points).^{5,6} Based on these calculations, we determined that to be reasonably certain (power = 0.80) of detecting slowing of disease progression by 75% and 100%, a sample size of 90 and 60 patients, respectively, would be required over a study period of 6 months. For a 3-month trial (the duration of the Barwick et al study), even using a sample size of 60 patients (30 in each group), the treated group would have to gain strength at a rate 1.5 times as fast as the untreated group was getting weaker (or +0.6 units per year) in order to have sufficient power to detect a difference between the groups.⁵ For comparison, it is of interest that prednisone, the only drug thus far shown to be effective in the treatment of Duchenne muscular dystrophy, results in improvement in strength at 3 months of slightly more than +0.2 units.⁸

These caveats notwithstanding, I regret not having cited the early work of Lord Walton and his colleagues.

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Correction

In the June article by Hughes et al, "What features improve the accuracy of clinical diagnosis in Parkinson's disease: A clinicopathologic study" (*Neurology* 1992;42:1142-1146), the authors note that an error occurred in the next-to-last sentence of the first paragraph of the Discussion (page 1145). The sentence should read, "If 100 cases of PD are to be recruited for a trial, *112* and *180* possible cases would have to be assessed using the brain bank or our model-selected criteria to enlist 100 eligible cases." The correct numerals appear in italic type.

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Correction

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