

weeks after the operation a slight tremor became evident during movements of the left arm. The abnormal involuntary movements increased until they were approximately 25% as severe as before the operation. Volitional movements were of full range and normal strength. The patient had free movement of the thumb and fingers individually or together, permitting her to perform such tasks as holding vegetables with the affected hand while peeling them with the right hand or holding a piece of cloth while it is being hemstitched. There was no spasticity. Tendon reflexes on the left were mildly hyperactive, as they were before the operation. Babinski's sign appeared on the left immediately after the operation and persisted.

Several other patients have undergone similar operations. Although the degree of success in achieving a cure for these conditions varied among patients, nevertheless, certain prominent features such as lack of spasticity, continued voluntary movements, etc., could be demonstrated in each case.

The results of these operations, in the light of what was once believed, are truly remarkable and revolutionary. It would seem that destruction of the cortico-spinal fibres arising in the pre-central gyrus does not result in a spastic paralysis of the con-

tralateral extremities. The most notable features are a lack of spasticity, little or no increase in tendon reflexes and the appearance of Babinski's sign. In the case discussed, it might particularly be noted that the discrete usage of the musculature, especially of the digits, is not lost. However, before we ride the pendulum too far over to the other side, it must be said that these patients are not entirely normal so far as control of their skeletal musculature is concerned. The problem of restoring these people to the normal state is not the case in question here. The main point is that our previous notions of the functions of the cortico-spinal fibres arising from the pre-central gyrus appear not entirely correct.

Thus, briefly in conclusion, there appears to be firm ground for suspecting that there is error in believing in the existence of the "Pyramidal Tract" as a unified entity. Associated with this, the classical conditions which are supposed to result from a lesion of this tract are also open to criticism. These observations indicate that attempts should be made to clarify and establish the origin, termination and function of the various components of the medullary pyramids, referring to them as such, and thus replacing the term "Pyramidal Tract".

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