orderly at 9 a.m. on the 13th October. While on this duty two cases of cerebro-spinal meningitis were found in the ward, with one of which he was in close contact. On the evening of Saturday, the 16th, he had a severe headache, and vomited several times during the night. The following morning he had numerous hæmorrhagic spots on the arms, legs, and body. He had slight stiffness of the neck, but no Kernig's sign. A pure culture of meningococcus was obtained from his blood, but the C.S. fluid on two occasions was negative, both to direct examination and to culture. He made a rapid recovery. In this case the incubation of the disease was apparently under three days and a half.

J. W. Crawshaw, Captain, N.Z.M.C.

REPORT OF PRINCIPAL MEDICAL OFFICER ON PREVAILING DISEASES AT FEATHERSTON MILITARY CAMP, 1918.

Cerebro-spinal Meningitis.

This is dealt with in a separate report, and is amplified by a special report by Captain Crawshaw, N.Z.M.C., F.M.C.

Influenza Epidemic.

Featherston Military Camp experienced at the end of a quiet year the full force of the above, suddenly and disastrously. At the end of October it was noted at Tauherenikau that one C1 company was being affected by a more severe type of influenza than usual, apparently following the advent of some Auckland recruits. This company was promptly segregated and inhalated to limit the disease as far as possible.

Onset.—On Monday, the 4th November, with practically no preliminary increase in the main camp, the epidemic hit us with full force. We had a full camp—Featherston huts, Canvas Camp, Racecourse, Tauherenikau, and Papawai all carrying nearly their full complement—approximately 8,000 men. The following week's weather was of unexampled severity, on Wednesday and Thursday one of the worst gales experienced in the Wairarapa's history complicating our epidemic troubles. By Monday night (4th) our medical, nursing, and orderlies staff was badly depleted. On Thursday following the gale over 400 men were admitted, and by Saturday nearly 2,000 men were down.

Accommodation.—The bigger buildings—institutes, &c.—were first taken over, and then the huts (forty-three in all). Each of these was converted into a separate hospital unit, and staffed, equipped, and supplied accordingly. Considerable difficulty was caused by the constant dropping out through illness of these staffs, which were supplied and renewed from Reinforcement and other men in camp. All training perforce was stopped, and the well looked after the ill, their gallantry and devotedness being beyond all praise.

The hospital rotundas and one of the infectious blocks were utilized as base hospitals for all serious cases. There was to be had to best advantage such nursing and skilled treatment as was available from constant changes of staff through illness and death. At one time eleven nurses were down out of a total of twenty-one.

A central clearing-station, fitted with hospital beds, was set up in a near-by convenient institute. To this were taken less serious cases and transfers of improving patients from the rotundas. From it serious cases were removed to the rotundas. Constant siftings of patients from the periphery to the centre were made, and *vice versa*, according to the condition of the patients.

Pulmonary cases were segregated in rotundas and C.C.C. in order to lessen infective risks. Such, apart from cerebro-spinal meningitis, constituted our serious cases, the vast majority of whom were admitted during the heavy weather of the first week. After that period comparatively few, save those admitted moribund from sources outside camp, were noted; and I am convinced that under ordinary decent weather conditions at the beginning our serious cases would have been considerably fewer in number, being some 315 in all from influenzal complications.

In the first ten days we had primary cerebro-spinal meningitis (3), measles, and mumps. The usual steps were taken, and we were fortunate in that only one fresh measles and no further mumps cases occurred.

A convalescent camp was established. Convalescents were here segregated for eight days, undergoing systematic inhalation treatment prior to final discharge.

All assistance possible (*e.g.*, drugs, inhalation chambers, Medical Officers, &c.) was rendered to the neighbouring countryside and towns. This in turn was freely returned, particularly by Wairarapa South, which was untiring in its efforts to help the camp. Reference must be made here to the unsparing efforts of Mrs. Page, of Featherston, and a small band of voluntary workers, who toiled unceasingly making invalid delicacies for hospital patients and convalescents at a time when such was of inestimable value. Other ladies came forward as V.A.D.s, and one laid down her life in heroic endeavour.

Hospital Admissions.—November, 3,174; December, 6: total, 3,180. A comparative table of daily admissions, number in hospital, and number of serious cases is appended, showing the rapid decline of the epidemic.

Serious Cases:—	Total.	Recoveries.	Deaths.
Cerebro-spinal meningitis	19	15	4
Pneumonic influenza	314	153	161