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The Editor will welcome Short Reports or Preliminary Communications limited to about 1000 words and with no more than one figure and one table. Also welcome are Letters to the Editor.

**ETHICS** Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *British Medical Journal* 1964; 2:177)).

**ABBREVIATIONS** Measurements should be expressed in SI units (see *Journal of Clinical Pathology* 1974; 27: 590-7; *British Medical Journal* 1974; 4:490; *International System of Units* 1972. National Bureau of Standards, Special Publication 330. United States Bureau of Printing: Washington). For recognised abbreviations see *Journal of Neurology, Neurosurgery, and Psychiatry* 1975; 38:1-5; and *Units, Symbols and Abbreviations*, Third Edition 1977, edited by D N Baron, Royal Society of Medicine: London.

**ILLUSTRATIONS** *Photographs* Unmounted photographs on glossy paper should be provided together with magnification scales when appropriate. *Diagrams* will be reduced to 2½ inches (68 mm) wide, occasionally to 5½ inches (145 mm). Lettering should be in either Letraset or stencil and care should be taken that lettering and symbols are of comparable size. Illustrations should not be inserted in the text. They should be marked on the back with figure numbers, title of paper, and name of author. All photographs, graphs and diagrams should be referred to as figures and should be numbered consecutively in the text in Arabic numerals. The legends for illustrations should be typed on a separate sheet. *Tables* should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet. The format used in this issue of the Journal should be noted. Vertical lines will not be printed and usually there are only three horizontal lines in each table.

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Millikan CH, Eaton LH. Clinical evaluation of ACTH and cortisone in myasthenia gravis. *Neurology (Minneapolis)* 1951; 1:145-52.

Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ and Karpati G, eds. Topics in Nerve and Muscle Research. Amsterdam: *Excerpta Medica* 1975: 123-32.

Coers C, Woolf AL. *The innervation of muscle. A biopsy study*. Oxford: Blackwell, 1951: 16-24.

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## 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 "Relation between benign course of multiple sclerosis and low-grade humoral immune response in cerebro-spinal fluid", Dr Stendahl-Brodin and Dr Link (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 a malignant course of MS only infrequently displayed a normal CSF IgG index, in contrast to patients with the most benign course ( $p < 0.05$ ).

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