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family. First, it allowed the diagnosis of SMA to be confirmed, since the affected child carried a homozygous deletion of SMN exons 7 and 8, as previously reported in more than 90% of SMA patients.^{4,5,7,8,10,11} Second, the direct analysis of the SMN gene and its flanking markers C212–C272 provided strong evidence for a de novo deletion of maternal origin and rejected the hypothesis of genetic heterogeneity since the affected and unaffected children carried different genotypes at the SMN locus. The risk for the mother of bearing another affected child should therefore be considered to be very low. Indeed, analysis of 41 families with two affected children did not provide any evidence for germinal mosaicism using microsatellite DNA markers, suggesting that this situation is very rare (data not shown, available on request). For this reason, the combined analysis of SMN and its flanking markers C212 and C272 are still of interest for detecting de novo deletions, estimating their actual frequency, and delivering accurate prenatal prediction in SMA.

In conclusion, the use of SMN gene testing has important implications for genetic counselling in SMA families. First, it allows the diagnosis of SMA to be confirmed when a proband harbours a homozygous SMN gene deletion. In contrast, the absence of a homozygous deletion may suggest either a misdiagnosis or the presence of intragenic mutations in the SMN gene, as previously reported.^{7,8} A clinical re-evaluation of the proband and the search for intragenic mutations by screening of each SMN exon should be undertaken before making prenatal diagnosis feasible.¹² Second, the use of SMN and the closest genetic markers as probes enables detection of de novo deletions in the probands. Establishing the status of the parents at the SMN locus should be helpful in estimating the actual frequency of de novo deletions at this locus. Finally, several reports have estimated the frequency of homozygous SMN deletions in asymptomatic carriers to be below 1% (0.8%).^{5,13,14} Moreover, these observations have been reported in the mildest form of the disease only. Consequently, fetuses harbouring homozygous SMN gene deletions should be predicted to be affected in families with severely affected probands.

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NOTICES

Standing Committee on Human Cytogenetic Nomenclature 1996–2001

Elections for the Standing Committee on Human Cytogenetic Nomenclature were held at the 9th International Congress of Human Genetics in Rio de Janeiro, Brazil, on 21 August 1996. The following members were elected for the period 1996–2001: Patricia A Jacobs, (UK) (Chairman), Uta Francke (USA), David H Ledbetter (USA), Norio Niikawa (Japan), Avirachan T Tharapel (USA), Niels Tommerup (Denmark), Angela M Vianna-Morgante (Brazil). Issues regarding human cytogenetic nomenclature can be addressed to any member of the committee.

Second European Forum on Quality Improvement in Health Care

The Second European Forum on Quality Improvement in Health Care will be held in Paris, France, on 24–26 April 1997. The forum will consist of one day teaching courses, invited presentations, posters, and presentations selected from submissions, and a scientific session. For more information contact: BMA, Conference Unit, PO Box 295, London WC1H 9TE, UK. Tel: +44 (0) 171 383 6478. Fax: +44 (0) 171 383 6869.

Molecular Advances in Cancer Epidemiology and Prevention

This postgraduate course will be held at the Sheraton Palace Hotel, San Francisco, California, USA on 20–22 February 1997. Category 1 CME credit. For more information, please contact: University of California, Office of Continuing Medical Education, 1855 Folsom Street, MCB-630, Box 0742, San Francisco, CA 94143-0742, USA. Tel: (415) 476-4251. Fax: (415) 476-0318. WWW: <http://cme.ucsf.edu>.

Correction

In the November 1996 issue of the journal, on page 940, the current affiliation of Dr F M Pope as MRC Connective Tissue Genetics Group, Strangeways Research Laboratory, Worts Causeway, Cambridge CB1 4RN, was inadvertently omitted.

Notice to Contributors

The *Journal of Medical Genetics* publishes original research relevant to medical genetics, along with reviews, annotations, and editorials on important and topical subjects. It also acts as a forum for discussion, debate, and information exchange through its Letters to the Editor column, conference reports, and notices. The journal particularly encourages submissions on the molecular basis of human disease, the clinical manifestations of genetic disorders, applications of molecular genetics to medical practice, and the systematic evaluation of such applications. The journal attempts to handle the review process and publication as expeditiously as possible. Accelerated publication is available where warranted by scientific urgency and recommended by reviewers. Submissions are accepted only on the understanding that they have not been and will not be published elsewhere, and are subject to editorial revision. They should be sent to:

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- **Acknowledgments and affiliations** People with direct involvement in the study but not included in authorship may be acknowledged. The source of financial support and industry affiliations of all those involved should be stated.

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- **Figures** should be kept to a minimum and should be numbered consecutively in Arabic numerals. Legends should be typed on a separate sheet.

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- **Illustrations** Colour illustrations can be accepted; however, authors are asked to pay part of the cost.

- **Nomenclature** Current standard international nomenclature should be adhered to.

Chromosomes: *ISCN 1995. An International System for Human Cytogenetic Nomenclature*, Mitelman F (ed); S Karger, Basel, 1995

Genes: McAlpine P. In: *The Genetics Nomenclature Guide (Human)*. *Trends in Genetics Supplement*, March 1995. For latest references, instructions, and list of approved symbols see URL <http://www.gene.ucl.ac.uk/nomenclature/> (or contact nome@galton.ucl.ac.uk)

Enzymes: Enzyme nomenclature: recommendations of the nomenclature committee of the International Union of Biochemistry. New York: Academic Press, 1992. Information also available on URL <http://expasy.hcuge.ch/sprot/enzyme.html>

2. Short reports

A brief communication presenting laboratory or clinical work, collected case reports, or single case reports. Reports of single mutations at loci which have already been documented will be published only if they are of unusual clinical or biological interest. The format can be identical to Original papers (see above) but in many circumstances the main body of the text may be better presented without division into sections. Short reports are intended to occupy no more than 2 printed pages; equivalent to about 1000 words, 2 tables/figures, and about 15 references. Brevity and clarity are always likely to enhance the chance of a manuscript being accepted for publication.

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Authors are welcome to discuss possible topics for review directly with the Editor.

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