

THE
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OBITUARY.

WILLIAM ROBERT HENRY STEWART, F.R.C.S. EDIN.

It will be a source of real sorrow to a very large number of the readers of this JOURNAL to learn that Mr. W. R. H. Stewart has passed away. For some two or three years he had been in bad health, and had spent a good many of his leisure hours at his home in Kent, and consequently had not been seen so frequently at the meetings of the various medical societies. The abdominal pains from which he suffered became during the past few months increasingly severe; duodenal ulcer was diagnosed, and it was decided to perform gastro-jejunostomy after a period of rest and dieting. The operation was successfully accomplished, but the patient died from exhaustion in the early hours of the following morning, March 7th.

Mr. Stewart was the son of the late Mr. W. E. Stewart, F.R.C.S., of Harley Street, and was born fifty-four years ago. He studied at University College Hospital, qualifying in 1874, and taking the F.R.C.S. at Edinburgh in 1878. Partly owing to ill-health, he spent some of his earlier years cruising on the steam-yachts *Ceylon* and the *Tyburnia* as medical officer.

In the early days of laryngology he was one of the pioneers of the specialty in this country, and worked with Sir Morell Mackenzie

both at Golden Square and in private practice. He became surgeon to the Golden Square Hospital, and worked there until, in conjunction with some of his colleagues, he helped to found the London Throat Hospital in the year 1887. Here he spent many years of active work, retiring to the post of consulting surgeon in 1898. He became surgeon to the throat and ear department of the North-West London Hospital, and later was appointed aurist to the Great Northern Central Hospital, adding the work of the laryngeal to the aural department there in the year 1894. He continued the active duties of this post until his death.

At its foundation, in 1893, Mr. Stewart was an energetic member of the Laryngological Society of London, and was elected Honorary Secretary in the second year of its existence; later he was elected Vice-President, and in 1902 Treasurer of the Society, and to his exertions in that post much of the success of the Garcia Centenary Celebration is due; he gladly gave up much of his time to correspondence connected with the festival, but unfortunately ill-health made it impossible for him to be present on the actual day.

Mr. Stewart will long be remembered by the profession at large as one of the most respected of the pioneers of laryngology in this country, but to his colleagues and other intimate friends his memory will always be endeared by a singular personal charm. Those who saw him but once or twice, and in recent years, may possibly remember him as a quiet, reserved man, with a dignified but always friendly face; but those who knew him well found in him a most staunch and affectionate friend, constantly thinking of the welfare and interests of others before his own, and saw in him an able surgeon who proved himself day by day a pattern of loyalty to his patients and to the profession.

He made a considerable number of contributions to the literature of the specialty, and particularly to that of otology, although in late years his interest was more especially directed towards the study of rhinology. Among these contributions may be mentioned:

A small book on "Otorrhoea and its Complications," which went into two editions.

"Epitome of Diseases and Injuries of the Ear."

"Boxing the Ear and its Consequences."

"Adenoid Growths in the Naso-pharynx."

"Intra-tympanic Syringe, Aspirator, and Douche."

"Some Points in the Treatment of Chronic Middle-Ear Suppuration, with special reference to the Abuse of Syringing."

"Aids to Otology," two editions.

Joint author with Dr. McNaughton Jones of the "Practitioner's Handbook of Diseases of the Ear and Naso-Pharynx," which has recently gone into its sixth edition, with the collaboration of other authorities.

In 1887 he contributed to the *Lancet* "A Case of Thyrotomy for Epithelioma of the Larynx."

"Case of Suppuration of Posterior Ethmoidal Cells," *Lancet*, 1893.

"Case of Suppurative Meningitis following Mastoid Disease; Operation; Cure," *Lancet*, 1894.

Since the last date he had made a number of interesting contributions through the medium of the Laryngological Society's *Transactions*.

The very characteristic portrait which we reproduce was taken some ten years ago by Messrs. Barrauds, Limited.

NOTES ON THE PATHOLOGY OF FIFTY CASES OF INNOCENT LARYNGEAL GROWTHS.

BY WYATT WINGRAVE, M.D.,

Pathologist to the Central London Throat and Ear Hospital.

At the Annual Meeting of the British Medical Association, held at Oxford in 1904, a discussion upon innocent laryngeal growths was opened by Dr. Dundas Grant, who kindly referred to about thirty cases which I had collected but not published.

These cases, supplemented by recent additions, form the substance of this contribution. They are selected from the writer's preparations at the Central London Throat and Ear Hospital and private sources. They include only small, intrinsic, papillomatous or pedunculated growths, large tumours, singers' nodes, pachydermal corrugation, granulomata, and other excrescences either belonging to a specific disease or of extrinsic origin are excluded.

Much confusion prevails in the nomenclature of these growths, since their macroscopic characters do not always agree with their histological structures; for many are often described clinically as papillomata which are not in the least "warty" in structure.

It will be convenient to classify them morphologically under two types: (1) epithelial (papillomata); (2) mesoblastic or connective-tissue growth. The first group is essentially epithelial in structure and origin, while the second consists of growths composed of elements varying only in degree from the original vascularised areolar tissue from which they grow, covered with the normal or modified epithelium of the region, and ought not to be described as papillomata.

(1) *Papillomata*.—Laryngeal papillomata are similar in structure to ordinary epidermal warts with the exception that, perhaps