investigation of these patients, incorporating both clinical and laboratory evidence. It would be of great value to carry out a skeletal muscle biopsy on the patient described by Dr Albin. The histochemical and biochemical evidence of mitochondrial respiratory chain dysfunction. These investigations are often abnormal in patients with neurological abnormalities resulting from mtDNA disease, and the characteristic mosaic pattern of cytochrome c oxidase activity in muscle or a biochemical complex deficiency may provide clues as to the nature of the underlying genetic defect. It is often difficult to ascribe pathogenicity to a mtDNA mutation, particularly if the disease has an unusual phenotype. Therefore, although the clinical evidence presented by Dr Albin is compatible with a mitochondrial disorder, the inference that the T4216C and G15257A nucleotide transitions are the primary aetiological factor responsible for Fuch's corneal dystrophy is unfounded.

PFC is a Wellcome Trust Research Fellow. RA is a MRC (UK) Research Fellow. NH is supported by the Wellcome Trust, The National Eye Institute (RO1 EY107580), and the John Sealy Memorial Endowment Fund. The authors also provided evidence of neuromuscular dysfunction as part of the phenotype by showing abnormalities on muscle ultrasound in four gene carriers, and they commented on our observation of the red discolouration of muscle wasting in two affected brothers, aged 15 and 14 years at the time of our report. In that report, we described the frequent occurrence of generalised epileptic seizures without pathognomonic epileptic elements in EEG. We had occasion to follow these CLS brothers up to their sudden death at the age of 32 and 34 years, respectively. During this follow up it became evident that the "epileptic episodes" were episodic deafferentation epileptiform lapses with atonia; as in case 1 reported by Crow et al., these episodes were precipitated by a loud noise or excitement. The frequency of episodes and severity of the drop attacks worsened with age and was correlated with a further progression of the peripheral muscle wasting and of a severe thoracolumbar scoliosis, which finally resulted in acute cardiopulmonary failure.

Over the last 25 years we have had the opportunity to examine 20 other CLS males. In one of these patients the same type of sudden, non-epileptic attacks were noted from the age of 4 years. When this patient boy suddenly dropped, always in a forward position, hurting himself. No epileptic discharges have ever been noted on repeated 24 hour EEG monitoring. Also, a progressive thoracolumbar scoliosis appeared as the boys were developing, and after the experience in the two brothers we decided to operate on the scoliosis at the age of 14 years with satisfactory correction and stabilisation of the curve. On that occasion a muscle biopsy was performed with normal results. Much to our surprise, the frequent episodes of sudden and reversible loss of muscle tone have completely disappeared after the scoliosis fusion was achieved with age and was correlated with a further progression of the peripheral muscle wasting and of a severe thoracolumbar scoliosis, which finally resulted in acute cardiopulmonary failure.

In conclusion, our experience in CLS males confirms that "cataplexy" is not rare in this XLMR syndrome, as we observed it in three of 22 male patients. The aetiology and pathogenesis of this sudden collapse phenomenon remains unclear. In this perspective, it is of interest to note that these cataplexy-like symptoms increased in frequency and severity in the two brothers, together with the progression of the scoliosis and muscle wasting. In contrast, the collapse symptoms disappeared completely in the third male after surgical correction of the scoliosis.

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Cataclysmic in Coffin-Lowry syndrome

Crow et al reported an unusual, non-epileptic, cataplexy-like phenomenon in three males with Coffin-Lowry syndrome (CLS). The authors also provided evidence of

Autoclaving Guthrie cards does not prevent their use in PCR reactions!

Doctors Rahman, Emery, and Poulton (J Med Genet 1998;35:263) present their problems in obtaining neonatal screening dried blood spots or Guthrie cards from patients with the MEALS 2434 mutation. They comment that of the four cards they were able to obtain, one had been autoclaved. This, they claim, destroys the DNA. Dried blood spot cards are commonly autoclaved or steamed before performing the bacterial inhibition assay for phenylalanine in screening for phenylketonuria (PKU). They have used such blood spots for analysis of the common mutations for medium chain acyl CoA dehydrogenase deficiency (MCADD), severe fructose intolerance, and the NARP 8993 mutation. One has also been successfully used for identification purposes by DNA fingerprinting. In a study of neonatal screening blood spots from infants in the West Midlands Region for the common MCADD mutation, a failure rate of PCR of only 0.3% was obtained.

Hence there is no reason to believe autoclaving sera contributes to a poor PCR. In fact it may be that denaturing contaminating protein by autoclaving may help to reduce the amount of protein carried over during extraction and hence reduce the risk of PCR failure. However, we fully support the authors' suggestions for central funding for the storage of this important medical resource.

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Many clinicians who deal with high risk obstetrics or have specialised in maternal-fetal medicine, obstetric physicians, and geneticists will welcome this book as a useful reference and guide to the management of people with genetic disorders who intend to have pregnancy.

The book is wide ranging and covers a considerable spectrum of conditions. The authors have made an effort to keep the text as current as possible. The range of contributors is impressive and includes many well known names familiar to the medical genetics community. The chapters are divided into two major sections: the first section is related to obstetric conditions associated with genetic disorders and the second to the management of newborns with genetic disease.

In the first section, chapters are devoted to aseptic meningitis, congenital anomalies, cancer, mental retardation, familial hypercholesterolemia, osteoporosis, Marfan's syndrome, and a variety of other conditions (see table). The chapters are written in a clear, straightforward style, with emphasis on practical guidance. The authors provide useful tables and diagrams, as well as references for further reading. The book is well illustrated, with many colour plates and line drawings. The layout is attractive, with ample margins and generous spacing between paragraphs. The use of bold and italic type for emphasis is consistent and effective. The book is written in clear, straightforward language without jargon, making it accessible to dental professionals.

The chapters are written in a logical and coherent manner, with each section building on the previous one. The authors have included a summary section at the end of each chapter, which provides a concise overview of the key points discussed. The book is a useful reference for dental professionals who wish to update their knowledge of genetic disorders and their implications for dental practice.