to special isolation block in the Infectious Diseases Hospital. Vaccination did not take. Result —recovered, but with marked pitting of face and back of hands.

How this case escaped observation on board the steamer on the voyage down the coast it is difficult to understand, as being a quartermaster he was necessarily on the bridge for two hours at a time during his watch, and therefore right alongside the officers on duty. The vessel was of course placed in quarantine, all cargo workers on board at the time were detained until vaccinated, and as many others as could be traced as having had any connection with the case were offered vaccination.

The coal-hulk which was alongside the vessel at the time, and the children of the caretaker who had been helped over the side by this man, were also placed in quarantine, and the children vaccinated as well as the others.

The District Health Officer, Christchurch, reports:—

Two suspicious cases were investigated, but neither turned out to be smallpox.

Plague.

The District Health Officer, Auckland, reports:—

It is again most satisfactory to report another year without any manifestations of plague in man or in rats. The examination of rats has been continued regularly, and 7,974 have been tested bacteriologically with negative results. The Harbour Board and the City Council continue to employ men poisoning and trapping, and their work keeps the rat nuisance in check to some extent. To the improved sanitary condition of the waterfront and neighbourhood, and of the cellars and sewers under Queen Street, the absence of plague may be attributed.

Leprosy.

Dr. C. H. Upham, Medical Officer in attendance at Quail Island Quarantine Station, Lyttelton, reports as follows:—

C. is very frail and steadily getting worse. The disease was advanced when he came under treatment. Leprosy consists in a series of attacks of high fever (102·4 being registered at the height of attack). The emaciated feeble patient is quite prostrated during the attacks with headache and pains in the limbs; there is purulent rhinitis and pharyngitis, and patches of purulent nodules break out on face, shoulder, and hips; ulcers result, especially on the atrophied contracted feet. The leproma on the eye, which covers about two-thirds of cornea, has not advanced during 1913: the remaining one-third of the cornea is nebulous, but patient can still perceive light. The attacks last two or three weeks. Patient had attacks (1) at the end of January, (2) beginning of April, (3) beginning of May. After this attack I pressed him to take antileprol, which has an undoubted beneficial effect, so that the next attack (4) was postponed till the 25th November. This last was long and severe, not yielding till the 20th December. The patient also suffers from a hydrocele, which has occasionally to be tapped. During the attacks I drop the antileprol, which produces reaction, and give salicylate of acetyl (Xaxa) when neuritis is the prominent feature, and salicine when the skin is attacked. Both these drugs have distinct effects, relieving pain and subduing suppuration in the skin. I also use an antiseptic ointment consisting of Hydrarg. ammon. gr. v, Ol Eucalypt. min. xv, to the ounce of vaseline. I have used scarlet red ointment (according to directions), but E., who dresses C., declares the above antiseptic ointment heals the ulcers and subdues suppuration more rapidly. The extensive ulceration heals much more rapidly in this leper than indolent ulcers do in ordinary patients, large ulcers granulating and covering with soft skin in a few weeks. C. is bowed, weak, anæmic, lame, and blind. C. has now recovered from his albuminuria.

D. is really better. He is stout and strong, ruddy-complexioned, and well. All the three men are quite cheerful when not suffering from attacks. In January ulnar neuritis was troublesome, but yielded to Xaxa. In February D. had much pain in the plantar arch. This gave him so much distress that on the 4th March E., who had been hitherto the blind leper's companion, took over the duty of dressing C. from D. Now the plainest record of D.'s case is given by stating that throughout the year he looked and felt quite well, except for the following short spells: (1.) On the 20th April he presented four nodules on one arm. These nodules are the signs of nodular leprosy, the macules appear in both anæsthetic and nodular leprosy. The macules in D.'s case steadily improve, and if he did not occasionally show the nodules the prognosis would be certain. But the periodical reappearance of these nodules is most disappointing. I have encouraged him to imitate the auto-inoculation treatment of tuberculosis. There is no need of graduating E., he is so lusty and strong; so he daily exerts himself till the skin is thoroughly flushed with blood and glowing and sweating. He takes antileprol regularly; generally he can only stomach a dram a day, but occasionally I can press him near the maximum dose of 2½ drams a day. In June he complained of anæsthesia and tingling of the toes: his anterior tibial rather than peroneal nerves are affected. In September I found three nodules in the macula on the left arm, and on the 14th December the old original macula on the right cheek became inflamed, swollen, and red, and affected the glands on the opposite side of the neck. I treat him as a I treat C.—Xaxa for pain, salicine for the nodules, and antileprol between attacks. D.'s nodules never break down, and his eyes are bright and show no signs of disease. (This eye affection, however, is only to be expected in the ninth year of unsuccessfully treated disease.)

As for E., he is detained only to nurse C., but his feet are clubbed and anæsthetic as the result of past anæsthetic leprosy, and occasionally the perforating ulcer breaks down from unconscious rough usage, but it heals on draining and laying open of sinuses. E. also suffers from dyspepsia, which yields to abstinence and drugs. E.'s urine was highly albuminous early in the year, but cleared up about May