

70% of the patients affected by PSP are not correctly diagnosed in the first 2 to 3 years of the disease. I personally have followed three patients who at CT presented the features of PSP while none of them showed clinical signs definitively suggestive of the disease. This suggests that the CT findings could be present before the complete clinical manifestation of the syndrome, at least in a number of cases of PSP. It would be of interest to know if other authors have had the same experience. Additional clinical, radiologic, and pathologic correlations are necessary to confirm this hypothesis.

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Wristwatch Magnetization and Demagnetization in MR Installations

Besides the more serious potential side effects of high magnetic field upon patients with cardiac pacemakers or aneurysm clips, there are also a number of potential inconveniences that radiologists and technicians face in the daily operation of an MR unit. Failure to remove a standard, nondigital wristwatch while in the magnet room results in the magnetization of metallic moving parts with consequent "freezing" of the watch. Allowing the watch to sit for a while in a normal gauss environment is usually sufficient to restore proper function.

Having had my own watch magnetized on several occasions, I sought a device that would quickly and safely demagnetize it. One such device is a bulk eraser used by typists to "clean" or demagnetize cassette tapes. Several passes through a standard, nonelectrified bulk eraser were sufficient to demagnetize the watch with no untoward effect upon its accuracy.

Continued magnetization and demagnetization of a watch might eventually affect its fragile moving parts. However, for occasional use, a standard, nonelectrified bulk eraser is a quick, convenient, and apparently safe method to restore function to a magnetized wristwatch.

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