

146. On the militant side of the camp-administration we are entitled to say on the evidence produced before us that the duty of providing for training and despatching the troops had to be met with a short staff, which could not be supplemented; that it had to work under the difficulties caused by the repeated increases upon the number for which the camp was originally laid out, and, in particular, by the addition of the Trentham Regiment. The whole work was a new experience, and over and above all were the exigencies of war, the limited resources of the Dominion, and the stress of despatching the promised number of men—trained and fit—to the dates prefixed. The evidence is that the members worked unsparingly, and, from what we have gauged of them, with devotion to their task.

147. We transmit with this report the exhibits given in evidence and other relevant documents which we have had submitted to us, together with a list of the same.

We have the honour to be,

Your Excellency's obedient servants,

J. H. HOSKING,

WILLIAM FERGUSON,

ARTHUR A. MARTIN,

Commissioners.

Wellington, 25th August, 1915.

APPENDIX A.

THE CAMP INFECTIONS.

MEMORANDUM BY DR. MARTIN.

MEASLES is an infectious fever associated with an eruption of the skin, with catarrh of the nose, throat, and larger bronchial tubes. It is a fever that at times causes a heavy mortality amongst young children. In adults it is generally of a mild character. When it appears in a camp, barracks, or any slum area it can spread with great rapidity, and in the presence of overcrowding or insufficient ventilation it is frequently associated with severe and dangerous respiratory complications, such as laryngitis, pharyngitis, septic sore throats, and broncho-pneumonia.

The mode of infection in measles is by personal contact. The first signs and symptoms are usually very like those of a severe "cold in the head," and it is during this period of incubation that the risk of infection is greatest. The infection is greatest during the very early stage of the disease, and lasts certainly till the disappearance of the rash. Infection is not infrequently conveyed by clothes, and this is a point to keep well in mind in dealing with a measles outbreak in camps and barracks.

The interval between exposure to infection and the onset of the first symptoms is usually ten days. Sometimes it may be as short as four or five days, and sometimes as long as fourteen days. In this latter case the rash would not appear till the seventeenth, eighteenth, or nineteenth day after exposure to infection. In the vast majority of cases the rash appears fourteen days after exposure, but it may be longer. Therefore, in endeavouring to prevent the spread of measles, at least two weeks must be the period of isolation or quarantine allotted to any soldier in camp who has been exposed to infection, and he must at the end of that period be quite free from any "cold" or catarrh before being considered safe to be at large amongst the non-affected troops.

Any patient who develops pneumonia in the course of an attack of measles should be isolated from other measles patients, for pneumonia must be considered as one of the infectious fevers.

During the outbreak of measles the type of sickness may at first be of a mild character, and gradually develop into a malignant or virulent one. This tendency has always to be borne in mind in dealing with any outbreak in camps, barracks, or closely populated areas. There is a so-called "typhoid type" due to a complete toxæmia or poisoning. Here the patient becomes submerged in the poison or toxin of the disease, his nervous system is profoundly disturbed, delirium and excitement are followed by a comatose state, which ushers in a speedy death.