

㊦㊦㊦  
㊦㊦ 双生児研究会 ニュースレター ㊦㊦  
㊦㊦ 《第7号》 ㊦㊦  
㊦㊦ Newsletter of the ㊦㊦  
㊦㊦ Japan Society for Twin Studies ㊦㊦  
㊦㊦ 1990年6月30日発行 ㊦㊦  
㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦

㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦ 目次 ㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦

疫学領域における試み…………… (清水忠彦) … 2  
デンマークにおける双生児…………… (レーネ・ロノウ) … 8  
双生児研究会第5回学術講演会開催のお知らせ…………… 16  
※ 平成3年1月19日(土)午後1時-5時  
※ 於:東京医科大学病院  
特別講演の御案内…………… 17  
双生児研究会第4回総会議事録…………… 18  
幹事会議事録…………… 19  
双生児研究会会員名簿…………… 20  
編集後記…………… 24  
㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦㊦

~~~~~ 双生児研究会事務局移転のお知らせ ~~~~~

本研究会の事務局を東京大学医学部保健学科内から一時的に厚生省人口問題研究所内に移すことが平成元年度第2回幹事会で決まりました。  
今後、事務連絡、新入会員の受付等は同所をお願い致します。

〒100 東京都千代田区霞が関 1-2-2  
厚生省人口問題研究所内双生児研究会事務局

電話 03-591-4817 (直通)  
03-503-1711 (代表) 内線 3660  
FAX 03-591-4816 (庶務課)

双生児研究会第4回学術講演会〈特別講演〉

日時：1990年1月13日（土）

場所：大阪国際交流センター（小ホール）

## 『疫学領域における試み』

近畿大学医学部公衆衛生学教室  
清水忠彦先生

双生児は疫学研究の上で貴重な情報を与えてくれる。その情報を読み取り解析するには、通常の疫学と異なった手法、考察を要する。当教室での二、三の試みと、それから導き出された成績を示したい。

1. 当教室ではかねてから50歳以上の中高年双生児の健康診断を実施してきた。現代の臨床医学検査は、微量検体による多項目処理の技術が発達し、健康診断時の採血、採尿で多種類の検査成績を得ることが出来る。当教室でも60項目を越える臨床検査成績を百数十組の双生児について得た。双生児研究の特徴の一つは遺伝力、環境力の算出であるが、われわれが得た成績の一部を表1に示した。この種の成績は今後各方面から報告されることであろう。

しかし、この成績で次の3点が気がかりになる。第1は遺伝力、環境力の算出方法である。この点については既に精密な数理統計学的手法が種々提案されており、さておくこととする。

第2は遺伝力、環境力の大小に、何か共通した特徴、法則性がないかということである。遺伝力の大きさが、例えば生化学的、あるいは発生学的に、統一的に説明できないだろうか……。まだ手がかりを得ていないが、挑戦すべき課題であろう。

ところでそれぞれの検査項目の遺伝力、環境力が明かになると、受診者は検査項目ごとにリスクの性質を知ることが出来て健康管理に役立つ。環境力の大きい検査が要注意であれば何よりも生活規制を必要とし、遺伝力の大きいものについてはむしろ医療面を重視する必要があるだろう。しかし検査項目が多くなると個々の指示がばらばらになる。全体としての理解が困難になり、保健指導に混乱を生じる。そこで第3の問題として、遺伝力、環境力を盛り込んだ総合リ

スク指標の設定が課題になる。試案を表2に示した。

表2に示した式のうち、各検査項目の遺伝力、環境力はいずれ双生児研究で出揃うであろう。各人の検査値はしかるべき評価点として表現するなど工夫できる。それぞれの検査の予後に及ぼす影響力（重み付け、負荷指数）は、既存の追跡調査の成績を借用してもよいし、追跡調査自体が双生児研究の得意とするところでもある。検査項目ごとに求めた数値の総和が、求める総合リスク指数である。

このような指標は現実に必要なようになってきている。現在40歳以上の国民は、老人保健法により健康診断を受けることになっている。今後、検査項目、受検者数の増加に伴って、健診後に保健指導を要する人数が一層増加する。指導に当たる医師、保健婦の業務量には自ずと限度があり、保健指導対象者の優先順位を定める必要に迫られてくる。総合リスク指標はその合理的な判断基準になろう。

2. 素因的に、ある検査値が特定の形質、検査値と関連していることがある。従来から双生児研究はこの問題を扱ってきたが、形質や検査値間の関連性を探るのに、次のような手法を考えてみた。

即ち仮の前提として、成人の一卵性双生児でペアの検査値がほぼ同じものは、その検査値がその双生児の素因をそのまま反映しているとみなすことにする。50年以上の人生を経た人々であるから、双生児といえどもその間の生活環境の影響が異なっている、それにも拘らずペアの検査値が同じであるということは、その検査値が主として素因で支配されているからだ、というわけである。この前提に立つと、ペアの検査値がほぼ一致している組だけを選び出し、それらについて解析することで、より鋭敏に形質、検査値間の関連性を解析することが出来ることになる。

事実、その例を図1に示した。今、一卵性のペアの血小板数がほぼ一致する組を選んで他の形質、測定値との関係を見ると、特定の血液型（Lewis b(+)）と血小板数との間に強い関連性のあることが見い出せる。しかし、ペア差のある組や二卵性で見た場合は、その現象がマスクされてしまい、この現象を見逃す。もちろんこの前提は常に成立するわけでないし、そこから導き出された成績を直ちに結論としてはならない。しかし作業仮説として標的を絞る上で、試みる価値があろう。

現在、この手法で解析対象を選択し、60数項目間の素因としての相互の関

連性を検出する作業を試みている。1例としてアポC-ⅢとHDLとの関係を示すと、両者間の相関係数は、アポC-Ⅲ値を揃えたペアでのアポC-ⅢとHDLとの相関係数が+0.521と比較的高く、不揃いのペアについては+0.111にとどまった。他方、HDLの方を揃えたペアのHDLとアポC-Ⅲとの相関係数は+0.182と低く、かえって不揃いのペアとの相関係数の方がやや高く+0.363であった。

これは、アポC-Ⅲの構成について、素因部分がかかりHDLと重複すること、しかし環境部分についてはHDLとの重複が少ないこと、他方HDLについては、素因部分についてアポC-Ⅲとの重複が少なく、むしろ環境部分の重複の方がそれよりもやや大きいことを意味している。またこのことは、アポC-Ⅲの素因部分が環境部分よりも小さく、HDLについてはその逆ではないか、と想像させる。そのように考えるとこの現象の説明が容易であるからである。因みにさきに我々が得た遺伝寄与率はアポC-Ⅲが0.066、HDLが0.667であった。

このことから、さらに想像を発展させて、次のような手法も考えている。すなわち検査値の揃ったペアについて、二つの検査項目の間で相関関係が一致する組だけを選び出す。この選ばれた組について検査値の大小を説明する共通事項を探す。それが即ちその検査値を支配する因子である可能性が高い……。構造を手探りする段階では、これも有効な手法ではなからうか。

3. 双生児は環境の同時性という特徴がある。このことを感染症の垂直、水平感染比の推定に応用できる。B型肝炎ウイルスの感染経路は、出産時の汚染による母から児への感染（垂直感染）と、その後の感染（水平感染）との2通りがある。

過去にB型肝炎ウイルスに感染したかどうかはHBc抗体価でほぼ推定できる。しかしとくに成人の場合、それがどちらの感染経路によったのか分からない。その点双生児は、ペアの双方が感染している場合は、母児感染か偶然双方が水平感染したかである。ペアの片方だけ感染している場合は、母児感染でなく水平感染である。このことから理論的に確率にもとづく計算で母児感染既往率、水平感染既往率を求めることが出来る。当教室の50歳以上についての成績を図2に示した。

その成績によると、わが国の中高年層は40数%が過去にB型肝炎ウイルスの感染を受けていたが、感染経路は年齢層で著しく異なっていた。すなわち6

0歳以上は大部分が水平感染であり、59歳以下は半数あるいはそれ以上が母児感染であった。このことは、わが国のB型肝炎ウイルスが現在の高齢者の世代に一斉に蔓延し、その感染者が次世代に母児感染させたことを示唆している。

感染経路が推定できると、それを手がかりにして、さらに研究の展開が可能になる。その一つとして、各種の肝機能検査値をペアの双方感染群と片方のみ感染群で比較してみた。肝機能検査のうちとくに目立ったのは、 $\gamma$ -GTPの高値が双方感染群に比較的多かったことである(図3)。 $\gamma$ -GTPは飲酒とも関係するが、飲酒の有無別にみてもその傾向が認められた。 $\gamma$ -GTPは慢性肝炎などの指標とされており、母児感染者の予後と関連して関心が持たれる。

垂直・水平感染比を明かにするこの手法も、浅学にして他に例を知らない。しかし他の感染や汚染、とくに国内では成人T細胞白血病ウイルスの感染に応用できるのではなかろうか。

以上は当教室の双生児研究中に、たまたま思い付いたものである。試行の段階であるが、双生児研究の疫学領域は、可能性と夢が期待される。

本報告は当教室(早川和生、大城 治ほか)、臨床病理学教室(大場康寛教授)および中央臨床検査部(富岡茂技師長)との共同研究の成績にもとづく。

表1 各種検査項目の遺伝寄与率

| 項目         | 寄与率   |
|------------|-------|
| 最大血圧       | 0.549 |
| 最小血圧       | 0.598 |
| 総コレステロール   | 0.338 |
| HDLコレステロール | 0.667 |
| トリグリセリド    | 0.200 |
| アポA-I      | 0.371 |
| アポA-II     | 0.043 |
| (以下略)      |       |

表2 総合リスク指数

「素因」総合リスク指数

$$\frac{\Sigma (\text{遺伝寄与率} \times \text{検査値 (評価点)} \times \text{負荷指数})}{\text{標準値}} \times 100$$

「生活」総合リスク指数

$$\frac{\Sigma (\text{環境寄与率} \times \text{検査値 (評価点)} \times \text{負荷指数})}{\text{標準値}} \times 100$$

図1 血小板数と血液型(Lewis b(+))との関係

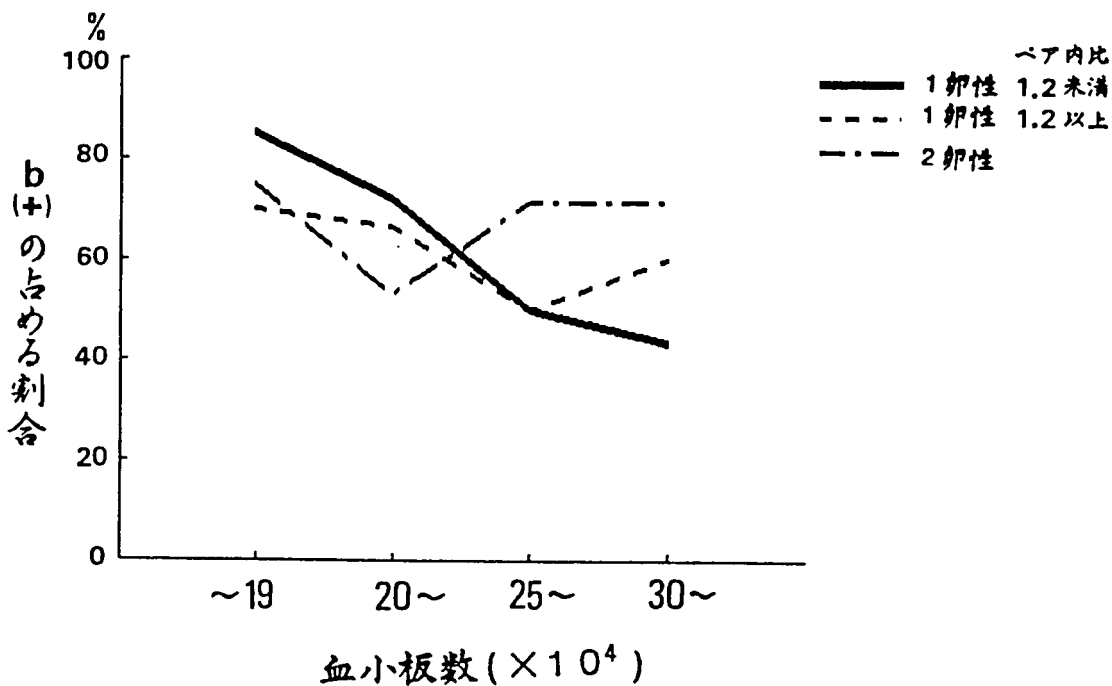


図2 年齢区分別B型肝炎  
母児・水平感染既往率

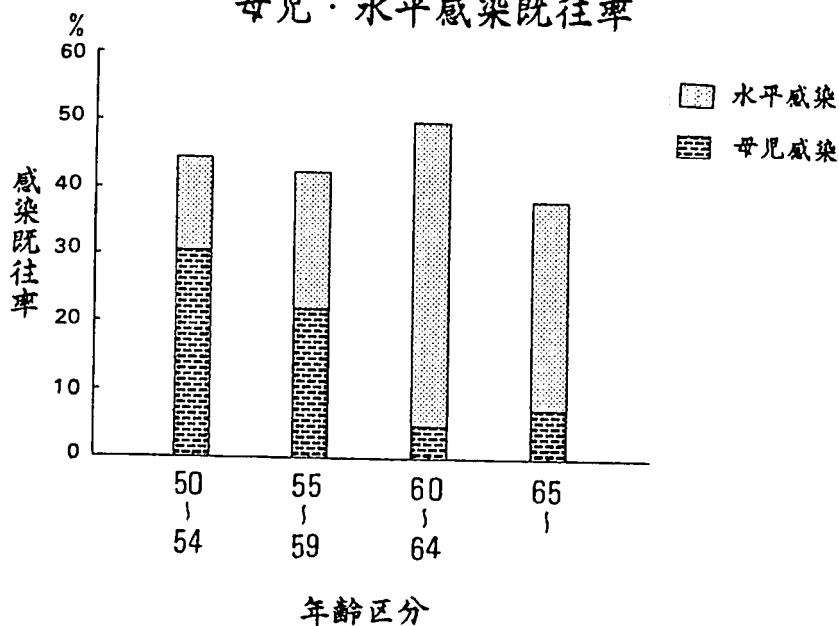
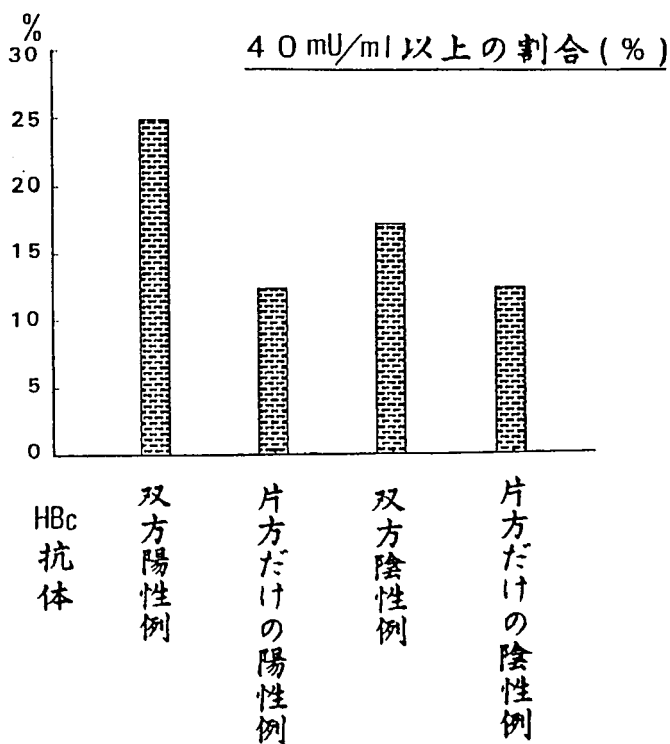


図3 感染様式とr-GTP値



双生児研究会第4回学術講演会〈特別講演〉

日時：1990年1月13日（土）

場所：大阪国際交流センター（小ホール）

『デンマークにおける双生児』

1. OPENING

レーネ・ロノウ

First I want to thank you for wanting me to come here to speak to you about twins in Denmark. It is a great honour for me and I thank you very much.

My background for coming here is that I myself am a mother of twins who are now 11 years old. I have two other children, a boy who is 28 years old and a girl of 22. I am 53 years old myself. I am a teacher and that is my only academic background. I have been a teacher for more than 30 years now. I have been teaching Danish and English to Danish children and besides that I have been teaching immigrants Danish. This year I started in a new job as an adviser in a special school for young people aged 14 to 18 amongst whom are many immigrants.

In my former job in an ordinary "Folkeskole" I was chairman of the teacher's board for several periods.

As a co-ordinating person I help twin parents from all over the country to get in touch with each other so that they can help and support each other.

As I wrote in my book: when I was expecting the twins I could find no books on the subject and therefore decided to write a book myself. Which I did a few years ago.

"The Twins' Handbook" is not the only book I have written. I wrote a book about young people meeting, falling in love and marrying. This book is for educational purposes.

I have also written articles in newspapers and I am a reporter for the monthly magazine that the teachers in my community publish.

My speech will include following items:

A little statistics

Registration in Denmark, conditions for research in Denmark, tendencies in twin research in Denmark

Legislation: family structure, the Danish society, social security

What's in the law: Maternity leave, economics, help

Concluding comments



## 2. REGISTRATION

There is law limiting registration in Denmark. Of course the authorities are allowed to register persons for specific reasons such as tax purposes, social matters etc. Banks and other firms can register their customers - that is of course dependent upon the customer's approval.

But it is also a stated right for every Dane to see what is in the register about him or herself. In that way the administration is public.

Because of our tendency to limit the extent of registration in Danish society we do not have a system for central registration of twins. Researchers and scientists can be allowed to draw out figures from the register of the National Health Board.

In Sweden they have a nation wide register of twins containing information on more than 50 000 pairs of twins. But in Denmark registration seems to be almost by chance. Where some researchers have been working on twin studies there will have been at least some extent of registration.

I tried to get some figures from the National Health Board, but for me it was impossible, as I was not able to prove that I would use the figures for the purpose of research. The figures I showed a few moments ago are therefore from books with statistics which are published every year.

Each birth and death is reported to the parish register by the relatives. Then the parish clerk reports the given information to other authorities such as the national register. After that a new born person is given an identity number, which is to follow the person for the rest of his life.

As I said, there is no central or formal registration of twin studies and twin research (or studies and researches in all). If one wants to find out what kind of research have been done or what is being done, one has to enquire at every university and any hospital where research is taking place.

I went to the Royal Danish Library to find out about researching and twin studies and found only little - because there is no registration.

It is very opaque what is going on. I guess the reason is that most research workers want the results for themselves until they have finished their work - which is perfectly understandable.

## 3. CONDITIONS FOR RESEARCH IN DENMARK

If you want to be a research worker in Denmark it is an advantage to get a job at a university.

As a student while studying it is possible to do research but not very common.

As part of the student you will have to write a thesis before graduating and of course this could be a piece of research guided by the professor.

Though most research is done by teachers and professors at universities and hospitals.

A professor is obliged to do further studies on his specific

subject as a part of his job. Every professor is to spend 50% of his working hours on education, 40% on research and 10% on administration.

One does not have to be a professor at a university in order to do research but it is an advantage because otherwise one would have to do the research work in one's spare time and at one's own personal cost. This is because it is close to impossible to get money for funding research if one is not inside the system and known by those who grant the money.

Another thing which I think is the same all over the world: the more results one has to show for one's research the higher prestige and the better jobs.

For medical doctors the rules are a little different. If a doctor has a job in a hospital attached to education in a university, the doctor usually has an obligation to do research. Many times the research will demand greater financial resources than can be obtained from the institution (university or hospital). In those cases doctors have to apply for extra resources either from the Danish Research Council or from private funds. For ordinary medical doctors it would be very difficult to get themselves a sponsor. As a doctor in a hospital job possibilities are quite good as many private funds support the research.

As to twin studies I can only tell that there are no specific rules or conditions other than the above.

#### 4. TENDENCIES IN TWIN RESEARCH IN DENMARK

In Denmark as in most other countries twin studies are dominated by studies from a biological, an obstetric and a genetic point of view. The so called "classical" studies on twins are about heredity and environment. These studies are still the most common ones. The goal of these studies is to uncover the relative influence of inheritance and environment on developing personality, appearance and illnesses - mainly mental illnesses. It is presumed proved that a certain characteristic within monozygotic twins is due to the inherited identical genes in the twins if the twins show significant similarity with regard to this characteristic.

Twins are therefore used not for the purpose of twin studies but rather in research concerning itself with questions of heredity and environment.

And I think it was forgotten in this kind of studies that environment can be definitively different for each of the twins - even from the very beginning in the womb.

One of my twins was extremely active while the other was remarkably inactive during my pregnancy. I think it was because the inactive twin had placed herself in the position for birth while the other couldn't quite figure out where to place himself.

There are two goals in modern twin studies.

One is research using twins as a means to study non-twin-specific subjects. One twin will here be a subject in an experiment, the

other will be a control person.  
The other goal is studies related to twin-specific questions, studies of "twinness".

The latter kind of studies is the kind of twin studies that we twin parents twins can benefit from.

I think it would be a fine idea if researchers would coordinate studies and make known to the public what the results are. Until now it has been very difficult to get to know what is being done and what has been done earlier. It make it impossible to benefit from what ever research workers have found and the research becomes more or less useless and ineffective.

Sometimes results of quite another research can be useful to twin studies.

In 1960 a doctor in Copenhagen whose name is Bengt Zachau Christensen followed up an investigation made a decade earlier about the health conditions of newborn babies. Children born in the year 1960 in Rigshospitalet (The Copenhagen University Hospital) were 9000 children.

As a sideeffect it was found that mothers of twins more often were a kind of super women in spite of the bigger risk by multiple births. They are generally healthier they are older than the average mother, they are economically better off and they are better nourished.

In 1984 an article in a Danish paper told that many investigations around the world showed that a lot more twins are conceived than reach full development and are born. About 75% of them - vanish! New ways of examination (ultra sound scans) show the picture that 3 or 4 times as many twins are conceived but before the 12th week of gestation one has disappeared. Nature certainly has its own means of birth control!

Viewing the two sets of results side by side one can find an explanation why mothers of twins cope.

More and more scientists - both doctors and psychologists -are turning toward twin-specific studies.

As example of this I can report that I found information about two Danish studies done in 1988;

One is:

twin pregnancy with an intrauterine fetusdeath of one twin after the first trimester

Another is:

the consequences of the time interval between the delivery of twin A and twin B.

I have found an article about a study done in 1987 also about twins:

monoamniotic twins

These are all medical studies.

Psychological studies have been done too.

In 1988 a book was written about monozygotic twins and the psychology of monozygotic twins.

In 1974 another book was published: The delayed language development of twins. It has since been proved that twins are NOT

delayed in their language development IF they are spoken to as single children are and IF they are not handed over to each other's company too much.

The tendency is that - even though there is still research of the "classical" kind - more and more researchers do twin-specific research.

Some of the studies being done right now in Scandinavia will hopefully be of great benefit to twins and their parents.

I have been told that studies are being done about:

The twin relationship, especially with regard to roles, the dominating one in particular.

Twins' relations with their surroundings, twins being socially self-sufficient.

Twins and their parents - how parents treat twins, as a unit or as individuals?

## 5. LEGISLATION

In order to make it quite clear what the consequences are in certain situations and to help you to understand the specific problems that a Danish twin mother may have, it is necessary for you to know a little about the Danish society and the Danish family structure.

Denmark is a very modern western democracy. We like to believe that men and women have equal rights in our society. To a certain point this is correct. Voting and being elected to parliament, to city councils and other public offices - give by law equality.

But conditions in the labour market reveal inequality. Men and woman don't really equal access to top jobs and the slogan "Equal pay for equal work" is not in fact reality. In the home it is up to the individual family to decide whether or not the husband and wife are equal, but recent studies have shown that women still do the main part of the housework.

Because of jobsituation it is of great importance to a woman to keep in touch with the labour market, that is if she wants to have a career of her own. It is rather common for a Danish wife to have a job and a career even though she has small children. The reasons why are many.

One is that the standard of living is very high and based on double income. Houses and flats are expensive and to be able to pay the costs it is almost imperative to have a double income. If the flat is rented, families with an income under a certain amount will have some of the rent paid by the authorities - it is a right by law.

Another reason is that after women's liberation in the 60s and 70s, women feel that being highly educated themselves they want an active working life with demands and challenges. Having work outside the home they feel they get inspiration and lead a more exciting and interesting life.

Unfortunately the rate of divorces is rather high in Denmark (appr. 50% of all marriages end up in divorces), and if a woman is not related to the labour market she might be put in a bad

position in case of divorce. Some people (men?) think that the high rate of divorces is due to women's association with the labour market, others that it is the reverse.

The social security system is highly developed. No one needs to worry when it comes to basic material needs. By law everyone is secured free medical care, sickness allowances, free hospital treatment, daily cash benefits in case of temporary incapacity for work because of illness, injury or childbirth, and social pensions cover the entire population.

To be able to have a job for a woman it is necessary to have someone to look after the children. Most families are glad to use the day care institutions even though some people think they are too expensive, but the price varies from community to community.

A Danish family is not easily defined. It might consist of father, mother and children but not necessarily. It might as well consist of either a father or a mother and children, and quite as often a family is a mother, her new husband and her or his or their children from earlier marriages - and maybe a common child or common children.

As twin families are hard hit economically it is of great importance for them to know about the economical help available from the authorities.

Unfortunately the communities can decide for themselves whether or not they want to give any help.

About 6 years ago one community started an experiment which benefited both twin families and young unemployed women. During the first tiring months the family was "given" (they paid nothing for it) the help of a young woman. The young woman was paid by the community as part of a scheme to get her back into the workforce. So the twin family gained a free helping hand and the young woman gained meaningful paid work experience.

After this successful experiment a report was written and today the experiment has become a permanent arrangement. Families expecting twins now move to the community to benefit from this arrangement. But still - even though everybody views the arrangement as a very successful one - it is up to each individual community to decide whether they want to spend the money on a similar arrangement or not.

A twin family could hire a so called home help from the local social services department - but it is expensive hard for the twin family to cope with economically. There are exceptions - a family which earns under a certain amount of money does not pay as much as the family which is better off. Still it is an unexpected expense.

So in fact there is no law about subsidies for twin families. They get exactly the same benefit as parents of singletons. Except for ONE thing: The mother of a child is entitled to maternity leave with 90 to 100% salary compensation. But - and here it is - a twin mother is NOT entitled to twice the normal leave or salary compensation!!! Each twin gets only half a leave and half the compensation!!!

Most twin parents think it most unfair and unjust - they did not choose to have 2 children at a time, they had to take what they were given.

Mothers of singletons are quite well taken care of in Denmark: Up until 4 weeks before the delivery they can stop working, and their maternity leave is 24 weeks from the day of the delivery. And a twin mother's leave is exactly the same.

To me it means that I was reported ill for months because my delivery was quite complicated and it took some time to get over it. Because of that I nearly lost my job. If I had had the right to a double leave I wouldn't have had written in my file that I was reported for a long period of time, it would have said that because of the delivery of two babies, I was not able to attend to my job.

There are a few paragraphs in Danish law concerning twins, not directly but indirectly by not making exceptions. All parents get a yearly amount of money, in 1989 it was 5 500 D. kr. equal to appr. 10 000 J. yen, - and twin parents get the double! This applies from the time the child is born until it's 18 years old.

A few years ago I wrote a letter to each of the members of parliament and to the ministers about the unfair and unjust treatment twin mothers were exposed to with regard to maternity leave. Some of the politicians answered me briefly, that they would bear it in mind to try to make things better. A few promised they would really try to do something about it. The rest were silent. Until about 2 months ago. Next years State Budget has a provisionsaying that every family with children under the age of 4 is to receive an extra one thousand D. kr. per child per year and TWIN FAMILIES will receive a total sum of extra D. kr. 5 000!!!

It is not an extra maternity leave, but anyway it is a start! I do not know if my letter had anything to do with it but I certainly like to think it really matters to be active about the problems.

Another example I know of: A group of twin mothers all lived in the same community. The day care prices were to increase and the group discussed in public and with the politicians in the community so much and so loudly that they prevented the increase. It was hard work doing it but the result was satisfactory.

So step by step there IS progress. Even small steps count!

## 6. CONCLUDING COMMENTS

The English poet, Byron, wrote:

"All who joy would win  
Must share it -  
Happiness was born a twin."

These lines tell a lot about what it is like to be a twin. They emphasize that being a twin can be something good and valuable. We must never forget that part of it. But it seems that most people do not know much about what it implies for the persons involved and therefore we who know what it's about to have or to

be twins often focus on the problems instead of the joys and happinesses.

In my opinion, if researchers and scientists could coordinate their studies on twins and twin-specific problems and more openly show the results, ordinary twin parents would line up and be helpful by putting pressures on politicians and writing articles etc. I believe that we can achieve better conditions for twin families so that they compare positively to those of families with single children, if we all stand together and inform the public as to our good and proper arguments. I know lots of twin parents in Denmark who are willing to do something - they just don't know how or what to do.

A symposium like this might be one of the ways to go - I am most certainly going to tell about it when I get back to Denmark.

Finally I will read a little poem written by a Danish writer (translated by me):

In the tummy of my aunt  
A new kindergarten is planned  
for she's soon to be a mother  
Of a twin son and his brother

When I listen with my ear  
To her tummy I can hear  
All the happy, noisy ravel  
That's behind her little navel

Think! Inside of every mummy  
Is a kindergarten tummy!  
If you don't become a nun  
You can do what auntie's done!

Thank you for listening - domo arigato gozeimas!

〈編集部注〉

演者のレーネ・ロノウ氏は1936年10月10日生まれの女性です。デンマークのコペンハーゲン郊外に在住し、難民の子どもたちに英語とデンマーク語を教えています。子どもたちの教育を通じ文化と育児に関心を持っています。

もともとは無題でしたが編集部で演題名を付けることにいたしました。

※※ 双生児研究会第5回学術講演会開催のお知らせ ※※

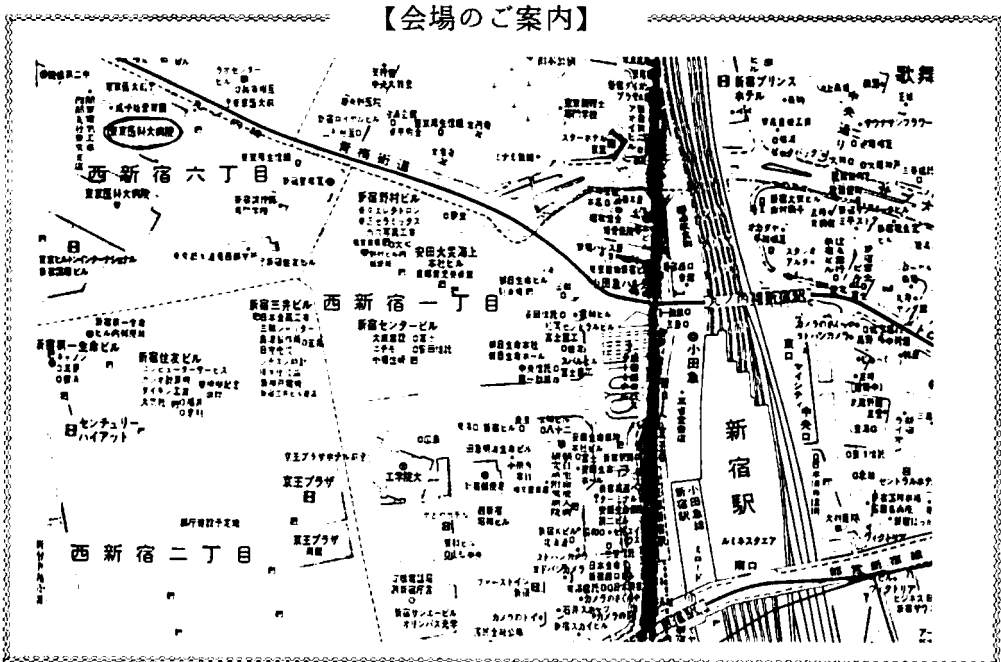
【日時】 平成3年1月19日(土) 午後1時-5時

【会場】 東京医科大学病院  
〒160 東京都新宿区新宿6-1-1  
なお、講演会終了後、病院職員食堂で懇親会を行います。

【特別講演】 「心理学における双生児研究」  
詫摩武俊(東京都立大学)

【演題募集】 [抄録] 演題名、所属、氏名および要旨をB5版400字詰  
原稿用紙1枚程度にまとめて下さい。  
[締切] 平成2年11月15日  
[送り先] 〒152 東京都目黒区八雲1-1-1  
東京都立大学人文学部心理学研究室  
詫摩武俊あて  
[問い合わせ] 同上  
(電話 03-717-0111 内線 2327)

【世話人】 東京都立大学人文学部心理学研究室 詫摩武俊





## 特別講演の御案内

【日時】 1991年1月19日  
10:00～12:00

### 【演題および演者】

1. Walter E. Nance 先生  
バージニア医科大学医学遺伝学教室主任教授

"The Detection of Epistasis and Genomic Imprinting by  
Partitioned twin Analysis"

2. Nicholas G. Martin 先生  
クィーンズランド医科学研究所主任研究員

" 演題未定 "

双生児研究会第5回学術講演会（1991年1月19日）に上記の特別講演を企画しておりますので、多数の御参加を期待しております。

### 第7回国際双生児研究会議登録料の前納についてのお願い

1992年6月下旬、東京で開催予定の第7回国際双生児研究会議の準備委員会が昨年9月25日に発足しました。また、11月7日には第2回準備委員会が開催され、研究会会員で参加予定の方に上記国際会議の登録料の前納をお願いすることに致しました。登録料は正会員が3万5千円です。ご協力頂ける方は下記の口座にお振り込み下さるよう、よろしくお願い致します。

第7回国際双生児研究会議準備委員会

口座番号 第一勧業銀行本郷支店 075-1623682

加入者名 第7回国際双生児研究会議 (Twin Congress' 92)

財務委員会 浅香昭雄

## 双生児研究会第4回総会議事録

平成2年1月13日 於 大阪国際交流センター（小ホール）

### I 報告事項

- 第4回学術講演会参加者は50名であった。  
新入会員は13名で、現在の会員数は106名である。
- 1989年度には4回の幹事会が開催された。
- 1989年度会計報告および同監査報告がなされ承認された。
- 1989年度にはニュースレターが2回発行された。
- 第7回国際双生児研究会議の準備委員会が発足した。
- 第7回国際双生児研究会議は1992年6月に東京医科大学で開催予定である。
- 第7回国際双生児研究会議の準備費の一部として、双生児研究会から10万円を借り受けることにした。

### II 協議事項

- 第5回学術講演会の世話役として詫摩武俊氏が推薦された。
- 大会の開催場所は東京医科大学病院本館、日時は平成3年1月19日（土）の予定である。

### 1989年度会計報告 (S63.12.26-H1.12.26)

| 収入の部              |         | 支出の部      |         |
|-------------------|---------|-----------|---------|
| 前年度繰越金            | 143,956 | 通信費       | 50,445  |
| 会費                |         | 事務費       | 16,651  |
| 普通会员              |         | 第2回大会補助   | 8,480   |
| S63年度 ¥3,000×7名=  | 21,000  | 印刷費       | 47,500  |
| S64年度 ¥3,000×67名= | 201,000 | 会議費       | 25,910  |
| H2年度 ¥3,000×3名=   | 9,000   | 国際双生児研究会議 |         |
| 学生会員              |         | 準備委員会に貸付  | 100,000 |
| S63年度 ¥1,500×1名=  | 1,500   | 雑費        | 4,160   |
| S64年度 ¥1,500×2名=  | 3,000   | 繰越金       | 170,663 |
| H2年度 ¥1,500×2名=   | 3,000   |           |         |
| 当日会員 ¥1,000×5名=   | 5,000   |           |         |
| 法人会員 ¥10,000×1名=  | 10,000  |           |         |
| 寄付                | 24,000  |           |         |
| 預金利息              | 2,353   |           |         |
| 合計                | 423,809 |           | 423,809 |

## 幹事会議事録

### 平成2年度第1回双生児研究会幹事会議事録

平成2年1月13日(土) 11:50-12:50 大阪国際交流センター会議室  
<出席者>天羽幸子、井上英二、今泉洋子、岡島道夫、金森雅夫、中田稔、  
野中浩一、早川和生、吉田啓治、飯島純夫(代理)、  
白川太郎(代理)

以下の事項が報告・協議された。

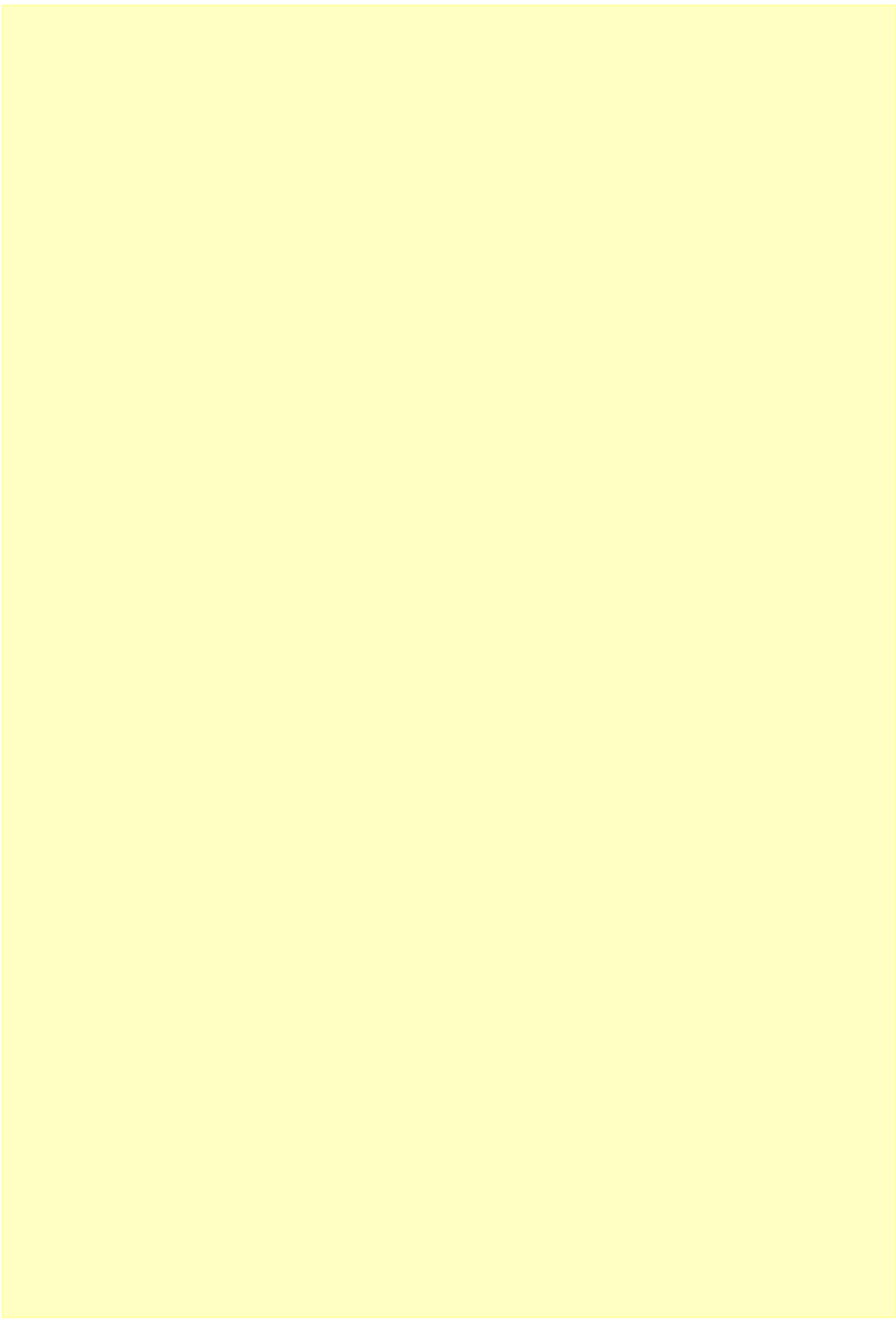
1. 第4回学術講演会と総会の役割分担について
2. 事務局報告(会員の異動、事務局の移転、幹事の交替・役割分担の変更、幹事会の開催等)が行われた。
3. 1989年度会計報告と同監査報告が行われた。
4. 第5回学術講演会の世話人として東京都立大学人文学部心理学研究室 詫摩武俊教授が推薦された。
5. 第5回学術講演会は平成3年1月19日(土)、会場は東京医科大学 病院本館で開催の予定である。
6. 第7回国際双生児研究会議の準備状況について報告された。

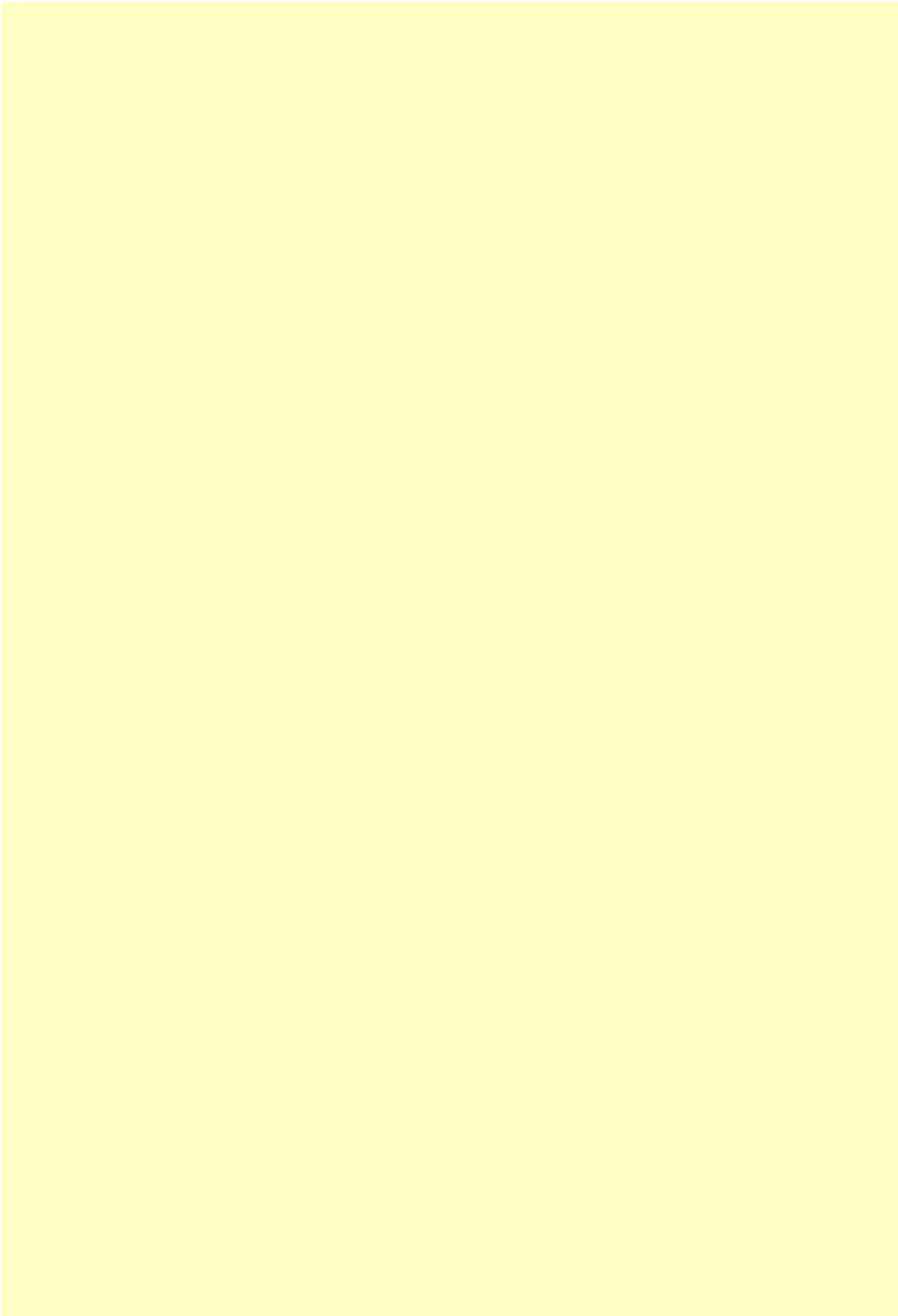
### 会員募集のお知らせ

入会を希望される方は事務局までご連絡下さい。郵便振替用紙をお送り致しますから所属、所属の住所、氏名をご記入の上、年会費(3000円)を御送金下さい。

〒100 東京都千代田区霞が関 1-2-2  
厚生省人口問題研究所内双生児研究会事務局

\*\*\* 双生児研究会会員名簿 \*\*\*









編集後記

今回のニューズレターは今年の1月に大阪で開催された、第4回双生児研究会学術講演会の特別講演の内容が中心です。特に、デンマークのレーネ・ロノウ女史の原稿は読んでみて非常におもしろい内容だと思います。海外の双生児研究の様子を実際に聞く機会は以外と少ないものかも知れません。

ところで、既に前号で報告しているように、国際双生児研究会議の次期大会（1992年）開催地の日本招致が正式に決定し、国際双生児研究協会会長に双生児研究会の会長である井上英二先生が就任されることになりました。今後、日本の双生児研究を国際的なものにするためにも、ぜひとも会員の皆様の一層のご協力をお願いいたします。また、医学の分野のみならず、幅広い分野でご活躍の諸先生方の入会を、大いに歓迎いたします。

ニューズレターも第7号をむかえることになりました。次号からは、双生児研究に関するいろいろな話題を盛り込んだものにしたいと考えています。

[大木]