of climate, a fiberal diet, fresh air and such tonics and humatinies as quinine, strychnine, arsenie and iron probably give the best results. Residence for a year or so in the north is frequently followed by good results. It should always be borne in mind, however, that a few days treatment, although it may check the fever, never eliminates the disease. Blood examinations reveal the presence of the parasite even after the administration of quinine for weeks.

RESUME.

In conclusion, I would like to emphasize the following:-

- 1. The large proportion of atypical and obscure cases of malaria met with in malarial districts.
- 2. That any one or all the subjective symptoms may be absent, and the patient be a malarial subject.
- 3. That in malarial districts the large majority of the population have the parasite in the blood.
- 4. That in children, fever, diarrhea and cough are the three chief symptoms of malaria, the chill and sweating stage being rarely present.
- 5. That the mosquito Anopheles is probably not the sole agent in the transmission of the disease.
 - 6. The constant use of the microscope for diagnostic purposes.
 - 7. Prolonged treatment.

CASE OF EPIDEMIC MENINCITIS OF TWENDY HOURS DURATION

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Epidemic cerebrospinal meningitis is at times a disease of terribly fulminant character, but I have not happened to find in the literature a more rapidly fatal case than is here recorded.

In the autumn of 1905, there came to the Royal Victoria Hospital in one week, three cases from the same house on St. Dominique Street; the three cases were not related, as far as I know, but lived under the same roof; one was a child of tender years, who died after a few days illness, the second was a man of 30, who recovered from the intense symptoms of the acute attack, but died of chronic meningitis, with extreme emaciation, eight weeks later. The subject of this case report was the third. He was a foreigner and had excellent health