surface markers by somatic cell genetics is interestingly reviewed by Tunnacliffe and Goodfellow, and growth factor receptors by Shimizu. The latter is of particular interest because of its relevance to current ideas on oncogenic activity. The molecular structure of the HLA region, as recently revealed by gene cloning, is reviewed by Bodmer and colleagues. There is now evidence of gene conversion (non-reciprocal recombination) in this region, a phenomenon which previously had not been seriously considered in human genetics. Finally, the male specific antigen (H-Y), which is widespread among vertebrates, is critically reviewed by Andrews, from which it seems that its role in sexual differentiation still remains an enigma.

There is much to interest human geneticists in this volume, particularly those with molecular interests.

ALAN EMERY

Genetic Aspects of Speech and Language Disorders

Edited by Christy L Ludlow and Judith A Cooper. (Pp xiv+221; figures + tables. \$29.00.) New York: Academic Press. 1983.

In the Autumn of 1981 a conference on the genetic aspects of speech and language disorders was attended by neurologists, psychiatrists, geneticists, and those interested in speech and language pathology. This book is the product of that gathering.

There is a need for a book on the subject and the chapters in this volume on the genetic aspects of dyslexia and stuttering are well referenced and good sources of information. It is not that medical geneticists are often asked for advice on these subjects, but the familial aggregation of these conditions is intriguing and an explanation is fundamental to so many relatively common disorders. However, the conference was also meant to inform non-geneticists about methodological aspects of genetics, hence the chapters on the usefulness of twin studies, linkage, and the analysis of pedigrees. The medical geneticist will probably look elsewhere for the information even though the chapter on twins is written by Ross Eldridge. The book will probably be more useful to those with a primary interest in speech disorders who want to know about genetics rather than the other way around.

Had the exchange rate been more in favour of the pound than it is at present, the book might still have been a good buy for the departmental medical library, but at \$29 its rightful place is in the Institute library where a broader clientele can refer to it.

M BARAITSER

The Hereditary Ataxias and Related Disorders

By A E Harding. (Pp 266; figures + tables. £30.00.) Edinburgh: Churchill Livingstone. 1984.

The cerebellar and spinocerebellar ataxias have long been in need of some clarification and this new monograph, based on the author's own series of over 200 families, does this admirably. In the succinct introductory chapter, Anita Harding outlines some of the problems in classification. One problem is that, excepting the rare 'pure' cerebellar ataxias and spastic paraplegias, the clinical signs in the remaining ataxias change with age. For example, reflexes which were initially brisk, have frequently diminished after 10 years of illness and are often totally lost after 20 years. It is therefore not surprising that within the same family there may be some patients with absent reflexes and others with brisk reflexes. Secondly, Anita Harding points out that within the same family dead members may have quite different pathology. She properly concludes that a pathological classification is not appropriate when dealing with living patients and has produced a clinical classification based on similarities within families.

The childhood onset ataxias are the easiest to classify and are described in chapters 2 to 9. All diseases in which ataxia is a prominent symptom are included here, so there are descriptions of metabolic disorders as well as of the congenital ataxias and degenerative ataxias. The chapter on Friedreich's ataxia, based on the author's personal experience, is outstanding. What could be more useful than a table listing (1) essential criteria for diagnosis, (2) features often present but not essential, and (3) features present in a minority of cases? Another chapter, particularly valuable for genetic counsellors, is a description and critical assessment of X linked spinocerebellar ataxia. The author indicates the relative frequencies of these childhood onset diseases and also gives an informed account of their management.

There are two chapters on the late onset ataxias, based on a personal study of 47 such patients, of whom 11 had affected relatives and 36 were isolated. Anita Harding categorises the familial cases, which all showed autosomal dominant inheritance, separately from the isolated cases, concluding that the latter do not have a monogenic disorder because of a low risk for affected offspring. The autosomal dominant cases are classified into four groups: ADCA I to IV. Due to a poor memory, I dislike initials and numbers and would have preferred, for instance, that ADCA type II was called 'adult onset cerebellar ataxia with macular degeneration'. However a clinical description of ADCA I would be