**A SIMPLE METHOD BY WHICH AN OPEN SAFETY-PIN
WAS REMOVED FROM THE BRONCHUS WITH-
OUT CLOSING THE PIN.**

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On August 17, 1909, I was invited by Dr. W. L. Hunt to go to his private hospital in Bangor, Maine, to attempt the removal of an open safety-pin from the bronchus of a young girl, 14 years of age. Dr. A. L. Smith, of Machias, who was first consulted, gave me the following history of the accident: "I was first called to the home

of Florence M., on August 6, to see another member of the family. While there, her mother told me that the day before, about 2 p. m., Florence had swallowed a safety-pin and wanted to know if I thought it would be all right. Replying to questions, Florence stated that she had had the pin in her mouth and accidentally swallowed it as she supposed; that on going down, it strangled her a good deal, and felt as though something had gone into her wind-pipe. It was

all over, however, in a moment and except for a little hacking cough and a pricking sensation just beneath the upper part of the sternum, she had very little trouble, not enough, at any rate, to call a physician. I sent her to the hospital to have the pin located by X-ray. The pin was located in the right bronchus, point up. She was kept at the hospital a few days and then sent home. I next saw her on August 18, when I went to look her up at Dr. Hunt's request. She had lost flesh quite rapidly, her appetite was poor, she still had the hacking cough, rather worse than before, but was able to be about and walk down the street."

Open safety-pin in inferior lobe of right bronchus of girl aged 14 years. Inspired August 5; removed by lower bronchoscopy, August 25, 1910.

With the assistance of Dr. Beach, of this city, and Drs. Whitney and McNally, of Bangor, I did an upper bronchoscopy, locating the pin in the right inferior lobe bronchus. As it was impossible to introduce one of the safety-pin closers through the small lumen of the bronchoscopic tube, I decided to postpone further manipulations for a few days in order to have made a short pin-closer of the Mosher pattern, to be used through the lower route. To admit the passage of this closer through my short bronchoscope, I sawed out a narrow slit the entire length of the tube on the side which was to

face the left bronchus and be opposite the point of the pin when introduced.

Five days after the first attempt at removal, Dr. Hunt opened the trachea, I introduced the specially prepared tube, and attempted to pass the short pin-closer, only to find that I could not pass it beyond the pin, without danger of carrying the pin along with it deeper into the lung.

Before beginning operations, Dr. Hunt had told me that he believed the pin could be readily turned into the tube by first passing the tube over the half of the pin on which the clasp was located,

then making traction with a hook introduced into the clasp, turn the point of the pin into the tube, the edge of which would act as a fulcrum. He made a hook for me from a piece of good-sized piano wire, and with this, I easily removed the pin by his method, the slit in the tube proving a distinct advantage by allowing greater space for the turning of the ring, thus not completely straightening the pin; the point describing a shorter arc in entering the tube, as can be seen by referring to the accompanying photograph. Four days after this operation, the patient was discharged perfectly well.

The closed pin measured 3 cm. in length; the clasp 7 mm. in width, and the ring at the hinge of the pin was 5 mm. wide. In the radiographs made by Dr. Peters, of Bangor, the top of the sternum is located by a coin which he stuck on by adhesive plaster before the radiograph was taken.