pulmonale. Though adequate calories were provided he failed to thrive. Developmental progress was essentially normal for age.

In order to relieve the airway obstruction and its associated hypercapnoea and cardiac failure and to facilitate tracheal toilet an elective tracheostomy was performed at the age of 8½ months. Thereafter he showed considerable improvement with return of blood gases to normal and relief of cardiac failure. At the age of 12 months he was discharged to home care. He has since shown improvement in linear growth though his weight remains below the third centile for age.

Discussion

The bony abnormalities in this patient are strikingly similar to the malformations described in the three previously reported cases. The association of these anomalies with the other defects probably represents a distinct syndrome. The accessory bone later fuses with the first phalanx so the term 'accessory metacarpal' may be a misnomer. The coexistent atrial septal defect in our patient and his brother was also found in the syndrome described by Gorlin *et al.* (1970) of Robin's anomaly with talipes equinovarus and persistent left superior vena cava.

Unfortunately no precise details of the anatomy of the hands in the stillborn brother are given in the necropsy report. Nevertheless, this infant clearly had the Pierre Robin syndrome and thus the coexistence of the 'accessory metacarpal' may imply a substantial recurrence risk in sibs.

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Announcement

The University of California, San Francisco, and the National Foundation–March of Dimes are sponsoring the 1978 Birth Defects Conference, 12–14 June 1978. For information write to Dr. Bryan D. Hall, M648, Department of Pediatrics, University of California, San Francisco, California 94143, USA.