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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 Papers are accepted on the understanding that the subject matter has not been and will not be published in any other journal.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, 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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According to a recent review by Fisher, pure sensory stroke is "the most common lacunar manifestation".⁴ However, few cases have been reported with positive CT findings.⁵ This discordance may be explained by the small size of these lacunes, which are unresolved by CT scanners. On the other hand, although larger lesions may be limited to the posterolateral part of the thalamus, as in our patient, adjacent structures are probably involved as well in most cases, giving rise to more than purely sensory symptoms.

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References

- ¹ Fisher CM. Thalamic pure sensory stroke: a pathologic study. *Neurology (Minneapolis)* 1978;**28**:1141-4.
- ² Fisher CM. Pure sensory stroke and allied conditions. *Stroke* 1982;**13**:434-47.
- ³ Mohr JP. Lacunes. *Stroke* 1982;**13**:3-11.
- ⁴ Fisher CM. Lacunar strokes and infarcts: a review. *Neurology (NY)* 1982;**32**:871-6.
- ⁵ Rosenberg NL, Koller R. Computerized tomography and pure sensory stroke. *Neurology (NY)* 1981;**31**:217-20.

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The Montreal Neurological Institute and Hospital. The 50th Anniversary celebrations will be held 23-26 September, 1984. Information concerning the symposia, lectures, films, etc., can be obtained from: Synapse-50, Montreal Neurological Institute and Hospital, 3801 University Street, Room 638, Montreal, Quebec, H3A 2B4 Canada.

Correction

Spinal blastomycosis—case report

It is regretted that in this letter (*J Neurol Neurosurg, Psychiatry* 1984;**47**:217) the figure legend was incorrect. It should be: "Thickly encapsulated PAS positive budding yeasts with broad based attachment between daughter yeasts typical of blastomycosis."

Notices

The Volvo awards for low back pain research

In order to encourage research in low back pain, the Volvo Company of Göteborg, Sweden, also this year has sponsored three prizes of US \$6000.00 each. Awards will be made competitively on the basis of scientific merit in the following three areas: (1) Clinical studies, (2) Bioengineering studies, (3) Studies in other basic science areas. Enquiries should be addressed to Professor Alf L Nachemson, Department of Orthopaedic Surgery I, Sahlgren Hospital, S-413 45 Göteborg, Sweden.