

necessity of patients going outside to fix it up, the evidence appears to us to negative the charge. The allegations made that thermometers and throat-brushes were by the orderlies dipped in water only before reuse would appear to be a misconception. What was supposed to be water was a disinfecting-fluid; but all the testimony shows, as regards the hospital attendance, a much-improved state of things after the nurses arrived. The substantial topics of criticism are but illustrations of the matters we have already dealt with under the general heads of charges.

143. There are five hospital cases, however, as to which considerable evidence Special cases. was taken. We have collated the evidence and stated what appear to be the special facts of each case in an appendix to this report. The special facts must, of course, be read in connection with the general facts stated in the report with regard to hospital accommodation and treatment. The evidence with regard to any other individual case to which reference is required will be easily found by means of the index accompanying this report.

ANSWERS TO THE SPECIFIC QUESTIONS.

144. We now proceed to deal with the questions specifically put in the Commission, premising that the finding must be read in connection with our previous observations, especially with regard to the matters relating to the sick.

1. *The extent, nature, and causes of the sickness among the troops at the camp.*

(a.) The extent and nature of the sickness is sufficiently shown by the medical review.

(b.) The causes of the sickness: It is impossible to state the causes of the sickness in the full sense. The causes were obviously not confined to the camp, for the maladies of influenza and measles were concurrently present among the civil population. There were, however, several causes that contributed to the spread of sickness. In this connection the occupation of the camp must be divided into two periods, one to the end of April, and the other covering May, June, and July, which latter period may be termed the winter season. During the latter period we consider upon the evidence brought before us that the following were contributing causes:—

- (1.) The aggregation of so many men in a confined space, and their close contact with each other, first, in tents, and afterwards in larger groups in the huts, and from time to time in the recreation-halls, often in wet clothes.
- (2.) The bringing into an already infected camp of large bodies of fresh troops. This applies especially to the drafts brought in between the 29th May and the 16th June.
- (3.) The wetness of the ground because of the absence of efficient surface drainage.
- (4.) The absence of provision for drying clothes and boots.
- (5.) On and after the 29th May, the deficiencies in the design and equipment of the hutments, combined with the overcrowding which continued for some time, and the presence of damp clothes in the hutments during the sleeping-hours.
- (6.) Unnecessary exposure during sick-parades, causing fatigue.
- (7.) The want of appropriate provision for rapidly and effectually dealing to the best advantage with an increasing number of sick.
- (8.) The specially infectious character and increasing virulence of the diseases.
- (9.) The sudden change from the habits and comforts of civil life to the conditions of life in a military camp, and the want of knowledge, until experience was gained on the part of the men, of how to act with a due regard to the care of themselves and others under those conditions. During the period prior to May the same contributing causes but in a less degree (excepting always those arising from the hutments) prevailed.