

I trust that as many of those members who have reached Edinburgh, and are able to, will make it convenient to attend.

The best train from Manchester will leave Victoria on Monday at 12.50, reaching Princes Street at 6.5, and I shall be glad if anyone wishing to go by that train will let me know by Saturday night's post, so that the carriages may be reserved.—I am, etc.,  
Old Trafford, July 18th.

JAMES BRASSEY BRIERLEY.

#### RESPIRATORY EXERCISES IN THE TREATMENT OF DISEASE.

SIR,—In the notice of my work, *Respiratory Exercises in the Treatment of Disease*, which appeared in the BRITISH MEDICAL JOURNAL of July 9th, a doubt is expressed as the practicability of getting any but the most intelligent patients to discriminate between the three primitive types of breathing I describe. Will you allow me to say that I have never yet found any difficulty in this respect?

Some of the statements contained in the notice in question are misleading. I let them pass; but I must protest against the implication that my book is mainly speculative; it is from start to finish essentially practical, and deals with methods of treatment which any practitioner may carry out for himself. Being convinced of the utility of these methods, I am anxious that they should have a fair trial. This is my excuse for writing to you.—I am, etc.,  
Wimpole Street, W., July 11th.

HARRY CAMPBELL.

\*\* The statement that the book is "from start to finish essentially practical" is hardly consistent with the author's kindly warning in his preface that the practical part of the book begins at the twentieth chapter. The cases put forward as convincing of the utility of his methods are for the most part admitted by the author to be of the markedly neurotic type. A reviewer would, indeed, be "misleading" if he failed to call attention to these facts.

#### MITRAL STENOSIS.

SIR,—Dr. Harry Campbell, commenting in the BRITISH MEDICAL JOURNAL of July 9th on Dr. Sansom's lecture reported on June 25th, asserts that the slit-shaped "button-hole" orifice is better than the round orifice of equal area, and favours the forward flow of blood. This seems likely, but on trying the experiment of making a round hole about the size of a sixpenny piece in the bottom of a tin box, and a long oval hole of equal area in a similar box, I get no appreciable difference in the rates of flow, and rather suspect that Dr. Campbell made holes too small for useful comparison, or is speaking carelessly, when he says the coefficient of discharge is "nearly doubled," "with a linear one of the same dimensions" as the round hole.

I admit that the coefficient of discharge is greater with a funnel-shaped orifice than with one in a flat diaphragm, the proportion being experimentally about 3 to 2.

"Observe, however," says Dr. Campbell, "that during ventricular systole the funnel flattens out, producing the rounded orifice, probably narrowed by the contraction of the mitral sphincter." Is there any evidence of either of these? Is not the funnel still held towards the ventricle by the chordæ tendinæ, often themselves shortened, and does anyone know whether the mitral sphincter contracts, dilates, or remains unaffected, divided as expert opinion appears on the subject?

To answer the question, "Have we not here an agency for preventing regurgitation at least as potent as that suggested by Dr. Samways?" I would reply, What agency? May we speak of the deformity which causes regurgitation as the agency which prevents it, because we can conceive of a worse? A small leak similarly prevents a ship sinking.

Potain and others have maintained for years that the funnel-shaped stenosed mitral may sometimes prevent regurgitation by the approximation of the funnel walls through lateral pressure. Such an explanation is plausible, but Dr. Campbell tells us that "during ventricular systole the funnel flattens out producing the rounded orifice," thus sacrificing substance for shadow.

The fact is that when there is most stenosis—that is, towards the latter part, the breakdown part, of a patient's life—there is commonly most regurgitation, though probably

least valvular incompetence. The auricle can defend no longer the diminishing valvular orifice, because it cannot empty its contents through in time to become itself small before the ventricle contracts, and the auricle cannot resist the ventricle except when small. The orifice will now continue to leak, and the auricle will become mechanically dilated, unless by rest and treatment it may regain its tone.—I am, etc.,  
Crouch End, N., July 13th.

D. W. SAMWAYS.

#### DEATH CERTIFICATES FOR FRIENDLY SOCIETIES.

SIR,—With reference to Dr. Blight's letter of July 28th, in the BRITISH MEDICAL JOURNAL of June 9th hereon, permit me to point out, for his information, that Section LXI of the Friendly Societies Act (1896) (59 and 60 Vict.), reads as follows:

A registered society or branch shall not pay any sum of money upon the death of a member or other person whose death is, or ought to be, entered in any register of deaths, except upon the production of a certificate of that death under the hand of the registrar of deaths or other person having care of the register of deaths in which that death is, or ought to be, entered,

and that the registrar of deaths only charges 1s. for the first certificate and 6d. for the second if applied for at the same time, instead of 2s. 7d. as stated by him.—I am, etc.,

F. LITCHFIELD,

General Secretary of the National Deposit Friendly Society.  
Red Lion Square, W.C., July 13th.

## Obituary.

WE regret to announce the death of Dr. DAVID JOHNSTON, of Belfast, which took place upon July 6th. The deceased gentleman had been in failing health for some time, and had gradually retired from active practice. He received his medical education at the Queen's College, Belfast, and graduated as M.D. of the late Queen's University in Ireland in the year 1866. In the same year he obtained the Membership of the Royal College of Surgeons of England. Dr. Johnston occupied for many years a useful and honoured place in the medical profession in Belfast. He was a careful and kindly physician, much trusted by his patients, and respected by his professional brethren. He was very retiring in his habits, and never sought office or public honours of any kind.

WE regret to record the death of Dr. DUNCAN JAMES CADDY, which occurred at his residence, 4, Earl's Court Gardens, S.W. Dr. Caddy was educated at Merchant Taylors' School, and in 1889 became a medical student at King's College, London, graduating M.B. at the University of Durham in 1892. In 1894 he proceeded to the degree of M.D., and in the same year was elected a Fellow of the Royal Geographical Society. He entered the Colonial Medical Service, and while in the West Indies, where he held several appointments, he earned the bronze medal of the Royal Humane Society by saving a life from drowning at great risk to himself. He earned the respect of all with whom he came in contact, and was greatly esteemed by patients and friends, who will alike regret that his promising career should have been cut short at so early an age.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Carlo Giacomini, Professor of Anatomy in the University of Turin, aged 57; Dr. Victor Michaux, Surgeon to the Civil Hospitals of Metz, aged 70; Dr. C. Dufay, formerly Senator for the Loir et Cher, President of the Medical Association of that Department, and father-in-law of the Minister of War, General Billot; and Dr. Ernest Cadèze, Medical Superintendent of the Lunatic Asylum of Liège and a very distinguished entomologist, aged 71.

THE prizes gained in the London School of Dental Surgery were distributed by Lord Ludlow at the conversazione held at the Royal Institute Galleries, Piccadilly, on July 19th. After the presentation the numerous guests listened to a selection of music and to humorous sketches by Mr. Walter Churcher.