

symptom of distress, the patient was given stewed dried prunes to eat of freely. At 6 o'clock a.m., September 8th, the pin passed readily, along with a mass of partially digested prune skins notably visible.

This pin might have passed naturally into the stomach by the aid of some suitable effort at swallowing food or drink. Nothing of the kind was tried.

The safety-pin, a notable household and nursery convenience, made with bent wire, a spring temper, and a sharp point, is acquiring something of a record in medical literature for passing in open form through the alimentary canal in children. Once started, point backward, and it cannot start otherwise, this formidable looking affair seems to pass with unexpected readiness through the whole digestive tract, reappearing in a more or less corroded and damaged plight, the child meantime having presented few, if any, symptoms of distress from its presence. One, two, three, four, twenty, or even sixty days have been known to elapse between the ingress and the egress of the pin, the longer periods giving ample time, one would think, for the setting up of irritation by its presence in children aged nine months to four or five years.

Safety-pins are in such common and familiar use that it is well for all to know that they have been occasionally swallowed in open form, and, the habits and impulses of parents and children remaining as in the past, such accidents are bound to occur from time to time in the future.

Now, the mechanism of an open safety-pin is such that if placed in a vitalized muscular canal, like the alimentary tract, it must advance, if at all, "like a crab, backward," dragging the point and hood of the pin by a safe motion, which gives small chance to pierce the tissues. This is true especially of the esophagus and the small intestine, the canals of which are not wide enough to permit an end-to-end turning of a one-and-a-half or two-inch pin in its course. It is true that the larger spaces of the stomach and large intestine offer better opportunity for the tumbling process, but a careful study of the open safety-pin will show that it must soon right itself and advance in accordance with its name in true safety form, *i.e.*, backward, eye or loop leading, point and hood following, the advancing loop affording a resting place for prune skins or other undigested shreds, thus assisting the progress of the pin.

Within the past two years, 1902 and 1903, the *Medical World* of Philadelphia has placed upon record quite a number of cases of children of various ages who have swallowed open safety-