this pattern “may represent a bridge between neurology and psychiatry” and recommended another name, “rhythmic mid-temporal epileptiform activity (RMTEA), avoiding the term discharge, which implies a seizure state that has not yet been established.”

While the evidence may not be sufficient to establish RMTD as epileptiform, the majority opinion that the pattern is benign may still be premature.

Robert L. Weinmann, MD, San Jose, CA

Disclosure: The author reports no conflicts of interest.

Reply from the Author: Dr. Weinmann reviews the issues debated during the Jack Ruby trial. The “high

incidence of neurovegetative complaints” associated with rhythmic temporal theta bursts of drowsiness is not based on convincing scientific data nor is any relationship of these bursts with a seizure disorder. Most neurologists and electroencephalographers consider them benign. Frank Forster got it right.

Ludwig Gutmann, Morgantown, WV

Disclosure: The author reports no conflicts of interest.

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CORRECTION

Visual rehabilitation: Now you see it, now you don't

In the editorial “Visual rehabilitation: Now you see it; now you don't” by Christopher C. Glisson and Steven L. Galetta (*Neurology* 2007;68:1881–1882), the URL for the Web site for testing and rehabilitation materials has changed. The correct URL is <http://www.readright.ucl.ac.uk/>.

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CORRECTION

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