flat nasal bridge with a small snub nose, but the overall pattern of the face does not seem to fit Robinow syndrome as I have seen it in a total of seven cases.

First, the frontal bossing is not impressive and actually looks more like a metopic ridge. Infants with Robinow syndrome usually have pronounced frontal bossing and more obvious macrocephaly than case 1 of Sabry et al. Her head also may seem large as a result of the obvious dystrophic condition she is in.

Second, the lower face is too fine and the chin too pointed for Robinow syndrome. The mouth does not look like the typical thin lipped "carp mouth". The overall facial structure seems too finely sculpted to me. The face in Robinow syndrome tends to be rather coarse, Greig hypertelorism-like, in contrast, with a rounded lower half. The coarseness can, at times, be pronounced frontal bossing and more obviously marked in the proband in this consanguinous family. Like many syndromes for which no molecular/biochemical/cytogenetic markers have been identified, diagnosis of Robinow syndrome remains solely dependent on the clinical phenotype of the patients. Naturally, this gives wide scope for different subjective views to argue for or against a given diagnosis. This is particularly true for Robinow syndrome with its wide spectrum of inter/intrafamilial phenotypic heterogeneity that would be expected to reflect a corresponding degree of molecular variability. Of course if the profile of family 1 does not show a straightforward Robinow phenotype, or it would have been of little interest to the genetics community. Although we bear in mind the possibility of a new Robinow-like malformation syndrome in family 1 of the report, we are reluctant to designate it a new syndrome until all available possibilities are exhausted. Incidentally, we have recently received a letter from Dr H G Brunner from the Department of Genetics, University Hospital, Nijmegen, expressing interest in our Robinow syndrome cases and requesting our collaboration in their ongoing molecular study to map and clone the gene(s) responsible, which we are now considering.

**BOOK REVIEW**

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This book reviews the genetic changes observed in solid tumours with particular emphasis on the practical issues of diagnosis, prognosis, and monitoring therapy. The book provides comprehensive coverage of the impact of the new genetic technology in furthering the understanding of the mechanisms underlying tumour development. The opening chapter illustrates the increasing relevance of genetic markers in tumour diagnosis and prognosis and presents an overview to the gene introduction to the subject. Part 1 of the book, consisting of several chapters, covers the application of the major techniques, including flow cytometry, in situ hybridisation, FISH, and nucleic acid amplification. The relevance and applications of these techniques are well described. Part 2 of the book comprises comprehensive reviews of the current knowledge of the cytogenetic and molecular genetic changes, this book provides specific tumour types/subtypes. Each of these chapters is contributed by acknowledged experts in the field.

There is, almost inevitably, some variability in the apparent quality of the reviews and as advances in this field are taking place continually a book of this nature is always going to be a little behind hand. With the exception of an excellent chapter on the morphological, antibody, and chromosomal classification of haematological malignancies, this book does not cover leukemias and lymphomas. One chapter at the very end of the book is dedicated to the latest developments in cytogenetics, with emphasis on microdissection, which would perhaps have been better placed earlier in the volume along with the other methodologies. Although the colour plates are reproduced in black and white photographs within the chapters, their placement within the centre of the book is disappointing. This necessitates frequent page turning, as the colour is fundamental to the illustration in some instances! However, other chapters containing excellent background information and an overview from which it would be possible to delve deeper using the cited references, although a quick scan for the new publications would also be wise in some instances.

A certain level of knowledge of solid tumours, cytogenetics, and molecular biology is assumed. This should be a useful book for the interested pathologist and clinician as well as students in these areas. Those in research will find the book an easy introduction to a topic and useful in the process of formulating ideas and methodological approaches before embarking on conducting their own investigations. Selected areas of cancer cytogenetics represented in this book are also areas of expanding interest for cytogeneticists and genetic technologists who, working in league with pathologists, may ultimately be able to provide more information of practical use for patients.

**NOTICE**

Call for patients with familial pancreatic disease: the EUROPEAC Register

We are establishing a European register (EUROPEAC) of families with hereditary pancreatic, familial pancreatic cancer, and pancreatic cancer as part of a familial cancer syndrome. This collabor-
Reply

M A Sabry, E A R Ismail, NAL-Torki and S Farah

*J Med Genet* 1998 35: 350
doi: 10.1136/jmg.35.4.350

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