

Any solid body that becomes impacted in a main bronchus and completely obstructs it, causes the whole lung to collapse and pass into a state of septic disintegration, exactly like the condition, first described by Pearson Irvine, which results from the pressure of aneurysms or other tumors. The more septic the foreign body the more rapidly does the process go on.

A smooth solid body like a tooth, or a stud, straddling across the bifurcation of secondary or smaller bronchi, first sets up bronchiectasis in the part from which these bronchi came; but the process may gradually extend to the whole base, first, of the affected lung, and then of the other. These cases do not differ from what may be called ordinary cases of bronchiectasis, they are equally liable to pneumonias, or even hemorrhages, amyloid disease, and so on; and, like them, they may last on for many years; and, like them, they may any time terminate in cerebral abscess.

The changes are different if the foreign body is either putrid at the time or one that can decompose or become the seat of decomposition, because the changes in the portion of lung involved are much more acute; and, although dilatation of the bronchi is generally marked, a definite abscess often forms. This very important class includes not only pieces of bone and fragments of teeth, but smaller particles which are easily set free in operations about the mouth and nasopharynx, such as bits of mucous membrane or shreds of cotton wool, to which the name of foreign bodies seems scarcely applicable. But they are potent for mischief. I have seen so many acute stinking pulmonary abscesses following shortly after nose and throat operations that I cannot doubt that they are causally connected, and I therefore urge that every possible precaution should be taken to prevent this accident happening, whether by suitable arrangement of the patient's position or such special methods of administering anesthetics as I am hoping to see more of in the course of this expedition than I have done at home.

In connection with this part of the subject it must be remembered that it is not uncommon for these cases, if unrelieved, to end in pulmonary tuberculosis, which reminds one of those still smaller, almost imperceptible, foreign bodies, such as iron filings, minute fragments of stone, coal-dust and floating particles from infected hides, which may start many forms of serious pulmonary disease, but are not properly included in our subject.

The important question of treatment remains for consideration, and I will briefly refer to what was until ten or fifteen years ago the only available practice, because that is the line that in