

informed on this point. The common belief has been that in all cases this procedure is absolutely necessary or the results will be fatal. While there can be no doubt that whenever possible this should be done, especially when the position of the foreign body can be easily determined, yet, as a general rule, it is not considered wise to attempt explorations, especially when the probable course of the missile cannot be determined. The result in the case before us exemplifies this rule.

Gross in his great work on Surgery says: "No sensible surgeon ever thinks of searching for a ball in any of the great cavities of the body; such a procedure would be sure greatly to increase the dangers of the accident, and cannot therefore be too pointedly condemned." Most surgeons concur in this opinion. In view of these facts the first examination made by Dr. Bliss can hardly be considered proper, as he introduced a Nelaton's probe "to ascertain the course of the ball *and the organs involved in its passage*," and the thought occurs of the extent of information to be elicited by a hard probe as to the organs involved. The only information apparently obtained was that the probable course was downwards and forward and to the right side, and on this information another exploration was made with a long silver probe "suitably curved," which was passed downwards and forwards and also downward and backward "in several directions." The decision finally arrived at this examination was that the ball had entered the liver. Now it is well known that in psoas abscess pus finds its way very easily downwards between the muscles, and therefore an opening being already made into this cellular tissue it would be a very easy matter to push a probe downwards, and it may be questioned whether the probe suitably curved did not originate the canal which subsequently misled the consulting surgeons as being the supposed track of the bullet. The extreme difficulty of making an exploration has therefore been well shown, for even the eminent men associated with the premier attendant were so entirely at fault as to suppose that the ball had been deflected downwards into the pelvic cavity on the right side. The constant alteration of the internal organs due to respiratory and other movements rendered a search almost impossible, if not positively dangerous. No surgeon should allow himself to be influenced in his action by friends or others under like circumstances, or by the fear of being deemed incompetent to

remove a ball, or by a desire to make a show of doing something. This is one of the lessons taught by this case, and another one is the absurdity of the experiments made with electricity. It might have been thought that the surgeons in charge would have objected to make so distinguished a patient the subject of uncertain and untried experiments. Nor did it reflect credit upon the art of Surgery in thus apparently showing to the public that we possess no other means of detecting the presence of a foreign substance in the body. The result, as is now known, was futile, and proved how dangerous such experiments might become; it detected the near presence of the ball within a few inches, when in reality the ball was many inches wide of this spot, and if this apparent localization had been relied on and an operation attempted, what terrible disgrace would have been incurred, as it took nearly two hours at the autopsy to find the ball. What might have been the results had the attempt been made during life?

If has been said, to maintain the dignity of the profession and art we practice, that all adverse criticism should be avoided, but with this we cannot agree. If everything was correct, then criticism can do no harm; if not, the interests of our profession would be ill served by silence. And first of all in the daily bulletins which were *officially* issued the public were misled as to the true condition which existed; statements were made which subsequent disclosures have not verified. It was asserted that septicæmia or rather pyæmia had set in and continued throughout, and the profession generally have accepted this as a fact. It may, however, be doubted whether pyæmia *per se* did exist, judging from the low range of the temperature as recorded. The morning temperature throughout seldom exceeded the normal state, only on the tenth and eleventh day did the evening temperature reach  $102^{\circ}$ , being generally below  $101^{\circ}$ , and towards the last but slightly above normal; on one occasion it suddenly went up to  $104^{\circ}$ , this was on July 23rd, and being due to pent up pus was quickly reduced on free incisions being made into the pus cavity. The report states as a fact that "It was a marked feature during this whole period of parotid suppuration that there was no associate systemic disturbance." Surgical authorities state that pyæmia is accompanied with extremely high temperature, severe rigors and copious sweating. Erichson says "that the temperature in pyæmia presents *remarkable and*