severely delayed (less than 3 months). Weight and length remained below the 3rd centile and the head circumference was only 38·5 cm, 2 cm below the 3rd centile. Feeding was predominantly by nasogastric tube.

CYTOGENETIC STUDIES

Chromosome analysis was performed on a specimen of peripheral blood obtained shortly after birth. G banding using a trypsin-Leishman protocol revealed a terminal deletion of chromosome 10 (fig 2). The karyotype was thus 46,XX,del(10)(pter→q25·2:). Parental karyotypes were normal.

Discussion

Clinical features of the patient common to the majority of earlier cases with a similar chromosome abnormality included low birth weight, microcephaly, a broad prominent nasal bridge, large or otherwise abnormal ears, developmental delay, and growth retardation.[8] Her facies (fig 1) were strongly reminiscent of some of the previous patients,[2 4] although prominent eyes resulting from shallow orbits have not been apparent previously and hypoplasia of the mandibles is not a consistent feature.

So far there is an excess of females (9/12 including the present patient) with monosomy for the terminal portion of the long arm of chromosome 10, and overall the clinical presentation of this patient is compatible with those previously reported.

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Announcement

CLINICAL GENETICS SOCIETY

The next meeting of the Clinical Genetics Society will be held at the Royal College of Physicians, London, on 5 and 6 December 1986 following immediately after the Royal College of Physicians' Conference 'New Prospects in Genetic Disease' on 3 and 4 December 1986. Those intending to present papers or posters at the Clinical Genetics Society meeting should submit abstracts (about 150 words) before 17 October 1986 to the Secretary of the Society, Professor N C Nevin, Department of Medical Genetics, Institute of Clinical Science, Grosvenor Road, Belfast BT12 6BJ, Northern Ireland, from whom forms are available on request.