

*Mental Cases.*—31 cases, with 2 deaths—1 from mania, at Porirua, and 1 from alcoholic insanity, at Trentham.

*Diseases of the Circulatory System.*—104 admissions, with 5 deaths. Valvular disease, 3 admissions and 2 deaths—1 at Featherston, and 1 home-service man at Awapuni. Fatty heart, 1 death, at Featherston. Syncope, 1 death, in Wellington. Thrombosis of the arteries, 1 death, at Featherston.

*Digestive System.*—501 admissions and 5 deaths: Featherston, 287; Trentham, 194; Narrow Neck, 5; Awapuni, 14; Hanmer, 1. A large number of admissions were on account of gastritis of a mild form. In 1916 the disease had been very prevalent at Featherston, in the early part of that year 334 men having been admitted on account of it. This year there were only 88 cases, thanks to the cleanliness of the camps. These cases were chiefly due to errors in diet.

The deaths occurred from (a) appendicitis—2, in Wellington (1 an officer on home service after operation); (b) intestinal inflammation and obstruction—1, at Trentham; (c) enteritis—1, in Auckland; (d) abdominal abscess—1, at Taihape.

*General Injuries.*—Effects of heat: 3 cases due to burns and scalds, 12 to effects of sun whilst training; none serious. Other cases 10, including 7 deaths from accidents out of hospital; 1 concussion, due to fall from a horse in Trentham; 1 fell off a train at Lower Hutt; 1 run over by a train at Hamilton; 1 run over by a motor-car at Featherston; 1 run over by a train at Papakura. 2 cases of drowning—1 at Napier and 1 at Gore.

*Local Injuries.*—Sprains and contusions accounted for most. There were 191 admissions at Featherston and 133 at Trentham.

*Poisons.*—One admission (from formalin), who recovered.

*Suicides.*—There were 8: Cut throat, 5 (Featherston 3, Papawai Camp 1, and Christchurch 1); gun-shot, 1, at Papawai; strangulation, 2 (Silverstream 1, Featherston 1).

#### *Health of Various Reinforcements.*

The Reinforcements which had the largest amount of sickness were the 32nd, with an admission-rate of 78 per cent. and constantly-sick rate of 7·32; the 31st, admission-rate 66 and constantly-sick rate 7·23; and the 30th, admission-rate 63 and constantly-sick rate 11·03. The healthiest troops were—the Field Artillery, admission-rate 26 and constantly-sick rate 10·13; the 23rd Reinforcements, admission-rate 31 and constantly-sick rate 3·8; and the Maori Reinforcements, admission-rate 31 and constantly-sick rate 3·17.

The C1 camp had an admission-rate of 47 and constantly-sick rate of 3·17, and so compares very favourably with the others.

The months which showed the largest and least numbers of admissions were:—At Trentham: largest—September, 157; October, 268; November, 163; in all of which influenza was the main factor in causing the admissions. The least numbers were in December, 85; March, 102; April, 104. At Featherston: largest—September, 382; October, 206; November, 212; influenza being the prevailing disease. The least numbers were in December, 91; April, 147; and February, 151.

The largest and least numbers in hospital on any one day of the year were:—Trentham: largest, 119, on the 6th November; least, 6, on the 3rd January. Featherston: largest, 162, on the 24th September; least, 7, on the 23rd December.

*Officers.*—The health of the officers has been very good. The average strength was 362, with only 55 admissions to hospital, equal to a ratio of 152 per thousand, and 1 death, equal to a rate of 2·7 per thousand. In the Imperial Army in the United Kingdom in peace-time the ratio per thousand of admissions of officers was 295·4, and the death-rate 3·41 per thousand.

The chief causes of admissions were influenza (14) and gastric complaints (11). One death occurred as the result of an operation for appendicitis in the case of a home-service Medical Officer.

#### *General Remarks.*

A marked feature in the life of the camps during the year has been the absence of diseases of an epidemic nature such as caused a large amount of sickness in 1916. This has been due chiefly to the segregation camp formed at Tauherenikau, where during the winter months each fresh monthly Reinforcement was segregated for a month on arrival until the incubation-period of all infectious diseases was over. In this camp the recruits from each district were further divided into four small camps according to districts, and these camps were as far as possible kept separate.

In addition, a case of infectious disease occurring in a tent was at once transferred to the infectious hospital, whilst the other occupants of the tent were placed in a special isolation camp.

The inhalation-chambers both in Featherston and Trentham were also of great value in clearing up throats, and the new infectious hospitals enabled all infectious cases to be at once isolated for treatment under the most favourable circumstances.

As regards the prevention of cerebro-spinal meningitis, in addition to the bacteriological examination of the throats of all recruits and the isolation and spraying of all suspected carriers, Lieut.-Colonel Robertson, Principal Medical Officer, Featherston Camp, introduced a system of inoculation with antimeningococcal vaccine in the case of all men admitted to hospital, and he considers that the fact of no case of cerebro-spinal meningitis developing in hospital during the year may have been the result of this precautionary measure.

The throat-examination of all recruits, and also of all Reinforcements prior to embarkation, involved an enormous amount of work on the Wellington Bacteriological Laboratory, as pointed out by Lieut.-Colonel Makgill in his report, and also on the camp laboratories at Trentham and Featherston, and too much credit cannot be given to the officers in charge of these institutions for the successful results of their efforts.