



### PHYSICAL SIGNS OF CHILD ABUSE: A COLOUR ATLAS

Christopher J Hobbs and Jane M Wynne-Saunders  
 Harcourt Brace, Sidcup, Kent (1995)  
 245 Pages. Price £60.00 (hbk)  
 ISBN 0702017787

This book focuses on the visible clinical findings of abuse, and unlike other publications, covers all the major forms of abuse and neglect in a single volume. It is an atlas and responds to the idea that one photograph says as much as a thousand words. This book is not one for bedtime reading as the photographs have an intensely emotional impact and are of an extremely distressing nature. I was taken back to stage 1 of Kempes stages of progress in recognizing abuse as it is so hard to accept the extreme damage that people do to even very young babies. The quality of the photographs is superb, which allows the full impact of the savagery of the pictures to imprint themselves on the reader. The authors are very ambitious in that they have aimed the book at all agencies involved with the care of children, including health, social work, legal and educational agencies.

There is a very important truth in the statement that a child thought to have been abused should be examined because there is a need to: (1) detect any traumatic or infective disorders which need treatment; (2) evaluate the nature of any abuse; (3) provide forensic evidence which may be helpful to the future protection of children; (4) reassure the child; and (5) begin the process of recovery.

The layout of the book is excellent with colour coding to facilitate the reader's journey through the text. The photographs are arranged in a logical way with captions clearly relating to each picture. There is a section relating to each aspect of child abuse and each section is divided into chapters.

The section on 'Physical abuse' reminded me to look carefully at any history relating to trauma involving a child and indeed any elderly person as well. In the chapter on burns, the legend at one photograph read, 'The child was seen to be scalded by the health visitor on a routine visit' — a mistake in syntax that will not be appreciated by the Health Visitor Association!

The chapter entitled 'Fatal injuries' was quite devastating with the eyes of these dead children looking out in their pain at the reader — a new interpretation of frozen watchfulness. I wonder if this chapter could have been deleted as it really is overwhelming and the quality of information gleaned from the rest of the book makes me doubt whether there is anything gained by retaining it. This is especially so as the intended readership for the book includes all agencies caring for children.

The section on the 'Failure to thrive' was most helpful, and should be required reading for judges and sheriffs with the splendid growth curves underlining failure to thrive as a form of abuse. They should help understanding of the implications of

these measurements in demonstrating that such abuse has occurred.

The section on 'Sexual abuse' had much useful information. I was left in no doubt as to the difficulty for professionals not regularly assessing genitalia in knowing what is abuse. The quality of the photographs remained excellent. I was pleased to find a picture showing perineal streptococcal infection. This is not an uncommon infection of vulva and anus, and a good reason for sending off swabs from either area. In all sections, potential pitfalls of diagnosis relating to normal explanations or other disease entities as explanations for appearances that might be abuse.

Having read the book, I was put in mind of Genesis III, Verse 5: 'For God knows that when you eat of the fruit of the tree of life your eyes will be opened and you will be like God knowing good and evil.' In recent years, child abuse has become increasingly recognized as a major source of morbidity and mortality for children in countries of both the developed and developing world. It is a sad fact that everybody involved with children has to open their eyes and recognize this evil. This book helps that awareness in a unique way. This is a book that would be a worthwhile addition to any practice library, although I would tend to recommend that, if there was a limitation of funding, the *ABC of Child Abuse* would be the first book to go for, because this excellent volume is expensive.

M S WILSON

General practitioner, Dalkeith, and Paediatric Trainer, School of Community Paediatrics, Edinburgh

### TELEMATICS IN PRIMARY CARE IN EUROPE

J De Maeseneer and L Boelchi (eds)  
 University Gent, Gent (1995)  
 181 pages

This book is concerned with the work of a concerted action organized as one of the AIM projects in the European Union.

As I read the book, I felt the need for telematics (provision of information through telecommunication) was illustrated in a peculiarly ironic way. There are several forays in this area throughout Europe, some of which are summarized in the book, but the situation is changing so rapidly that the situation on the ground has changed, by the time this book was published.

The first chapter presents an overview of primary care in Europe. A variety of data are presented, but we have little information about the sources, the size of samples or the validity of the data. It includes a section on the use of computerized medical records but it does not address the issues that really

matter. Are data entered routinely at every consultation? Are they stored in a classified form, whereby they can be used for epidemiological purposes? Are data linked appropriately — for example, prescribing and morbidity? These are the features which will advance telematics in primary care.

The second and third chapters are concerned with linkage between practices in other healthcare organizations. Here we find the following: In most countries, the transmission of medical prescriptions from general practitioners to pharmacists is the most widely used message and is often subject to national regulations. This statement is of great interest, but it is a great disappointment to see that the paragraph ends with this. There is no description of the development or operation of any such system in any country, although we learn subsequently that 8% of prescriptions in Denmark were processed in this way.

The potential of telematics in a provision of epidemiological data is considered in Chapter 4. This contribution is linked to the activities of a specific working group and provides a useful summary of the situation in 1994. A philosophical consideration in the assessment of health care technology is presented in Chapter 5. The major concern is the possible conflict between the advance of telematics and decline of the doctor-patient relationship. Although the arguments seem rather academic at times, it is right to be reminded that telematics only has a place if patient benefit can be demonstrated.

The final, summarizing chapter is short, to the point and useful. For most doctors and communication specialists, this summary is sufficient. However, the complete book is of interest to those who see themselves at the forefront of computerization in primary care.

D M FLEMING

*Director, Birmingham Research Unit*

### PSYCHIATRY AT A GLANCE

*Cornelius Katona and Mary Robertson*

*Blackwell Science, Oxford (1995)*

*80 pages. Price £9.95 (pbk). ISBN 0865428735*

This slim volume is targeted primarily at clinical undergraduate medical students, but the authors recommend its usefulness to most workers in the psychiatric field, including general practitioners. The format is accessible and one can easily dip into this book. Each of the 35 chapters consists of one double-page spread displaying the essentials of the topic in the form of an algorithm and an accompanying descriptive text. If a topic stirs the interest of the reader, it is unfortunate that there is no list of references to aid further investigation.

On the whole, the subjects of particular interest to general practitioners are well-described. I would single out the chapters on 'Stress reactions', 'Disorders of personality', 'Anxiety disorders', 'Alcohol abuse', 'The Mental Health Act' and 'Depression' as being very readable and packed with information.

However, the confusion, both political and clinical, that exists in primary care psychiatry is reflected in the chapter on 'Psychiatry in the community'. 'To recognize and care optimally for the submerged iceberg of psychiatric morbidity' is the familiar challenge to those working in primary care. The lack of uniformity and consensus regarding these muddy waters highlights the limitations of a concise chapter on the subject. This criticism could also be levelled at such topics as the talking treatments, somatization and cross-cultural psychiatry, which are

all covered, but with little hint of the existence of contention and differing schools of thought.

In conclusion, it would be fair to say that this book presents the essentials of psychiatry in a form best suited to the undergraduate reader. As for general practice, I would certainly recommend it to general practitioner trainees who have little experience of clinical psychiatry.

SIMON SHEPHERD

*General practitioner, London*

### INNOVATION IN COMMUNITY CARE AND PRIMARY HEALTH; THE MARYLEBONE EXPERIMENT

*Patrick Pietroni and Christopher Pietroni (eds)*

*Churchill Livingstone, Edinburgh (1995)*

*284 pages. Price £22.50 (pbk)*

*ISBN 0443052964*

This is a *pot pourri* of papers and presentations from the Marylebone Health Centre, which is founded on an interdisciplinary, holistic approach. Set in an underprivileged area, it is an unusual mixture: an NHS general practice incorporating community care and outreach programmes, research and audit, complementary therapies, and patient empowerment.

Many of the papers have already been published in a variety of journals from the mid-eighties onwards, and some will already be familiar. You don't often see such diverse chapter headings as 'Spiritual interventions in a general practice setting' and 'Interprofessional and interagency work: theory, practice and training for the nineties'. However, it doesn't claim to have all the answers — one chapter describes how research into acupuncture had to be abandoned because of ethical problems over 'sham needling'.

The language and perceptions of healthcare professionals are examined, the effects of massage, relaxation and traditional Chinese medicine on health care compared, and the impact of a volunteer community care project is described. These are real patients with standard general practice problems, but their management is innovative and often successful.

General practitioners will find plenty to think about, if not always to agree with, in this extensively indexed and referenced book. We are promised a series, which will also be used as material for various masters programmes at the University of Westminster.

MELANIE WYNNE-JONES

*General practitioner,  
Marple, Cheshire*

### COT DEATH: THE TASKS FOR PRIMARY HEALTH CARE IN PREVENTION AND MANAGEMENT

*Duncan Keeley*

*Royal College of General Practitioners, London (1995)*

*14 pages. Price £6.50 (RCGP members £6.00)*

*ISBN 0850842166*

Deaths caused by sudden infant death syndrome in England and Wales have fallen steadily since 1988, but this problem remains the biggest single category of deaths between the age of one