solutions for improving neurologic care and training in India have been proposed. However, can approximately 1,500 neurologists serving 1.2 billion patients ever get the job done?

A realistic solution may be to look beyond the neurologist. Every patient with migraine, juvenile myoclonic epilepsy, hypertensive putaminal bleed, or Bell palsy should not have to travel hundreds of miles to obtain diagnosis and treatment. There are many nonspecialists such as medical school graduates, postgraduates, and nurses² who could serve as primary care providers if short, focused training is given to them. Millions of poor rural patients without treatment or paying high prices for access to specialist care could be helped. Neurologists could then focus on treating patients beyond the expertise of primary care providers. Technology should also be explored to create new models of care.³

Author Response: Man Mohan Mehndiratta, New Delhi; Prachi Mehndiratta, Charlottesville, VA; Natasha Singh Gulati, New Delhi; Mohammad Wasay, Karachi, Pakistan: We appreciate Dr. Singh's concern regarding enhancing care in India. India is steadily improving health care by establishing medical colleges and health care centers, increasing the annual intake of DM Neurology, DNB Neurology, MD Medicine, and DNB Medicine candidates, and fostering growth of national and regional neurologic organizations. For example, the annual intake of DM Neurology, DNB Neurology, MD Medicine, and DNB Medicine has increased to 171/year, 28/year, 2,341/year, and 67/year, respectively.^{4,5} The overall doctor to population ratio has risen to 1:1,800 (a 3.5-fold

increase), the number of rural primary health centers rose 300-fold from 1955 to 2011, and each primary health center has at least 1 medical doctor.⁶

India is witnessing decentralization of health care as physicians move from capital cities to cities of states and suburbs. The existing neurologic associations conduct annual conferences, continuing medical education courses, training, and workshops to educate and update physicians. Nonspecialists (medical school graduates, postgraduates, and nurses) are trained to recognize common neurologic signs and symptoms, but are still not skilled enough to diagnose and treat complex neurologic diseases. Nonspecialists can preliminarily diagnose apparent disorders but will need to refer the case to a neurologist for prompt and proper diagnosis and treatment.

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CORRECTION

Postictal nose wiping: A lateralizing sign in temporal lobe complex partial seizures

In the correspondence concerning "Postictal nose wiping: A lateralizing sign in temporal lobe complex partial seizures" by L. Hirsch et al. (*Neurology*® 1999;52:1717), there is an error in the byline. The last author's name should read "Aurelio Hernandez-Lain," rather than "Aurelio M. Lain" as originally published.

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