of intrauterine and postnatal growth retardation. The Russell–Silver syndrome, and also cases of intrauterine growth retardation without asymmetry, may well be related to constitutional or mosaic uniparental disomy. In mice there are at least six segments of chromosomes which exhibit phenotypic differences depending on whether there is maternal duplication with paternal deficiency or paternal duplication with maternal deficiency. Extrapolating from the man/mouse homologous map one can predict that chromosomes 2p, 5q, 6p and q, 7p and q, 9q, 11p and q, 16p and q, 19q, 20q, 21q, and 22q in humans might show phenotypic differences when there was uniparental disomy for those segments. Again, judging from the mice and from the human example of cystic fibrosis, one would anticipate growth and behaviour abnormalities but not true malformations in these situations (assuming that a gene that in the homozygous state could produce a syndrome with congenital anomalies was not carried on the particular chromosome). Since both chromosome and DNA markers are available it seems worthwhile to pursue the possibility that patients with Russell–Silver syndrome and other conditions with severe intrauterine growth retardation (where specific congenital anomalies are not present) be evaluated for the possibility of uniparental disomy as the explanation for the intrauterine growth retardation.

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A video presentation ‘Talking about Tay–Sachs’

“It’s not in my family”, or perhaps an admission that you have not heard of the condition before, may be the typical response from someone who was asked what they know about Tay–Sachs disease. However, this is no protection against Tay–Sachs occurring in your family.

A 23 minute video presentation about Tay–Sachs and carrier testing is available on loan for a four week period. Families who have personally experienced Tay–Sachs talk frankly about the condition and how it has affected them. Though these parents have suffered the loss of a young child, there is through screening a message of great hope for the future for those watching the programme. Medical and community leaders discuss aspects of counselling and testing which can prevent this family tragedy. Emphasis is placed on the benefits of people knowing their result; before marriage for some, but certainly before starting a family. That carriers are completely healthy and are only at risk of having an affected child if both are carriers is highlighted.

The majority of babies born with Tay–Sachs are born into families with no previous history of the condition. Among the Jewish community carriers are found at the rate of one person in 25. It is for each subject to decide when they would like to be tested, either as a younger single person or when a marriage is planned. We would be pleased to arrange talks with discussion for groups in the UK, show the video, and to offer testing at a later date. Community testing sessions have been particularly well received by younger people.

Details of forthcoming testing sessions are available. If you would like to have a copy of this video, or further information, please contact Zahuah Heckers or Debbie Seedburgh, Programme Coordinators, Tay–Sachs Carrier Testing Centre.

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This volume was published as the companion to volume 62 in this series and comprises the second part of the proceedings of the 4th Congress of the International Retinitis Pigmentosa Association. It is devoted to issues of direct interest to patients with retinitis pigmentosa (RP) and this is apparent from chapter headings which include researchers help patients, technical aids, therapy, genetics, living with RP, the RP societies. The majority of the contributions are from German authors (the host country for the Congress in Germany) and an attempt has been made to deal with complex issues in simple language. The text is clearly presented and fairly comprehensive for the treatment of the topics which have been chosen for discussion. The book is directed primarily to a lay readership of patients with retinitis pigmentosa and may therefore have a limited appeal to a medically qualified audience.

MARCELLE JAY


First published in 1983, this textbook was outstanding in several respects. The overall plan was a logical exploration.
tion of cells as molecular machines. This unhistorical approach allowed the most up to date and advanced concepts to be incorporated into a textbook that was elementary in the sense that it required no previous knowledge of cell biology. With six eminent authors it could cover a wide range of material with unusual authority. The production was outstandingly good, with excellent colour diagrams and photographs on every page, and it was sold at a price (£12.50) which clearly gambled on achieving an exceptional volume of sales.

Six years on they have done it again. The overall layout is unaltered, with three main sections on Introduction to the cell, The molecular organisation of cells, and From cells to multicellular organisms. At the end of each chapter are general references and cited references, the latter giving an entry into research publications. The middle section has been rearranged and a new chapter added on Control of gene expression. At the end is a new chapter on Cancer. Every chapter I looked at has been reworked, with many new pictures, but retaining the organisation into short sections each headed with a summary statement.

A new feature is the problems book. This is a separate 350 page book by John Wilson and Tim Hunt. The problems are keyed in to the text with cross references, but they cover only the second section of the main textbook, on molecular organisation of cells. Each section starts with simple fill-in-the-blank and true/false choices, but soon progresses to questions on design and interpretation of experiments that really make you think. Most have answers provided, but some don’t. Composing them must have been an enormous labour, but very well spent.

Above all, Molecular biology of the cell is a triumph of editing. The unseen editors must take most of the credit for the uniformity and clarity of style and for the excellent presentation. Comparing this book to most other textbooks is like comparing a hypermarket to a corner shop. With its big budget and professional management, the hypermarket offers variety, freshness, and value for money far beyond anything possible in a family store. The down side is a degree of impersonality. Everything is mainstream and fully vetted, nothing quirky or individual. Probably that is what most users want, with any eccentricities reserved for the lectures. However much we may in theory prefer family stores, most of us do most of our shopping in supermarkets.

This is not a book you would specifically recommend for genetics courses—there’s not enough genetics in it—but most students will have it anyway, and their genetics course should make the most of such a valuable resource. Readers of this journal should buy it for keeping up to date in related areas. All in all, one can only sit back and marvel at the time, brains, and money that have gone into producing this monumental package.

ANDREW P READ


The Human Fertilisation and Embryology Bill comes before the current UK session of Parliament. In West Germany, legislation that would effectively outlaw research on embryos within the first 14 days of life has passed its initial stages. There will undoubtedly be similar opposition from pressure groups in this country.

In this book, the author looks critically at the New Reproductive Technologies (NRTs). She writes from a feminist standpoint, as a member of FINRINGE (The Feminist International Network of Resistance to Reproductive and Genetic Engineering), although she was for 12 years a research biochemist.

The book is well researched, with copious references and published sources relating to feminism and the NRTs. It is most likely to appeal to those already converted to feminist ideals; to others, the style may seem emotive and sometimes rhetorical. However, it can usefully be read by all those concerned in the debate about the NRTs for the insight it provides into the feminist viewpoint.

The NRTs, she argues, deprive women of their central active role in reproduction. The ethical debate has concentrated on the status of the embryo rather than on the use of women’s bodies for scientific research. Feminists reject identification of the embryo as a separate entity and label both anti-abortionists and IVF advocates as fetalisers, since both subordinate women to fetalist values. She believes that the concepts of fetal rights, fetal neglect, and fetus-as-patient erode the rights of women.

In nine chapters, she examines the ethical background to the new technologies, the status of the embryo, the history and practice of in vitro fertilisation (IVF), the role of medicine in infertility treatment, and the ethics of scientific research on women. She discusses the new genetics, eugenics, the role of the state in controlling women’s reproduction, and the social implications of biotechnology. In the final chapter she formulates a feminist approach to these developments.

As to IVF, Ms Spallone considers it a “technical fix” which fails to address the underlying causes of infertility. The existence of IVF pre-empt other non-technical choices; women feel obliged to undergo invasive and potentially dangerous procedures with small hope of success, rather than being encouraged towards an acceptance of infertility.

Feminists view the new genetics as fundamentally eugenic and fear that genetic preselection might be used to guide the evolution of the human species. They deny that technology is neutral and can be used for good or evil. Their response is a radical fundamentalist approach that would seek to ban the NRTs completely.

To suggest that women should be given support and non-technical alternatives in coping with infertility is a positive approach. However, abandoning IVF and embryo research would deny many couples with infertility or genetic disorders the chance of having a healthy child. I doubt they would be convinced by the arguments in this book. Instead of rejecting technological advance, to quote Baroness Warnock, “we need to learn to trust research scientists to work for the advancement of knowledge within a framework of regulation determined by an alert and educated society.”

The Human Fertilisation and Embryology Bill would be part of just such a framework.

C GARRETT