

membrane? It would have been more simple to abolish the cochlea and place in front of the oval window that number of nerve-cells sufficient to receive the acoustic stimuli transmitted by the stapes. If nature, which resorts always to the most simple means, has not used this method, but has chosen a system more complicated, there must be a reason for it. This is easily understood in the theory of resonance, but not in that of Wrightson.

Keith, in support of the theory of Wrightson, cites the analogy with sight, and says that in the eye there are only three sorts of nerves. But these, in the theory of Young, serve to appreciate the colours and are excited also by resonance. But as the brain appreciates the form of an object from that of an image which is formed of it on the retina, and hence from the different positions in space of the nervous elements excited on the retina, thus it judges the height of the sounds from the position in space on the tectorial or basilar membranes of the nervous filaments which are excited, as the theory of resonance demands. If this estimation must be made, as Wrightson supposes, the brain must calculate in a single instance the vibrations of all the acoustic cells. One cannot say whether the brain would be able or not to do this, and if it would be more easy for it to count the vibrations or to recognise the peripheral situation in space of the filament which transmits this stimulus to it. But if analogies are worth anything, visual sensation (form of objects) and tactile sensations support the theory of resonance. Also for touch the brain can judge the peripheral positions of the filaments which send it the stimulus. There would be probably more likelihood in the theory of Ewald, namely, that the brain recognises the sound from the form which the basilar membrane assumes—that is, from the form of the so-called *acoustic image*.

The other reasons of anatomical and physiological nature which Keith brings to the support of the new theory do not seem to me convincing, but it would be too long to examine them here separately.

Yours, etc.,

Prof. A. STEFANINI.

(J. K. MILNE DICKIE (trans.))

PISA, ITALY;

July 6, 1919.

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## OBITUARY.

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### BARCLAY JOSIAH BARON, Knight.

SIR BARCLAY BARON'S death on June 7, 1919, at 61 years of age, was a wholly unexpected calamity following a slight accident on May 25. He was pulling down a dead branch from a tree in his garden when it broke off, and he fell on to a large stone, fracturing some ribs. Though distressed at the time he was soon relieved by strapping. His temperature rose to 102° F. the following day and the pyrexia continued for a few days, and he himself came to the conclusion he must have contracted influenza. After the pyrexial condition had subsided he had severe pains in his lumbo-sacral region, but he had suffered from similar lumbago attacks on several previous occasions, and therefore this last attack, which persisted up to the day prior to his death, caused no anxiety though grave inconvenience. The next morning at 1 a.m. he woke complaining of headache; at 3 a.m. he sat up in bed, but felt faint and his breathing became laboured and an hour later he died, the immediate cause of death being apparently a hæmorrhage into the spleen.

As a student Barclay Baron left no doubt that he was equipped with intellectual capabilities far above the average, and we believe he was considered the first student of his year at the University of Edinburgh. He chose Bristol for his professional practice, and was elected a physician at the Bristol General Hospital and Lecturer on Pathology at the University College. But these offices he soon relinquished on his appointment as Physician for Diseases of the Throat and Nose—a department which he held for eighteen years, doing a great deal of valuable work until the growing demands of his private practice impelled him to resign his active hospital work and to accept office as Hon. Consulting Physician to the Department which he had founded. Meanwhile he had been President of the British Laryngological, Rhinological and Otological Society, and though too rarely contributing to the literature of our speciality he took an active interest and share in the work of the Society.

We note that he made the following contributions: "The Influence of Certain Habits on the Voice," 1903; "Significance of Hoarseness and Loss of Voice in Certain Cases of Pulmonary Phthisis," *Brist. Med.-Chir. Journ.*, 1888; "Koch's Treatment of Tuberculosis," with Dr. M. Skerritt, *ibid.*; "Case of Paralysis of Right Vocal Cord due to Thoracic Aneurysm," *ibid.*, 1901; "Four Cases of Labyrinthine Disease treated by Pilocarpine," *ibid.*, 1894; "Twenty Years' Experience in Treatment of Diseases of the Throat," *ibid.*, 1901; "Case of Transformation of a Benign into a Malignant Growth after Intra-Laryngeal Operation," with Sir F. Semon, *Internat. Centralb. f. Laryngol.*, 1889.

For several years Barclay Baron's interests had largely centred in work on the Bristol Town Council, and he was elected Lord Mayor of Bristol for two years during the war—an office he filled with most signal success. Gifted with a remarkable fluency of speech, possessed of a great sense of humour, and at all times a bright, cheerful companion, he was particularly happy in his Lord Mayoralty. During such a period of anxiety he encouraged all with whom he was brought into contact, and by his enthusiasm and manly addresses to soldiers and sailors he was able to do very great service to his city and country. Barclay Baron's untimely death was a very great loss to the city of Bristol and to the medical profession.

P. WATSON-WILLIAMS.

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### NOTES AND QUERIES.

Mr. Musgrave Woodman has been appointed Aural Surgeon and Laryngologist to the General Hospital, Birmingham.

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### BOOK RECEIVED.

**Injuries to the Head and Neck.** By *H. Lawson Whale, M.D., F.R.C.S.*, with Preface by *Col F. F. Burghard, C.B., M.D., M.S., F.R.C.S.* Price 15s. net. London: Baillière, Tindall & Cox.