

of the left side, and the tongue centre ; the leg centre, being above that point, escaped.

That far it would give some evidence as to the probable posterior situation of the bullet at this time. Undoubtedly the bullet penetrated these two regions, the arm centre and tongue centre, which is below the arm centre, not being high enough to involve the leg. All these facts, taken together, have a certain positive significance, and would fairly well correspond to about such an antero-posterior situation of the missile. That is to say, if the missile is anywhere within a radius of one and one-half inches from the location of this sensation, it would have to pass beneath the foot centre, and to arrive at that point would have penetrated the arm and tongue centres and probably a portion of the face centre in its course through the brain.

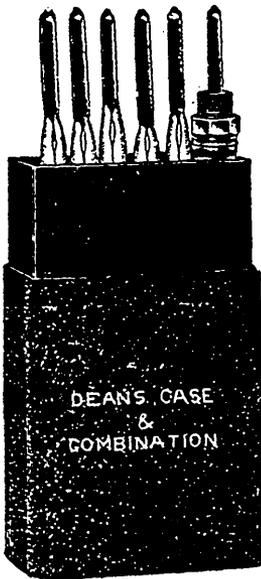
As to the question whether or not anything be done in this case, it seems to me it is a very debatable one. The question arises, if you seek this point of irritation : "are there any peripheral symptoms that would indicate its location ?" At the present time there are none. About the only guide we have in this unfortunate case is the very uncertain one of sensations in his head. There are no localized symptoms present, or a symptom of his having motor or central epilepsy, though the attacks he has might be considered a manifestation of epilepsy ; but we have nothing in this expression to assist in localizing the trouble.

Now, the question is, would we be justified in considering the duration of the symptoms following immediately after reception of the injury, tracing the bullet in this way in its course through the brain, taking into

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For further particulars see last month's issue.