

Medical Matters.

FOREIGN BODIES IN THE AIR PASSAGES.

Dr. Rickman J. Godlee, Consulting Surgeon to the Hospital for Consumption and Diseases of the Chest, Brompton, in a lecture delivered at the hospital on the above subject, and published in full in the *Lancet*, said, in part:—When a foreign body has passed into one of the main bronchi it may for a time cause such slight symptoms that the patient and the medical man can hardly believe it to be really there. It is true in my experience of such a body as a collar stud, a piece of bone, an ear of barley grass, a pin two inches long, or the end of a vulcanite tracheotomy tube. There may, indeed, be complete absence of physical signs in the case of such an object as a pin, or if it be a smooth thing like a bead there may be no departure from the normal physical signs except such as are due to a slight deficiency of an entry of air into that part of the lung which corresponds to the partially obstructed bronchus. If, however, it be a piece of bone or a piece of meat, decomposition at once sets in, and then the mischief which has started in the lung may be very serious indeed, and of a progressive character.

CLASSIFICATION OF FOREIGN BODIES.

It has been suggested that such foreign bodies as enter the air-passages should be divided into hard and soft, which is a useful enough, though by no means an accurate, classification. It is useful in cases where immediate removal is to be attempted. If a hard object can be caught by the forceps, and the forceps hold, out it comes if it does not break, but a soft object may be nibbled at again and again without materially diminishing its dimensions. But there are other classifications that might equally well be made; for example, into living and dead. We have all heard of the leech and the round worm that have made their way into the trachea, and I almost envy the emotion that will be experienced by the first-observer who sees such an animal or the grub of a dipterous insect through the bronchoscope. Seeds such as those of peas and grass are also, of course, alive, and may swell and perhaps germinate, and these are the foreign bodies that carry in along with them other forms of life, such as the organisms that produce actinomycosis, or the various forms of mould which, when they have gained a footing in the lung, produce such frightful ravages. If one were to stretch the definition of foreign bodies and include amongst them substances like iron filings or minute fragments of stone or coal, it is clear that a great many more diseases would have to be discussed than naturally find a place in this lecture.

Again, there are some foreign bodies which, when once they have come to a standstill, do not shift their position, such as a tooth sitting astride on the septum between two separating bronchi, whilst there are others which though dead have a proper motion, which may conduct them any distance and in any direction. Needles will find their way into the heart or into the distant parts of the body, and blades of awned grass or corn, which the unwary are so fond of putting into the mouths, start on their travels almost like living creatures. This specimen was extracted from the back of a small child who was supposed to have had whooping-cough, though the nurse knew that a piece of grass had been "swallowed." The medical man thought the emerging grass was the core of a boil, and was rather astonished when the whole ear was extracted by his forceps.

MOVEMENTS OF THE BRONCHI.

It may be asked why such objects should make these journeys at all? We are so unconscious of any of the movements inside our own bodies that it is difficult to imagine the churning and pulsating and elongation and shortening which are constantly taking place throughout our economies. Moreover, if we start with the idea that the root is a very fixed part of the lung, it might be thought that a foreign body which had once reached this haven would remain quietly at anchor there, but radiography and the bronchoscope have upset all these notions, and we can now submit to the scrutiny of the eye questions which previously were only matters of reasoning or surmise.

ASEPTIC AND SEPTIC FOREIGN BODIES.

The automatic movement of the ear of barley grass has led us a long way, but I think there is no need to go further and to ask if deglutition has any effect on the movements of the bronchi or to refer to the general movements of the body. Enough has been said to account for the journey, not only into the smaller bronchi, but to the periphery of the body. And so, returning to the question of the classification of foreign bodies, we must consider what is, perhaps, the most important of all—namely, of those which may be called aseptic, from those which are either septic at the time of introduction, or which quickly decompose or form favourable niduses for the growth of micro-organisms. Amongst the latter are included pieces of flesh or other kinds of food, which may gradually become disintegrated; and, worse than these, fragments of bone or cloth or cotton wool, which are practically indestructible. I have seen so many cases of bronchiectasis and pulmonary abscess following at a

[previous page](#)

[next page](#)