

Vespula venom. Is it possible that a wasp sting in a nonallergic patient could raise serum levels of interferon gamma that might, in turn, lead to a flare of MS symptoms? A search for similar cases, with analyses of symptoms and laboratory data, may help to elucidate possible mechanisms underlying this case and the immunologic pathogenesis of MS.

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1. Goldstein NP, Rucker CW, Woltman HW. Neuritis occurring after insect stings. *JAMA*. 1960;173:181-184.
2. Means ED, Barron KD, Van Dyne BJ. Nervous system lesions after sting by yellow jacket: a case report. *Neurology*. 1973;23:881-890.
3. Annunziata P, Traversi C, Fanetti G, Conti T. Multiple sclerosis onset after anti-tetanus toxoid immunoglobulin prophylaxis [letter]. *Ital J Neurol Sci*. 1993;14:270.
4. Panitch HS. Interferons in multiple sclerosis: a review of the evidence. *Drugs*. 1992;44:946-962.
5. Bonay M, Echchakir H, Lecossier D, et al. Characterization of proliferative responses and cytokine mRNA profiles induced by *Vespula* venom in patients with severe reactions to wasp stings. *Clin Exp Immunol*. 1997;109:342-350.

CORRECTIONS

• In the Letter to the Editor by Dale and O'Brien entitled "Determination of Angiotensin-Converting Enzyme Levels in Cerebrospinal Fluid Is Not a Useful Test for the Diagnosis of Neurosarcoidosis," published in the May 1999 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 1999;74:535), an error occurred in the dagger footnote to Table 1. The footnote should read as follows: "Reference range, 0 to 0.61 [not 61]."

• In the article by Maruta et al entitled "Optimists vs Pessimists: Survival Rate Among Medical Patients Over a 30-Year Period," published in the February 2000 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2000;75:140-143), an error occurred in the "Discussion." The last sentence of the third paragraph should read as follows: "The multivariate modeling we performed estimated that mortality risk increased 19% for every 10-point T-score increase."

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