I was delighted to read Professor Van Gijn’s exquisite prose summarizing French articles often not well known in English-speaking literature. As a lieutenant-colonel in the Swiss Army, and responsible for medical aspects of drafting in all French-speaking Switzerland for several years, I have had the opportunity of conducting a prospective, ‘epidemiological’ study of the plantar reflex in 3850 males aged 18–19 years. Each year, around 5000 young adults are examined in the French-speaking part of the country, for recruitment into our milician-based army. Because, fortunately, I do not have to present every day, I have had the opportunity to test the plantar reflex each year in approximately 150–200 young, healthy men since 1993, when my involvement in the business started. I used Babinski’s instructions, although probably with less elegance than displayed by Jan Van Gijn’s hand on the February issue of Practical Neurology. In none of the 3850 subjects did I find a pathological (Babinski) sign or even a ‘suspect’ plantar reflex. Indeed, I examined so many people, because I ‘wanted’ to find at least one case of Babinski sign in a normal male. I did not succeed! Because it can still be found in some books and teachers’ mouths that up to 2–3% of ‘normals’ may have a pathological plantar response, I suggest that this claim should join the four ‘myths’ already listed by Professor Van Gijn.

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INTRODUCTION

The plantar response is an important part of the neurological examination. Babinski discovered it in 1896, at least he discovered the important difference between the normal response and that in patients with disease of the brain or spinal cord (Van Gijn 1996). It is not clear to what extent Babinski was interested in distinguishing hyperactive plantar responses in patients with abnormal responses, and he seems to have found them more often than normal. Examining the plantar reflex is still a valuable routine. Sometimes it adds little to the history and the rest of the examination, for example in patients with paralysis, or with injuries, but it does serve as a test of the examination, or of the mental state of the patient, especially in those with a depressed level of consciousness. Some background information is essential.

UPGOING TOES, UPGOING LEG

Why does the great toe go up with lesions of the pyramidal (corticospinal) system? First of all, the plantar response involves more than just the toes. This is most evident in the newborn. If one uses a fingernail to scratch the sole of a baby, not too gently (to avoid a grasp reflex), the result is a response that involves thigh, lower leg, foot and toes (courtesy of professor J. Willemse; Willemse 1961).

Figure 1

The sole of a newborn baby has just been stroked by the examiner’s fingernail. The reflex withdrawal involves thigh, lower leg, foot and toes (courtesy of professor J. Willemse; Willemse 1961).