In Reply I thank several correspondents who have written to me concerning my recent article, as well as the 3 who wrote to the editorial office of JAMA Neurology. Marsili and colleagues discuss the “inevitable integration of technology into the future of medicine,” pointing out that sensors may improve prognostication and provide a means of following disease progression. This accords well with my own view that new technologies “hold promise for improvements in the detection, diagnosis, treatment, and prognosis of disease.” Frucht agrees that the clinical examination is indispensable, adding a personal note that it is “the real reason that most of us went into the field [movement disorders] in the first place.” Bindoff also stresses the importance of the clinical history. I agree. Indeed, I would go further and echo the teaching that I received years ago: “If at the end of taking the history, you do not have a likely diagnosis, take the history again.”

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In the Original Investigation titled “Efficacy and Safety of Deep Brain Stimulation in Tourette Syndrome: The International Tourette Syndrome Deep Brain Stimulation Public Database and Registry,” published online January 16, 2018, there was an error in the Abstract. In the Results section of the Abstract, the sentence beginning “The mean (SD) motor tic subscore improved from 21.00 (3.72) at baseline to 12.97 (5.58) after 1 year...” should have read “12.91 (5.78) after 1 year.” This article was corrected online.


Errors in Abstract and Figures 2 and 3: In the Original Investigation titled “Low-Dose vs Standard-Dose Alteplase for Patients With Acute Ischemic Stroke: Secondary Analysis of the ENCHANTED Randomized Clinical Trial,” published in the November 2017 issue, there were errors in the Abstract and Figures 2 and 3. In the Objective section of the Abstract, the sentence “To assess whether older, Asian, or severely affected patients with AIS who are considered at high risk of thrombolysis may benefit more from low-dose rather than standard-dose alteplase treatment” should have read “at high risk of bleeding after thrombolysis.” In Figure 2, under the Safe Implementation of Thrombolysis in Stroke Monitoring Study (SITS-MOST), the odds ratio for an age of 70 to 79 years should be 0.70. In Figure 3, the percentage of Asian patients who received low-dose alteplase and had a modified Rankin Scale (mRS) score of 1 should be 21.7%; the percentages of non-Asian patients who received low-dose alteplase and had mRS scores of 0, 1, and 2 should be 22.0%, 21.6%, and 17.0%, respectively, and the percentages of non-Asian patients who received standard-dose alteplase and had mRS scores of 0, 1, and 2 should be 19.9%, 25.4%, and 15.4%, respectively. This article was corrected online.


Errors in Author Affiliations and Missing Degree: In the Original Investigation titled “Efficacy and Safety of Deep Brain Stimulation in Tourette Syndrome: The International Tourette Syndrome Deep Brain Stimulation Public Database and Registry,” published online January 16, 2018, there were errors in the affiliations of Drs Meng, Kuhn, Huys, Baldermann, Hariz, Silburn, Coyne, Khandhar, Mallet, Kaido, Schrock, Foote, and Okun, and an additional degree was added for Dr Meng. This article was corrected online.