

through the mouth under the jaw, beneath the skin of the neck, and lodged below the left clavicle; the cervical triangle was filled with a pulsating mass. When first seen it looked like an ordinary traumatic aneurism, and I felt sure that an artery must have been wounded; but after Dr. Armour had removed the bullet and relieved the tension, the pulsation ceased, and the second time I saw the patient there was nothing but the firm indurated swelling above the clavicle with disability of the arm from pressure on the nerves. Then he began to bleed freely from the throat and from the wound, and it was quite evident that an artery had been opened. Dr. Armour operated and found that the bullet had nicked the subclavian artery, which he tied successfully, and the man has made a complete recovery.

CEREBROSPINAL FEVER.

Medically, the most disturbing incident has been the outbreak in various camps of cerebrospinal fever, a rare disease in this country. There had not been a very bad epidemic during the nineteenth century, but in 1905-1906 Belfast and Glasgow suffered severely, and there has been an increase in the sporadic cases during the past three years. The first Canadian contingent apparently brought the disease with them, as there were four cases at Valcartier and three cases on the voyage. There was no additional case until recently, and they have had in all about twenty-five or twenty-six, with eleven or twelve deaths. I went last week to the camp at Salisbury to see the cases. The weather has been appalling, much wind and more rain, and everywhere the mud has been ankle-deep. At the General Hospital, Netheravon, under the care of Dr. Murray Maclaren of St. John and Dr. F. G. Finley of Montreal, there were many cases of bronchitis, bronchopneumonia and rheumatism. Most of the men, however, looked very fit and seemed to have stood the hardships very well. A new hospital had just been opened for the cerebrospinal fever cases, of which there were eleven under treatment. I found a well-equipped laboratory and a full staff of workers under Dr. Arkwright of the Lister Institute, who has done much work on the meningococcus. Dr. Ellis, who has been at the Rockefeller Hospital, New York, for the past four years and who is an expert in all methods of intrathecal treatment, was in charge of the clinical work. They had only just begun a systematic investigation of the contacts, and when I left they had not detected any carrier. It is not likely that the epidemic will prove serious. It is alarming, though, as