That there was undoubtedly a large number of admissions in all the camps as compared with the Imperial Army in peace-time is largely due to the fact that as a precautionary measure Medical Officers admitted most of the men reporting sick, even trivial cases, who in civil life or in the Imperial Army would not have been admitted to hospital.

The average number constantly sick is much the same as that of the Imperial Army in England in time of peace, which is 20 per thousand.

Venereal Disease.—There were 356 cases admitted for gonorrhœa, 9 for syphilis, and 7 for soft chancre. This shows a total-admission-rate of 8·77 per thousand on the numbers of men who passed through camp, and of 31·6 per thousand on the average strength, or about half the amount that occurs in the Imperial Army in peace-time.

The admissions for the various camps were as follows:—

	Gonorrhœa.	Syphilis.	Soft Chancre.
Trentham	227	6	3
Featherston	98	3	4
Narrow Neck	28	...	...
Awapuni	3	...	...

The ratio per cent. on the average strength of the camps is—Narrow Neck, 8·7; Trentham, 4·9; Featherston, 1·6; Awapuni, 1·5.

The admissions for venereal disease show that the proximity of a large town affects the numbers of cases in New Zealand, just as it does elsewhere. Thus in England prior to war-time the London district showed an admission-rate of 15 per cent., whilst the average admission-rate for the United Kingdom was between 6 and 7 per cent.

Influenza.—The chief cause of sickness in the camps, and accounting for 5,527 admissions, was influenza. This is a disease which appears periodically in epidemic form, and was reported to be very prevalent in Wellington City last year. As regards the camps, at Trentham it accounted for 3,138 admissions out of a total of 5,241; at Featherston, for 2,234 out of 6,277; at Narrow Neck, for 124 out of 319; at Awapuni, for 31 out of 211. The disease was prevalent all the year at Trentham, but chiefly in January and February, June and July, when it attained its maximum, becoming less in August and September, and increasing in October and November, and almost disappearing in December. In Featherston it persisted from June to the end of the year, and in Narrow Neck the largest number of cases were in June and July.

The proximity of Wellington and the large facilities for leave granted from camps, the crowded picture-shows, theatres, and trains, and the tendency to gather together in buildings in the cold months of June, July, and August, were the chief factors in the spread of this disease, reinforcements bringing it into camp with them. The fatigue of training in unwonted exercises rendered fresh recruits more susceptible, the disease being specially prevalent amongst the new arrivals.

Free ventilation, fresh air, and segregation are the chief factors to be observed in preventing its spread, hence the establishment of the camp at Tauherenikau, where new recruits are kept for a month.

Measles.—The next most prevalent disease was measles, which is very prevalent in the towns of New Zealand, and is brought into camp by recruits and men on leave. At Trentham there were 572 cases, the largest number of cases occurring in July (100) and September (141). There were no admissions in February or March. At Featherston there were 1,548 admissions, the largest number being in August, September, and October. The reason for this large number in Featherston appeared to be that recruits usually left Trentham for Featherston in the third or fourth week of training, just at the time the three-weeks incubation-period of the disease was being completed, and developed it there.

There being no compulsory notification for measles, it is most difficult to ascertain when men arrive from infected houses, and the best that can be done is to keep new and susceptible Reinforcements for a month apart at Tauherenikau, and rigorously to isolate all contacts when the disease occurs.

In connection with this disease the trouble of leave occurs, as there is no knowing whether a man on final leave—or, indeed, any leave—has had an opportunity of contracting the disease or not.

Rigorous inspections for measles are conducted twice or thrice a week in camp of all troops. Unprotected adults of all ages—of whom there are so many in the backblocks in New Zealand—are very susceptible to infection, and hence the necessity for every precaution being taken and all contacts isolated.

In Narrow Neck Camp there were 15 cases, and in Awapuni 20.

Cerebro-spinal Meningitis was present in the Trentham and Featherston Camps during the year, and although the numbers diagnosed as such were only 51, yet they gave rise to a mortality of 36. The Assistant Director of Medical Services (Sanitary) has written a special note on the disease as it affected the camps, which is attached.

The chief point, however, to notice is that the organism which causes the disease has very little capacity for resistance outside the body, tending to die rapidly when dried, or even when cooled down for three or four hours in naso-pharyngeal secretion or cerebro-spinal fluid. This lack of definite resistance of the organism means that it can be transferred only by contact with the fresh secretions of patients and carriers. It is usually freely ejected by coughing or sneezing, and not by ordinary breathing, and it can be carried in the throats of people who are perfectly healthy. Consequently it is not conveyed by clothes or hutments, or food or drink, but by inhaling the breath or cough of a carrier. It is most prevalent in cold and damp weather, when colds and coughs are rife,