

With reference to the deaths, 24 deaths occurred away from camps, but are entered as against the camp on the strength of which the men were when they died, but this does not necessarily imply that the disabilities which caused the deaths were contracted in the camps.

Venereal Disease.—There were 340 cases (of which 308 were admitted for gonorrhœa, 26 cases for syphilis, and 6 for soft chancre) during the year, as against 372 the previous year. This shows a total admission-rate of 34 per thousand for the year.

In this connection it must be noted that all recruits who on examination are found suffering from venereal disease are not rejected, but are brought into camp and treated either in camp or at Quarantine Island.

The admissions for the various camps were as follows:—

Camps.	Gonorrhœa.	Syphilis.	Soft Chancre.
Featherston	144	8	2
Trentham	155	18	4
Narrow Neck	9	...	...
Awapuni	...	...	...

The ratio per cent. on the average strength of the camps is—Trentham, 5·8; Narrow Neck, 4·2; Featherston, 2·3; and Awapuni, nil.

The admissions for venereal disease compare favourably with those of the Imperial Army in peace-time. The last available statistics in 1913 show the admission-rates per thousand in the largest stations of the British Army as follows: United Kingdom, 50·9; India, 52·5; South Africa, 70·7; Straits Settlements, 93·8; Egypt, 117·7; Ceylon, 121·2.

In no cases have the complaints in this country been of a severe nature, and, taken early as they are and treated according to the most modern methods, the diseases are arrested and a recovery assured.

No prophylactics are issued in this country, but arrangements are made in the camps and on board ships whereby men who have exposed themselves to infection have every facility for protecting themselves against the consequences of their actions.

Influenza was again the chief cause of sickness in camps, but in a greatly diminished ratio from the previous year. In Featherston it accounted for 889 out of a total of 2,296 admissions from all causes; in Trentham, for 244 out of 1,622; at Narrow Neck, for 13 out of 61; and at Awapuni, for 10 out of 112. The disease was most prevalent in September and October at Featherston, and occurred chiefly amongst recruits, who brought it in with them to Tauherenikau.

Measles.—Thanks to the Tauherenikau Camp and the prompt segregation of all contacts, there were only 54 cases of measles, of which 15 were of the mild type known as “German measles.” Featherston had 28 admissions and Trentham 26. There were no cases in Narrow Neck or Awapuni Camps.

Cerebro-spinal Meningitis.—There were 9 cases admitted to hospitals in camp during the year—2 at Trentham and 7 at Featherston. In addition there were 4 cases on the strength of the camps admitted to hospitals while on long leave—2 at Invercargill, 1 at Dunedin, and 1 at Masterton. One case remaining in hospital at Timaru from the previous year died. Altogether 13 cases were admitted amongst men on the strength of the camps, with 5 recoveries and 8 deaths.

The Assistant Director Medical Services (Sanitary) has written a special note on the disease as it affected soldiers on the strength of the camps, which is attached.

Further experience and investigation seem to point to the fact that the organism which causes the disease exists in the throats of a certain number of people who may be quite healthy, but is apt to take on malignant qualities when conveyed to the throats of others whose bodily resistance is lowered by influenza and measles under conditions of cold, damp, and crowding together. Hence the importance of segregating new arrivals during the winter months away from the main body of troops until the incubation-periods of measles and influenza are over, and all carriers, after careful examination, have been eliminated.

In this connection the bacteriological laboratories at Featherston and Trentham under Lieutenant Ross and Lieut.-Colonel Leahy have done work of the greatest value, involving a great deal of labour. Not only have all the recruits on arrival been examined, but also all civilians working in and about the camps and all Reinforcements before embarking. The Wellington Bacteriological Laboratory, under Major Hurley, has also been of the greatest service not only in examining throat-swabs, but in supplying vaccines and serums for inoculations.

The spraying-chambers have again demonstrated their great usefulness.

Diphtheria.—13 cases—Trentham, 7; Featherston, 4; Awapuni, 2—with no deaths. All cases were brought into camp, were promptly detected and dealt with, and contacts isolated. It is a tribute to the vigilance of the Medical Officers that this disease did not spread. The same remarks apply to *scarlet fever*—4 cases (Trentham, 2; Featherston, 2) and no deaths.

Pneumonia.—14 admissions, as against 91 the previous year: Trentham, 3; Featherston, 8; Narrow Neck, 1; Awapuni, 2. One death occurred in Wellington of a man on the strength of the camps, who contracted the disease, which was complicated by alcoholism, in Wellington.

Paratyphoid Fever.—One death occurred at Featherston, being a case which had remained over from the previous year.

Alcoholism.—86 admissions, as against 91 in the previous year.

Other General Diseases.—One death from pernicious anæmia, at Wellington Hospital—a home-service man. Three deaths from cancer; all died in civil hospitals—1 at Napier, 1 at Auckland, and 1 at Wellington (home service).

Nervous System.—148, of which 36 were cases of epilepsy. Two deaths occurred of cerebral hæmorrhage, 1 a home-service man in Wellington, and 1 a Maori at Te Kao; and 1 death of paraplegia occurred at Trentham.