

striking in the frontal and central convolutions. In addition the left thalamus was found reduced in size and in places wholly atrophied. Sander came to no conclusion as to whether this change in the thalamus was secondary or primary, but was inclined to the latter assumption. It is very seldom, he says, that so decided a lesion of the thalamus is found even in the severest cases of cortical paralytic processes. He thinks that, at all events, it had a share in producing the athetosis.—*N. Y. Med. Jour.*

---

USE DIPHTHERIA ANTITOXIN PROMPTLY AND BOLDLY.—*The Philadelphia Polyclinic* has from time to time given what is deemed conservative advice in regard to the employment of antitoxic serum in the treatment of diphtheria. While viewing the new treatment favorably, we urged caution at first in the selection of cases, until the dangers and limitations of the remedy were known. We then, as evidence accumulated, pronounced in favor of the early and sufficient administration of the antitoxin in cases of determinate diagnosis. As the result of increasing experience and observation, as well as from study of published reports, we are now prepared to occupy and defend the most advanced position; namely, that without waiting for bacteriologic confirmation of diagnosis, every patient who presents clinical evidence of diphtheria should at once receive a "curative dose" of serum, and all children of the household should be immunized by the same agent. Adults should be immunized if likely to be much exposed, and may be immunized if they desire it, even if not specially exposed. It is of the highest importance to have a trustworthy serum, of as high potency as possible, so that a dose small in bulk shall be large in antitoxic units. The serums made by certain American houses are fully equal to the imported preparations, if, indeed, they are not superior. They are in addition, more readily obtained and are likely to be more recent. No preparation that is not standardized should be employed, unless it is the only one available; and in every case the higher the number of antitoxic units per cubic centimeter the easier it is to give an efficient dose. The failures that occurred in the early days of serum-therapy in diphtheria are to be attributed to tardy and half-hearted employment of the remedy, to insufficient dosage, and to the low potency of the commercial serums, requiring a bulky injection, difficult and painful to administer. For a child of three years, the initial dose in a tonsillar case of moderate severity seen early, should be 1,000 to 1,500 units; in nasal or laryngeal cases, or in cases in which the lower pharynx is invaded, or severe cases of any variety, the