

et al. for their comments on our article¹ and agree that funduscopic examination is important for the overall physical examination and that direct ophthalmoscopy is not performed as often or as accurately as it should be.⁵ We have shown that nonmydriatic fundus photography is a relatively fast, clinically feasible alternative to direct ophthalmoscopy even in a busy ED setting.⁶ We also found that emergency physicians themselves—without specific training in reading fundus photographs—had substantially better sensitivity for abnormalities when reading fundus photographs than when using the direct ophthalmoscope (46% of abnormalities identified with fundus photographs vs 0% with direct ophthalmoscopy) and that photographs were often useful even when normal.⁷ Combining digital photographs with mobile technologies, such as smartphones, promises better ophthalmologic care for a wide variety of neurologic and medical conditions in resource-scarce settings.⁸ Increased use of nonmydriatic photography will help to reestablish the importance of the ocular fundus examination in the diagnostician's armamentarium.

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CORRECTION

Characteristic distributions of intracerebral hemorrhage–associated diffusion-weighted lesions

In the article “Characteristic distributions of intracerebral hemorrhage–associated diffusion-weighted lesions” by Auriel et al. (*Neurology*® 2012;79:2335–2341), there is an error in the fourth paragraph of the Discussion. The second sentence should read “In the current study, we observed 13 lesions (on 10 positive scans) among 82 scans performed without triggering clinical event, yielding estimates for the overall incidence of these lesions between 4.1 per year (if the lesions are assumed to remain visible as long as 14 days¹¹) and 8.3 per year (if assumed to remain visible only 7 days).” The authors regret the error.

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