he was transferred convalescent to "Izard's." 3rd November: Admitted to hospital from "Izard's" with a temperature of 103·4, troublesome cough, rusty sputum, and consolidation of both bases. Respiration was painful, and rose to 28; became slightly cyanosed; but his temperature fell by a modified lysis, and good recovery followed.

Case 18.—S. D. G., age 29; service, four months: Admitted to hospital 8th November, 1918, suffering from pneumonic influenza. Acute delirium was manifest, slight cyanosis, shallow breathing, and blood-tinged sputum. On physical examination râles were heard at bases of both lungs. 20th November: Dullness and bronchial breathing at base of right lung, but patient comfortable. 23rd November: Crisis. Râles on both lungs; still some dullness right base; no bronchial breathing. 30th November: Lung condition quite cleared up. Patient fit and well.

Case 19.—T. T. F., age 39; service, four years: Admitted to hospital 15th November, 1918, with double pneumonia (influenzal). Patient very delirious; temperature 104, pulse 128, and respiration 28. The delirium in this case was most marked, violent spasms alternating with periods of low muttering delirium. Irritating cough and typical salmon-coloured sputum were in evidence. 19th November: Crisis, accompanied by extreme collapse, with a weak pulse; rapid shallow respirations (up to 58) almost caused the case to terminate fatally; but a plucky spirit and free administration of stimulants pulled the patient through, and, though convalescence was slow, discharge from hospital followed on 4th December.

Case 20.—W. K., age 25; service, seven months: Admitted to hospital 5th November, 1918, with pneumonic influenza. Severe cough, rusty expectoration, and acute migraine. Examination showed patches of consolidation over both lungs, and numerous râles and rhonchi. Temperature fell by lysis, and patient was transferred to convalescent quarter on 15th November, 1918.

Case 21.—W. W., age 30; service, five months: Contracted pneumonic influenza on 11th November, and was treated in Hut 129 till 15th November. During the time he was in Hut 129 his temperature fell to 100·6, but on the fourth day after the onset of his attack he was seized with severe vomiting, the temperature rising to 103·2, accompanied by a racking cough and rusty sputum. Examination revealed dullness at base of left lung, and numerous crepitations and râles. The pulse-rate was generally low throughout in comparison with his temperature, the highest recorded pulse-rate being 104, with a temperature of 104. The vomiting was severe and protracted, but after his crisis on the eighth day he made a good recovery.

Case 22.—W. G., age 30; service, four years: Admitted to hospital 18th November, 1918, with a temperature of 102·8. Patient was extremely cyanosed, and was troubled excessively with his breathing. Both lungs were dull on percussion, with moist râles and crepitations. Respirations became very laboured, and the cyanosis gradually became extreme, while the heart-sounds were hardly discernible. Coma finally supervened, with death on the fourteenth day.

Case 23.—W. J. A., age 42; service, four years.—Admitted to hospital on 28th November, 1918, with pneumonic influenza, temperature being 102, pulse 96, breathing very shallow and difficult, and marked laryngitis. Patient improved somewhat for a few days, but on the fifth day he became much worse, the temperature and pulse gradually rising in frequency, with increasing delirium and cyanosis. Physically there was dullness over both lungs, moist râles, and a well-marked bronchopony. The delirium became very marked, of a low muttering, incoherent character, with very difficult breathing and heavy perspirations. The cyanosis became extreme, the nails, lips, ears, &c., being almost black. On the tenth day after the onset of the disease the temperature rose to 105, and pulse to 140, death supervening at midnight.

Case 24.—H. B. J., age 33; service, one month: Admitted to hospital 15th November, 1918, temperature on admission being 99 and pulse 72. The temperature rose rapidly during the day to 104, the pulse (94) being low in comparison. On inspection the patient was deeply cyanosed, being a dusky blue in colour, and was unconscious. His chest was full of moist râles, with a dullness at right base and bronchial breathing, while the sputum was very copious and blood-stained. His condition slightly improved during the next four days, when the temperature fell by crisis, and, with the exception of an irritable cough, good convalescence and complete recovery followed, the patient being discharged on 9th December.

J. P. D. Leahy, Lieut.-Colonel, N.Z.M.C.,
Principal Medical Officer.

Bacteriological Report on Epidemic of Pneumonia Influenza at Trentham Military Camp, November, 1918 (abridged).

1. The outstanding features of the October epidemic were the frequent predominance of the influenza bacillus upon swabs from patients on admission to hospital, the negligible amount of second pneumonia, and no deaths. The introduction in November of a virulent influenza type should similarly have manifested itself in microscopic preparations; instead there was a decline in the prevalence of the influenza bacillus, and a rise into prominence of other organisms, including a diplococcus resembling pneumococcus.

Convinced that the causative organism should be sought in the incipient stages of the disease, when its presence would less likely be observed by a succeeding flora, sputum specimens were obtained from five severe cases at their onset. Direct smears showed an abundance of gram-positive diplococci, mainly oval but sometimes round, sometimes in short chains like a typical pneumococcus or streptococcus; in one case capsules were noted. In one of these specimens the influenza bacillus was also present in large numbers. In a further (sixth) sputum specimen gram-negative diplococci like catarrhalis were predominant. On blood agar these five sputa produced dewdrop colonies (like those of pneumococcus) in large numbers. This organism was isolated, and was found to be a "hæmolizing" gram-positive diplococcus closely resembling pneumococcus.