the hair and desquamation. Confirmatory experiments were undertaken as follows: Serum was secured from a cured woman who had suffered from pellagrous disease, and also from a man with an advanced pellagra cachexia. Two series of animals were inoculated, the one with the plain extract, and the other with the toxic extract mixed with the pellagrous serum. The first series of animals emaciated rapidly and died on the ninth, seventeenth and twenty-ninth days, whilst the second series survived to the thirty-second and sixtieth days, and the third still lives (more than 3 months). As a control test mice and rabbits were injected with (1) pure extract, (2) extract mixed with normal blood serum, and (3) extract mixed with pellagrous blood serum. The first animals died within 12 hours from intestinal hemorrhage; the second died 15 to 17 hours later, and the third survived the injection from 36 hours to 17 days. The animals of the third series did not emaciate, and seemed quite well, whilst the others lost weight and became cachectic. The writer concludes that there is in the blood of pellagrous patients a substance which possesses the property of paralyzing the action of the extract of diseased maize. This substance can be found in the blood of cured pellagra patients or those convalescing from the disease. It possesses specific characteristic properties against spoilt maize derived from pellagra-prevalent regions. Other kinds of serum possess no property of this character. These are the first studies to determine the origin and specific character of pellagra. They give us the experimental ground for vaccination trials, as well as for the prevention and specific treatment of pellagra.—*International Medical Magazine.*

Epilepsy and Adenoids.

Two cases of epilepsy in which marked amelioration followed the removal of enlarged tonsils and adenoids were brought by Mr. Lennox Browne before the last meeting of the British Laryngological Association. While these cases are by no means the first in his experience nor the first reported, Mr. Browne thought it only fair to say that the experience of throat specialists of the benefit of removal of adenoids in this class of cases would appear to be more favorable than that of neurological experts who, presumably, did not attach so much importance to their causal influence. The main point of interest, however, is that while large doses of bromide proved inert prior to removal of the adenoids, the drug, albeit in very small doses, appeared to be essential to complete subsidence of the peripheral irritation due to the glandular overgrowth. Dr. Dundas Grant confirmed the experience of his colleague by reference to the many cases he had seen and treated since his appointment at a special