

## MISCELLANEOUS EXAMINATIONS.

	Positive.	Negative.	Total.
Catgut for sterility .. .. .	..	23	23
Milk for tubercle .. .. .	1	20	21
Nasal discharge .. .. .	..	1	1
Fæces for parasites .. .. .	..	3	3
Fæces for typhoid bacilli .. .. .	1	2	3
Hairs for ringworm .. .. .	2	2	4
Cysts, &c., for hydatids .. .. .	3	8	11
Precipitin reaction for hydatids .. .. .	..	1	1
Lung-puncture .. .. .	..	1	1
Nodules for actinomycos .. .. .	..	1	1
Disinfectants for germicidal efficiency .. .. .	..	..	2
Films for malarial parasites .. .. .	2	..	2
Total .. .. .	..	..	73

## WATER ANALYSIS : BACTERIOLOGICAL.

Total .. .. . 11

## AUTOGENOUS BACTERIAL VACCINES.

	Not sensitized.	Sensitized.
Staphylococcus aureus .. .. .	9	1
Streptococcus .. .. .	4	12
Gonococcus .. .. .	6	..
B. coli. .. .. .	9	2
Pneumococcus .. .. .	3	..
B. friedlander .. .. .	..	3
B. diphtheria .. .. .	..	1
Micrococcus catarrhalis .. .. .	1	..
Total .. .. .	32	19

The output of autogenous vaccines has been largely reduced by the preparation every six to twelve months of polyvalent stock vaccines of virulent and recently isolated staphylococci and streptococci. In hospital and outpatient practice, lesions which after investigation are found to be due to either of these groups of organisms are treated in the first place by the corresponding laboratory stock vaccine, and an autogenous vaccine resorted to only in cases where subsequent events indicate it.

During the year the following stock vaccines were prepared :—

Stock Vaccine.	Quantity in Bulk.
Staphylococcus aureus (6 strains) .. .. .	2,000 cc.
Streptococcus vaccine (12-15 strains) .. .. .	1,000 cc.
Streptococcus (6 puerperal strains) .. .. .	500 cc.
Sensitized streptococcus (puerperal) .. .. .	200 cc.

## SERA.

During the year the following sera have been prepared in the laboratory :—

Polyvalent antistreptococcal serum (horse).  
 Hæmolytic sera rabbit *v.* sheep.  
 Hæmolytic sera rabbit *v.* human.  
 Antityphoid serum.

## MISCELLANEOUS.

All tuberculin required in the hospital and much of that used in the district for diagnosis and treatment is diluted and put up ready for use.

Salvarsan and neo-salvarsan injections are also prepared ready for use, the intravenous route being almost entirely used. Several doses of salvarsanized serum have been prepared for practitioners.

## THERAPEUTIC INOCULATION.

The practice of this department is now largely carried out by the Resident Medical Staff acting under the advice of the laboratory. Doubtful or difficult cases and patients from outside the hospital district are treated at the laboratory.