defect is similar to the one advanced in our paper. Nevertheless we regret the oversight.

The comparison of the defect in reaching for a specific target around a transparent obstacle to the phenomenon of apraxia in the human is intriguing but of questionable validity. The apraxias appear in a context of pretended action, prompted by either verbal command or visual imitation. Typically they do not appear whenever the manipulation of real objects is requested. We would not venture beyond calling the disturbance described by Moll and Kuypers in the experimental animal a "visuomotor" disorder. On the other hand, the mechanism proposed to explain the defect, i.e., an inability to suppress the tendency to reach straight, appears possible. As indicated in a previous letter,⁴ we agree with Moll and Kuypers on the point that gaze apraxia is unlikely to be the cause of disturbances of visual guidance as suggested by Botez.⁵

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Reply from Dr. Botez: I would like to outline two groups of facts: (1) The main aim of my letter was to avoid confusion between apraxia of gaze and optic ataxia, which differ in clinical, pathologic, and electrooculographic characteristics. There is, of course, a clinical similarity; because neurologic training is centered on disorders of eye movements that result from parietooccipital lesions, apraxia of gaze is usually misdiagnosed clinically as optic ataxia unless it is studied in detail. (2) I considered apraxia of gaze as only one possible cause of the changes of visually guided behavior after premotor cortical ablation in the monkeys described

by Drs. Moll and Kuypers. Other phenomena that may be related to disorders of visually guided behavior are the following results of lesions of the premotor cortex: (A) compulsive automatisms "which assume the form of difficulty in stopping the movement once begun, and in the compulsive reproduction of the movement many times in succession";¹ (B) disturbances of skilled movements which are based on a defect of successive kinetic organization;^{1,2} (C) disorders of orienting reactions and increased distractibility,^{3,4} and (D) unilateral frontal neglect.^{5,6}

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Corrections

"Plasmapheresis in Multiple Sclerosis: Clinical Observation and Effects on Serum Neuroelectric Blocking Factor" by D. Stefaski, C. L. Schauf, F. A. Davis, B. C. McLeod, T. L. Pencek, J. V. Jones, and C. P. Haywood, April 1980, p. 362. The last sentence should read "The results obtained from the study indicate the need for further similar investigations."

From the Newsletter, "Health Research Act of 1980," May 1980, page 29A, right column, third line should read "The most noncontroversial provision of H.R. 6522 is the extension of certain authorities (primarily for NCI and NHLBI)."

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Corrections

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