

**CIHM
Microfiche
Series
(Monographs)**

**ICMH
Collection de
microfiches
(monographies)**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 1996

The copy filmed here has been reproduced thanks to the generosity of:

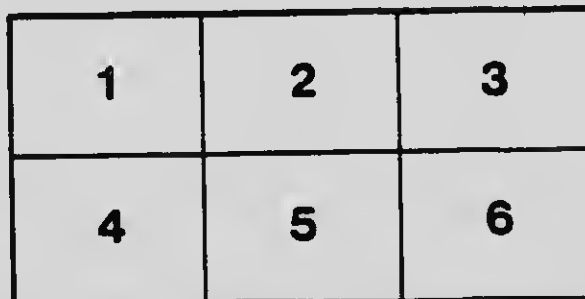
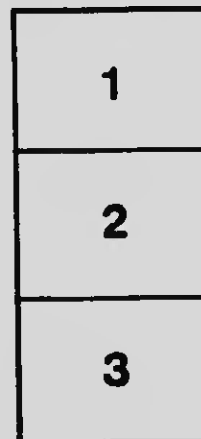
Osler Library,
McGill University,
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shell contains the symbol \rightarrow (meaning "CONTINUED"), or the symbol ∇ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Osler Library,
McGill University,
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

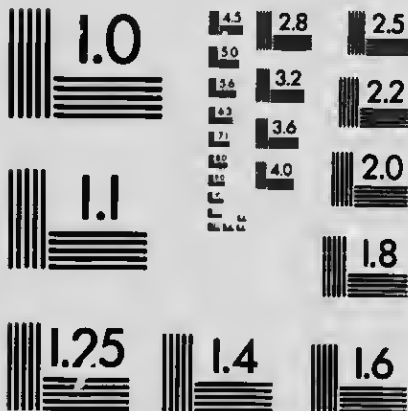
Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminent soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaître sur la dernière image de chaque microfiche, selon le cas: le symbole \rightarrow signifie "A SUIVRE", le symbole ∇ signifie "FIN".

Les cartes, planches, tableaux, etc., pouvant être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

MICROCOPY RESOLUTION TEST CHART

(ANSI and ISO TEST CHART No. 2)



APPLIED IMAGE Inc

1653 East Main Street
Rochester, New York 14609 USA
(716) 482 - 0300 - Phone
(716) 288 - 5989 - Fax

American Laryngological Association

Descriptive Catalogue of Specimens

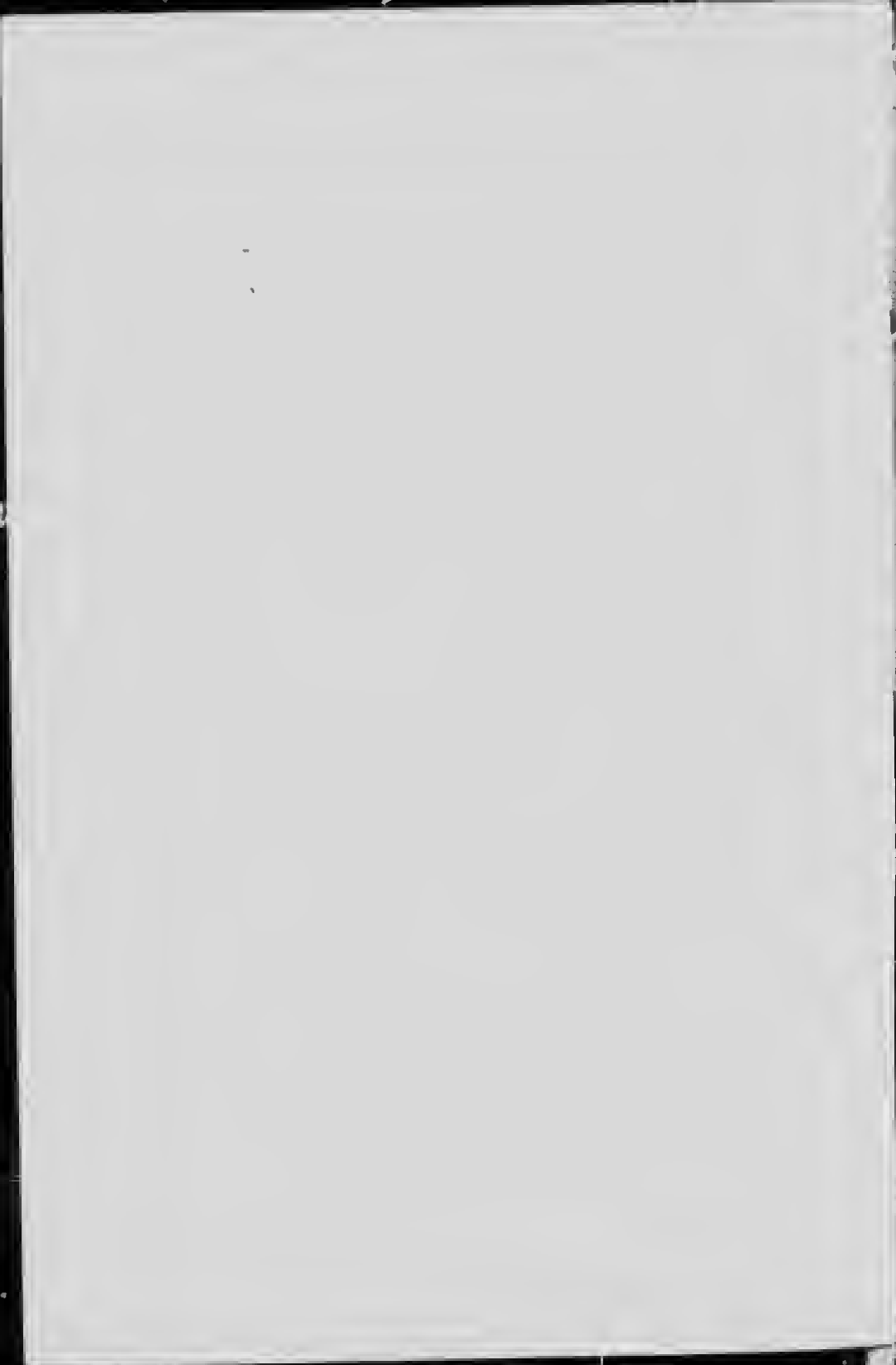
From the
Pathological Museum, McGill University

30th Annual Congress, Montreal, Canada
11th, 12th, and 13th of May, 1908



I am indebted to Professor J. G. Adami,
Director of the Museum, for the privilege of
exhibiting these specimens, to Dr. Maude
Abbott for the preparation of the Descriptive
Catalogue, and to Mr. E. L. Judah for the
artistic mounting displayed.

H. S. BIRKETT.



Catalogue of Specimens

Diseases of the Nose

1. . Polypoidal overgrowth of inferior turbinated bones.
Removed by means of a cold wire snare from a man aged 63, who had presented symptoms of nasal obstruction for ten years.
2. . Enormous naso-pharyngeal polyp (partially cystic).
Removed post nasally by a wire snare from a woman aged 50, with symptoms of nasal obstruction for ten years.

Diseases of the Larynx, Trachea, and Bronchi

3. . Edema of the larynx.
4. . Edema of the larynx.
5. . Edema of the larynx. Swelling of the aryepiglottidean folds, false cords, and mucous membrane of interior of larynx. Mucosa of trachea swollen and hæmorrhagic. Tracheotomy wound.
From a youth, aged 19, dying from œdema of the larynx complicating typhoid fever.
6. . Acute tracheitis.
7. . Diphtheria of the posterior wall of the pharynx.

8. . Laryngeal and tracheal diphtheria, with cast of larynx and trachea in situ.
9. . Fibrinous cast of terminal bronchi.
10. . Perichondritis of infective origin. The cricoid cartilage is laid bare within an abscess cavity.
11. . Perichondritis of infective origin laying bare the cricoid cartilage.

From a youth, aged 18, dying on the 50th day of typhoid fever, complicated by tonsillitis and abscesses of lung and groin, due to infection with the staphylococcus aureus.

12. . Ulceration of the trachea in the course of typhoid fever.
13. . (Edema of arytenoids and aryepiglottidean folds.

Ulcer on left side of epiglottis extending upwards to the base of tongue and into the left side of the larynx. Trachea much injected. Diagnosis: Erysipelas complicating typhoid fever.

14. . Ankylosis of both cricoarytenoid joints complicating typhoid fever.

Operation: Thyrotomy for removal of both vocal cords. Death from chloroform narcosis.

History: Typhoid fever in May, 1904. Admitted to Royal Victoria Hospital during the attack. Tracheotomy three weeks after onset. Larynx showed almost complete closure of glottis with fixation of both vocal cords. Coughed up a piece of cartilage 1 cm. long x 2 mm. wide. Readmitted four years later for removal of vocal cords.

15. . Tuberculosis of the larynx. Extensive ulceration of the true and false cords and epiglottis with infiltration of the aryepiglottidean folds.

16. . Tuberculosis of the trachea showing superficial ulceration of serpiginous character.
17. . Tuberculosis of the trachea, showing deep ulceration and perichondritis with destruction of cartilaginous rings.
18. . Hypertrophic form of laryngeal tuberculosis.
19. . Hypertrophic form of laryngeal tuberculosis.
20. . Tuberculous ulcer involving the receding angle of the thyroid cartilage.
21. . Syphilitic ulceration of the left half of the larynx showing perichondritis.
22. . Congenital syphilis with extensive cicatricial contraction; marked stenosis of the upper half, atresia below. Tracheotomy wound.
23. . Enchondromata of the trachea. Acute tracheitis and bronchitis.
24. . Scirrhus carcinoma of the larynx completely destroying the epiglottis. Old tracheotomy wound.
25. . Epithelioma of the larynx. Tracheotomy wound.
26. . Papillomatous carcinoma of the trachea just above the bifurcation.
27. . Epithelioma of the larynx, removed by excision.

From a man, aged 33; secondary to a primary epithelioma of the lip, removed six months previously.

28. . Extrinsic laryngeal epithelioma, removed by excision.

From a woman, aged 60. Symptoms began with a slight difficulty in swallowing, in July, 1907. In September, 1907, slight pain on swallowing food was first noticed, and in January, 1908, continuous pain in the right side of the neck, radiating towards the ear, set in. In February there was marked hoarseness and inability to swallow liquids. Excision of the larynx on March 26th, 1908.

Microscopical examination showed the tumour to be a typical squamous celled epithelioma with numerous cell nests and mitotic figures.

29. . Larynx of child showing traumatism, the result of forcible intubation necessitating tracheotomy.

Diseases of the Pharynx and Oesophagus

30. . Congenital absence of portion of the oesophagus. The upper part of the gullet appears as a conical pouch, 1.5 cm. deep, then the tube entirely fails or is replaced by fibrous tissue for a distance of 2 cm., i.e., as far as the bifurcation of the trachea, into which the upper end of the lower segment opens. The rod indicates the course of the lumen of the lower segment.

From a child, three days old with imperforate anus, and hypospadias.

This anomaly is not consistent with life, and when a portion of the oesophagus is congenitally absent the remaining segment is found to open into the air passages.

31. . Stricture of the lower half of the oesophagus with ectasia above the stricture. Gastrostomy wound.

From a child, aged 3½ years, who swallowed an unknown quantity of lye 18 months before death. The child lived on liquids since the accident and recently these had regurgitated. A bougie was arrested 8½ inches from the teeth. Gastrostomy was performed, and the stricture cut through by a silk string attached to a bougie passed out through the mouth. Death three days later of pneumonia.

32. . Double stricture of the œsophagus. At the very beginning of the gullet its lumen is narrowed to a circumference of 1 cm. for a distance of 1.5 cm. Then there is a dilatation secondary to the lower stricture, 3 cm. long, having a greatest diameter of 4.5 cm. Then the main stricture begins; it is 5.25 cm. long, is almost a complete atresia above, and in its lower half is less than 1 cm. in circumference.

From a boy, aged 5, who swallowed lye one year before death. This was followed by acute œsophagitis and finally by stricture. Progressive emaciation for some months. Gastrotomy.

33. . Epithelioma of the œsophagus. An epitheliomatous ulcer 12 cm. in length begins about 5 cm. below the pharynx, and extends to the cardia, involving the whole circumference of the tube in its lower 4 cm.

34. . Carcinoma of œsophagus infiltrating trachea.

35. . Squamous carcinoma of the upper third of the œsophagus with perforation into the trachea.

From a woman, aged 32. First noticed difficulty in swallowing ten years before admission to hospital. This had improved, but recently had returned, and had progressed rapidly. On admission only liquids could be taken; obstruction existed at the level of the cricoid cartilage. Tracheotomy performed. A few days later much pus was discharged through the growth (bursting of abscess collection in the growth?); this was repeated subsequently. Finally gastro-tomy was performed. Death from aspiration pneumonia, with abscess and gangrene of lungs.

The specimen and its history suggest that a purulent collection had existed between the œsophagus and trachea and had ruptured into the latter, giving rise to the everted appearance of the edges of the perforation there.

36. . Spindle-celled sarcoma of posterior wall of pharynx and œsophagus secondarily involving the larynx. Excision.

From a woman aged 27. History of passing soreness of throat on December 25th, 1907; began to lose power of swallowing on March 8th, 1908, and this increased so that by March 18th she was unable to swallow solids and the attempt to swallow liquids brought on a fit of coughing.

37. . Bone in upper part of the œsophagus leading to death.

From a woman, aged 56, brought to hospital 18 hours before death in a semi-conscious state. No complaint of difficulty of swallowing. The face and upper part of the body were swollen and œdematous; the tissues of the anterior mediastinum and root of neck were extensively infiltrated with pus.

Diseases of the Thymus Gland

38. . Thoracic organs showing enlarged thymus in situ. It occupied the greater part of the pleural cavities and pressed upon the trachea.

From a new born infant with status lymphaticus and hypospadias.

