regained his memory. The head trauma amnesia cure myth remains a popular theme in Bollywood movies to this day and newspaper articles, such as the one on the 39-year-old jawan,² strengthen the myth.

Author Response: Mary V. Spiers, Philadelphia: I thank Dr. Sethi for relating this story after reading my article.¹ It is a testament to the myth's strength that the reporter did not consider alternate diagnostic possibilities but simply frames the soldier's story as a second blow amnesia cure.

It is assumed the soldier had an initial brain injury, causing identity loss. The myth of a blow to the head causing identity loss amnesia is widely believed by the public (80%).³ The soldier was reportedly with 2 others during the accident, but were they questioned? Furthermore, the soldier's memory was restored with the presumed physical jolt, but belief or mental health status were not considered. In another case, following a car accident, a woman's belief that sleep contributed to memory

loss (as seen in the movie "50 First Dates") appeared to be a contributing factor in her ability to remember information from the previous day.⁴

Multiple possibilities, including an amnesic fugue state, should be considered by those evaluating the soldier, but any evidence found that contradicts the myth will probably not get the same press coverage.

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CORRECTION

Pediatric multiple sclerosis: The 2015 Sydney Carter Award Lecture

In the Special Article "Pediatric multiple sclerosis: The 2015 Sydney Carter Award Lecture" by B. Banwell,¹ there is a misspelling throughout the article. All instances should read "Sidney" rather than "Sydney" as originally published. The author regrets the errors. In addition, the author wishes to add the following sentence and reference: "A 1956 article by Drs. Low and Carter² described 7 children with acute neurologic illness, 3 of whom experienced relapsing disease and 4 with single events. Neuroimaging at that time was restricted to pneumoencephalograms and skull X-rays, which were noninformative. The rarity of pediatric-onset MS and the challenges faced by child neurologists in making such a diagnosis are well-described."

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