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thumbs, and an unspecified number of partially overlapping phalanges, without bone fusion. A triphalangeal thumb was present on at least one side. The feet showed seven digit polysyndactyly with absent talus. Fibular diaphyses appeared angulated. The knees were dislocated.

Only some of these features are consistent with Haas type IV polysyndactyly,[3] which appears to be inherited as an autosomal dominant trait (MIM 186200[4]). However, the radiographic pattern of the hands and feet of the patient's parents were normal, and none of the relatives showed hand or foot abnormalities. Assuming that a single gene defect is responsible for the observed complex phenotype, either a de novo dominant mutation or recessive transmission might be suggested.

Diagnostic evaluation, kindly performed by Professor R S Lachman of the International Skeletal Dysplasia Registry at UCLA, showed that the radiological findings in our case were most compatible with mesomelic dysplasia – Werner type,[5] but with some major atypical clinical and radiographic features, most similar to some variant cases reported by Kozlowski and Eklöf.[6] Complete syndactyly is not a feature of Werner type mesomelia.

There have been several reports of polydactyly/syndactyly associated with hypoplastic/absent tibiae. All were dominantly transmitted. A newborn girl with type IV syndactyly and bilateral hexadactyly of the hands and feet has been reported with unilateral absence of the tibia,[7] and another girl with partial tibial aplasia associated with syndactyly has been described.[8] Al-Awadi *et al*[9] described a large four generation Arab family in which as many as 17 members had bilateral syndactyly or polydactyly or both. The proband also had hypoplastic bowed tibiae. Lamb *et al*[10] described 15 members in a five generation kindred with five fingered hands associated with preaxial polydactyly of the fingers or toes and partial or complete absence of the tibiae. Yujnovsky *et al*[11] reported polydactyly/syndactyly, triphalangeal thumbs, and tibial hypoplasia in four members in three generations.

We are not aware of any cases of Werner mesomelic dysplasia or of Haas type IV polysyndactyly associated with polycystic kidney disease.

Interestingly, Cameron[12] described an adult female with bilateral polycystic kidney disease associated with bilateral teratodactyly of the feet (split and cloven feet with a "lobster claw" appearance) and bilateral hand deformities with triphalangeal thumbs, with normal tibiae. The disorder appeared to be transmitted in a dominant fashion. The possibility was raised that congenital abnormalities of the kidneys and of the extremities might occur more often than at random.[12]

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NOTICES

Lilly Colloquiums 94

Every year, the Lilly Institute, France, for the development of medical knowledge, in collaboration with the recipients of the Lilly International Research and Study scholarship, organises the Lilly colloquiums. They will be held this year on Thursday 13 October 1994 at Palais des Congrès, Salle 62 AB, 2 Place de la Porte Maillot, 75017, Paris, France. The subject will be 'Genetics and Cancer' with the following speakers: P Tambourin (Paris), H T Lynch (Omaha), G Thomas (Paris), P May (Villejuif), E Solomon (London), J Rowley (Chicago), R Berger (Paris), J Jouanneau (Paris), A Dejean (Paris), and A Kahn (Paris). For further information contact M H Sadorge, tel: 49.11.34.39.

Genetics in Europe Now

A *Nature* one-day conference on "Genetics in Europe Now", a debate on European policies on genetics, as part of its 125th anniversary celebrations will be held at Brandenburg Akademie, Berlin, on 30 September 1994. Fee: DM195/£75. Languages of the conference: German and English. For further information please contact: Christine Jones, Conference Organiser, *Nature*, 4 Little Essex Street, London WC2R 3LF, UK. Tel: +44 71 836 8833 x 2593. Fax: +44 71 379 5417.