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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 an 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 or laboratory aspects of medical genetics in man and on related animal studies. *Case reports* with particularly instructive 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. *Short reports* of unusual cases: to be not longer than 500 words of point form description with a clinical photograph and partial karyotype, if appropriate, and no more than two or three references. Single case reports will usually only be considered in one of these forms. *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. Publication of papers thought to be of special importance may be expedited.

All contributions should be accompanied by a summary giving the main results and conclusions. Typescripts 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. Twenty-five 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. Photographs of karyotypes do not reproduce well. Chromosomes should be cut out and stuck onto stout paper. Any lettering should be indicated on a separate transparent overlay. Pedigrees should 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: ISCN. An international system for human cytogenetic nomenclature (1978). *Birth Defects* 1978; **XIV**:No 8. Also in *Cytogenet Cell Genet* 1978;**21**: 309–404.

(2) Dermatoglyphs: Penrose L S. Memorandum on dermatoglyphic nomenclature. *Birth Defects* 1968;**4**:No 3.

(3) Enzymes: WHO Scientific Group. Standardization of procedures for the study of glucose-6-phosphate dehydrogenase. *WHO Tech Rep Ser* 1967;No 366.

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

(5) Loci: Conventional nomenclature should be used, with lower case lettering as appropriate (for example, Race RR, Sanger R. *Blood groups in man.* 6th ed. Oxford, London: Blackwell, 1975; and Giblett ER. *Genetic markers in human blood.* Oxford, London: Blackwell, 1969).

*SI units*. The units in which the authors' work was measured should be cited first followed by either the SI units or the traditional units. This does not apply to Tables, but here a conversion factor should be added as a footnote.

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overwhelm the limited resources of most laboratories. The section on the treatment is general and theoretical rather than practical with a generous part of the section devoted to future possibilities, such as enzyme replacement, which can only be regarded as experimental at present.

Antenatal diagnosis of organic acidaemias by direct analysis of the organic acids present in amniotic fluid is discussed thoroughly, which is valuable since this may provide a reliable diagnosis much more rapidly than those methods that require cultured cells.

This is a book which undoubtedly will be very useful for biochemists, clinical chemists, and those who are conducting research into these disorders since it covers the subject in detail, but it will be of rather less value to clinicians.

J V LEONARD

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