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 be 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 that 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.

INTRODUCTION

The plantar reflex 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 diseases of the brain or spinal cord (Van Gijn 1996). Its main aim was to distinguish between pyramidal tract and peripheral nerve lesions. 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 a patient with a peripheral nerve lesion, or with a peripheral nerve lesion. In other patients, it adds a great deal to the history and the rest of the examination. It is usually found among the rudiments of nervous system tests retained by non-neurologists, together with tendon jerks and pupillary responses. Stroking the sole is easy enough; the importance of the method of stimulation has been grossly overrated. But it is not so simple to determine whether the resulting toe movements are normal or abnormal.

The Babinski sign

INPROGRESS TOES, UPENDING LEG

Why does the great toe go up with lesions of the pyramidal (corticospinal) system? First of all, the plantar reflex 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 re...

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