of the total (or 33 per cent.) came from Wellington Province, and 15 from Auckland. The other districts contributed evenly. It is of some interest to find in this connection that during 1918, among civil cases notified to the Public Health Department, by far the larger number also came from Wellington Province. This seems to have been in a measure due to the primary wave of influenza which affected severely certain districts in this province. It is probable also that some cases were due to the presence of the camps, as in two cases at least the outbreak could be traced to men on leave. At a Cadet Camp in Palmerston North also some cases of cerebro-spinal fever following influenza arose. The social intercourse of the men rather than their military work affords the chief opportunity for the spread of infection.

The following shows the cerebro-spinal meningitis cases among men attached to Featherston

and Trentham	Camps	according	to place	of er	listment:—

Wellington district						C		
Wellington district	(Wellin		y, 7 cases		* * *	• • •	18	
Auckland district							15	
Invercargill district	(Auckland City, 11 cases.)						4	
		argill Cit	y, 3 cases	s.)	***	• • •	11	
Christehurch district							5	
Now Divosouth district	(Christe	hurch Ci	ty, 3 case	s.)			6	
New Plymouth district Dunedin district							3	
			, 2 cases.)					
Hawke's Bay district Blenheim district					• • •		3	
Dienneim district	• • •	• • • •	• • •					
Total							55	

The following tables summarizing observations on cerebro-spinal fever in camps for the last three years are of interest:—

Summary of Observations on Cerebro-spinal Fever in Camps for Years 1916, 1917, and 1918. Case Incidence and Mortality.—Total cases, 127; deaths, 61; case mortality, 48 per cent.

AGE-INCIDENCE AND MORTALITY.

	Under 20.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 and
	Under 20.	20, 21, 22, 23, 24.		30 00 34.	55 to 55.	u pwards.
Cases	2	40, 13, 5, 4, 3	23	20	11	6
Deaths	1 50·0	$65 \\ 29 \\ 44.6$	9 39·1	12 60·0	6 54·5	$\frac{4}{66\cdot6}$

Influence of Oc	cupation is	n 106 Ca	ses ;			Indoor.	Outdoor.
Cases					 	40	66
${f Deaths}$				• • •	 	13	37
Case morts	lity (per c	ent.)			 	32.5	56

R. H. MAKGILL, Lieut.-Colonel, A.D.M.S.(S.).

REPORT OF ASSISTANT DIRECTOR OF MEDICAL SERVICES (SANITARY) ON INFLUENZA IN MILITARY CAMPS IN NEW ZEALAND, 1918.

In common with the rest of the world the military camps in New Zealand in the year 1918 suffered very severely from influenza, which showed itself in two different waves—an earlier one of a comparatively mild type with its maximum intensity about September, and a later one of very high virulence in the first weeks of November, which occasioned 287 deaths.

HISTORY.

Influenza each year hitherto has played a more or less important part in the sickness returns of the camps.

In 1915 it was fairly prevalent in winter, the total cases up to the middle of July being 1,814. The crest of the epidemic was in July. Returns for the year are not complete. Several deaths from pneumonia and cerebro-spinal meningitis were attributed to this disease.

In 1916 there were 5,527 cases of influenza admitted to the various military hospitals from the camps, the apex of the epidemic wave being in July. With this epidemic 91 cases of pneumonia occurred, with 39 deaths, but in 50 of these cases measles was the preliminary disease. However, 4 cases of pneumonia and 9 cases of cerebro-spinal meningitis were directly attributable to influenza, and it is probable that, in 41 cases of pneumonia not preceded by measles, influenza played an important part. Of the 41, 4 cases were fatal, so that, with 5 fatal cases of post-influenzal meningitis, in all 9 deaths could be directly traced to influenza.