

the mortality in London is almost confined to the hospitals, because but few cases in private practice receive antitoxin.

In Australia the contrary is the case, but Dr. Turner believes that much better results could be obtained if in severe or in late cases a much larger dose were administered. In mild and early cases a small dose of 600 or 1,000 units may suffice, but in advanced or desperate cases many practitioners are satisfied to give 1,000 or 1,500 units instead of 4,000, 6,000 or even 8,000 units.

The records of the Brisbane Children's Hospital have been very carefully kept for the last ten years, so that comparison of results can be fairly instituted. During the latter portion of the antitoxin period larger doses have been injected with improvement as a result. Severe cases receive 4,000 units. Still later this dose has been increased to 6,000, 8,000 and even 14,000.

The following records attest the claims put forward by the writer: Pre-antitoxin period in Brisbane Hospital—Total, 303 cases; 128 deaths, 42 per cent. Antitoxin period: Small doses—total, 40 cases; 10 deaths, 25 per cent.; Large doses—total, 277 cases; 30 death, 10.8 per cent.

Tumor of Pons with Crossed Paralysis.

A case of tumor of the pons was presented at the meeting of the New York Academy of Medicine by Dr. Henry Koplick. A brief report of the case appears in the *Society Proceedings* in the *Arch. of Pediatrics* for January, 1900. The patient, a boy of five years, had always a somewhat ataxic gait. Headache began about two months ago, and coincidentally the headache became more severe.

Examination showed complete right facial paralysis, with abducens paralysis and complete hemiplegia and exaggeration of reflexes on the left side. Within the past two weeks paresis has also made its appearance on the right side with increase of reflexes. The mental state is not quite normal. Family history was free from syphilis and tuberculosis.

Because of the unusual size of the boy for his age, it was thought that the growth might possibly press upon the pineal gland.

A Case of Bell's Paralysis accompanied by Herpes Zoster.

At the Philadelphia Pediatric Society meeting, October 20th, 1899, Dr. Palsi exhibited a case of facial paralysis with herpes zoster. The patient, a boy of ten, about three weeks before had complained of pain in and about the right ear and right side of the face. Three days after an herpetic eruption appeared along the branches of the facial nerve, back of the ear, over the cheek, and especially marked along the lower part of the face. At the same time the right side of the face was