

Supporting Information

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SI Results

Laterality of Effects in Dorsal and Ventral Lateral Intraparietal Area.

Although dorsal lateral intraparietal area (LIP; LIPd) and ventral lateral intraparietal area (LIPv) have been anatomically distinguished for decades (1–3), functional distinctions have emerged only recently (4–6). For example, it was recently reported that LIPv inactivation causes deficits in a covert visual search task whereas LIPd inactivation does not (3). From this, one might expect that lesions of LIPv, but not LIPd, would cause supramodal impairment, that is, impairments of movement regardless of effector, including dissociated reaches. In fact, by using the method we developed to image the location of injections, we found that dissociated reaches were unaffected by lesions in either area (Table 2). We did, however, find differential effects in the two areas, depending on the visual hemifield of the target (Fig. S1 and Table 2). LIPd inactivation significantly delayed the onset of saccades and coordinated reaches to targets in either hemifield (biased toward the contralateral hemifield; $P = 0.08$), whereas LIPv inactivation exclusively affected saccades and coordinated reaches to targets in the contralateral hemifield.

Combining Error and Reaction Time Effects Into a Single Measure.

Inactivation affects saccade reaction time (RT) and error rate (Fig. 1). We wished to combine these two effects into a single measure. For this, we applied the concept of the speed–accuracy tradeoff. In control sessions, there was a reliable relationship between RT and error rate (Fig. S2). The relationship between the speed and the accuracy of a response is referred to as a speed–accuracy tradeoff, and is commonly observed in normal behavior of humans and monkeys (7, 8). We used RT and error rate as proxies for speed and accuracy. In our saccade task, RT is the major determinant of response time, and error rate is related

to accuracy. In the control data, we find that the tradeoff (slope of straight lines in Fig. S2) is a ~ 1 -ms decrease in RT per 1% increase in error, for all types of movements (details in legend to Fig. S2). This ratio, obtained from control sessions, provides us with an exchange rate for RT and error rate, and allows us to combine these two disparate measurements into a single measurement of performance.

The result is equivalent to asking what the RT would have been if the speed–accuracy tradeoff had been “set” to zero errors, and assumes that the speed–accuracy tradeoff itself is not changed as a result of the inactivation. We define an “adjusted RT” as the raw RT minus the error rate times the aforementioned slope. Notice that the adjusted RT effect can be larger or smaller than the unadjusted RT effect, depending on whether error rate increases or decreases as a result of the lesion. Finally, we make no claim that animals pursue a strategy of moving more slowly to reduce error rate, either in control or experimental sessions.

The use of adjusted RT changes neither the pattern nor the absolute significance (whether P values were greater or less than 0.05) of our results. However, when changes in error rate are taken into account, the effects of inactivation on saccades and reaches becomes almost identical: 7.8 and 8.0 ms for coordinated and dissociated saccades, respectively, and 7.9 ms for coordinated reaches. The adjusted RT effect for dissociated reaches was -0.1 ms. Thus, although the pattern of significance does not change, the adjusted RT analysis reveals that the effects of LIP lesions on saccades and coordinated reaches are remarkably similar. This supports the conclusion that the effect the lesion on coordinated reaches is an indirect result of the effect on saccades, revealing the operation of an active eye–hand coordination mechanism that lies outside of and downstream from LIP.

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