

sia, etc. Of all stomachic remedies, orexine seems to be the best. Improved appetite, increase of bodily weight, and enrichment of the blood, follow its use. Numerous authorities praise the drug particularly in pediatric practice. Indigestible articles of food are tolerated much better if a little orexine is taken along.

The drug will occasionally relieve heart-burn, cardialgic pain, and in one case on record it acted as a teniafuge. In surgical practice, orexine in doses of 5 to 6 grains, is recommended for vomiting after anesthesia. Its action in the uncontrollable vomiting of pregnancy is almost specific.

Contraindications for orexine are gastric hyperacidity and gastric ulcer. It should also never be given with iron, as an inky compound will be formed. The doses are 3 to 12 grains, according to age, twice daily, 1 to 2 hours before meals, in water or broth. This medication may be continued for five days, then interrupted for several days, and again resumed. The drug probably acts by direct stimulation of the gastric cells.

PLANTAR REFLEX AND BABINSKI'S SIGN.

Babinski was the first to record the pathological alteration in the plantar reflex, whereby in certain cases mild irritation of the sole of the foot produces not plantar flexion, but dorsal flexion of the toes, and especially of the great toe. The cause assigned by Babinski for this alteration of the plantar reflex is in almost every case some lesion of the pyramidal tract; recognized exceptions are epilepsy, strychnine poisoning, and other diseases producing exaltation of reflexes, and normal infancy. H. Schneider (*Berl. klin. Woch.*, Sept. 16th, 1901) took advantage of the opportunity to record the Babinski phenomenon in nearly a hundred cases of disease of the central nervous system. He states that this phenomenon may be caused in two ways; first, by interruption of the pyramidal tract or disease of the motor cortical area, thus destroying the normal plantar flexion, which is a cortical reflex; second, by diseases which either increase the irritability of the motor cells of the spinal cord, or diminish the irritability of the cerebral cortex. Briefly stated, Babinski's phenomenon is the substitution of a spinal for a cortical reflex. It is due to the relative suppression of the cortical reflex, a phenomenon which may or may not involve distinction of cortical centres, and which may or may not point to a lesion of the pyramidal tract. In conditions producing general heightening of spinal reflexes a diagnosis of pyramidal lesion cannot be based on Babinski's sign.—*Medical News*.