

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 The rash subsided within two weeks when levamisole was withdrawn.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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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.

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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