

the shot was directed from his left side, and that would account for the injury to the opposite side, the ball striking just above the eye and ranging across. The bullet may be found on the other side (right), which will account for the paralysis of the left hand. Inasmuch, however, as he is having what is known as "cycle equivalent," which is a form of epilepsy, the attacks from which he suffers may be due to injury or to irritation of the ball. He has as well-marked epilepsy of the mental variety as I have ever heard of in my life. This form of epilepsy is a mental convulsion, so to speak, due to an irritation of that part of the brain which presides over mentation or cerebration, instead of an irritation of the motor region which would cause motor disturbance — convulsions. From the fact that he will get on a train during one of the epileptic convulsions, it appears that it is a condition of the

mental faculties rather than of the motor.

The case should be carefully investigated before any operative interference is undertaken for his relief. While we all know that exploratory craniotomy is fairly safe, I am not disposed to advise the operation unless the symptoms are such as to enable us to locate the lesion with a degree of certainty commensurate with modern cerebral localization. His personal and family history should be looked into carefully, to be sure that these symptoms are due to this injury.

Dr. A. M. Cartledge: There are many interesting features about this case: first, the immediate symptoms which followed the injury; when he regained consciousness he had paralysis of the right arm, also of the tongue. Now, that would point to the fact that the traumatic lesion must have at least involved the right arm centre

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