

obtained. The position then was that if an ambulance was wanted and the Wellington Hospital ambulance was engaged a taxi was hired. It has not been satisfactorily explained to us why an ambulance was not attached to the camp. Colonel Purdy states that he thought it was necessary to have one. He asked for one, and thinks it was in March or April that he did so, and says it was not obtained because one which was being obtained "was stopped on the way." Though vague statements have been made that patients were conveyed in open motor-cars who should have been carried in closed cars, no definite evidence of any such case was submitted to us.

(m.) *Treatment of Measles Contacts.*

135. Prior to the 31st March (Colonel Purdy says in May), if a case of measles occurred in the tents the subject was sent to the hospital and his tent-mates removed to the segregation camp, which was an area set apart for the observation of infectious-disease contacts. The tent from which the infected man had been taken was disinfected with formalin spray. When the observation-period was over the men in the segregation camp who showed no signs of infection were transferred back to camp. Colonel Purdy says that this practice was discontinued because the cases of infection became so numerous that the medical men then in charge thought nothing could be gained by continuing the practice.

Complaints have been made that men under observation as contacts mingled with the men in camp, but there is no satisfactory proof of this.

It has been proved to us that the methods of supplying the contacts with food, and the attendance, were carried out with due precautions.

(n.) *General Care of the Sick.*

136. Our observations under this head are contained in the previous paragraphs reviewing the medical aspect, and there is no occasion to repeat them here.

(o.) *Notification to Relatives.*

137. The rule in the camp has been that no notification was sent to the next-of-kin unless or until the Medical Officer in charge of the case reported it as serious. This report was made to the Camp Commandant, who would then transmit the message to the next-of-kin. This rule has now been relaxed. It was, of course, open to the men themselves to report that they were in hospital if they were well enough to write. At the height of the epidemic, when men were coming into hospital in large numbers daily, there was undoubtedly some delay in the transmission of messages sent by the sick themselves to their friends, and probably in some cases announcing serious illness. Excuse for this is to be found in the number of messages of inquiry and otherwise, and the replies, which at that crisis were being sent to and from the camp rendering it necessary to send them on to Wellington for transmission owing to the local line being blocked. In certain instances where the men had been sent to another hospital and became unconscious, delay in notifying the relatives occurred because particulars of the next-of-kin had not been sent with the patients. It appears not to have been the practice for these particulars to accompany the patient. If this practice has not been altered it should be.

(p.) *Camp Hospital Building.*

138. Early in January of this year the Council of the New Zealand Branch ^{Origin.} of the British Medical Association sought the aid of the public to raise sufficient funds to build and equip a hospital, which the Chairman of the Council, Dr. Elliott, then described as being urgently required at the Trentham Camp. On the 21st January Dr. Elliott wrote to the Hon. the Minister of Defence that it was merely a monetary gift the association was making to be used for a Trentham hospital. On the 3rd February the Minister replied that he presumed it was not desired to erect a large or permanent hospital, but one suited for the present camp, for demobilization, and for the use of future encamp-