11th, 12th April, "Moura," South Island ports; 14th April, "Zealandia," from Sydney; 17th and 18th April, "Te Anau," South Island.

The house: A five-roomed cottage in Richmond Road, Grey Lynn Borough. Surroundings fairly clean and comfortable; neighbourhood fairly open; small cottages on either side, all in fair sanitary condition.

Family in house: Mrs. V. and eight young children. Mrs. V. did laundry-work.

Thinking the case suspicious, I directed his removal to the Isolation Hospital in the ambulance kept for infectious cases, arranging with the Secretary, Hospital Board, for his admission, so that Dr. Collins, Medical Superintendent, had every preparation made when the case arrived.

I ordered that the family should remain in quarantine in the house, arranging with Dr. Sharman that he should visit them and make a daily inspection, and with Mr. Simmons, Town Clerk of the borough, that he should see that the quarantine was observed, and that the family were supplied with what was necessary. Inspector Winstanley proceeded up that afternoon, and saw to the desinfecting of the room, clothing, and bedding used by the patient—taking with him the materials required—Mr. Simmons undertaking that the Borough Council would meet all expenses. Formalin spray and subsequent fumigation with sulphur was used, and all rubbish, &c., round the house cleared up and burned.

I visited the wharf to get names of other men working on the boats with V., but being Saturday afternoon all were gone and the offices closed. These details were subsequently obtained by Inspector Winstanley.

I visited the patient on his arrival in the Hospital. Owing to the Plague Hospital being occupied by cases of scarlet fever and diphtheria, Dr. Collins had placed him in the isolation building, originally used for general infectious disease, but which had been recently fumigated, and now stood empty. This arrangement was in accordance with an agreement I had made with the Hospital Board some weeks before when the Plague Hospital was taken possession of. Nurse Woods and Nurse Holman volunteered for duty, and were placed in charge, and a special man was told off to act as porter, &c. During investigation of case Dr. Collins undertook medical charge. It was subsequently arranged that all dejecta were to be disinfected six hours in corrosive sublimate 1–1,000.

Treatment: 10 c.c. Yersin's serum was administered, and 5 gr. calomel; while $\frac{1}{200}$ gr. hyoscine was injected hourly owing to patient's restlessness. I drew off 5 c.c. of bloodstained serum from the bubo by means of a syringe, but failed either by culture or direct examination to detect any germs of any description. Wired suspicion to Dr. Mason.

Sunday, 20th April (third day of illness).—Visited case about midday. Had a fairly good night, and seemed better. Temperature 102°, pulse 88. Examined urine and found fairly large amount of albumen. Patient is sleepless and complains of deafness in left ear. Dr. Collins had ordered hypodermic injection of hyd. perchlor. into bubo, and painting surface with ichthyol and glycerine. Cultures made on Saturday were sterile. Some rumour of the nature of the case had got about, as I received an inquiry from the *Herald* newspaper office as to the case. I asked them not to make any mention of it, but next morning published a paragraph mentioning that a suspicious case had been removed to Hospital.

Monday, 21st April (fourth day).—Visited case 9 a.m. He had been delirious in the night and slept badly. Temperature 103·4°, pulse 100. Whisky and hypodermic of strychnine ordered every four hours. I drew off some more serum per syringe, and again failed to detect anything by direct examination (cultures also were sterile). Glands larger and more inflamed. I saw patient again at 10 p.m. with Dr. Collins, who agreed to incise bubo. A small portion of the gland was removed, and on direct examination numbers of short bacilli with rounded ends, and exhibiting marked polar staining, were detected. Cultures on broth, serum, and agar were made. At 12 p.m. wired results of examination to Dr. Mason, and returned to Hospital and administered Haffkine serum 10 c.c.

Tuesday, 22nd April (fifth day).—Visited case at 9 a.m. Patient had slept well after receiving a draught of pot. brom. and chloral hyd. Temperature 101·6°, pulse improved (88). On agar and blood-serum inoculated from the portion of gland-substance typical cultures nearly pure were obtained. In reply to an inquiry from the Hon. the Minister of Public Health, I wired that I believed the case to be one of plague. I also informed Mr. Stichbury, Chairman of the Hospital Board, and suggested the appointment of a medical man to attend the case. To this he objected, and it was agreed that I should take charge until Dr. Mason's arrival next day. I therefore spent the night at the Hospital, visiting the case at 8 p.m. and about midnight. Temperature rose to 104° and pulse to 120, but patient seemed better than previous night, and slept well after a draught of bromide and chloral.

Wednesday, 23rd April (sixth day).—Saw case at 8 a.m. He seemed much weaker and pulse was not so good. Nurse reported an appearance of cyanosis of face at an earlier hour. I ordered increase in stimulants. Dr. Mason arrived in the forenoon, and we visited the patient at 2 p.m. and again at 11 p.m., when he seemed stronger than in morning. Temperature 113·5°, pulse 120. A guinea-pig was inoculated on right side with portion of gland, and on left with some broth inoculated forty-eight hours previously, and which hitherto had failed to show any growth of the bacillus; agar and serum cultures, however, were abundant.

Thursday, 24th April (seventh day).—Visited patient at 8.30 a.m. He seemed better and asked for food. Pulse, however, was not so satisfactory, and nurse reported urine scanty and frequent. Albumen still present. Temperature dropped rather suddenly to 100° Fahr. Digitalin, $\frac{1}{100}$ gr. hypodermically, ordered every four hours. The broth cultures made from the gland-tissue now began to show some growth (after sixty hours' incubation). Dr. Mason visited the patient during the afternoon, and I saw him again shortly after midnight, when nurse reported that he had coughed frequently, and brought up some bloodstained mucus, a specimen of which was saved. Perspiring freely; temperature 101·2°; delirious, and passed motion involuntarily—some diarrhœa.