

families who were near neighbors and had much inter-communication. At the same time they both were only occasional residents at these homes, which you know has to do with the question of susceptibility. In the third case a sister had been attended by a reputable physician for what he called meningitis. In 1891 I attended a fatal case of meningitis in a child whose home was the second farm from the one on which case No. 3 resides. I considered it to be tubercular from the gradual onset and protracted course. With subsequent developments I have doubts of its having been tubercular, particularly as there is no history of tuberculosis in the family. To quote Pepper again, he says: "There is abundant proof of the existence of a specific poison, which may attach to certain houses or localities so as to render them infectious." We are naturally led to consider the possibility of there being such specific poison about these places.

As a sequel to these cases I venture upon your patience a short sketch of another case.

On Sept. 14th, 1897, I was called in to see Miss J. A., about 20 years of age. The people in whose house I found her stated that she had been unconscious for several hours. They also stated she was a domestic employed in the same house that case No. 2 had died. That was all the history. I found her with considerable muscular rigidity, particularly of the neck. She was anæmic, temperature normal, pulse about 85. Thumbs were turned in, toes strongly flexed, pupils dilated but responsive. Cold water freely poured over her head and face restored her to consciousness. She persisted in being rather ill. She had heard of the illness and death of her predecessor, and to the best of her ability had simulated that case except the last act. As she was homeless we sent her to the Kingston Hospital. It is unnecessary to state this was a case of ordinary hysteria, only of interest on account of having occurred in same residence as case No. 2.

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