such cases is 21 per cent., in marked contrast to the 85-per-cent, mortality of the other class of pneumonia associated with cerebro-spinal meningitis. At Featherston 3 cases of pneumonia unconnected with measles occurred, with 2 deaths. From the high mortality it is possible that they too may have been infections of the specific type.

· AGE INCIDENCE.

The following tables show the distribution of cases in the various age-groups:—

## Cerebro-spinal Meningitis.

Age.												
The state of the s	U	Inder	20 to 24.					25 to 29.	20.4-24	1 25 4- 20	40	Totals.
		20.	20.	21. 2	22.	23.	24.	İ	30 to 34.	35 to 39.	and over.	
Cases		1 {	22	9	$egin{array}{c} 2 \ 37 \end{array}$	2	2	} 12	6	2		59
Deaths		1 {	13	4	$\begin{array}{c} 1 \\ \sim \\ 21 \end{array}$		<b>2</b> 	9	4	1		36
Case mortality	10	00%			579	%		75%	66%	50 <b>%</b>		61%

## Pneumonia following Measles.

	${f Age}.$								
	Under 20.	20 to 24.  nder 20.  20 to 24.  25 to 29.  30 to 34.  35		35 to 40.	Totals.				
Cases	{	31	} . 10	7	2	50			
Deaths		8 4 5 2 2 21 67%	} 6	7	1 50%	35 70%			

Cerebro-spinal Meningitis.—The influence of age on the prevalence of this disease is very marked, 32 out of 59 cases, or more than half, occurring in men under twenty-two. We have no statistics for age distribution among the troops, but it is very improbable that half the men are under twenty-two years, so we cannot attribute the high distribution amongst the youngest men to a preponderance of men of those ages. Of the 22 cases of twenty years it is probable that some were among lads under twenty, but allowing for this there is a very marked drop from twenty to twenty-one. From twenty-two to thirty we find a fairly even distribution of cases to each year, and a marked decline after thirty. Only 1 case was notified in a man over forty.

As regards variation in mortality according to age-grouping we find the following:—
Under twenty-two years: Cases, 32; deaths, 18; case mortality, 56 per cent. Twenty-two
years and over: Cases, 27; deaths, 18; case mortality, 66 per cent.
The disease, then, though much more prevalent among the youngest men, was markedly less

fatal than to the more mature patients.

On examining the mortality at each age-period it appears to be most fatal to those between twenty-five and thirty, the ratio being as follows: Under twenty-one years, 56 per cent.; twenty-two to twenty-four years, 66 per cent.; twenty-eight to twenty-nine years, 75 per cent.; thirty years and upwards, 55 per cent.

Pneumonia following Measles.—This disease was also more prevalent among the younger men. 26 out of 50 being under twenty-three years of age. The prevalence among men under twenty-one was less marked than with cerebro-spinal meningitis, for although 31 of the cases occur in the first quinquennial age-group as against 10 in the next, the distribution is more even in the first three years of military life.

The case mortality increased among the older men thus: Under twenty-two years: Cases, 20; deaths, 12; case mortality, 60 per cent. Above twenty-two years: Cases, 30; deaths, 23; case

mortality, 76 per cent.

The highest mortality was among men in the quinquennial period thirty to thirty-four, and was lighter in the previous group, thus differing somewhat from meningitis. This is not perhaps surprising, as measles has always been recognized as proving a formidable disease—if a rare one—among older patients.