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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.

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REFERENCES should be in the Vancouver style as in this issue. They should appear in the text by number only in the order in which they occur and should be listed on a separate sheet in the same order. Punctuation must be correct and journal titles should be in full or abbreviated in accordance with the *Index Medicus*. Thus:

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Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ and Karpatis 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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### Tuberculoma of the pons

SIR,—Although the incidence of intracranial tuberculoma has decreased, it is still a clinical problem in many countries. Before computed tomography (CT) was available, diagnosis was mainly at the time of surgery or at necropsy. Today, earlier diagnosis may be possible.

A 42 year old woman was admitted with a short history of progressive numbness of her right side of her face and tongue as well as of her right hand. Later she developed horizontal diplopia. There was no history of previous tuberculosis either in the patient or in her family. Neurological examination disclosed a left sixth cranial nerve paresis, mild right hemiparesis, ataxia and right sided dysmetria. Routine blood tests were normal except for an ESR of 68 mm in the first hour. Mantoux skin test was negative. Skull and chest radiographs were normal. A CT scan showed a rounded hypodense mass in the upper pons which was enhanced by the injection of contrast medium (figure). A diagnosis of intrapontine tumour was made and this was supported by vertebral angiography and pneumoencephalographic examination. Surgery was performed and a well encapsulated mass was removed from the pons. A pathological diagnosis of tuberculoma was made.

This case was peculiar in several ways: there was no personal or family

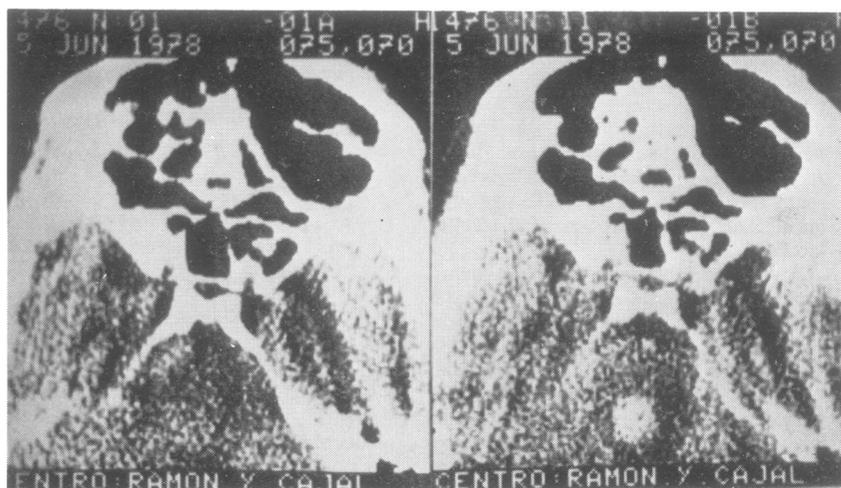


Figure CT showing enhancement of isodense pontine lesion.

history of tuberculosis, Mantoux skin test and chest radiographs were normal, and the clinical features and CT-scan were suggestive of a brainstem tumour. Intracranial tuberculoma are potentially curable and CT-scan may be a helpful, objective and non-invasive method for diagnosis and follow-up of the outcome of drug treatment.<sup>1-3</sup>

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### References

- 1 Hirsh L, Lee S, Silberstein St D. Intracranial tuberculomas and the CAT scan. *Acta Neurochirurg* 1978; **45**:155-61.
- 2 Prince H, Danzinger A. Computed tomography in cranial tuberculoma. *Am J Roentgenol* 1978; **130**:769-71.
- 3 Peatfield P, Shawdon H. Five cases of intracranial tuberculoma followed by serial computerised tomography. *Neurol Neurosurg Psychiatry* 1979; **42**:373-9.

## Notices

**The International Society for Paediatric Neurosurgery.** The Ninth Annual Meeting will take place in Budapest, Hungary, 20-22 July, 1981. Details may be obtained from: Dr Ervin Paraicz, The National Scientific Institute for Neurosurgery, Budapešť, Amerikai ut 57, H-1145 Hungary.

**Thirteenth Colloquium Internationale Neuropsychopharmacologicum Congress.** This will be held on 20-25 June 1982 in Jerusalem, Israel. Further information may be obtained from The Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.