

Clinical Department.

Foreign Bodies in the Urethra. By JOHN J. CONNER, M.D., Pana, Illinois, in *Am. Jour. Dermatology*.

"From early infancy to drivelling old age there is a tendency to manipulate the external organs of generation. This leads to many misadventures, and the physician is not infrequently called upon to remove foreign bodies from the urethra. Examples of inserted beads, pebbles, sticks, etc., are numerous in childhood. Think of a lad actually sliding a watch-chain down his urethra! After puberty the tendency becomes more marked as the sexual desire increases. A few years later we find the morbid recluse, especially among the shepherds and monks of former centuries, resorting to intra-urethral stimulation with sticks or other hard substances to arouse the overexhausted functions, waning from excessive masturbation of venery. Yielding himself to his vile erotic feelings, the instrument often slips from his fingers and is lost in the canal."—Dr. De Forrest Willard, in *Medical and Surgical Reporter*.

All mishaps of losing foreign bodies in the urethra are not due to vile manipulations of the external organs of generation, but many are the result of catheterization of patients, either by themselves or the physician; the catheter, sound or other instrument may become broken in the attempt to withdraw the urine from the bladder and is retracted deeply into the urethra or even into the bladder beyond the reach of the fingers and must be removed by instrumentation.

The publication of this article, I hope, will bring out some new and efficient mode of removing foreign bodies from the urethra. Of course, if the urethra is large and the foreign body is smooth and not sharp pointed it may often be grasped by a suitable and long pair of forceps, but if the canal is small and tortuous, or maybe swollen and inflamed, the attempt will not infrequently be attended with much suffering and bleeding on the part of the patient and much worry and disappointment on the part of the physician.

De Forrest Willard recommends the use of the litholapaxy excavator with large, straight, open-ended canula. He recommends for this purpose the largest size canula that can be introduced into the urethra, nicking the meatus if necessary to gain