should increase charges for services; bill for all services provided to family members; charge for all genetics professionals' time, including that of counselors and social workers; and even request payment at the time of service" (p 359). Unfortunately, much of the burden of genetic disease even in the First World is borne by the poor, so-called minority groups (blacks in the Americas, Asians, Caribbeans, and Greek Cypriots in the UK), those least able to afford private health care. Medical geneticists in the UK, notably Bernadette Modell, have pleaded that such people must be spared the cost of screening tests and genetic counselling, if they are to be helped to cope successfully with their genetic problems, the most important of which are the haemoglobinopathies.

The book is a mine of information and an excellent index will facilitate its use as a valuable reference for physicians and other health care professionals working in Africa or in countries with significant numbers of people of African descent; the more than 800 references will help direct their further reading. There are useful appendices in which are listed genetic variants and disorders commoner or rarer in blacks than in other peoples, charts of developmental indices in African–American children, and a list of polymorphic traits of exceptionally high or low frequency in peoples of African origin, although this table lacks references.

TREFOR JENKINS

Obstetric Genetics. Zoltan Papp. (Pp 627; £39.00.) Budapest: Akademiai Kiado. 1990.

This is a clinically orientated book largely concerned with clinical genetics, especially prenatal diagnosis, and some relevant obstetrics. The general approach is excellent in that enough theory is given about the genetic aspects in clear, well illustrated form to allow it to be comprehensible to the non-geneticist.

The first 11 chapters describe modes of inheritance, basic cytogenetics, and a brief, but fairly comprehensive, review of clinical molecular genetics and gene mapping.

There are short chapters on sampling techniques for prenatal diagnosis and discussion of the laboratory aspects of prenatal diagnosis. Genetic counselling and screening, and practical and ethical aspects of artificial reproduction, prenatal therapy, and termination are also covered. The final third of the book deals with specific groups of genetic disorders, ending with non-genetic conditions causing handicap such as intrauterine infection, obstetric complications, and teratogenesis. The book is based on the author's wide experience and on his lecture courses.

The book is patchy. Some chapters, mainly the genetic ones, are clearly written. However, in the author's attempt to be comprehensive, there is a profusion of short chapters where we feel not enough information is included to be useful, for example, the sections on hydatidiform moles, mosaicism, and prenatal therapy. We are not sure of the value of the very long lists which are included in a number of chapters; for example, there are two on autosomal dominant and autosomal recessive disorders, some of which are exceedingly rare and some of which are by no means confirmed to be monogenic.

After each chapter, a good and up to date list of references is given, but these are not referenced in the text and it would be hard for the reader not familiar with the published reports to know which were relevant.

The book is very well produced and illustrated on glossy paper and the translation from Hungarian is excellent. It would form a good starting point for trainees in fetal medicine and geneticists involved in prenatal diagnosis and should have a place in genetic and obstetric libraries.

DIAN DONNAI
PAUL DONNAI

Human Prenatal Diagnosis. 2nd edition. Ed K Filkins, J F Russo. (Pp 624; $150.00.) New York: Marcel Dekker. 1990.

Although medical geneticists usually regard prenatal diagnosis as their own subject, only the most blinkered would deny that obstetricians also have a legitimate interest. Books on prenatal diagnosis conceived by obstetricians have a very different emphasis from those which start from the genetic counselling clinic or the service laboratory. This one is no exception. It is edited by two obstetricians from the West Pennsylvania Hospital in Pittsburgh and is considerably expanded from the first edition.

As expected, there is a strong emphasis on techniques for the visualisation and manipulation of the fetus and for the acquisition of fetal tissues. There are three chapters on ultrasound (one for each trimester), one on fetal echocardiography and Doppler blood flow studies, one on chorionic villus sampling, one on amniocentesis, and one on fetal blood sampling. Chapters on selective termination of pregnancy, fetal therapy, and preimplantation diagnosis complete the coverage of fetal manipulation. This leaves little room for the laboratory sections, and although there is a substantial chapter on DNA analysis, a compendium of prenatal metabolic diagnoses, and a short section on maternal serum AFP screening for both fetal neural tube defects and Down's syndrome, this remains the obstetricians' eye view of the subject.

For the first edition of this book I wrote a review for the *Journal of Medical Genetics* which concluded, "poorly conceived, unattractively presented, and unnecessarily expensive". The second edition provides vastly improved coverage of the field of prenatal diagnosis, but is still unattractively presented and unnecessarily expensive. I could only recommend it for the library which wants a complete collection of books on prenatal diagnosis.

D J H BROCK

London Dysmorphology Database. Oxford: Oxford Medical Databases.

Readers of *Journal of Medical Genetics* probably do not need to be persuaded of the value of the London Dysmorphology Database (LDDB), the new edition of which has just appeared. This new edition is produced by Oxford Medical Databases and is supplied on either 5·25″ or 3·5″ master floppy disks. Use of the database requires only the most limited knowledge of personal computers and the DOS system (as I can testify) and a computer with 10 Mb of filestore and

a CONFIG.SYS file in the root directory containing a minimum of 20 files and 15 buffers. Disk 1 contains an installation program so that installing the program onto the computer is simple and takes 20 to 30 minutes. The program comes with a well presented and clearly written guide with three chapters, the first giving installation instructions, the second a review of the best way to use the program for syndrome searching, and the third describing the Database facilities. There is also a useful appendix with flow charts showing the contents of the database and a list of all the different features (for example, large ears, prominent glabella, etc) which can be selected during a syndrome search. On accessing the program itself, one is confronted with a list of all the 2000 syndromes which one can search through very rapidly if wanting to consult an abstract, list of features, or reference list for a particular syndrome. The references first appear as an abbreviated list giving author, title, and date and the full reference can then be obtained very simply for each particular entry by pressing the 'return' key. There is the option of several reference formats, for example, Vancouver 1 and 2, APA, Harvard 1 and 2, and Nature.

The new version contains all the features of the older versions including the facility for including one's own patients in the patient datafile, which can also be searched for a 'match'. One striking difference is the speed with which this is now achieved. This is most evident in the search mode. There is also greater flexibility built into the new package. In searching for a syndrome one may choose to search on features alone or on multiple factors, by which is meant features plus a keyword plus a pattern of inheritance. A keyword is a word that must occur in the title of a reference or title of a syndrome. The guide gives the helpful example of searching for all peroxisomal syndromes with cataracts; one can enter cataracts as the feature and peroxisomal as the keyword.

It is possible to search on all syndromes containing features A or B or C or all syndromes with A, B, and C and to specify whether A and/or B and/or C are mandatory. There is therefore a great deal of flexibility built into the new system and such flexibility means that care and experience is required in choosing the best combinations for a search. The guide therefore correctly points out that the LDDB is a system for experts rather than an expert system. A helpful guide to good 'handles' is provided in the features list, that is, by the side of each feature is listed the number of syndromes in which that feature has been described.

The new version of LDDB provides greater flexibility and much greater speed. It is simple to use and it does not take long to adapt to the new conventions in it. The LDDB remains an essential tool for all clinical geneticists and this new version enhances its reputation still further.

ALAN FRYER