Man, Mind, and Heredity. Edited by James Shields and Irving I. Gottesman. Selected papers of Eliot Slater on Psychiatry and Genetics. (Pp. xx + 405; tables. £7.15.) London: The Johns Hopkins Press. 1971.

Eliot Slater's contributions to human genetics need no commendation to readers of this journal. The genetics of psychiatric disorders offer particular difficulties, for instance psychiatry has yielded neither clinically-distinct disorders nor biochemical markers that enable one to establish clean segregation. Yet Dr Slater's early work on manic-depressive psychosis (1936) and later on schizophrenia (1953, 1958) gave rise to theories that have not been superseded. The even more difficult problem of personality disorders (soldiers in a war-time neurosis unit being the seemingly unpromising subjects of study) led to two outstanding contributions on the neurotic constitution. It is remarkable how undated these papers are. Even more unusual in human genetics is the extent to which the subject matter, in this case psychiatry and the nosology of psychiatric disorders, has been enlarged by a genetical approach, for genetical predisposition to any disorder casts light on contributing environmental factors. Dr Slater has also made valuable contributions to methodology, as in twin-studies, fingerprints, and polygenic inheritance; and it is not only in these three subjects that he resembles Galton. His wide talents and interests are displayed in this volume; to choose but one example: 'Contributions to a pathography of the musicians'.

There is a fascinating and outspoken autobiographical sketch and retrospect. Autobiographies give a good account of what the author thought of those around him, but not the converse, and here alone Dr Slater's judgement has gone sadly astray. He states of a colleague: 'He was one of the small number of neurologists I have ever known who have had any respect for psychiatry.' Dr Slater's own personality and integrity transformed the status of psychiatry at The National Hospital, Queen Square, where he was in charge of the department for nearly 20 years. His neurological colleagues, and the residents attached to his firm, who were in close contact with him, have uniformly increased their respect for psychiatry, as a direct result of his influence; he displayed in his practice and his teaching a respect for facts and logic that is exemplified in these collected writings, and he has firmly established the unity of brain and mind in the conceptual thinking of a new generation of neurologists.

Happily this is no completed volume, and his contri-

butions continue; one alone can be mentioned here, 'A psychiatric view of Shakespeare's sonnets' (*Anais Portugueses de Psiquiatria*, 1969, 21, 545-572)—may there be many more!

R. T. C. PRATT

Antenatal Diagnosis of Genetic Disease. Edited by A. E. H. Emery. (Pp. ix + 169; figures + tables. £2.50). Edinburgh: Churchill Livingstone. 1973.

This is a welcome book which covers in a well-written and concise way the rapidly evolving field of antenatal diagnosis. With the exception of the excellent sections by Scrimgeour the book has been written by members (or recent ex-members) of the Department of Human Genetics in Edinburgh. It is eminently practical in its approach with chapters on the indications for amniocentesis, detailed descriptions of the techniques and complications of amniocentesis and of other techniques for antenatal diagnosis, including radiography and amniography, fetography, placental and amnion biopsy, fetoscopy, ultrasonography, fetal electrocardiography, and electroencephalography. Later there are more specific descriptions of the indications and techniques of antenatal sex determination, amniotic fluid cell culture, and of chromosome studies with a list of biochemical studies which may be carried out on amniotic fluid cells and the fluid itself.

The implications of antenatal diagnosis for the prevention of genetic disease are discussed by Brock. As experience grows and as new techniques are developed these techniques will have an increasing impact on the frequency of genetic disease. The techniques of early amniocentesis and fetoscopy are probably not without risk to the fetus, although the risk is perhaps much less than one might have imagined. However until the results of the several prospective trials now in progress in the United States and Britain are available it would seem prudent to limit the use of amniocentesis to situations where there is a high *a priori* risk of fetal abnormalities and a test system which has a high degree of reliability. Perhaps translocation mongolism provides the best indication for early amniocentesis, although anxious mothers of 35 or over should be offered the test. Others argue for screening of all pregnancies in women over 40 and even of all pregnancies. Antenatal sexing with a view to the abortion of male fetuses when a mother is known to be a carrier of an X-linked recessive disease is another reasonably clear cut indication. There are at present only a few clear biochemical indications for early