high, has come as a surprise and a lesson to those interested in such matters. The buildings are, of course, plain, but leave nothing to be desired in the way of efficiency and comfort; and it is to be hoped that the achievement of the Director of Works and his staff may leave a permanent mark in the history of hospital construction in the Dominion. In this, as in other questions of sanitary construction of military buildings, the economic side has been given due attention by the constructional staff, and thus work has been possible which would otherwise have been inadmissible owing to the cost.

STATISTICAL.

DEATH-RATE.

It is not possible to give an accurate death-rate for moving bodies of troops—a rate which can be compared to that of a fixed population. If the rate be calculated by comparing deaths to total strength which passed through the camp the figure is too low, because the total strength did not remain for one year in the camp, but on an average only four months. To calculate the rate of deaths to average strength, on the other hand, gives too high a result, since it is based on the death-rate of series of men newly arrived in camp. In each successive batch will be some who will succumb to illness from the unusual environment, and some of these may prove fatal. Experience has shown that the highest sick-rate is among the recruits during their first month of training. It is reasonable to suppose that if one Reinforcement were to remain a full year in camp their sick-rate and resulting death-rate for the total year would be less than that for the first four months. It is evident that we have no data on which we can calculate a death-rate giving a true indication of the influence of camp conditions comparable to an average civilian population; but one can arrive somewhere near accuracy by supposing that had the total strength remained a full year in camp the number of deaths would have been, roughly, three times the actual deaths, since the average stay of troops in camp is four months. Calculated thus we get a ratio of 3·8 per thousand for all the Expeditionary Forces in New Zealand in 1917. This again may be too high, since some of the occupants of the camps—the permanent staff—actually did remain for the year, and as many of these are elderly men on home service their death-rate should naturally be higher than that of the others. Multiplying the deaths among these men by three would exaggerate the calculated number of deaths. However, the correction for this error is a small one, and therefore 3·8 may be regarded as approaching accuracy. The death-rate among males between 20 and 40 in New Zealand in 1913 was 4·02 per thousand, so it is probable that the death-rate in camps was lower than it would have been in a civilian population of like age. In 1916 the Expeditionary Force death-rate so corrected would have been 7·3 per thousand, or the same as that for males in England between 20 and 40, but much above that for New Zealand. This higher rate was due to the epidemics of cerebro-spinal infection and pneumonia in that year. The actual deaths in New Zealand among men attached to the Expeditionary Force during the last three and a half years is—

Year.	Deaths.
1914 (4½ months)	6
1915	61
1916	104
1917	46
Total	217

These figures for the last two years include deaths among men on home service but not actually living in a camp. The actual deaths among home-service men were—

Year.	Deaths.
1916	6
1917	7
Total	13

For the year 1916 3 of these deaths occurred out of camp hospital and 3 in. For the year 1917 3 occurred in civil hospitals, 1 in private hospital, and the remaining 3 were sudden deaths occurring outside of hospitals.

The following table shows the total deaths among all branches of the service in New Zealand for the last two years :—

Camp.	Disease.		Accident.		Suicide.		Total Deaths.	
	1916.	1917.	1916.	1917.	1916.	1917.	1916.	1917.
Trentham	46	10	6	2	1	1	53	13
Featherston	44	18	2	5	2	7	48	30
Awapuni	..	1	..	..	..	..	..	1
Narrow Neck	3	1	..	..	..	..	3	1
Rotorua	..	1	..	..	..	..	..	1
Totals	93	31	8	7	3	8	104	46

It will be seen that the deaths from disease in 1917 were only one-third of those for 1916.