

looked smart and in every way fit for service. Of the other troops that I met, both Mounted and Infantry, all appeared in good heart, and were anxious to proceed to France, to which country it was then rumoured they were to be despatched. It had been my intention to spend a week or two in the canal zone, but illness prevented me from doing so.

I embarked on the P. and O. "Kashgar" on the night of the 20th March, and left on the following day. Arriving at Adelaide on the 16th April, I proceeded at once by train to Melbourne and Sydney to catch the s.s. "Moeraki," which left the latter port for New Zealand on the 20th, reaching Wellington on the 24th idem.

While in Melbourne I called, at your request, at the Headquarters of the Commonwealth Defence Forces, and obtained the information you desired with reference to the training and the health of recruits, treatment of soldiers on discharge, &c. This information I forwarded to you immediately on my arrival in the Dominion.

Having already sent you from time to time communications, some confidential, on nearly all the matters mentioned in your letter of instructions of the 31st August, 1915, it will not be necessary for me to deal at length with those matters.

I will now refer seriatim to the paragraphs of the letter:—

- (1.) *"Casualty-lists and the information sent to New Zealand about the sick and the wounded. Uniformity in hospital reports, which should give the fullest information possible."*

The reports of all deaths in hospitals, of men wounded or killed in action, and of the missing, are cabled to the Defence Department from the New Zealand Records Section of the 3rd Echelon, General Headquarters, Alexandria. I might here say that as a result of my investigations I am of the opinion that this office is most efficiently managed by Major N. FitzHerbert. Brigadier-General T. E. O'Leary, D.A.G., of the 3rd Echelon, spoke to me in the highest terms of Major FitzHerbert and his staff and of the way in which the office was conducted.

All admissions of sick and wounded to hospitals are cabled to the Defence Department by the hospitals, which also cable the names of those who have been placed on or taken off the dangerous list, and every Saturday all hospitals cable the names of all patients on the dangerous list.

I should here mention that representatives of the Red Cross Society meet hospital ships, and sometimes cable relatives and friends of sick and wounded men immediately. The men themselves also do this occasionally. It thus happens that information is sometimes received in the Dominion before there has been time to supply it through official channels.

Up to the time of my visit every admission, however slight the sickness, was cabled to New Zealand. Considering this unnecessary I made representations to you by cablegram on the 5th February last, suggesting that the question of cabling should in every case be left to the discretion of the Chief Medical Officer, which you approved of on the 16th idem. To show that it was desirable, not only to save relatives and friends unnecessary anxiety but also to save expense, that admissions for such trifling ailments as influenza, headache, sprained ankle, football bruises, &c., should not be cabled, I have only to mention that the cost of cabling the admissions to our No. 2 General Hospital at Cairo alone from the 21st to the 29th January last amounted to £180.

Unfortunately, during the early operations at Gallipoli, and even during those of August, inaccurate reports were at times received by the 3rd Echelon from the units at the front. For instance, a unit would report a man as "wounded" and, a few days later, as "missing." In one case a New-Zelander reported as "killed in action" was subsequently reported from Malta as being in hospital. Another, posted as "missing," was later found to be acting as orderly to an Imperial officer. Mistakes such as these must be attributed to the difficulty of obtaining accurate information from the units, the members of which were then fighting for their own lives. I am sure they did everything possible to report casualties correctly, but mistakes were unavoidable owing to stress of action and the difficulties of communication.

- (2.) *"The accommodation and general treatment of New-Zealanders in hospitals and convalescent homes, including the possible aggregation of New-Zealanders in one or more hospitals under New Zealand medical officers and nurses."*

As I reported to you by cablegram, I satisfied myself that New-Zealanders in hospitals, convalescent homes, and convalescent camps were well treated and had little cause for complaint.

Beginning with No. 1 Stationary Hospital at Port Said on the day I arrived in Egypt, the 6th October, I found it well equipped and well managed, the only objections being to the site, which was low-lying, and to the drainage, which was not satisfactory. Arrangements had, however, been made to have the institution connected with the town sewers. As you are aware, this hospital had received orders, by direction of the General Officer Commanding, to proceed to a destination unknown, as a temporary measure. I interviewed Surgeon-General Ford, D.M.S. of the Forces in Egypt, with regard to its destination, and urged, with the concurrence of General Godley, with whom I had conferred on the subject, that it be sent to Mudros, in order that it might be available for our patients from Gallipoli. I was subsequently informed by General Ford that this could not be conveniently arranged, as the hospital was urgently wanted elsewhere, but that it would be relieved later by another hospital. Its destination proved to be Salonika, and the history of the torpedoing of the transport "Marquette," in which the hospital travelled, is well known to all. I may say that I strongly disapproved of nurses being carried by transport, and it is some satisfaction to know that no more are to be so carried. Shortly before my departure from Egypt the hospital returned there from Salonika, and remained in a mobile state so as to be ready to accompany the division to France.