variable expression in AR disorders is perhaps less rare than assumed.

(6) Interestingly, de novo AR gene mutations are not mentioned as a possible cause for reduced segregation ratios in AR disorders. As new AR mutations usually have no phenotypic effect, we therefore know very little about mutation rates in this category, but there is no reason to assume they are rarer than de novo autosomal dominant or X linked mutations. The evolving plethora of mutations in the CFT gene would appear to prove this idea. However, no new proven mutations have been found among more than 700 families analysed in the Netherlands (D Hailey, Rotterdam, and H Scheffer, Groningen, personal communications).


Del(18p) syndrome with a single central maxillary incisor


Prevention of Mediterranean anaemia in Latium, Italy, today

In four previous papers published in this Journal3-5 the authors reported the continuing programme for the prevention of Mediterranean anaemia (thalassaemia major) in Latium, a region of central Italy. This work, supported by the Regional Health Authorities of Latium, has been carried out by the Rome Microcythemia Institute since October 1975. It consists of the following.

(1) An educational programme among school children in Latium that consists of two steps. The first is detailed information provided class by class with brief lectures and printed and audiovisual material. The second is screening of informed students who have obtained consent to be examined from their parents.

(2) Examination of thalassaemic students' families and identification of carriers of the thalassaemia trait.

(3) The provision of information and screening campaigns to young adult school leavers. In this phase, the information is imparted at meetings at the Family Health Services, in explanatory pamphlets at the marital Registry Offices in the towns and villages of the region, by information from the Public Health Offices and family doctors or gynaecologists, and recurrent use of the media.

Screening of school leavers was initiated in 1978 through the effect of the school screening and has progressively increased. It is carried out in the outpatients department of the Institute and in the Family Health Services of the region.

The results of this continuing work are shown in the table. Young carriers of non-α thalassaemia comprise about 80% of all carriers in Latium (44 000 in a region with 20 000 000 inhabitants of childbearing age and an incidence of non-α thalassaemia of 0.02%).

The couples of childbearing age at risk identified (369) comprise 74% of the total (about 500) in Latium. All these couples are under surveillance by our genetic selling service. In the last 11 years 69 homozygous fetuses have been aborted after prenatal diagnosis. The incidence of newborns affected by Mediterranean anaemia has decreased from 16.04 out of 100 000 live births in 1975/76 to 1.97 in 1989/90. In 1991 and 1992 no affected children have been born in Latium.

This programme offers to young thalassaemic couples the advantage of choosing either postconceptual or preconceptual means of prevention.

The authors would like to thank the Health Authorities of Latium for financial support, the school directors and teachers, the many doctors, and co-workers G Ricotti, C Trenta, M Ballante, A Fanti, M Andrà, and S Staroccia for their valuable collaboration.

I BIANCO B GRAZIANI M MONTOTTI D PONZINI M C ALIQUÒ A AMATO E FOGLIETTA M P CAPPELLARIA E GRECO P DI BIAGIO N D'ARGANZELLI S RINALDI

Associazione Nazionale per la lotta contro la Microcitria in Italia, Centro di Studio della Microcitria di Roma, Via Gaia Placidia 20,30, 00159 Roma, Italy.
