

clear analysis of the successes and challenges facing the UCNS. It seems that the ship has sailed in terms of neurology trainees pursuing subspecialization and super subspecialization and this is a trend that will likely continue. This trend has its disadvantages, especially in academic neurology departments. Academic neurology departments are becoming more similar to internal medicine departments with various subspecialty divisions. But what about “general” neurology? I suspect that academic general neurologists are a dying breed, and this problem will only become more acute over time as the current “master clinicians” retire. This will lead to a reduction in general neurology teaching to medical students and residents, as well as a potential loss of clinical revenue to academic departments when the only general neurologists willing to see “undifferentiated” patients are in the community. General neurology is a “specialty” in its own right, yet if residency training in neurology simply becomes a means to an end of subspecialization, then I fear for the future of our specialty as a whole.

**Bruce Sigsbee, Rockport, ME:** The need for and growth of the UCNS is a reflection of the rapid growth of knowledge in all subspecialty areas of neurology.<sup>1</sup> However, general neurology is not dying. Rather, the importance of neurologists grounded in the wide spectrum of neurologic disease is expanding. While many neurologic groups are looking for subspecialty expertise, those individuals still need to care for all neurologic patients. Many academic departments are expanding general neurologic sections. Patients do not arrive with labels. The Massachusetts General Neurology Department has a general neurology fellowship.

An AAN general neurology taskforce completed a report to the AAN Board.<sup>1</sup> One of the key conclusions was that training programs and the AAN must support training and education for the generalist. The rapidly expanding concepts of disease and treatment options create immense challenges for the generalist. Subspecialization in neurology will continue to expand. One of our challenges as a specialty is to figure out how general neurologists can be trained in and remain current in this dynamic specialty.

**Author Response: Paul Vespa, Los Angeles; Stephen M. Sergay, Tampa, FL; John H. Kohring, St. Paul:** The authors agree with Dr. Sigsbee that the general neurologist is the backbone of the specialty, and that training for the generalist should continue to be supported by the AAN. The UCNS was established as a resource for those who choose subspecialization. We believe that subspecialization complements general neurology. General Neurology is an AAN section which is represented on the Committee on Sections.

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### CORRECTION

#### **WriteClick: Longitudinal assessment of oxaliplatin-induced neuropathy**

In the WriteClick discussion of “Longitudinal assessment of oxaliplatin-induced neuropathy” by S.B. Park et al. (*Neurology*® 2012;78:152), there is an omission in the author list, which should have included Cindy S.-Y. Lin and Matthew C. Kiernan. The editorial staff regrets the omission.

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**WriteClick: Longitudinal assessment of oxaliplatin-induced neuropathy**

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