Foreign Bodies in both Bronchi; Broncho-pneumonia; Death.

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The following case appears to me to be unique, and therefore worth placing on record:

The patient came under my care in the Govan District Lunatic Asylum, to which he was transferred from the Govan Parochial Asylum, on July 28th, 1898. He was suffering from epileptic dementia, which was so profound that he could scarcely tell his name, and was totally unable to answer any other question addressed to him. He was untidy and dirty in his person and habits, and subject to attacks of post-epileptic furor, and violence to those around him. His physical condition on admission was fairly good. The pupils were equal and myotic, the right reacting very sluggishly, the left readily to light. The patellar reflexes were exaggerated.

The progress of this case was uneventful until May 18th, 1899, when he was seized with violent cough and great difficulty of breathing at 5.30 a.m. There was no history of any epileptic attack having occurred during the night, and, as he was found to be suffering from lobular pneumonia of both lungs, he was ordered a sedative expectorant mixture.

The case presented the usual symptoms, excepting that there was most marked orthopnœa present throughout, though the patient exhibited no cyanosis whatever. The respiratory rate, too, was noticed to be very disproportionate to the elevation of temperature and of frequency in the pulse; for, whilst the respirations varied from 30 to 41 per minute, the temperature never rose beyond 101·8° F., nor the pulse above 108 per minute.

The patient lasted rather over four days from the first onset of symptoms, dying on May 22nd, 1899, at 11.30 a.m.

The autopsy was performed twenty-three hours later, the weather being cold and damp. There were numerous old white scars upon the skin covering the occiput. The skull was rather asymmetrical and the thickness considerably increased throughout. The membranes were normal, but the left lateral and superior longitudinal sinuses were thrombosed. The brain weight was 1395 grammes, and the hemispheres were unequal, the right weighing 595 and the left 615 grammes. The cortex was considerably atrophied, and the white substance congested and œdematous, the total fluid collected measuring six ounces. The ventricles were of average size, and their ependymata were smooth. There was no sign of any sclerosis of the cortex nor of the cornu Ammonis. In the region of the left olfactory nerve and bulb there was an area of yellow softening, irregularly oval in shape, surrounding these structures in their whole extent, and involving both the cortex and subjacent white matter. On section of the olfactory bulb, there was

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seen to be a small central portion only which did not appear to be affected to the naked eye.

The heart weighed 625 grammes, and was normal in every respect.

The right lung was firmly fixed in its cavity by old pleuritic adhesions. It weighed 980 grammes, and was in a most marked condition of lobular pneumonia throughout, being also very œdematous at the base. A large piece of the bowl of a clay pipe was found wedged firmly into the right bronchus about half an inch below the bifurcation of the trachea. The bronchial mucous membrane was congested at the seat of impaction, but showed no sign of erosion. The left lung weighed 1080 grammes, and was free in its cavity. It was in a precisely similar condition to its fellow of the opposite side. A rather smaller piece of the bowl of a clay pipe was found firmly impacted in the left bronchus in a similar position to that already described on the right side. The lining membrane was here, also, congested, but not eroded. The bronchial glands were much enlarged upon both sides.

The kidneys were in an advanced stage of interstitial nephritis. The other organs do not call for special comment.

It was only subsequently to the post-mortem examination that I ascertained that this man had been in the habit of chewing pieces of broken-up tobacco-pipe when he was unable to obtain the weed itself.

Whether the foreign bodies had been inhaled into the air-passages during the clonic stage of an epileptic seizure, or whether the patient had gone to bed with them in his mouth, and inspired them automatically during sleep, it is very difficult to say, but the latter seems to be the more probable hypothesis, as it would appear impossible for such irritating substances to be dormant for even a short period.

Nothing further could have been done to prolong this man's life. It was impossible to diagnose the condition with certainty because of the distressing orthopnœa, which became much aggravated and threatened to prove fatal whenever any attempt was made to raise him from the bed-rest. The bodies were jammed so firmly into the bronchi that it was impossible to pass a small probe between them and the lining membrane at any part of their circumference, and the jagged edges were buried in the mucous membrane by any attempt at extraction with dissecting forceps, so that even had the condition been diagnosed during life and the patient inverted, it is extremely improbable that they could have been dislodged.

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