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THE EDITORIAL COMMITTEE welcomes original papers, which should be addressed to the Editor, Journal of Neurology, Neurosurgery, and Psychiatry, BMA House, Tavistock Square, London WC1H 9JR. Papers are accepted on the understanding that the subject matter has not been and will not be published in any other journal. Papers should deal with original matter and the discussion should be closely relevant to this. Manuscripts should be typewritten in double spacing on one side of the paper only. Two copies (including figures and tables) should be submitted of which only one need be a top copy. A summary of about 50 words should appear at the beginning of each paper. The name(s) of the hospital or laboratory should also appear. Full postal address for correspondence and reprints should be supplied. Receipt of manuscripts will be acknowledged.

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;38:5; and *Units, Symbols and Abbreviations*, Third Edition 1977, edited by DN 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 2¾ inches (68 mm) wide, occasionally to 5¾ 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.

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:

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, 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.

A reference to unpublished work should not appear in the list but work "in press" may be included provided the name of the journal appears. The author is responsible for the accuracy of references.

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CORRECTIONS other than printer's errors may be charged to the author.

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² Meyer *et al.* Progressive change in cerebral blood flow during the first three weeks after subarachnoid haemorrhage. *Neurosurgery* 1983;12:58-76.

Maurice-Williams replies:

I have carefully re-read the article concerned and I cannot see that I have misquoted it in my previous comment on the letter of Mr Scharr and Mr Neil-Dwyer. The subsequently published article does indeed report that administration of tranexamic acid appears to be associated with a fall in cerebral blood flow during the second week after subarachnoid haemorrhage. If this is confirmed it will clearly have very important implications with regard to the effect of anti-fibrinolytic drugs on patients with ruptured aneurysms. However it does not resolve the main point that I had hoped to get across in the paper that is the subject of this discussion—namely the differing time courses of confirmed re-bleeds and episodes of non-haemorrhagic deterioration and the fact that the time course of the latter coincides with the time course of rebleeding as reported in earlier studies, suggesting that those studies may have confused these two events and thus significantly overestimated the incidence of early rebleeding.

Notices

The Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHDD) has recently been formed with the support of a launching grant from the Commonwealth Foundation and has as its principal aims the prevention and amelioration of mental handicap and related developmental disabilities in developing Commonwealth countries. It is hoped that its membership ultimately will be that of individual professional and non-professional workers either working within developing countries in the field of mental handicap or those in developed countries that have a particular interest in this field in such countries. It is hoped to establish ultimately a form of directory of interested workers and from time to time practically orientated workshops will be held in differing developing countries. Further details may be obtained from the Association's UK Representative: Dr Gwilym Hosking, Consultant Paediatric Neurologist, The Ryegate Centre, Children's Hospital, Sheffield S10 5DD, UK.

Symposium on Brain Metabolism. The Eleventh International Symposium of the Fulton Society on Brain Metabolism will be held on 2 October, 1983 in New Orleans, USA associated with the 108th Annual Meeting of the American Neurological Association. Details may be obtained from Professor Dr Victor Soriano, Calle Buenos Aires 363, Montevideo, Uruguay.

Correction

Motor Neuron Disease in England and Wales, 1959-1979 (*J Neurol Neurosurg Psychiatry* 1983;46:197-205)

The authors wish to correct the figures in the last column of table 1, where the values for "Neurologists/100,000 population" were too high by a factor of 100. Thus, for example, the figure for London should have been 1.15, for Greater Manchester 0.30.