would not do any harm to the importance of the two other contributors.

In summary, this is a book that appears at the right moment. The author must be honoured for his attempt to prevent many important facts and details in the history of early cytogenetics from being lost forever. The book reads easily; it can be highly recommended for geneticists not only in cytogenetics but also in any field■

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Building Genetic Medicine

Building genetic medicine, a tale of two countries

'Building Genetic Medicine: Breast Cancer, Technology and the Comparative Politics of Health Care' Edited by Shobita Parthasarathy
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This is an interesting book, which describes the development of genetic testing for breast cancer predisposition through a social and public health perspective. These data are comprised of structured interviews as well as information gathered from articles published in newspapers, magazines and scientific journals.

S Parthasarathy provides a historical description of genetic testing for breast cancer in the United States and the United Kingdom. She adopts a neutral tone as she details the divergent approaches in these two countries. The historical and sociological background provided allows the reader to understand how these two countries produced such different systems. Comparing public health systems is a controversial topic and adding the complexity and ethical issues of genetic testing renders this debate more fascinating. The neutrality of the author allows the reader to appreciate the respective strengths and weaknesses of the two systems. For those who are not familiar with the United Kingdom and United States genetic testing strategies, the differences are striking. In the United Kingdom, testing is provided through a structured health service system aimed at reaching public health goals with a particular concern on full coverage of the population. Contrastingly, the United States has a minimally regulated environment in which one biotech company markets genetic testing to consumers and professionals. The author describes how the variety of approaches initially available in each country was eventually replaced by one system. In the United States, Myriad Genetics used its financial strength and intellectual property to drive other providers out of the market. In Britain, proponents of a national BRCA-testing strategy pressured regional genetic clinics to adopt their system. The author describes how, once Myriad established itself as the sole provider in the United States, it failed to expand in Europe where health care professionals, patients and intellectual property rights are viewed in a radically different way. One of the main shortcomings of this book is the absence of data showing what these systems have achieved. The author mentions that as of fall 2006, Myriad had sold 100 000 tests in the United States. How many individuals with breast cancer were identified? One might assume that Myriad tests, which were directly marketed to patients, may have had a lower positive yield since the criteria for identifying women who should benefit from the test were less stringent. These data, however, may not be available.

Overall this book is very thought provoking and demands readers to consider the directions we want our health systems to go. The divergent evolution of BRCA1 and 2 testing in the United Kingdom and the United States should serve as a paradigm to help us prepare for the next revolution: 'whole genome' testing. Biotech companies are racing towards the 1000-dollar genome test, which will raise far more complex medical, ethical and legal issues■

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