

November. Admissions to the Dunedin Hospital were limited to urgent cases only. Of this all medical practitioners were advised; it was also published in the *Evening Star* of the 2nd November, and the District Health Officer was written to urging him to get reports from his Inspectors as to the buildings suitable for auxiliary hospitals, to be ready if necessary. This was attended to by Dr. Faris, and he replied on the 6th recommending a building for that purpose.

In wiring the District Health Officers on the 5th November describing the serious nature of the disease at Auckland, Dr. Frengley, Acting Chief Health Officer, marked his telegram "Confidential." Similarly on the 7th November the District Health Officer at Dunedin issued a "Confidential" memorandum stating that influenza had been gazetted a dangerous and infectious disease. This course of marking documents "Confidential" when the information which they contain must shortly be a matter of common knowledge ought to be changed, as in the case of Christchurch the Mayor of the city appears to have failed to realize the full seriousness of the situation from the information in the telegram of the 5th November being withheld when he in private met the District Health Officer to discuss the situation. A distinction in future should be made between matter not intended for general publication and matter which all responsible public officials and authorities ought to be in possession of. Important information should not at any stage be withheld as between any authorities charged with the duty of administering affairs relating to the public health.

We have in judging of the administration of the Health Department not only to consider the strength of the Department at the time of the epidemic, but also what was its then state of knowledge. Dr. Makgill has supplied information as to influenza in the camps. We present a summary of what Dr. Makgill found to obtain.

Influenza in Camps.

"In 1918 there were two distinct waves, one reaching its maximum crest in September with fairly gradual rise, while the other rose very suddenly in the latter days of October, spread with remarkable rapidity, and reached its crest at the end of the first week in November. The virulence of this second wave was very much greater than that of the first, since in the first only two deaths occurred which were directly attributable to influenza among 3,170 cases, while there were 260 deaths among the 4,794 cases forming the second wave. The greater number of deaths were due to pneumonic complications, as is usual in influenza, and the remainder were from cerebro-spinal fever, another complication arising where catarrhal diseases are massed together.

"The rise in general death-rate from catarrhal diseases throughout the Dominion in August, September, and October is peculiar to the year 1918, for, although there is a seasonal rise in the winter months, in most years it falls as the spring advances. The following table shows the deaths from these causes in 1917 as compared to 1918:—

				1917.	1918.
August ..	..	..	..	127	213
September	..	..	..	160	157
October	..	..	..	87	174
November	..	..	..	86	3,631
December	..	..	..	49	2,338 "

The second wave was manifested first among Native troops (Rarotongans and Gilbert-Islanders) in Narrow Neck Camp, these Natives being specially susceptible to that form of disease. On the 7th October there were 130 cases, and two days later 226. This reached its zenith about the 28th October. The death-rate was 10 per cent.

Dr. Makgill:—

"Then, again, we find that the average deaths from pulmonary and catarrhal diseases in New Zealand for the previous five years was 769, the worst year being 1915 with 829 deaths. In 1918, however, there were in the first nine months alone 843 deaths from these causes. Thus, quite apart from the second epidemic wave there were causes at work making for a high death-rate from pulmonary complaints. We must consider, then, that the influenza epidemic, even the first wave in 1918,