signs. In the light of these new risk figures which give a median onset age of 49 years, the section on the use of age of onset in genetic counselling should be revised. However, Dr Hayden is right to emphasise that there is more to the duties of a genetic counsellor than the provision of genetic risks.

The last chapters describe the management of patients with Huntington's chorea, including some precise drug regimens, and discuss new prospects in research. The book thus provides a comprehensive review of Huntington's chorea, written by someone with wide experience of and sympathy towards the disease. It is an excellent monograph, interesting and stimulating, and I also found it a valuable source of reference.

S BUNDEY

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Clinical, Structural, and Biochemical Advances in Hereditary Eye Disorders

Progress in Clinical and Biological Research
Volume 82. Edited by Donna L Daentl.
(Pp xii + 172; figures + tables. £25.90, DM 114.)
New York: Alan R Liss. 1982.

This is the report of a symposium held by the Society of Craniofacial Genetics. The first three papers are concerned with various aspects of ocular development in birds and in man. The importance of neural crest cells in the development of ocular tissues, supplanting mesoderm as the major mesenchymal component, is a significant advance in our understanding of this topic, as is the contribution of the extracellular matrix which influences the migration of these cells.

These are followed by several short review articles on connective tissue diseases, macular corneal dystrophy, conjunctival biopsy in lysosomal disorders, and gyrate atrophy. Each is succinct, up to date, and easy to read; available elsewhere but conveniently placed in this volume. These are useful sources for the ocular complications in these groups of genetically determined disorders. The last contribution is a genetic survey of a large population with retinitis pigmentosa, an important contribution on this subject and one useful for those concerned

with the management of patients with this group of disorders.

Reports of symposia are notoriously patchy and this is no exception. It is useful to have this material in one place, yet no-one will find every paper of interest. The first two papers describe fundamental advances in our knowledge and could easily be overlooked by the majority of clinicians. The remaining papers are useful to refer to when faced with a patient with one of the conditions covered in this volume.

BARRIE JAY

Organic Acids in Man. The Analytical Chemistry, Biochemistry and Diagnosis of the Organic Acidurias

By R A Chalmers and A M Lawson.
(Pp xii + 523; figures + tables. £35.00.)
London, New York: Chapman and Hall. 1982.

In the last 15 years there has been a vast increase in our knowledge of many aspects of the metabolism of organic acids in man. This has largely been made possible because of the development of suitable methods of analysis, particularly gas chromatography and mass spectrometry. However, there are no comprehensive texts covering all aspects of the subject and it is this gap which the authors aim to bridge.

The book is divided into three parts. In the first, the methods of analysis of organic acids are discussed in detail with chapters on extraction, derivatisation, separation, and identification. Part two is devoted to the organic acids that are found in physiological fluids of normal subjects. A good example of the detail in this book is the table of the 'more important' organic acids in urine of normal subjects which has nine sections and lists 93 organic compounds. The final part of this book is largely concerned with inborn errors of organic acid metabolism. This is interpreted widely since not only do conditions such as propionic acidemia and methylmalonic acidemia receive their due space, but phenylketonuria and primary hyperoxyluria find their way in. The biochemistry and the abnormal metabolites found in these disorders are discussed in detail. However, neither of the authors is a clinician and the sections on the clinical aspects of these disorders are less satisfactory. The scheme for identifying children with organic acidemias is too vague. For example, it appears to suggest that all babies with a low pH should have blood and urine amino acids measured quantitatively as well as the urine organic acids, a policy which would quickly