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**THE LATE EDWARD CRESSWELL BABER, M.B.Lond.**

Our readers will have learned with genuine distress of the loss which our specialty has sustained by the death of the late Mr. Edward Cresswell Baber, of London and Brighton, which took place at his London residence in Brook Street, Grosvenor Square, on May 14, at the age of fifty-nine. He has long been one of the most popular of figures in the British laryngological and otological world, and his manifold qualities led to his being regarded not merely with respect but with affection. He studied at St. George's Hospital and in Paris, where, under Ranvier and Malassez, he devoted himself with keenness to histology. Among his earliest achievements was the study of the minute structure of the thyroid gland, to which he contributed monographs which rank as classics. He further pursued his studies in Vienna, and on returning to this country he decided to devote himself to the practice of laryngology, selecting, on account of his health, Brighton in preference to London. There he founded with other local colleagues the Brighton and Sussex Throat and Ear Hospital, which has been a remarkably successful institution, and he attained a very enviable position in practice as a specialist. His work on the examination of the nose was one of the first of its kind; it has been found a valuable guide by many of his contemporaries and juniors, and has certainly done a great deal to strengthen the foundations of rhinology in this country. He contributed very clarifying papers on new points in laryngology and otology as they arose; his latest one, a review of

Bárány's most recent tuning-fork tests, must have been written almost on his death-bed. Among his various inventions we may recall a tongue depressor fitted with a hook for pulling forward the anterior pillar of the fauces or *plica triangularis* in the examination of the tonsil, also a dummy for the practice of palpation of the naso-pharynx by students, and more recently his roughened thimbles for putting on the thumb and finger when twisting cotton wool on a holder.

The present writer, in his capacity as President of the Section of Laryngology of the Royal Society of Medicine, uttered the following remarks, and in view of the acceptance which they received he feels justified in here reproducing them :

“ Those who as his fellow-specialists came most closely in contact with him are those who miss him most, and among the whole group there is probably not one who will be more missed. The character of the man claimed for him the respect as well as the affectionate regard of all his associates. Behind the somewhat cynical manner of speaking which the casual observer might misinterpret, there lurked a depth of warm and genuine feeling which at once impressed those who had the privilege of enjoying the slightest intimacy with him. Shrewd and unerring in his judgment of men and action, nothing questionable, tricky or paltry escaped his instant detection. In his apparently cynical way he was able to indicate his recognition of the weak point while treating it with the gentle smile which was prompted by his infinite indulgence for weaknesses in his fellow men, which he would not have permitted in himself. While the quickest to perceive their shortcomings, he was ever ready to recognise and acknowledge whatever was good even in those whom it was fashionable to decry.

“ Such being his intellectual and moral qualities, his social side was one of great charm. He took delight in giving and accepting invitations to informal little dinners of intimates, and always contributed largely to the gaiety and interest of the meetings, whether as host or guest. Frequent in his visits to congresses in other countries he was well known, and in his quiet way he made himself extremely popular among his foreign brethren. Indeed, the present writer has been struck with the frequency with which in his sojourns abroad he has received cordial inquiries about ‘ Baháir.’ In his domestic life a more than usually sympathetic companionship was his lot. His own uncertain health demanded and received the most cheerful care at the hands of his devoted wife, while she in her turn was the subject of his technical ministrations. These

mutual reciprocities seemed to bind them all the more tenderly to each other, and as their union was not blessed with children each seemed to find in the other the scope for that affection and solicitude which many find in their offspring. Under these circumstances Mr. Baber's many friends will feel unusual sympathy with his widow in her bereavement, and I am sure they will endorse every one of these few words of appreciation which I have felt impelled to utter regarding him."

### NOTES ON THE PATHOGENY OF CHOLESTEATOMATA.

By V. WYATT WINGRAVE, M.D.,

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CHOLESTEATOMATA occurring in the petro-mastoid bone are of several varieties: (1) Those which are encapsuled or enclosed in a definite sac; (2) those which are diffuse, or possess no definite sac or wall, being generally associated with granulomatous and inflammatory changes; (3) those of a vestigial type or which originate in cell inclusions; (4) those which are believed to be composed of endothelial elements. The first and second type have chiefly been the subject of observation, and it is their probable pathogeny that will be considered in these notes.

*The first, or encapsuled, type* is seen as a pearl-like sac completely filling a space in the petro-mastoid, belonging either to the antro-tympanic chamber or its adjacent pneumatic cavities, from which it is sometimes easily removed. These cavities are normally lined by a single layer of short columnar or cubical epithelium resting upon a thin fibro-vascular endosteum. The sac of the cholesteatoma consists of a somewhat thickened fibro-vascular sheath, containing a few plasma-cells and lined by stratified epithelium similar to the Malpighian layer of the epidermis, consisting of columnar, spheroidal, and polyhedral cells in successive layers from below upwards. The mimicry is still further emphasised by the presence of eleidine granules in the layer which corresponds with the *stratum granulosum*, by prickle-cells and by the formation of papillæ. The horny layer is represented by the sac contents of closely packed and laminated acid-fast squames, either devoid of nuclei or simply showing their faint outlines. Between these cells are sometimes found amorphous fatty granules and rhombic crystals of cholesterin. This transformation constitutes a true metaplasia. How is it brought about?