42. Hoffman FM, von Hanwehr RI, Dinarello CA, Mizel SB, Hinton D, Merrill JE. Immunoregulatory molecules and IL₂ receptors identified in MS brain. *J Immunol* 1986;136:3239-3245.
43. Liu DY, Todd RF III. A monoclonal antibody specific for a monocyte-macrophage membrane component blocks the human monocyte response to migration inhibitory factor. *J*

Immunol 1986;137:448-455.

44. Todd RF III, Bury MJ, Liu DY. Expression of an activation antigen, Mo3e, associated with the cellular response to migration inhibitory factor (MIF) by HL-60 promyelocytes undergoing monocyte-macrophage differentiation. *J Leukoc Biol* 1987;41:492-495.

Correction

In "Segmental dysfunction of the cervical cord revealed by abnormalities of the spinal N13 potential in cervical spondylotic myelopathy" by Restuccia et al, which appeared in the May issue (*Neurology* 1992;42:1054-1063), an error occurred in the placement of the tracings in figures 3 and 5. The tracings that should have appeared in figure 3 were printed with figure 5, and the tracings that should have appeared with figure 5 were printed with figure 3. The figures are correctly presented below. The editors apologize for the error.

Figure 3. Type I N13 abnormality (patient 2). Right radial, median, and ulnar nerve SEPs are illustrated using the same abbreviations as in figure 1. The absolute latencies of N9, P9, P14, and N20 responses, as well as the P9-P14 and P14-N20 interpeak intervals, were within normal limits, while the N13 potential could not be obtained after stimulation of all three nerves. The cervical spinal cord (T₁-weighted MRI) was compressed at the C5-6 level.

Figure 5. Type III N13 abnormality (patient 5). Left radial, median, and ulnar nerve SEPs. Same presentation as in figures 1 to 4. The absolute latencies of N9, P9, P14, and N20 responses, as well as P9-P14 and P14-N20 interpeak intervals, were within normal limits. N13 potential was completely abolished after stimulation of the radial nerve, while it was still normal after stimulation of the median and ulnar nerves. The cervical spinal cord MRI (T_2 weighted) showed a severe compression at C3-4 (single arrow) and a less evident compression at C5-6 (double arrows).

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