

possibility and there are undoubtedly other suitable options. By working with industry, all parties will gain.

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Cyberonics; serves as a principal investigator in a clinical drug trial sponsored by UCB; and serves on a data safety management board sponsored by ICON Clinical Research. Dr. Sperling serves as Associate Editor of *Epilepsia*; received funding from the NIH; received research funding from UCB, Sepracor, Vertex, Marinus, Lundbeck, and Eisai; and served on speakers' bureaus of UCB and Pfizer. Dr. Hirsch served on the scientific advisory boards for Lundbeck, Ikano Therapeutics, and Jazz Pharmaceuticals; serves as an editorial board member for the *Journal of Clinical Neurophysiology*; served as a contributing editor for *Epilepsy Currents*; received royalties for *Atlas of EEG in Critical Care* and for neurology sections of UpToDate; received honoraria for serving on the speakers' bureaus for GlaxoSmithKline, Pfizer, Lundbeck, and UCB Pharma; and received research support from Eisai, GlaxoSmithKline, the American Epilepsy Society, and the Epilepsy Foundation.

Editor's Note: The author of the article was offered the opportunity to respond but declined.

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1. Martin JB. The pervasive influence of conflicts of interest: a personal perspective. *Neurology* 2010;74:2016–2021.

CORRECTION

Hyperventilation-induced nystagmus in peripheral vestibulopathy and cerebellopontine angle tumor

In the article "Hyperventilation-induced nystagmus in peripheral vestibulopathy and cerebellopontine angle tumor" by K.-D. Choi et al. (*Neurology*® 2007;69:1050–1059), a reference was omitted and there was an error regarding the direction of hyperventilation-induced nystagmus in 4 patients. The description of hyperventilation-induced nystagmus in patients with lesions at the craniocervical junction was included in the book edited by Leigh et al.,¹ which should have been included in the reference list. In addition, the first sentence in the sixth paragraph of the Discussion should have read, "In a study of HIN in 6 patients with long-standing unilateral vestibular loss, HIN was *contralateral* in 4 with either nerve section (n = 3) or total unilateral deafness (n = 1)." The authors regret the errors.

1. Leigh RJ, Zee DS, editors. *The Neurology of Eye Movements*. New York: Oxford University Press; 2006:70.

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