

Veneral Disease.—There were 291 cases (of which 240 were admitted for gonorrhœa, 46 for syphilis, and 5 for soft chancre) during the year, as against 340 the previous year. This shows a total admission-rate of 31 per thousand for the year, as against 34 per thousand for the previous year.

Admissions for the various camps were as follows :—

	Gonorrhœa.	Syphilis.	Soft Chancre.
Featherston	95	10	4
Trentham	134	36	1
Narrow Neck	9
Awapuni	1
Hammer	1

The ratio per cent. on the average strength of the camps is—Featherston, 1·9; Trentham, 6·2; Narrow Neck, 3·4; Awapuni, 0·2. The increased number of admissions for syphilis was largely due to the greater stringency in ordering any infected recruits into camp when showing any active signs of venereal disease.

Influenza.—Influenza was the chief cause of sickness and mortality during the year, accounting for 73·6 per cent. of all cases admitted to hospital and 73·67 per cent. of all the deaths.

In Featherston it accounted for 4,522 out of a total of 5,674 admissions for all causes; in Trentham, 3,227 out of 4,931; Narrow Neck, 432 out of 493; Awapuni, 253 out of 360; Hammer, 43 out of 56; and Rotorua, 51 out of 64.

Narrow Neck, unlike the other camps, was free from influenza until October—all the more remarkable in that it was garrisoned entirely by Maoris and Islanders, men particularly susceptible to catarrhal diseases. This reflects credit on the sanitary administration of the camp authorities.

In the early part of October 226 cases occurred, but all recovered, the disease disappearing on the dispersal of troops to other localities by the 11th October.

Another severe epidemic commenced on the 28th October and continued to the middle of November, there being 14 deaths and 206 cases. This epidemic was of a severe pneumonic type, much more severe than the October epidemic. In addition 3 cases died out of camp at North Head Forts Garrison whose deaths had no connection with the camp itself. The above death-rate is a low one when compared with the death-rates of Natives elsewhere.

At Awapuni there was an outbreak of influenza in August—54 cases and no deaths; and again, 27 cases were admitted in October and 147 in November, the latter of a severe pneumonic type, with 6 deaths. The Principal Medical Officer considers the severe type of cases to have been introduced from Auckland on the 30th and 31st October and 1st November by men who had been on leave in that city.

In Trentham there seems to have been a preliminary epidemic of mild influenza in August (103), September (877), and October (484), with no deaths; followed by a serious epidemic of pneumonia influenza, which began on the 4th November, with 29 cases, and increased daily until the 10th November and then rapidly declined, with total number of admissions of 1,566 and 75 deaths, of which 5 occurred from cerebro-spinal meningitis as a complication. The epidemic was ascribed to week-end leave to Wellington; but 3 cases of the epidemic occurred on the 1st, 4th, and 5th November: 3 of these had arrived from Awapuni Camp on these dates. There was at Trentham a special prevalence of the influenza bacillus during the earlier epidemic, but in the November epidemic there was a decline in this and an increase of pneumonococci and streptococci bacilli.

In Featherston ordinary influenza prevailed in August, September, and October, altogether 1,187 cases having occurred, with 1 death. In the end of October, following on the advent of some Auckland recruits, the C1 Company at Tauherenikau Camp were noticed to have a more severe type, and on the 4th November the epidemic began during very bad weather. The admissions during this month were 3,174, the numbers showing a rapid decline towards the end of the month, until in December there were only 6 cases.

The weather at Featherston Camp largely contributed to the violence of the epidemic owing to the unprecedented wind-storms, accompanied by snow and sleet; in fact, the weather at both camps was the worst known for some years during October and November.

Full accounts are given by the Principal Medical Officers of the camps of the devoted work of the Medical Officers, Sisters, orderlies and voluntary-aid people, and of the combatant branches in aiding the sick and suffering; and it is due to Lieut.-Colonel Graham Robertson, Lieut.-Colonel Leahy, Lieut.-Colonel Gabites, and Major Sharman, aided by these others, that the epidemic did not spread more, and that so many very seriously affected were restored to health.

We have to deplore the deaths of Lieut.-Colonel Holmes, N.Z.M.C., Lieut.-Colonel Bey, N.Z.M.C., Major Sale, N.Z.M.C., Captain Christie, N.Z.M.C., Captain Wheeler, N.Z.M.C., Sister Wishaw, N.Z.A.N.S., and others of our camps who sacrificed their lives to duty's cause.

Measles.—Measles accounted for 248 admissions to hospital, of which 120 cases were German measles. Featherston had 138 cases and Trentham 110. There were no cases at Narrow Neck or Awapuni.

Cerebro-spinal Fever.—There were 43 admissions into camp hospitals, 36 at Featherston and 7 at Trentham. In addition there were 12 cases amongst men on leave.

Of the camp cases 23 were admitted during the influenza epidemic, and cerebro-spinal meningitis symptoms developed as a complication of influenza.