Norman R. Barrett (1903-1979)

Ricardo Oliveros-Wilches, 1* 📵 Gustavo Aguirre-Bermudez, 1 📵 Ana Deise Bonilla-Castañeda. 1 📵



Citation:

Oliveros-Wilches R, Aguirre-Bermudez G, Bonilla-Castañeda AD. Norman R. Barrett (1903-1979). Revista. colomb. Gastroenterol. 2023;38(1):117-118. https://doi.org/10.22516/25007440.1032

1 Gastrointestinal Surgeon and Digestive Endoscopist. Gastrointestinal Surgery and Digestive Endoscopy Group. National Cancer Institute. Bogotá, Colombia

*Correspondence: Ricardo Oliveros Wilches. roliveros4@vahoo.es

Received: 23/02/2023 Accepted: 25/02/2023 Norman R. Barrett, an Australian, studied to become a physician and surgeon in Great Britain, where he worked practically all his life. He specialized in chest surgery in the United States. His particular interest was always the distal esophagus, of which he published more than 70 scientific articles, and is remembered mainly for the description of the esophagus lined by columnar epithelium, a condition later called Barrett's esophagus. It is an interesting peculiarity of the history of medicine that he is remembered by the name of a disease that, at first, he described wrong. He was listed as the dean of thoracic surgery.

He was born on May 16, 1903, in North Adelaide, Australia, and his parents were Catherine Hill Connor and Alfred Barrett. When he was ten, he moved to England with his family. He was educated in Cambridge at Eton College and Trinity College, did his medical and surgical training at St. Thomas Hospital in London, and graduated in 1928. In this institution, he specialized in surgery and worked there for the rest of his life. (1,2)

In 1935, he traveled to the United States to the Mayo Clinic. His purpose was to specialize in gastrointestinal surgery, but Dr. Donald Balfour brought him closer to thoracic surgery. When he returned to St. Thomas Hospital in London, he devoted himself to pulmonary tuberculosis and pulmonary hydatidosis surgery and promoted the enucleation of cysts to prevent effusions and contamination (a procedure known as the *Barrett technique*). (1,3)

In 1948, the thoracic surgery service was created, and he was appointed its first chief. In 1946, he wrote about the spontaneous rupture of the esophagus (Boerhaave syndrome) for the first edition of Thorax Journal, drawing on an original case of Morell Mackenzie and other reported cases and commented that the presentation of this condition is one of the most dramatic and most terrible situations in the field of surgery. His interest in the esophagus and the history of medicine were combined in this article, which seems to be described as a pleasure to read. (1,3)

Having thoroughly studied all aspects of this condition, Barrett only had to wait for a suitable case. A year later, on March 7, 1947, he carried out the first successful repair of this condition.(3)

Within his work, he showed interest in various topics of thoracic pathology, in which he made original contributions, such as gastroesophageal reflux, pulmonary hydatid cyst surgery, tumors of the chest wall, and the use of drains. He was the one who promoted Heller's operation for achalasia in England, which was accepted there before other countries. (2-4) Some of Barrett's most important works were directed to the method for the cytological examination of sputum in the diagnosis of lung neoplasms. (2)



The lower esophagus was his great interest. In 1950, he published in the British Journal of Surgery: "Chronic Peptic Ulcer of the Esophagus and Oesophagitis", in which he described a series of patients with ulcers in an intrathoracic tubular organ that appeared to be esophagus, except that it had gastric-like columnar epithelium, which Barrett interpreted as a segment of the stomach in the chest, generated by the traction of a congenital short esophagus. In his description, Dr. Barrett did not identify intestinal metaplasia in the columnar epithelium. (3,4)

Intestinal goblet cells in the esophagus lined by columnar epithelium were first described in 1951 by Bosher and Taylor. (5,6) Later, in 1953, Allison and Johnston pointed out that Barrett had made a mistake, and what he had described as the stomach was actually the esophagus lined by columnar epithelium. (3,4)

Allison and Johnston's arguments were finally accepted by Barrett in a report published in 1957, in which he suggested that the condition should be called *the lower esophagus lined by columnar epithelium* (**Figure 1**).^(5,7)

In 1959, the idea that it was a metaplasia secondary to gastroesophageal reflux was accepted. However, Barrett never claimed to be the first to describe the distal esophagus covered by columnar epithelium and even mentioned nine possible previous reports. In 1953, it was Philip Allison in the Thorax Journal who coined the name *Barrett's ulcers* to chronic peptic ulcers of the esophagus with gastric-like epithelium, which was called *Barrett's esophagus*.^(3,4)

He was an editor of Thorax Journal from its start in 1946 until 1971 and published more than 70 articles. He was characterized by beginning his writings with a detailed historical review of the subject and was very concerned that scientific articles had elegant writing, which demonstrated his brilliant inventiveness. (3,4)

He received distinctions such as Master of Surgery in 1935, President of the Thoracic Society of Great Britain

SURGERY

Vol. 41 June, 1957 No. 6

Original Communications

THE LOWER ESOPHAGUS LINED BY COLUMNAR EPITHELIUM N. R. Barrett, London, England

DEFINITIONS THE ideas discussed here are lection of specimens; they r statisties nor upon a large colthinking about a few unusual cases of esophageal disease rejected or modified in the light of future experiences. eause I have changed my opinion relating to certain ot static and there is no subject which does not yiel pths are sounded. This paper concerns is denied by some, misunderstood by others, and surgeons. It has been called a variety of names tory because they have suggested incorrect etiologi short esophagus, ectopic gastrie mucosa, short esopha gus lined by gastrie epithelium are but a few. st accurate description is that it is a state in which the hagus is lined by columnar epithelium. This does not co hich could be wrong, but it carries certain implications which

Figure 1. Barrett's original work published in Surgery. (7)

and Ireland in 1962, and Honorary Member of the American Association of Thoracic Surgery. He taught at the Universities of Oxford, Cambridge, and Birmingham. (1) Moreover, he received the nickname "Pasty" (for the rosy appearance of his cheeks in his youth) and was well known by this nickname for the rest of his life. (2,3)

Barrett was diagnosed with Parkinson's at age 61. The physical effects of his illness were never severe, but he felt depressed about his deterioration and anxious about a future worsening. Barrett did not tolerate the new drug L-dopa, which triggered severe depression. He retired at age 65 and died on January 8, 1979, at age 75, due to a stroke. He was categorized as *the dean of esophageal surgery*. (1,3)

REFERENCES

- Parquet RA. Norman R. Barrett. Acta Gastroenterol Latinoam. 2011;41(3):189.
- Edison E, Agha R, Camm C. Norman Barrett (1903-1979): Unorthodox pioneer of thoracic and oesophageal surgery. J Med Biogr. 2016;24(2):219-27. https://doi.org/10.1177/0967772013506537
- Lord RV. Norman Barrett, "doyen of esophageal surgery". Ann Surg. 1999;229(3):428-39. https://doi.org/10.1097/00000658-199903000-00018
- Silva A, Sáenz R. Biografía de Norman R. Barrett. Gastroenterol Latinoam. 2011;22(1):57-58.

- Gindea C, Birla R, Hoara P, Caragui A, Constantinoiu S. Barrett esophagus: history, definition and etiopathogeny. J Med Life. 2014;7 Spec No. 3(Spec Iss 3):23-30.
- Spechler SJ, Goyal RK. The columnar-lined esophagus, intestinal metaplasia, and Norman Barrett.
 Gastroenterology. 1996;110(2):614-21.
 https://doi.org/10.1053/gast.1996.v110.agast960614
- Barrett NR. The lower esophagus lined by columnar epithelium. Surgery. 1957;41(6):881-94.