Correspondence

This letter was shown to Dr Fitch who replies as follows.

237

of how innocuous it seems, and a pedigree of the type shown by Drs Fitch and Kaback must be constructed and properly interpreted.

R. J. JORGENSON, F. E. YODER, AND L. S. LEVIN Section of Clinical Genetics, Medical University of South Carolina, Charleston, South Carolina 29403; and Department of Otolaryngology and Medicine, The Johns Hopkins University School of Medicine, Baltimore, Maryland 21205, USA

References

Fitch, N., and Kaback, M. (1978). The Axenfeld syndrome and the Rieger syndrome. *Journal of Medical Genetics*, 15, 30-34.

Jorgenson, R. J., Levin, L. S., Cross, H. E., Yoder, F., and Kelly, T. E. (1978). The Rieger syndrome. American Journal of Medical Genetics, 2, 307-318. SIR,

Dr Jorgenson et al. correctly point out that Rieger eye malformations should replace Rieger syndrome in the pedigree. No-one in our family had failure of involution of the periumbilical skin. It is very exciting to be able to report that ophthalmological examination of the propositus at 9 months of age (Dr Saheb) showed a notable improvement in both eyes.

NAOMI FITCH Lady Davis Institute for Medical Research, Jewish General Hospital, 3755 Cote St. Catherine Road, Montreal, Quebec H3T 1E2, Canada.

Errata

In the October 1978 issue of *Journal of Medical Genetics*, an error appeared on page 348. The note under the Table should read 'C, cysts' not 'C, carcinoma of colon'.

In the December 1978 issue, a line was omitted on page 464. The first sentence of the second column should read: 'The figures also imply gene frequencies between 0.0012 and 0.0044, and heterozygote carrier frequencies ranging from 0.0025 to 0.008, that is, 1 in 400 to 1 in 125'.