many years with such a bronchiectasis, even although it be accompanied, as it often is, with severe, not to say alarming, hemorrhage.

The pin was a strange object to pass through the glottis; but not nearly so strange as many that have made the journey: large plum stones, great masses of meat or vegetable completely plugging the trachea and causing almost instant death (especially in lunatics), screws, the peg of a pegtop, needles and thread, tracheotomy tubes, a whistle, the tail of a herring, and countless others; besides living animals, such as leeches and round worms—a truly horrible thought!

This has led to many classifications, such as into hard and soft, rough and smooth, indestructible or perishable. They are not really of much value. Probably the most important distinction is into those that are, or can become, septic in their own right, and those that are not, in view of the sort of danger they may cause. It would be right, under the former, to include such bodies as may carry with them the germ of actinomycosis or moulds, which can grow in the human tissues.

One interesting distinction is into bodies which stop wherever they happen to stick, and those which at once start on their migrations; ears of corn and grass always do this. I once found part of an ear of wheat in an acute bronchiectatic abscess at the thin lower border of the right lung, extending through the diaphragm into the liver; and we had in our museum at University College Hospital an ear of grass which a baby put into its mouth and which came out through the skin of the back near the angle of the left scapula. The cough it set up was taken for whooping cough, and the emerging ear of grass for the core of a boil.

It might be wondered why these migrations occur if we did not recognize the constant and forcible movements which are going on in our insides. I think the amount of these movements is not really appreciated by those who have not handled a lung or a heart or had their fingers in the anterior mediastinum, or seen the mediastinum in the course of an extensive thoracoplasty, or looked with the physiological rather than the pathological eye down the bronchoscope. In a normal chest, with every act of respiration, every part of its visceral contents is moved except, perhaps, the extreme apices of the lungs at the necks of the first ribs. During inspiration the thorax expands and the diaphragm descends. Let us analyze just a few of the resulting movements. The sternum in full inspiration in an adult man is considerably further from the spine than in deep expiration at the lower end.