

of the patient when the foreign body is not removed spontaneously or otherwise.

The diagnosis of a foreign body having been made, the urgent indications are for its prompt removal. The only question is by what means is it to be accomplished. The means of removal are by expulsion through the natural passages; removal through the natural passages with instruments; removal with instruments or by expulsion through an artificial opening. It is needless to say that removal by the natural channels is the most desirable, and every effort should be made to accomplish it in this manner before resorting to operation, unless the urgency of the symptoms demands surgical interference. Perhaps the earliest effort made to relieve a patient with a foreign body in the air passages was to tickle the throat so as to induce coughing and emesis. This has no doubt been tried successfully in thousands of cases that have not been reported. Thought some authorities condemn it, it is the first thing to be thought of in the urgency of laryngeal spasms, and should be resorted to at once. No doubt many a life has been saved by some one inserting a finger or a feather into the throat in such a way as to provoke emesis or coughing. Foreign bodies have also been expelled by bringing on a paroxysm of sneezing.

The method of inversion and succussion has been successfully practised in many cases. This is available in the case of objects which have weight enough to be acted on by the force of gravity, such as coins, bullets, metal objects, etc. The best way to accomplish this is to place the patient on a bench with his legs flexed over the end, and then elevate the bench at an angle of 45 degrees. Vigorously shaking the patient is supposed to aid the expulsion. The patient should avoid speaking, as this brings the vocal cords together and prevents the expulsion of the foreign body.

The ideal method for removing foreign bodies from the trachea is by means of bronchoscopy, which within a few years has been brought to a high state of perfection in technic. To Gustav Killian, of Freiburg, belongs the credit of placing this epoch-making method upon a practical basis. To those who have seen this modest, unassuming gentleman explore the deep recesses of the trachea and bronchi under direct inspection the method is a surprise and a revelation. The instruments consist of a tube-spatula, which is used in inspecting the larynx, and through which the bronchoscope may be used. The bronchoscope proper consists of a hollow tube carrying its own illumination in the shape of a small electric light within the lumen of the tube. The tube is passed directly into the trachea, whereby the trachea and bronchi may be directly inspected, and by