Museum Catalogue

With the approval of the Council of the Section of Laryngology I have compiled the following notes and references relating to the more interesting specimens exhibited in the Museum at the 1st Summer Congress of the Section of Laryngology.

With two exceptions the drawings have been executed by Mr. Thornton Shiells under my immediate supervision. As in the case of the specimens of Oesophagectasia, previously compiled and published, all the preparations were submerged in a water bath with flat sides in order to obviate the magnification caused by the cylindrical jars in which the specimens were preserved, and great care has been taken to accurately define their true proportions and special features.

I am indebted to many members of the Section for their kind assistance, and especially to Professor Shattock, for much help and advice.

The original drawings of these specimens with their references will be placed in the Museum at the Royal Society of Medicine.

(I) HEAD AND FACE.

Encapsuled Osteoma of the Frontal Bone.

Specimen No. 4328 from the Museum of Guy's Hospital. 2

Description.—E. P., aged 15, a girl, was admitted under Mr. Birkett. Two years previously, after an attack of scarlet fever, a swelling had been noticed on her forehead, and shortly afterwards the left eyeball became displaced. Four months before her admission she had a "fit," after which she remained insensible for twenty-four hours, and the tumour was incised, giving vent to a large quantity of gelatinous fluid. For a week before admission she had suffered with severe pain in the left side of the face and head. At this time there was a considerable swelling above and below the left eyebrow, and the left eyeball was depressed and displaced outwards. Her general health was good. A month later an attempt was made to excise the tumour, and during the operation a large quantity of ropy, tenacious fluid was evacuated. Thirty-eight days later she died from abscesses in the frontal lobes of the brain. At the autopsy, apart from the local condition, there were no signs of disease.

Pictures of the patient, the skull and the fresh specimen were also shown.


2 See Guy's Hosp. Reports, xxxi, p. 508, and Drawings 2, 85, 86, 87.
Encapsuled Osteoma of the Frontal Bone.

Specimen No. 4329 from the Museum of Guy's Hospital.

Description.—A. K., aged 24, was admitted under Mr. Bryant in 1873. He stated that his attention had first been drawn to his condition five years previously by protrusion of his right eye. This had gradually increased for three and a half years, when a small swelling appeared on his forehead. After this the protrusion of his eye remained stationary, while the swelling on his forehead grew rapidly. On his admission there was a hard bony tumour in the centre of his forehead just above the root of the nose, and his right eye was displaced outwards, downwards and forwards. His eyesight was unimpaired, except that when looking upwards he had double vision. There were two small sinuses discharging pus close to the upper border of the right orbit. His general health was excellent, and he had been able to perform his work as an ostler up to the time of his admission. The tumour was removed by operation in two parts. It was found to be quite loose and apparently necrosed, and that portion which lay in the frontal sinus was surrounded by a layer of granulation tissue, which had replaced the normal mucous membrane of the sinus. The patient recovered with very little deformity, but with loss of sight in his right eye from ulceration of the cornea during convalescence, and when seen a year later he was in good health.

Composite Odontoma of the Upper Jaw.

Specimen No. 4370 from the Museum of Guy's Hospital.

Description.—T. M., aged 36, was admitted under Mr. Hilton in 1836. The tumour had been slowly growing for twenty-three years in the position of the left maxillary antrum. In its growth it had destroyed by its pressure the floor of the left orbit, pushing the eyeball outwards and finally causing it to burst. Afterwards the anterior wall of the antrum gave way and, the integument sloughing, the surface of the tumour became exposed. This condition lasted for six years, suppuration being copious meanwhile. At last, to the man's great astonishment, the bony mass dropped out of its bed, leaving a deep chasm in his face, which was bounded below by the hard palate, above by the cribiform plate of the ethmoid bone and the left frontal sinus, and internally by the septum nasi, while posteriorly it opened into the nasopharynx. The cavity gradually closed and the man eventually recovered. Pictures of the patient at the time that the tumour fell out and thirty years later were shown.

1 See Guy's Hosp. Reports, xxxiv, p. 102, and Drawing 2.

2 This specimen is figured in Bland-Sutton's "Tumours," 4th ed., 1906, p. 244. See Guy's Hosp. Reports, 1836, i, p. 493; Wax model, 38; and Drawing 3, 50.
Necrosis of the Upper Jaw.

*Specimen No. 4167 from the Museum of Guy's Hospital.*

*Description.*—A portion of a left superior maxilla, which has become detached as the result of acute necrosis. The sequestrum comprises the anterior part of the body of the bone with its alveolar process and carries the temporary first and second molar and canine teeth, in front of which is seen the socket of the lateral incisor. Its surface is smooth, except where it has been separated from the living bone, and shows no alteration in shape. The teeth are free from disease.

A. B., aged 4, was admitted under Mr. Davies-Colley for necrosis of the left upper jaw. He had been confined to his bed for some months previously with "congestion of the lungs" and had been very ill. About six weeks before his admission, when he was just beginning to get about again, his mother noticed that his left cheek was swollen, and that his breath was very foul. The swelling persisted and a fortnight before his admission the alveolus was seen to be exposed at the base of the second molar tooth. The sequestrum was removed without difficulty and the child made a rapid recovery.

Necrosis of the Upper Jaw.

*Specimen No. 4172 from the Museum of Guy's Hospital.*

*Description.*—Two irregular sequestra, which were removed from a left superior maxilla. The smaller one is from the alveolar process, and presents the sockets of the two incisor teeth, while the larger constitutes a considerable portion of the body of the bone.

E. P., aged 24, was admitted under Mr. Bryant in 1869, with necrosis of the upper jaw. The illness had started without any assignable cause about six months before, with pain and swelling, speedily followed by suppuration. Both the upper incisor teeth, together with the lateral incisor and canine of the left side, had come away about a month previous to her admission. The sequestra were removed by operation, the cavity of Highmore being thereby exposed, and recovery followed.

Necrosis of the Nasal and adjoining Bones of the Face.

*Specimen No. 4165 from the Museum of Guy's Hospital.*

*Description.*—T. S., aged 34, was admitted under Mr. Steward for nasal polypi, which were attached around the opening of the left infundibulum, and completely blocked the left nostril. These were removed, together with part of

---

1 See Guy's Hosp. Surg. Reports, 1890, No. 194.
2 See Guy's Hosp. Reports, xv, p. 244.
3 See Guy's Hosp. Surg. Reports, 1911, No. 133.
the left inferior turbinate bone. Four months later he was readmitted with swelling of his left cheek, which had been present for several days. During the next six weeks a number of abscesses formed in this position, and were opened. At the end of this time he suddenly began to have fits and became comatose. Extradural abscess was diagnosed and the anterior fossa of the cranium explored, but with a negative result. At the operation the necrosed bone seen in the specimen was removed. The patient died four hours later, and at the autopsy he was found to have basal meningitis, with infective thrombosis of most of the venous sinuses of the base of the brain.

**Dermoid Cyst of the Face projecting into the Frontal Sinus.**

*Specimen No. 4836 from the Museum of Guy's Hospital.*

**Fig. 1.**

Dermoid cyst of the face projecting into the frontal sinus. (Specimen No. 4836 from the Museum of Guy's Hospital.) (Natural size.)

*Description.*—A vertical section through the frontal region of a face, exhibiting a small dermoid cyst, which lies beneath the skin over the root of the nose and is lodged in a depression in the frontal and nasal bones. The cyst measures ½-in. in diameter, and contains hair and sebaceous matter.