

ation. On the forty-third day after the wound was inflicted he became quite well. At first a probe was passed its whole length into the wound and across the head without meeting the slightest resistance. At first the special senses were very slightly impaired, but all recovered their tone before he left the hospital, except the sight, which was slightly impaired. As regards the course of the bullet in this case, Dr. Smith says: "It is certain, from the position of the apertures of entrance and exit, that it entered the outer surface of the anterior lobe of the brain, a little above the level of the highest part of the roof of the orbit, and that it emerged from the left anterior hemisphere at a spot rather farther back and at a slightly higher level." From the large effusion of blood in both orbits, which so rapidly followed the injury, there is reason to believe that in its passage across the skull the bullet fractured the roof of both these cavities. From the free and persistent epistaxis, it is probable that the cribriform plate of the ethmoid or some part of the roof of the nasal cavity was broken into, while there was evidence, from the symptoms, that the olfactory bulbs did not escape disturbance or injury. It may be said that there is no direct proof that the left hemisphere of the brain was wounded at all, that the bullet may have run over the roof of the left orbit and up the inside of the skull to its point of exit from the bone. The surgeon is sure, however, that the probe traversed, without any sensation of resistance, both hemispheres, and one would think it impossible that a bullet of the size and weight indicated, after passing through one side of the skull, could have knocked a piece of bone clean out of the opposite side unless it impinged upon the inner surface of the bone in a direct line. As further proof pulsation and respiratory movements were observed in the blood tumor