

sometimes labeled “pure cerebellar” disorders, include spinocerebellar ataxia (SCA) 6, SCA8, 16q-linked autosomal dominant cerebellar ataxia type III, and SCA17.<sup>4,5</sup>

Although there have been considerable advances in recent years, the postmortem findings in ET have not been fully catalogued.<sup>2,3</sup> The role of other cell types in the molecular and granular layers is still unclear so it is premature to label ET a disorder solely of PC biology. Furthermore, while degenerative changes seem to manifest mainly in the cerebellum, more detailed studies of the red nucleus, thalamus, and inferior olivary nuclei are needed to elucidate any potential role these changes play in the biology of this common neurologic disease.

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**Reply from the Authors:** We thank Dr. Faust and colleagues for their interest in our article. We also congratulate them for their groundbreaking work on ET and notably on the role of the cerebellum. Since the field is evolving and the role of cerebellum is being gradually understood, we wanted to share our

observations. As we noted, our patient had cerebellar lesions involving all components. Based on this finding, we concluded that indiscriminate cerebellar lesions do not produce classic ET. However, we were unable to rule out the possibility of some specific cellular component or a combination of those as the basis of ET.

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## CORRECTION

### Weather and air pollution as triggers of severe headaches

In the article “Weather and air pollution as triggers of severe headaches” by K. J. Mukamal et al. (*Neurology*<sup>®</sup> 2009;72; 922–927), there was a typographical error in a confidence interval (CI) in the Results section of the abstract and in the Results section of the article. The risk associated with a 5° change in temperature was cited as 1.075; 95% CI, 1.021–1.033. The correct CI should be 1.021–1.133. The odds ratio, *p* value, and lower CI bound were all correct. The error does not affect the conclusions of the article. The authors apologize for the error.

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