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Papers, which should be in duplicate, should be sent to the Editor, *Journal of Medical Genetics*, BMA House, Tavistock Square, London WC1H 9JR. A stamped addressed postcard should be enclosed for return to author as acknowledgement of receipt of MS. Overseas authors should enclose international reply paid coupon. Submission of a paper will be held to imply that it contains original work which has not been previously published. Permission to republish must be obtained from the Editor.

Papers should conform to one of the following categories. *Original contributions* on clinical laboratory aspects of medical genetics in man and on related animal studies. *Case reports* with unusual clinical or genetic features: to be not longer than 1000 words of text, two or at most three figures, one table (if necessary), and eight references. Single case reports will usually only be considered in this form. *Review articles* will generally be by invitation, but suggestions from authors wishing to prepare a review article will be welcome. *Annotations*, *Hypotheses*, *Preliminary communications*, and *Technical notes* will also be considered, as will *Short communications* giving information on new translocations, chromosome identification by banding techniques, and second and third findings of important haemoglobins. Contributions to the *Correspondence* and *Question and answer* columns will be welcomed.

All contributions should be accompanied by a summary giving the main results and conclusions. Type scripts should be double spaced with wide margins. One page proof will be sent to the author submitting the paper and alterations on the proof, apart from printer's errors, are not permitted. Fifty free reprints will be supplied and further reprints may be ordered when the proof is returned.

Figures should be kept to a minimum and should be numbered consecutively in Arabic numerals. Legends should be typed on a separate sheet. Photographs should be on glossy paper and diagrams should be drawn on stout white paper. Any lettering should be indicated on a separate transparent overlay. Pedigrees should preferably use squares and circles. Generations should be numbered with Roman and individuals with Arabic numerals; members belonging to the same generation should be horizontally aligned.

Tables should not be included in the body of the text, but should be typed on separate pages and numbered with Arabic numerals.

References should conform precisely to the style current in this Journal. Authors are responsible for the *accuracy* and *completeness* of their references as these will not be checked by the Editorial Office.

Nomenclature. Authors should refer to the following publications.

(1) Chromosomes: Paris Conference (1971) Standardization in human cytogenetics. *Birth Defects: Original Article Series*, **8**, No. 7, 1972. The National Foundation—March of Dimes, New York.

(2) Dermatoglyphs: L. S. Penrose (1968). Memorandum on dermatoglyphic nomenclature. *Birth Defects: Original Article Series*, **4**, No. 3. The National Foundation —March of Dimes, New York.

(3) Enzymes: WHO Scientific Group (1967). Standardization of procedures for the study of glucose-6-phosphate dehydrogenase. *World Health Organization: Technical Report Series, No.* **366**. WHO, Geneva.

(4) Blood coagulation: International Committee of Haemostasis and Thrombosis (J. B. Graham *et al.*) (1973). A genetic nomenclature for human blood coagulation. *Thrombosis et Diathesis Haemorrhagica*, **30**, 2–11.

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Announcement

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Postgraduate Course in Genetic Red Blood Cell Defects

Under the direction of Dr L. E. Lie-Injo and the University of California, San Francisco School of Medicine Extended Program in Medical Education, a postgraduate course in Genetic Red Blood Cell Defects will be held in San Francisco on March 9 and 10, 1979.

Dr T. B. Bradley will lecture on structure-function relationship of abnormal haemoglobins, Dr Y. W. Kan on the molecular basis of the thalassaemias, Dr B. H. Lubin on pathogenesis of sickle cell anaemia, Dr W. C. Valentine on genetic red blood cell enzyme deficiencies and haemolysis, Dr S. B. Shohet on membrane abnormalities, Dr Y. W. Kan on prenatal diagnosis, Dr W. C. Mentzer on clinical aspects and management of sickle cell anaemia and thalassaemia, Dr F. B. Livingstone on dynamics and epidemiology of the genetic red blood cell defects, Dr A. J. Ammann on genetic red blood cell defects and infections, Dr L. E. Lie-Injo on genetic red blood cell defects and severe neonatal jaundice, Dr A. W. Nienhuis on chelating agents, and Dr C. J. Epstein and Dr R. Davis on genetic counselling.

For further particulars please contact Ms Veronica Galusha, School of Medicine Extended Program in Medical Education, University of California, San Francisco, California 94143, USA.