in families with IP may, however, be fruitful in the search for the gene.

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- 1 Kirchman TTT, Levy ML, Lewis RA, Kanzler MH, Nelson DL, Sheuerle AE. Gonadal mosaicism for incontinentia pigmenti in a healthy male. *J Med Genet* 1995;32:887-90.
- 2 Traupe H, Vehring KH. Unstable pre-mutation may explain mosaic disease expression of incontinentia pigmenti in males. *Am J Med Genet* 1994;49:397-8.
- 3 Kurczynski TW, Berns JS, Johnson WE. Studies of a family with incontinentia pigmenti variably expressed in both sexes. *J Med Genet* 1982;19:447-51.
- 4 Hecht F, Kaiser MB, Glover T, Austin W. Incontinentia pigmenti: occurrence in Arizona Indians and evidence against the half-chromatid mutation model. *Birth Defects* 1982;18:89-92.
- 5 Lenz W. Half chromatid mutations may explain incontinentia pigmenti in males. *Am J Hum Genet* 1975;27:690-1.
- 6 Emery MM, Siegfried EC, Stone MS, Stone EM, Patil SR. Incontinentia pigmenti: transmission from father to daughter. *J Am Acad Dermatol* 1993;29:368-72.
- 7 Vehring KH, Kurlmann G, Traupe H, et al. Incontinentia pigmenti in a male infant. (German.) *Hautarzt* 1993;44:726-30.
- 8 Carney RG. Incontinentia pigmenti. a world statistical analysis. *Arch Dermatol* 1976;112:535-42.
- 9 Fu YH, Kuhl DP, Pizzuti A, et al. Variation of the CGG repeat at the fragile X site results in genetic instability: resolution of the Sherman paradox. *Cell* 1991;67:1047-58.
- 10 Davie AM, Emery AEH. Estimation of proportion of new mutants among cases of Duchenne muscular dystrophy. *J Med Genet* 1978;15:339-45.

BOOK REVIEWS

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The A-Z Reference Book of Syndromes and Inherited Disorders. 2nd ed. Patricia Gilbert. (Pp 378; £15.99 pb.) London: Chapman & Hall. 1995. ISBN 0-412-64120-8.

The diagnosis of a rare condition in a child understandably raises many questions for that child's parents and relatives. Such queries are usually posed to the paediatrician or GP caring for the child. However, there are a wide range of health professionals involved in the care of the child who need information about a condition, both for themselves, and to answer the questions inevitably also posed to them. The problems of "how did it happen?", "can you treat it?", "will it happen again?", and many more are well addressed in this reference book.

Dr Gilbert has produced an expanded second edition of her book, designed to inform

health professionals and families after a syndrome diagnosis has been made. It has been specifically written in non-technical language, aimed at a general readership, who may not have a broad medical knowledge. Twenty new syndromes have been included at the request of readers, giving a total of 90 conditions, the majority of which are genetic. This is assisted by a clear appendix containing a good review of basic genetics by Peter Farndon. A useful glossary is also included. There is an alphabetical listing of each syndrome, with 1000 words or more per entry describing its incidence, history, causation, characteristics, management, and future developments. The descriptions show that Dr Gilbert has had extensive first hand experience in the care and management of children with rare disorders. The inclusion of the addresses of support group associations, Contact-A-Family, and the UK clinical genetics centres also shows her understanding of parents' needs. The language used for the most part is clear and simple to understand.

No such book could aim to cover all the rare syndromes. The author states that she can only cover a small number of syndromes. Her book is in fact an A-W of syndromes, although she could have made it an A-Z by including Zellweger's syndrome! There are also a few minor problems, such as the absence of any discussion of renal biopsy in Alport's syndrome, the omission of epilepsy as a complication of neurofibromatosis, and a rather unclear distinction between Finnish nephrotic syndrome and the many other causes of nephrotic syndrome. There is also no reference to the finding of an expanded triplet repeat causing fragile X syndrome, explaining the unusual inheritance. The index contains a list of signs and symptoms found in different syndromes, similar to that seen in Gorlin's *Syndromes of the Head and Neck*, ostensibly as an aid to diagnosis. In fact, this volume is better used as a reference once a diagnosis has already been made. The lack of photographs also makes this volume more suited to the role of a lay reference work, rather than a diagnostic aid.

Overall, this is an excellent reference book for a wide range of health and educational professionals. It provides clear clinical information, and can give a quick snapshot of a condition for many people involved in the care of children with rare disorders.

ANDREW GREEN

Maternal Genetic Disease. Edited by N B Isada, A Drugan, M P Johnson, M I Evans. (Pp 272; £65.95.) Stamford, Connecticut: Appleton and Lange. 1994. ISBN 0-8385-6164-0.

People who advise pregnant women need to keep up with developments in genetics. Parents always want to know the risks of passing a condition to their children and whether anything can be done to reduce these. Often the first person they ask is their obstetrician or midwife. This book, edited by a distinguished team from the United States and Israel, aims to provide the information required. It has some good features but these are outweighed by many faults.

The book opens with six chapters on general aspects of genetic diseases, including specifically preconception counselling, chromosomal problems, and mental retardation.

These deal with these problems in a similar way to most textbooks of genetics, albeit very briefly and with some important omissions. The book then changes character, and in the remaining 12 chapters a range of authors each tackle the genetic aspects of a specific maternal pregnancy problem, including the main medical problems that occur in pregnancy, renal, cardiac, haematological, neurological, and psychiatric disease, etc. This is a nice idea since, for generalists caring for pregnant women, these multifactorial conditions are much more common than the single gene defects on which most traditional genetic texts concentrate, and some chapters are very successful. However, for some diseases, once it has been stated that the inheritance is multifactorial, and the empirical recurrence risk given, there is little more to say. Unfortunately, this has not deterred contributors from padding out their chapters with platitudes, irrelevances, and repetitions, and the whole book cries out for stronger editing. The arrangement also leads to oddities. For example, cystic fibrosis (CF) appears only in chapters on anaesthesia and gastrointestinal disorders. The reason for the former appears to be that having written about malignant hyperpyrexia and succinylcholine sensitivity, the author needed a couple more pages to make a full chapter. The description of CF in the gastrointestinal chapter is concerned almost entirely with the important but rare problem of pregnancy in an affected woman. It is a quite inadequate guide to the day to day problems surrounding CF counselling and prenatal diagnosis for normal women with or without a family history.

There are many other omissions and imbalances. Some are serious and others simply rather strange. For example, myotonic dystrophy gets only five lines in one of the introductory chapters while multiple sclerosis gets 10 pages later on. It is unacceptable for a large genetics text in 1996 to omit any explanation of the whole area of triplet repeat sequences and genomic imprinting. Less serious, but still curious given the relative weight allocated to common multifactorial diseases, is the omission from a three page description of pre-eclampsia of any mention of the familial pattern of this disease. Readers will not learn that many experts even believe, albeit wrongly in my view, that this fascinating and common condition might be inherited in simple mendelian fashion, and that a number of groups are already doing gene linkage studies. They should be told.

This book bears all the hallmarks of being dashed off by busy authors and editors with more important calls on their time. I cannot recommend it.

J G THORNTON

The Molecular Biology and Pathology of Elastic Tissues. Ciba Foundation Symposium 192. (Pp 361; £49.95.) London: Wiley. 1995. ISBN 0-471-95718-6.

This book contains the published proceedings of an excellent Ciba Symposium on the molecular biology and pathology of elastic tissues held in Kenya in 1994. As one expects of Ciba Symposium proceedings, the book is beautifully produced and very portable. Furthermore, it has been published within less than 12 months.

North American dominance in the field is very evident with 72% of the chapters and a