camp?—Yes. I have no information about that; but the point suggested itself to me to find out whether they got their own food, and how they arranged for their letters and other information. That is one question that is essential in a hospital, because by the time a sick man got his food it was all cold and solid with grease.

- 43. It is suggested that the segregation camp was broken up chiefly because of the admission of fresh reinforcements into the camp, which reinforcements, it is suggested, produced fresh subjects who were infected. What have you to say with reference to that?—It is quite possible. Of course, very likely, with large bodies of fresh men coming from all parts of New Zealand, individuals amongst them would be quite likely to bring germs of disease with them. All of us carry germs with us whether we are well or ill; but what is more likely to account for the sickness on the arrival of fresh reinforcements is that they come with fresh blood to go into contaminated tents, and they did not have the same resisting-powers. Those men who remained in the camp and were escaping illness were the survival of the fittest—they had got acclimatized or seasoned; but fresh men coming in from houses of pure atmosphere and going into those contaminated tents would be likely to get ill very quickly.
- 44. The Chairman.] And if they went into the tents that had been infected?—As soon as the reinforcements left a certain number of tents the next reinforcements succeeding them went straight into the same tents and on the same ground.
- 45. Mr. Ferguson.] Have you knowledge of that?—There is not the slightest doubt about it; not a single tent has been shifted.

46. The evidence so far is that the tents were shifted, and no fresh men put into the same tents?—The extended fresh tents—the extended camp; but many of them are there now in the

same place as they were in originally.

- 47. The Chairman.] The evidence was that they were disinfected with formalin two or three times in a fortnight?—It is very likely. The photograph shows that the tents are occupying the same ground at present that they did originally, but the camp has been extended and fresh tents coming down another way. They occupy the same position as they did months ago. They have extended and gone across the road into another paddock. I mean to say that I know of my own observation that tents in the same positions as I saw them in in January were occupied in May and July.
- 48. Mr. Skerrett.] In April there were no less than eighty-six cases of measles sent to the Wellington Hospital?—Yes.

49. Do you think it would be a proper precaution on the part of the authorities to have at

once arranged for the possibility of an increase developing in the epidemic?—Yes.

50. Generally, what steps should have been taken, in your opinion, when it was ascertained that there was a substantial epidemic of measles which might increase?—It was almost like closing the stable-door after the horse was out. Steps should have been taken long before to move the camp and put it on to clean ground; but before shifting it to the clean ground they should have taken steps to fumigate and disinfect in every way possible all the men, their bedding and clothes, which I should have done with sulphur and spraying with formalin.

51. The Chairman. The clean ground might well be in the same neighbourhood?—Two or three hundred yards away. I did not see the occasion of moving out of Trentham altogether

at any time.

- 52. It is clean ground you want to get, not clean air?—It is clean ground, and where you get clean ground you get clean air. That is what I have been referring to in the three or four hundred acres which I consider are available.
- 53. Mr. Skerrett.] Supposing that that precaution did not occur to the military authorities, do you say that it was obvious or not that some adequate provision should have been made for treating the existing and possible future cases of measles?—Of course, they should have asked the advice of the Medical Officers and acted upon that advice.
- 54. Does it require an extraordinary degree of expert knowledge to know that if you do not provide accommodation for eighty-six cases of measles per month you will have a very great advance in a short time?—It is only common-sense; it does not require expert knowledge.
- 55. I understand that no provision was made for the treatment and accommodation of measles patients until some time in June: what have you to say about that?—It is very difficult to understand that such a thing really happened.

56. There were 200 cases sent to the hospital in May, and 256 up to the 20th June, besides a number of others, of course, that were dealt with in various improvised hospitals?—Yes.

- 57. Were the buildings of the Racing Club used by the hospital authorities at all suited or adaptable for the purpose of a hospital for treating measles?—No; I should say they are only useful in cases of emergency.
- 58. Mr. Ferguson.] Have you seen the rooms?—I am not personally acquainted with the rooms, except from outside observation when passing; but being familiar with racecourse buildings, having been one of the trustees for the Oamaru Racing Club for twenty-five years, I know something of the nature of such buildings. I understand they are substantial buildings, but not buildings you would use for a hospital except in cases of emergency.

 59. The Chairman.] Without having seen these, but from what you know of racecourse
- 59. The Chairman. Without having seen these, but from what you know of racecourse buildings, you consider they are not adapted for hospital treatment; but, of course, in an emergency it was proper to use them?—Yes, you must in that case, because you have no choice. Those buildings are really built for occupation by persons who go for amusement for the day, and not for use as a hospital; but when you are in a fix like that you must do the best you can. If I had been in charge myself I should have gone round the buildings and examined them. I have no doubt that was done, but I should have done it before there was any outbreak, in view of the possibility of an outbreak.