

without taking the proffered chair said, 'Doctor, I have acted a d—n fool, I guess. I have run a hat pin into my urethra. Can you take it out for me?' I assured him that I could, and after asking me to hold his name in confidence, he got upon the table as I desired him, and took down his pants. The under-clothing was saturated with blood, as was also a cloth that he had placed to catch the same. He said, 'You can feel it here,' placing the end of the finger on the lower part of the penis. The end of some sharp object could be felt in the anterior portion of the perineum, a little to the right of the median line. Without giving an anesthetic or making application of cocaine I seized the object with a small pair of alligator forceps and made a careful traction, but the instrument slipped off. I again applied the forceps, but found that the object had slipped farther down into the urethra. I found it was not possible to pull out the object, for it had imbedded itself in the urethral mucous membrane, and the more I pulled, of course, the farther it projected through the urethral floor. I said to the patient that it was not possible to get in out in this manner, and it would be necessary to make an external wound and deliver it that way. He said, 'All right,' and I handed over to him the forceps that he might not allow the object to recede still farther into the bladder. I made an incision one-half inch long over the point of the object and grasped the end of it with another forceps. I had difficulty in drawing the object out, as it seemed to be very firmly held by some cause, and I soon found that the patient was still holding the alligator forceps in a tight grasp, and it was necessary to explain to him that he must now let go his end of it. He did so, and I soon drew out the shaft of the object, but found that I must enlarge the opening in order to let the bead end through. The bead on the end of the hat pin was large enough to just pass through a No. 28 French catheter hole in one of the cards the instrument dealers send out to patrons.

Immediately after getting off of the table he voided about two ounces of urine in which were a few small clots of blood. There had been so much laceration of the urethra that I deemed it prudent not to close the external wound. As said above, no anesthetic was given, nor was any preparation of the patient made in the way of rendering the perineum clean or aseptic.

September 29th, 10 a.m., patient returns, and reports no trouble in passing urine. The wound bled considerable in the night. He had been in such perturbation of mind the night before that I had not asked him the reason of introducing the