

after-effects were at any time observed, but it became evident that without a respirator the operator of the machine could not remain in the atmosphere for more than an hour without discomfort and without epitaxis appearing.

An interesting fact discovered during October was that a man who had eighteen months previously been a patient in this hospital with cerebro-spinal fever, and had been discharged from the Forces for at least a year, on re-enlistment was examined carefully and a swab taken and he was found to be a first-class carrier. He was treated, special care being taken in his case, and after the usual period of isolation and treatment the meningococcus was found to be entirely absent. This was confirmed later, but it was considered inadvisable to allow him to embark, and he was discharged.

Diphtheria-carriers.—Five only appeared, and these were treated with a Eusol spray, which proved effective in three days, producing a negative result in each case.

General.—On the whole the results obtained from the installation of these machines show that the system is a valuable adjunct, and worthy of fostering.

Lieut.-Colonel ANDREW, G.M.O.

MENINGOCOCCAL INFECTION IN MILITARY CAMPS DURING 1916.

The Director-General, Medical Services, Headquarters.

THE following report summarizes the facts connected with the appearance of meningococcal infection in the camps in New Zealand during the year 1916.

SEASONAL DISTRIBUTION.

Cerebro-spinal Fever.—Save for 1 case remaining under treatment in Trentham Hospital, no case of cerebro-spinal meningitis was reported from the camps during January and February. The first case occurred on the 20th March, at Featherston, when a fatal case in the 12th Mounted Rifles was reported. No case was reported at Trentham until the 20th July, when 2 fatal cases occurred in the 18th Reinforcement, followed by 3 other cases in that unit. Thereafter at Trentham the disease became epidemic during August, when 14 cases arose, lessening in September (5 cases) and October (7 cases), dying out in November (2 cases) and December (1 case). At Featherston, on the other hand, only 1 case was reported in July and only 1 in August. The disease did not become more general till September, when 8 cases arose. Thereafter it diminished to 3 cases in October, 2 in November, and 2 in December. The seasonal distribution therefore differed considerably in the two camps.

Pneumonia following Measles.—This disease was present in Trentham in January, when 1 non-fatal case occurred, reappearing in May with 2 non-fatal cases. In June 2 out of 5 cases died. A very fatal type of the disease became prevalent in the latter half of July. During July and August 14 cases occurred, with 12 deaths. In September there were 4 cases, with 2 deaths; in October and November 2 cases, both fatal; and in December 3 cases, 1 fatal.

At Featherston the severe type of pneumonia appeared in March, when 2 fatal cases occurred, but it was absent in April. During each of the months May, June, and July 1 case was reported, all being fatal; and in August 3 cases arose, also all fatal. In October it fell to 1 case, but rose to 4 in November, 3 of them dying. In December it fell to 2 cases, 1 being fatal.

It will be noticed that in each camp the fatal type of pneumonia followed fairly closely the distribution of cerebro-spinal fever. The attached table indicates the monthly distribution of each disease:—

Monthly Distribution of each Disease.

Month.	Trentham				Featherston.			
	Cerebro-spinal Meningitis.		Pneumonia.		Cerebro-spinal Meningitis.		Pneumonia.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
January	1	1	1	..	..	..	..	..
February	..	..	..	..	..	..	..	..
March	..	..	..	..	2	2	2	2
April	..	..	..	..	..	..	..	..
May	..	..	2	..	3	2	1	1
June	..	..	5	2	2	1	1	1
July	5	5	8	6	1	1	1	1
August	14	8	6	6	1	1	3	3
September	5	..	4	2	8	4	4	3
October	7	5	1	1	3	2	1	1
November	2	1	1	1	2	..	4	3
December	1	1	3	1	2	2	2	1