians spe-
cifically as a target audience. It assumes pre-
vious 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 learned 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 appro-
priately phrased questions (which are out-
dined 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
viewed and their limitations and uses dis-
cussed. Headings will allow readers to dip to
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 clini-
cal features, investigation, and long term
management. The choice of conditions de-
scribed in detail sample with half a page on
the genetic variants of

**AUTUMN BOOKS**

Physical Signs of Child Abuse. A Colour
Atlas. By Christopher J Hobbs and Jane M
Wynne. (Pp 245; £60 hardback.) W B Sau-

When the history of the eighties comes to be
written there may be more than a passing ref-
ence to the epidemic of child abuse uncov-
cered during this decade. Together with the
collapse of communism and the march of
materialism, there was enormous social
damage. This rapid and devastating process,
out the developed democracies from smoke
stack to service economies had severe conse-
quences for the large communities of labour-
ning populations no longer required in the
manufacturing conurbations. This social in-
volution destroyed longstanding support net-
works, some of which had concealed or con-
tained 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 than 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 have similarly heard of Merivaille
and Wentatchee.

Two of the pioneering workers in the field
of child abuse in the 1980s were doctors
Hobbs and Wynne who worked together in
the community. Their work has been remarkably
like many pioneers, not without opposition or
criticism. The time may now be opportune to
reflect objectively on this body of work. The
work has been reviewed in the past by Vanden
en and Emans whereby photographs of
lesions should be reviewed by panels of
experts to establish an audit of clinical crite-
ria for a diagnosis of child abuse (Arch Dis
Child 1993; 69: 460-71). 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 sum up the catalogue of
effects of violence towards the vulnerable.
The introduction suggests that it is
important as a resource for practically every-
body involved in child protection (from
judges to nursery nurses and police to
paediatricians). The text however is limited,
band in places ('don't forget the battery in the
flash') and in many cases too technical for a
non-medical readership. A simple descrip-
tion of both the normal and the injuries
would have been helpful. An indication of the
range of possible causes for a given illus-
tration would be expected; ambiguous illus-
trations are not helped by the text 'this is a wor-
ting 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 facil-
itate access and cross referencing. More rigid
selection of photographs is needed to indicate
the relative importance of different condi-
tions.

It is always refreshing to review colleagues'
views. There is much to learn in this atlas for
many professionals. Teachers may be inter-
ested to know that 'spanking may have sexual
overtones', dentists that 'untreated dental caries
are part of the picture of neglect', dieti-
trians 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 evid-
ent deprivation as abusive acts serves only to
confuse, weakens efforts to help the
underprivileged, and may indicate a lack of
objectivity as a diagnostic tool.

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 allega-
tions 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
training aids I prefer: ABC of Child Abuse
(edited by S R Meadows and Clay, 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, 1989; a masterly harvesting of the
Berkeley Children's Hospital under the guid-
eance of S M Smith); London: Butterworth,
1975 (which in 27 illustrations shows most
aspects of physical abuse and has a useful
for Health Care Practitioners (by I Blumenthal);
London: Edward Arnold, 1994 (uses line
drawings rather than photographs in a
balanced comprehensive text). Clinical Per-
enalMedicine (edited by D Chadwick et al.
London: Pinter Publishers, 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