tients with focal demyelination, this may tend to normalize FDI distal latencies. However, SSIS eliminates this problem and is therefore a superior technique for evaluating UNW because it maximizes the opportunity to detect focal demyelination over nearly the entire course of the ulnar nerve at the wrist.

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Correction

In table 3 of the article "Inaccuracy of the International Classification of Diseases (ICD-9-CM) in identifying the diagnosis of ischemic cerebrovascular disease" by Benesch et al. (1997;49:660-664), several inaccurate figures were listed. For ICD-9 code 433, occlusion and stenosis of precerebral arteries (n = 176), percent accuracy was 18.5 for prior stroke and 28.1 for prior TIA; for ICD-9 code 434, occlusion of cerebral arteries (n = 185), percent accuracy was 28.6 for prior stroke; for ICD-9 code 435, transient ischemic attacks (n = 63), accuracy was 3 (4.8%) for asymptomatic patients; and for ICD-9 code 436, acute but ill-defined cerebral vascular disease (n = 18), accuracy was 1 (5.6%) for asymptomatic patients. We apologize for any inconvenience or confusion this may have caused.

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Correction

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