

CORRESPONDENCE

Only today the interesting paper by Dr. Pillay (1967 p. 207-213) came under my notice.

I should like to draw your attention to two papers on the coracoclavicular joint, which in most points are in good agreement with Dr. Pillay's paper and in some ways supplement it. (W. H. D. de Haas, M. J. Kingma and F. Drucker: The coracoclavicular joint and related pathological conditions. *Annals of the Rheumatic Diseases* 1965, 24, 257-266; and W. H. D. de Haas and F. Drucker: Gewone en ongewone betrekkingen tussen processus coracoideus en clavicula. *Nederlands Tijdschrift voor Geneeskunde*, 1966, 110, 1640-1646; in Dutch with English summary).

Some of the replenishments are the following:

- (1) It is demonstrated that the coracoclavicular ligaments develop from the cartilaginous procoracoid.

- (2) In 3 out of 12 ligaments remnants of cartilage and numerous chondrocytes were found.
- (3) After traumatic laceration of the ligaments permanent ossification occurs in 60 to 70% of all cases.
- (4) Contrary to Dr. Pillay's opinion the joint may give rise to trouble, either by its mere mechanical presence, or by secondary osteoarthritis. We saw 4 such cases, the macroscopic and histological details of one of which are documented in the first paper.

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The most pertinent remark in his letter is that Dr. Haas feels that the coraco-clavicular joint, either by its mechanical presence or by secondary osteoarthritis, can give rise to trouble. In this I disagree strongly with Dr. Haas. Unfortunately, he has not been able to read the whole of my M.D. thesis which has not been published. I have mentioned that this joint is seen in a large number of people but, nevertheless, we hardly see any patient with pain in the region of the shoulder girdle which we can attribute to the presence of a coraco-clavicular joint or an arthritic change in this joint. From comparative studies I have shown that this joint is present only in the human. It is possible that this is an evolutionary joint that has arisen as a result of the complex movements that occur in

the shoulder girdle. There appears to be no risk attached to the presence of a coraco-clavicular joint but I cannot prove any overt advantage in having such a joint. What is very interesting to me is the genealogical table published by Dr. Haas to show the mendelian dominant inheritance of this joint. At the time of my writing the thesis, his publication was not out. I have studied many families now and there is no doubt that this joint is inherited. I believe that Dr. Haas and I are the only ones who have stressed the genetic aspects of this joint.

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