

History.—A day or two before illness began had found two dead rats below his work-bench. These were decomposed, and he attributed illness to the smell. Sanitary condition of workshop good; no rat-infestation. Disinfected by City Inspector night following diagnosis of the case.

Bacteriological Examination.—Bubo incised at Hospital and bacteriological examination of scrapings conducted by Dr. Frost, Hon. Pathologist to the institution. *B. pestis* found in smears. Guinea-pig inoculated died in five days. *B. pestis* was present in glands near seat of inoculation and in spleen, which was of typical mottled appearance. Typical cultures on agar and in broth were obtained from bubo of patient. Inoculated into a second guinea-pig, which died on sixth day with typical symptoms of plague.

Course of Illness.—Patient improved on seventh day of illness, and made a rapid and uninterrupted recovery without suppuration of bubos, and was discharged on 1st June.

CASE II.—E. B., male, æt. 19. Packer in Electrical Supply Company, Fort Street. Case notified 18th May. Visited him in company with Dr. Purchase at his home in Kingsland. Found him in bed with large bubo in right groin and high temperature and history of epistaxis. Had been ill three days. Ordered his removal to observation ward, and accompanied him there in the ambulance. Sanitary condition of house fair; no rat-infestation. Disinfection of premises begun immediately on removal of patient by Mr. Roget; completed next day by Inspector Grieve. Occupants of house kept under supervision for five days.

History.—A few days before illness began patient on opening the premises in the morning found a dead rat on the staircase. Condition of premises not satisfactory—a cellar below building was littered with paper, straw, and other packing-material, which, owing to leakage from defects in a neighbouring drain, was foul and damp. Two dead rats were found in this cellar much decomposed. Disinfection of premises conducted by City Council immediately on notification of case.

Bacteriological Examination.—Bubo incised and portion removed for diagnostic purposes. Examination conducted by Dr. Frost. *B. pestis* present in smears. Typical culture obtained on agar and in broth. Guinea-pig inoculated; died in four days. *Post mortem* showed typical evidence of *pestis* infection. *B. pestis* was found in glands near seat of inoculation and in spleen, liver, and heart blood.

Course of Illness.—Illness was exceptionally severe. High temperature continued for three weeks. About the sixth day cervical glands became infected, and two days later the submaxillary ones. An old scar on leg then sloughed, forming a carbuncle. Submaxillary glands broke down and streptococcus was found in the discharge—probably had gained access from defective teeth. Subsequently the cervical glands suppurated and the inguinal bubo sloughed. During the third week bacteriological examination of the discharges showed a pure culture of streptococcus which had thus replaced the *B. pestis*. Patient subsequently sank into a very low weak state, and died on 22nd July—ten weeks after his admission.

CASE III.—S. W., male, æt. 17. Kitchenman at the Auckland Club. Case notified 8th June, 7 p.m. Visited him in company with Dr. Milsom. Found him suffering from small right inguinal bubo and high temperature. Had been ill two days. Ordered his removal to isolation ward at Hospital. Disinfection of premises began same night by City Council staff, and carried out most thoroughly with the ready co-operation of the committee during the ensuing two days, the club being closed for the purpose.

History.—Shortly before illness had seen dead rat near back entrance to club from Shortland Street. This entrance was just across the road from the place where case II had worked. Decomposed rat found in basement during cleansing operations.

Bacteriological Examination.—Bubo not incised. Blood removed from bubo by puncture failed to give any evidence of *B. pestis* by culture, inoculation of guinea-pig, or by direct examination. The confirmation of the diagnosis thus failed, but clinically the case was typical enough. No other cause for bubo or temperature could be found.

Course of Illness.—The disease ran a mild course. Temperature rose to 104° on the fourth day, but improvement began on the seventh day, and the patient made a rapid convalescence, and was discharged on 5th July—four weeks after admission.

WELLINGTON, HAWKE'S BAY, AND MARLBOROUGH DISTRICTS.

Provision for Infectious Diseases.

Wellington.—The plan of the new hospital for scarlet-fever cases, erected on an area off Coromandel Street, Wellington, which had been acquired by the Wellington Hospital Trustees, is inserted in this report. With a view to overcoming the contention that isolation hospitals are a source of "return cases" where the patients are discharged direct to their homes from infected wards, the general male and female wards, each accommodating eighteen patients, have been divided up by glazed partitions into three separate divisions respectively, the acute, convalescing, and disinfecting. "Open-air" lines are the distinguishing features in the construction throughout. It will be noted that the cases in the acute stage are placed nearest to the nurses' duty-room, kitchen, and sanitary annexes. Two one-bed wards are also provided; these are found to be of great value. Anticipations that the accommodation provided was excessive have been amply disproved since the building was opened.

Wanganui.—In consequence of the burning-down of the Infectious Diseases Hospital here, it was decided to alter and add to a smaller existing building which previously had been used for diphtheria cases.

Picton.—The Picton Hospital and Charitable Aid Board decided to erect a small isolation hospital on the existing Hospital grounds. Plans were prepared and approved.