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
The authors of the paper “Relation between benign course of multiple sclerosis and low-grade humoral immune response in cerebro-spinal fluid” (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 detectability 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).