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Voluntary Aspiration of a Foreign Body into the Bronchi, Removal by Bronchoscopy.

BY

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VOLUNTARY ASPIRATION OF A FOREIGN BODY INTO THE BRONCHI, REMOVAL BY BRONCHOSCOPY.

BY CHEVALIER JACKSON, M. D., PITTSBURG, PA.

At the Eye and Ear Hospital, of Pittsburg, I removed by bronchoscopy two tacks from a posterior branch of the right inferior lobe bronchus of a woman aged forty-one years, referred to me by

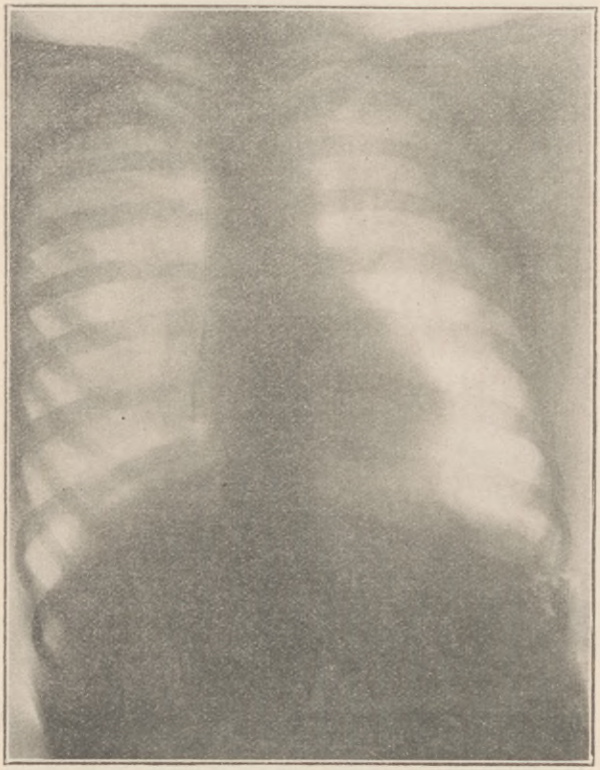

Figure 1. Radiograph by Dr. Lewis G. Cole, showing two tacks in a posterior branch of the right inferior lobe bronchus. Tacks removed by bronschoscopy through the mouth. (Reprinted from Journal Amer. Med. Ass'n, Sept. 25th, 1909.)

Dr. L. G. Cole, of New York City, who made the excellent radiograph, (Fig. 1). The anesthetic was ether, given by Dr. McCready. The bronchi were so full of pus that the patient nearly drowned in her own secretions. After the bronchoscopic removal of the pus the tacks,

(Fig. 2), were promptly removed, the first tack requiring one and one-half minutes and the second one two minutes, as timed by Miss Crock.

Figure 2. Tacks removed by bronchoscopy from posterior branch of right inferior lobe bronchus of a woman aged 41 years, referred by Dr. Lewis G. Cole. (Reprinted from Jour. Amer. Med. Ass'n., Sept. 25th, 1909.)

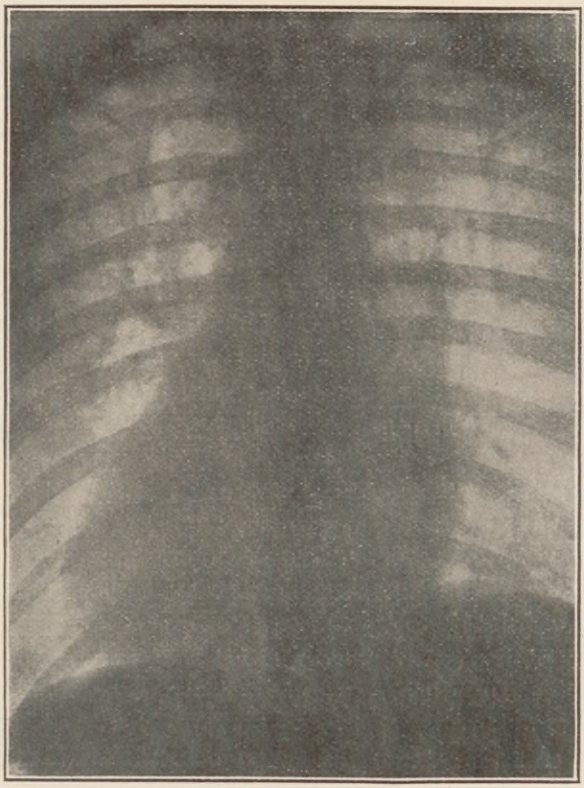

Figure 3. Radiograph by Dr. L. G. Cole, of tacks voluntarily aspirated by the patient.

At the operation I had the kind assistance of Drs. John W. Boyce, Homer McCready, Jesse Meyer (St. Louis), Richard Lewisohn (New York).

Four months after the removal of the tacks, as reported in the foregoing, the patient came to Dr. Cole's office at the suggestion of Dr. Geo. W. Bogart, stating that she had the same old symptoms, and she thought there must be more tacks there. She further said that the tacks Dr. Jackson took out were corroded, yet the last just coughed up was bright and new. A radiograph showed one tack on each side of the thorax, Fig. 3, not so near the periphery as

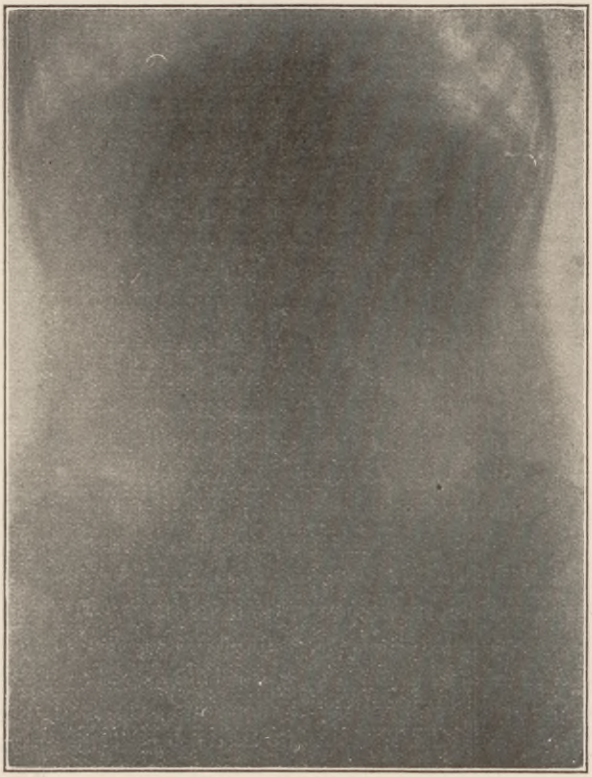

Figure 4. Radiograph by Dr. L. G. Cole, showing tacks in the intestines in progress of passing through. Tacks were swallowed by the patient in attempt to aspirate them.

the previous tacks. The question then arose how could the patient get the tacks into the bronchi voluntarily, as it was clear that she was a hysteric, if not demented. Dr. John W. Boyce, in consultation on this point, said that by throwing a number of tacks into the pharynx and taking a deep inspiration, she might get one or two down, but in so doing she would swallow many more than she

could aspirate, so that, if not too late, a radiograph would show tacks in the alimentary canal in progress of passing through.

An excellent radiograph by Dr. Cole showed four tacks in the abdomen, (Fig. 4.) I removed the tacks (Fig. 5) from the bronchi in the French Hospital of New York City with the kind assistance of Drs. Robert C. Myles, J. H. Abraham, John McCoy, T. Taylor and Geo. W. Bogart, the head being held in the Boyce position by Dr. D. E. Sable, and the anesthetic being skillfully administered by Dr. T. Drysdale Buchanan.

There was a most intense inflammation of all the bronchial mucosa and large quantities of pus were removed. The tack in a posterior branch of the right middle lobe bronchus was readily removed, requiring about two minutes, but the second tack in the posterior branch of the left inferior lobe bronchus was exceedingly difficult safely to remove. It was embedded in bleeding granulation tissue, and the point had perforated the opposite wall of the next larger

Figure 5. Tacks voluntarily aspirated. Removed by bronchoscopy through the mouth.

branch. After fifteen minutes' work I succeeded in disengaging the point and removing the tack.

Two radiographs by Dr. Cole immediately after the bronchoscopy demonstrated that no tacks remained in the thorax. The first two tacks had, no doubt, been accidentally aspirated while putting down oilcloth. The sympathy, the interest, the sensational features of the case, with the anesthetic evidently appealed to the neurotic temperament of the patient, and developed the hysteria which now is most troublesomely manifest in ways unnecessary to enumerate here.

The case is unique, in that it has never before been demonstrated that a patient could voluntarily aspirate a foreign body into the bronchi, and it teaches a valuable lesson, as to how to detect the occurrence by radiography of the abdomen in cases where an accident is denied.

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