

finement an effort was made to discontinue the use of the morphine, but without success, and its use has been continued from that time until now. As she did not allow this child to nurse, another pregnancy occurred within a year and this was followed by others in rapid succession until eleven children had been born to this morphine-using mother. She went to full term with all of them, and none of the children died in infancy; six of them are now living, and none of them show peculiarities which could be attributed to the condition of the mother at the time of their birth.

The same course was pursued in the case of the last ten children as in that of the first one that lived. An opiate was administered to them on the day following their birth, usually about twelve hours after birth. The mother says that at that time they began to

be fretful and to show signs of discomfort, and as she understood what these symptoms meant she administered an opiate, and this was repeated at such intervals as was found necessary, and after the babies were a few months old, the opiate was discontinued by gradual reduction, and this was usually done without very much difficulty. None of the children was allowed to nurse.

One unique feature of this case is that no menstrual flow has occurred since the third pregnancy, the ten conceptions following that having occurred without the appearance of menstruation at all. As a rule the habitual use of opiates arrests menstruation, but from these cases it is quite evident that it does not always arrest ovulation, if indeed it does so at all. This woman passed the menopause without knowing when it occurred.

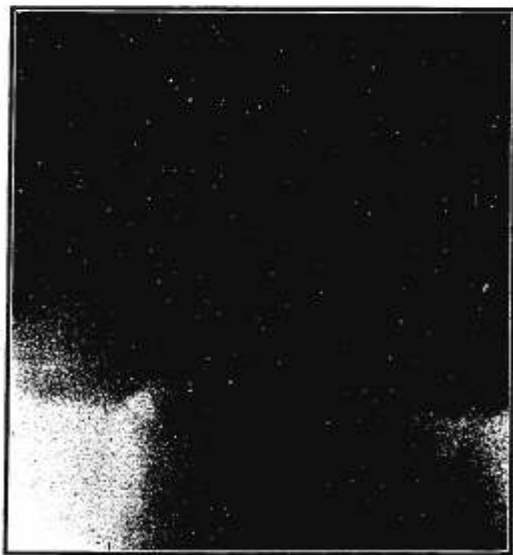
REPORT OF TWO CASES OF FOREIGN BODY IN THE RIGHT BRONCHUS REMOVED BY SUPERIOR BRONCHOSCOPY.

By C. A. THIGPEN, M.D.,
Montgomery, Ala.

Case I—Male, white; aged 13 months. Was brought to me on October 1, 1911, by Dr. W. S. Smar, of Clayton, Alabama, with the history, "that while playing on the ground he was suddenly seized with a severe paroxysm of coughing, accompanied by difficulty in respiration and cyanosis." The doctor was immediately summoned, and, from the symptoms, suspected a foreign body in the trachea; and as there were peanuts on the ground where the child was playing he naturally surmised that he had inspired a peanut. The symptoms improved, however, except at times when he would have a recurrence of his coughing and wheezing respiration. This continued for two days, when he brought the case to me. Examination of the chest showed a partial suppression of the respiratory sounds in the right lung; and in the left deep sonorous respiration. The general

condition of the child was good; and aside from the slight disturbance in the breathing, and a temperature of 102 degrees F., he appeared perfectly well. It was decided to have a radiograph made, which was done in a most satisfactory manner by Dr. G. J. Greil of Montgomery. This disclosed the fact that the child had a nail about two inches long, head downward, in the right bronchus. Bronchoscopy was at once decided upon, which was done under chloroform anaesthesia. A Killian tube was introduced through the larynx and trachea as far as the bifurcation, when the point of the nail could be easily seen extending from the bifurcation of the trachea into the right bronchus.

An attempt was made to remove it with the ordinary straight forceps, but as it was firmly fixed in the bronchus it would invariably slip. The Von Eiken right angular forceps



was substituted, and by gently pulling and pushing in the axis of the right bronchus the nail was freed from its bed, and easily removed. The child reacted readily from the operation, and left the hospital well on the fourth day.

Case II—Female, white; aged 5 years. Was brought by Dr. Ham of Elba, Ala., October 4, 1911, with the history, "that ten days before, while playing with a grain of corn it was suddenly drawn into the throat, when she lost

was introduced through the larynx and trachea, and as the bifurcation came in view it was tilted toward the right bronchus, when a grain of corn could be easily seen with the apex or small end looking toward the tube. After several unsuccessful attempts it was finally caught by the forceps and brought up into the tube; but on account of the end of the grain being soft, the forceps mashed through it, and it escaped. It remained in the tube, however, moving in and out with in-



her breath and coughed incessantly, and has had bad breathing and fever ever since." Auscultation and percussion indicating bronchopneumonia over a small area in the right lung; in the left the respiratory sounds were much exaggerated. The radiograph showed nothing, but as we were sure, from the history and the symptoms, that there was a foreign body, a superior bronchoscopy was made under chloroform anaesthesia. A Killian tube

was used for inspiration and expiration. It was impossible to grasp it again with forceps, and after several unsuccessful efforts the blunt hook of Killian was passed beyond the lower border of the grain, which was firmly fixed against the wall of the tube, which was suddenly withdrawn, bringing the corn with it. The child did not stand the anaesthetic well, which had to be discontinued, and cocaine and adrenalin used:

and on account of the excessive muco-purulent exudation the hand pump of Killian was in constant use, and the operation could not have been done without it. The patient next day she was allowed to return home in the care of her physician, since which time she has steadily improved, and the broncho-pneumonia occasioned by the ten days' so-



breathed badly for several hours after the operation: but she was so much improved the
 journal of the foreign body in the bronchus has disappeared.

THE TECHNIC FOR COMPRESSION OF THE LUNG IN PULMONARY TUBERCULOSIS.

By MARY E. LAPHAM, M.D.,
 Highlands Camp Sanatorium,
 Highlands, N. C.

In advanced cases of pulmonary tuberculosis the ulcerating surfaces, the abscesses and cavities demand the removal of the foul, decomposing masses as imperatively as in any other part of the body. Where else would we content ourselves with medical measures hopelessly inadequate? We can remove the foul

material, prevent its recurrence, render the lung clean and dry, and induce an overgrowth of connective tissue that will convert the tubercular lesions into healthy, durable scar tissue by a method simple enough to permit its use with little or no surgical training. If we can compress the lung sufficiently to sup-