

and others, like pieces of bone, whose shadows are no darker than those of the ribs. If the skiagram is to be a single one it is essential that it should be taken instantaneously, as the complicated movements of the lung make the shadow blurred and faint and almost certainly indistinguishable from the rib shadows, or the opacities caused by glands, inflammatory products, or those streaks called by the Germans *Hilus Zeichnungen*. These stripes, as seen in an instantaneous skiagram, follow the lines of the bronchi; but in those taken by long exposure are shapeless blotches. They are not, of course, the bronchi, as healthy bronchi are transparent to X-rays, but they are shadows of the accompanying vessels. I strongly urge stereoscopic skiagrams. The pair should be taken each at full inspiration, so that the healthy lung may be as transparent as possible. The shadow of a piece of bone, if seen in the stereoscope, will take its proper place in relation to the bones of the chest wall. It requires, however, a very instantaneous skiagram indeed to elude the heart-movements, which are well indicated in the shadow of this pin, and you see how much it has been moved by them.

The pin was inspired in this way. A young woman was playing with some friends, while holding a pin $2\frac{1}{2}$ inches long with a glass bead head, in her mouth. She laughed, and it passed head foremost through the larynx and stuck in the left main bronchus. It ought to have gone into the right bronchus, because, as Aeby showed, this is not only the larger one of the two, but follows almost exactly the direction of the lower part of the trachea. But many foreign bodies go into the left side, notwithstanding. The dyspnea was not great, and soon passed off; so she ceased to trouble about the pin; but, as a cough persisted, she went to her doctor some months afterwards. He found only a few crackles along the left border of the sternum, and referred her to Sir Thomas Barlow, with the note that there was a history of foreign body, but he supposed it was the old story—incipient phthisis. This skiagram made at the hospital by Mr. Higham Cooper revealed the nature of the case. Sir Thomas asked me to see the patient, and I was reluctantly obliged to hand her over to my colleague, Mr. Tilley, for treatment.

Several considerations, both general and particular, are suggested by the picture.

At first sight it seemed impossible that the pin could lie, as it does, almost horizontally in the left main bronchus, and it was discussed whether it could have escaped from the air passages in part or altogether. But reference to a metal cast explained that.