

the problem. But, it will be remembered, I found the ball down in the pelvis, where it had arrived by the force of gravity.

The next question was as to the cause of the flattening of the ball. This was certainly owing to its contact with some hard material. To have reached such material within the body, it must have penetrated the posterior wall of the peritoneum, to come in contact with bony tissue. I gained no such information from the examination. Neither was there an observable impression upon any portion of osseous tissue against which it was likely the ball might have impinged, nor any appearance of violence about the soft parts immediately covering this. I would here digress, however, to say that I thought this by no means conclusive, as the fluids of the body, during an examination of this kind, as also the changes which must have progressed since the accident, might have so obscured or modified the appearance of parts, as to have rendered such a discovery very difficult. And further, I conceived it *not impossible* for a ball to have impinged, even with force sufficient to have flattened it, against a bony surface, covered only by strong fascia, or an aponeurotic expansion, and left no impression easy of detection. We are all familiar with the fact, that a ball may be flattened against paper or cloth, if either of these materials be pasted against any solid structure, such as stone or iron, and yet the paper or cloth not be broken. About the sacro-verbral angle, the osseous structure is not covered with muscular substance, which, if present, would have afforded, in the case before us, evidence of the ball's having penetrated to the bone, but simply by ligamentous tissue, and in front of this we find very loose cellular substance filling up the space between the great iliac vessels. So loose is this cellular tissue that a ball might readily pass through it, without leaving distinct traces of its passage. But to return. I conceive the strongest objection to the ball's having struck bone, was the fact of its having been found *within the peritoneum*, a shut sack. For, to have been here, and yet to have impinged against osseous structure, it must have passed out of the sack, and then, by a rebound, have again entered it—a thing exceedingly improbable, even laying aside the fact of my having failed to observe a wound in the posterior wall of the peritoneum.

But it was thought the question could be *positively* determined from the character of the external wound, and I was asked to say whether this was made by a round smooth bullet, or by such a one as I had extracted from the dead body. In giving an opinion here, I could perceive I had to contend with a difficulty which a medical man often meets with in the courts of justice. It seemed to have been expected that the configuration of the wound should assuredly have corresponded, in all respects, to that of the body inflicting it—that the angles and lines of