necessary to diagnose tuberculosis in the lower animals. It is lamentable that at present this important task is left to butchers.

THE TOE REFLEX.

Dr. Wharton Sinkler, in a recent number of the *Medical News*, describes a peculiar form of tendon reaction seen in cases of pressure myelitis and secondary lateral sclerosis. It is elicited by strongly flexing the great toe while the lower limbs are extended. Immediately after this manœuvre is performed, the foot becomes flexed, then the leg, and finally the thigh is flexed on the pelvis. At once there follows a return to the formerly extended position of the limb. The contractions occur after forcible and gentle flexion of the toe. In all the observed cases, the ordinary tendon reactions were also much exaggerated.

It is an entirely different phenomenon from Westphal's paradoxical muscular contraction. The latter is brought out by flexing the leg on the foot, when, if present, the foot will be kept in a state of flexion even for some minutes, owing to a totanic contraction of the tibialis anticus muscle.

STRYCHNINE IN NARCOTIC POISONING.

Dr. Gibson of Edinburgh, in the current number of the *Practicioner*, tells us that he has had much success with the action of strychnine in narcotic poisoning, especially in opium narcotism. He points out the danger of using atropine in these cases. There can be no doubt that the action of atropine as a physiological antagonist to lethal doses of opium has been much overrated. As atropine given in excess paralyzes the respiratory centre, it is clear that the borderland between a stimulating and depressing dose may be overstepped, and as result we have the depressing action of artopine added to that of opium. No such danger is to be feared from the employment of strychnine—even in excess.

As a stimulant to the respiratory centre strychnine is now believed by many to be fully equal to atropine, and as it is free from the dangers attending the administration of the latter in larger doses, it should be employed in preference to