able to pay for them, while those who can't are expendable.

URSULA MITTWOCH
Department of Genetics and Biometry,
University College London,
Wolfson House,
4 Stephenson Way,
London NW1 2HE.

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Triphalangeal thumb

SIR,
I read with great interest the review article by Qazi and Kassner regarding triphalangeal thumb (TPT) published in the Journal.¹ They state that “many subjects with TPT-polydactyly have preaxial polydactyly of the foot as well”. However, the combination of opposable TPT and duplication of the big toes has rarely been reported. We described such an association in the Journal² and could find only four other reported families. This thumb-hallux association inherited as an autosomal dominant trait with marked penetrance might represent a distinct entity³ among the numerous examples of TPT-polydactyly.

In relation to clinicoradiological criteria for the differentiation of the two types of TPT (opposable and non-opposable), the position of the thumb, the shape of the thenar muscle, the movement of the thumb, and the length of the first metacarpal are

important findings² which should have been added to table 4 of Qazi and Kassner's article. It is important to emphasise that the distinction between the two types of TPT has a very practical significance, as the non-opposable, finger-like thumb, as well as its associated polydactyly, are difficult functional problems which require major surgical intervention.⁴ We also observed that many descriptions of syndromic TPT are incomplete and the type of thumb anomaly is not precisely defined.² In the reports including a good description, the TPT was of a non-opposable, finger-like type and not a true opposable type.²

Qazi and Kassner mentioned only trisomy 13 as a chromosomal aberration associated with TPT, but this thumb malformation has been observed in at least two other syndromes: cat eye syndrome⁵ and Wolf-Hirschhorn syndrome (4p-).⁶

P MERLOB
Department of Neonatology,
Beilinson Medical Centre,
Petah Tiqva, and
Tel Aviv University,
Sackler Faculty of Medicine,
Tel Aviv,
Israel.

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Announcement

SECOND SOUTH AFRICAN SOCIETY OF HUMAN GENETICS CONGRESS

The second annual Congress of the South African Society of Human Genetics will be held in Durban during the period 29 August to 1 September 1989. Sessions of the Congress will include human, clinical, biochemical, molecular, chromosomal, and population genetics. Participation by overseas colleagues will be welcomed. Further information may be obtained from Dr J Grace, Genetics

Department, Natal Institute of Immunology, PO Box 2356, Durban 4000, Republic of South Africa.

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