

THE  
JOURNAL OF LARYNGOLOGY,  
RHINOLOGY AND OTOTOLOGY.

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**OBITUARY.**

THE LATE DR. THOMAS BARR.

By the lamented death of Dr. Thomas Barr, a gap is made in the ranks of otology, which will be keenly felt not only by otologists, but also by the profession at large.

Thomas Barr was born at Elderslie, Renfrewshire, on April 18th, 1846. He received his medical education at the University of Glasgow, graduating in 1868 as a Bachelor of Medicine and Master of Surgery with highest honours, and in 1870 obtaining the degree of Doctor of Medicine.

In those University days he came under the influence of Lister, engaged at that time in promulgating the principles for which his name will ever be famous, and that influence can certainly be traced in the subsequent work of Dr. Barr.

In his early days Barr did not particularly concern himself with otology, for he was engaged nine years in general practice before he turned his special attention to that subject; but at the end of that period he proceeded to study, in Vienna, this branch of medicine under such distinguished professors as Politzer, Gruber, Schrötter and Urbantschitsch.

On his return to England he at once became identified with otology, and was appointed Dispensary Surgeon for Diseases of the Ear in the Glasgow Western Infirmary, a position he held for a period of 38 years. In 1879 he was appointed Lecturer on Aural Surgery in Anderson's College Medical School and also to the post of Honorary Aurist to the Glasgow Sick Children's Hospital. In 1884 he succeeded to the post of Aural Surgeon to the Glasgow Ear Hospital, now known as the Glasgow Hospital for Diseases of the Ear, Nose and Throat, a position from which he retired

only a short time before his death. On the University of Glasgow instituting a Lectureship on Diseases of the Ear in 1895, Barr was appointed to the post, which he held upwards of 36 years.

It is not too much to say that his classes attracted some of the keenest minds in the University, and otology must always feel a deep debt of gratitude to him for the impetus given to this branch of medical knowledge during his lectureship.

Many outstanding contributions to otology came from his pen, his chief works perhaps being his "Manual of Diseases of the Ear for Use of Students and Practitioners" (1st Edit. 1814, 4th Edit. 1909), "A Guide to the Examination of the Ear and Hearing" (1908), and his articles in the "Encyclopædia Medica" (1899) on the "Diseases of the External Ear," and in Allbutt's "System of Medicine" (1908) on "Methods of Examination and General Semeiology of the Ear." Besides these works he contributed from time to time papers of especial outstanding merit to the Proceedings of the many societies of which he was a member. For instance, in 1886 he read a paper on the effects of loud sounds upon the hearing of boiler-makers and others working in the midst of noisy surroundings before the Glasgow Philosophical Society, which attracted considerable attention; and at the British Medical Association at Birmingham in 1890 he read a paper recording his conviction that the ear was injuriously affected by the shrill whistles of railway engines, and he so impressed his hearers that a resolution was passed on the subject.

It would be superfluous for me to dilate upon the position which Dr. Barr held as one of the first of our aural surgeons, but it may be interesting to recall the fact that he acted as President of the Otological Section of the British Medical Association at its meeting in Glasgow in 1888, as President of the Otological Society of the United Kingdom during the years 1903 to 1905, as President of the Glasgow Pathological and Clinical Society 1899 to 1901, and also as President of the Scottish Otological and Laryngological Society at its meeting in Glasgow in 1911. It was Dr. Barr who conceived the idea of inviting the International Otological Congress to hold its 1899 meeting in London, and it will be within the recollection of all that he acted as Honorary Secretary of that meeting and fulfilled his duties with conspicuous success. Lastly, at the International Medical Congress held in London in 1913 he occupied the position of one of the Vice-Presidents of the Otological Section of that Congress.

Dr. Barr's work in the field of Otology is so well known to my *confrères* that it is unnecessary for me to enlarge upon it, but if I were to be asked what were the outstanding features of that work, I think I would answer that he was the most conscientious of clinical workers. To his patients he showed every consideration, and their care was always his first thought. His genial manner and delightful laugh charmed everyone

with whom he came in contact, and he had the gift of embellishing his conversations with pithy and quaint remarks, which at once endeared him to those with whom he was conversing. His pride in his City and University of Glasgow was very marked, and he gave very many years of useful service to their well-being.

Dr. Barr was taken ill in the autumn last year, and from the first his physician held out very little hope of his recovery. By his death I and many others have lost a truly great and lovable friend and the profession an aural surgeon of the first rank whose work was based on the soundest clinical knowledge and experience. *Urban Pritchard.*

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### ORTHOPÆDIC TREATMENT OF LARYNGEAL STENOSIS.

BY CHEVALIER JACKSON, M.D.,

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IN cases of laryngeal stenosis of any kind, the testing of the ability to breathe through the mouth and the establishment of confidence in the oral breathing route have been best accomplished, in our experience, by the corking of the cannula, preceded, if necessary, by a reduction in the size of the cannula. The "cork," which is of rubber, has a slot cut in it, so that it diminishes the air passing through the cannula, but does not altogether obstruct cannular breathing. Gradually the air-leak past the cork is diminished until a solid cork can be worn while the patient is awake. The final test is during sleep. When the patient reaches the stage when sleep is quiet and restful without indrawing at the guttural fossa, at the epigastrium and around the clavicles, the cannula may be removed permanently. Of course it is necessary that the cannula be small, relative to the size of the trachea, in order to allow plenty of air to pass by it through the trachea; because it is, when corked, equivalent to a solid body of corresponding diameter. This method, developed and used for years by Dr. Ellen J. Patterson and the author, has been used successfully by a number of surgeons since its first publication.<sup>1</sup> In looking over the subject as there presented, it is noted that sufficient stress was not laid upon what we have called the "orthopædic" action of the method. By this we mean that in cases with more or less fixation of the crico-arytenoid joint, due to arthritis, perichondritis, or cicatricial adhesions, the enforced effort of compelling the patient to inspire through the larynx, forces the

<sup>1</sup> "Peroral Endoscopy and Laryngeal Surgery," by Chevalier Jackson, M.D.