

Notices

12th World Congress of Neurology,
20-25 September 1981, Kyoto, Japan.

Congress Programme

A Main Themes:

- (1) Hemispheric Specialisation in Man
- (2) Cerebral Vascular Diseases
- (3) Neurotransmitter and Neuropeptide Dysfunction in Relation to Neurological Disease
- (4) Viral Infections of the Nervous System

B Free Communications

C Technical Exhibition of Medical Equipment, Books and Pharmaceuticals

D Symposia related to Neurology

Official Languages: English, French, German and Spanish

Deadline for Submitting Abstracts:

Abstracts must reach the Secretariat not later than 31 December 1980.

Further information can be obtained from:

Secretariat, 12th World Congress of Neurology, c/o Simul International, Inc, Kowa Bldg No 9, 1-8-10, Akasaka, Minato-ku, Tokyo 107, Japan.

International Association for the Study of Pain. Third World Congress. Edinburgh, Scotland, 4-11 September, 1981.

Details may be obtained from the Pain Congress Secretariat, University of Edinburgh, Centre for Industrial Consultancy and Liaison, 16 George Square, Edinburgh EH8 9LD, Scotland, UK.

International Symposium on Gilles de la Tourette syndrome

This will be held in New York City 28-29 May 1981.

Further information may be obtained from: Dr Arnold Friedhoff, Director, Millhauser Laboratories, New York University School of Medicine, 550 First Avenue, New York, NY 10016, USA.

Migraine Symposium

International Congress of Neurology, Kyoto, Japan, 22 September 1981.

Further information may be obtained from: Dr F Clifford Rose, Princess Margaret Migraine Clinic, Charing Cross Hospital, London W6 8RF.

Correction

In the review of "Muscular Dystrophy and other Inherited Diseases of Skeletal Muscles in Animals" edited by JP Harris (*Journal of Neurology, Neurosurgery, and Psychiatry* 1980; **43**:859) it was incorrectly stated that Alexander Sandow, to whom the volume was dedicated, had died a year before the Symposium was held. In fact, Dr Sandow was a co-organiser of the Conference, helped to bring it to a successful conclusion, and died three months later.

Correction

The authors of the paper "Relationship between benign course of multiple sclerosis and low-grade humoral immune response in cerebro-spinal fluid" (Dr Stendahl-Brodin and Dr Lindqvist (Vol 43 p 102) wish to draw attention to an error in their calculations. The significance of one result was grossly overrated. The following results are obtained when correctly applying Fisher's exact test. Fourteen of the 17 patients (82%) without oligoclonal CSF IgG displayed no or slight disability after a mean duration of disease of 17 years, in contrast to 53% of the patients with oligoclonal CSF IgG after a mean duration of 13 years ($p < 0.05$). The patients with oligoclonal CSF IgG displayed significantly higher frequencies of elevated CSF IgG index values ($p < 0.001$), elevated kappa/lambda ratios ($p < 0.05$), elevated CSF/serum C3 ratios ($p < 0.05$) and elevated CSF/serum C4 ratios ($p < 0.05$) (table 2). In contrast, abnormal blood brain barrier as determined by the CSF/serum albumin ratio, and elevated CSF IgA index values were found at similar low frequencies irrespective of the presence of oligoclonal CSF IgG.

Table 3 shows that patients with malignant course of MS only infrequently displayed a normal CSF IgG index, in contrast to patients with the most benign course ($p < 0.05$).