the Volvo Company of Göteborg, Sweden, is sponsoring an award for 1997 of US$ 5000.

Papers entering the contest must contain original material not previously submitted for publication. Papers by multiple authors are acceptable. The English-language manuscripts should be full-length, include original illustrations, and in a form suitable for submission as an original paper (not a postgraduate thesis) to a scientific journal. One original and five copies of each paper must reach the address below not later than December 15, 1996.

One of the authors should be prepared to come to Amsterdam, The Netherlands, at his own expense, for the 11th International Congress on Neurological Surgery, July 6–11, 1997, to present the paper and to receive the award.

The board of referees will be chaired by Assistant Professor Daniel Stålhammer and will contain members chosen by the Neurotraumatology Committee of the World Federation of Neurosurgical Societies. Please direct all correspondence to Assist. Prof. D. Stålhammer, Institute of Clinical Neuroscience, Department of Neurosurgery, Sahlgrenska University Hospital, S-413 45 Göteborg, Sweden (Tel: +46 31 60 21 73; Fax: +46 31 41 67 19).

Travel Grants for the Twelfth International Symposium on Parkinson’s Disease
The International Federation of Parkinson’s Disease Foundations, Inc. will award travel grants to young investigators wishing to attend the above symposium to be held in London, March 24–26, 1997. To obtain such a grant, the individual should submit a one-page application which includes present position, recent publications, and whether he will be presenting a paper or a poster at the meeting. A sponsoring letter from the chairman of the department or head of the laboratory in which the individual is presently working should be included. Apply to Melvin D. Yahr, MD, The International Federation of Parkinson’s Disease Foundations, Inc., 1200 Fifth Avenue, Apt 12-D, New York, NY 10029, USA.

Erratum

Brain, Volume 118, Part 6, December 1995 (pp. 1583–1592)

Persistent functional deficit in multiple sclerosis and autosomal dominant cerebellar ataxia is associated with axon loss


A consistent error has been discovered in the calculation of cerebellar volumes in the three patient groups and in the control group. The calculated cerebellar volumes should have been multiplied by the slice thickness of 3 mm and should therefore be three times the values stated in Tables 1–3. This does not affect the statistical values between the three groups of patients and the control group. In the ataxic multiple sclerosis group, there remains a highly significant reduction in the median cerebellar volume (median 107 865 mm$^2$, range 101 574–131 421 mm$^2$) compared with the control group (132 003 mm$^2$, range 121 278–143 778 mm$^2$, $P = 0.0005$). In contrast, the median cerebellar volume of multiple sclerosis patients who were clinically unaffected (median 128 037 mm$^2$, range 112 008–135 750 mm$^2$) showed no significant difference from the control group ($P > 0.05$). The patients with autosomal dominant cerebellar ataxia also showed a significant reduction in the median cerebellar volume (median 94 137 mm$^2$, range 61 596–115 434 mm$^2$, $P = 0.0003$) compared with the control group.