affected with that disease. Since the discovery, last year, of the Cape Breton cases, Dr. Smith has continued his investigations, and, while no causes for apprehension exist, he has been directed to give his undivided attention to the same work, under a permanent official appointment by the Dominion Government. Dr. Smith is a graduate of Harvard University.—*N. Y. Med. Journ.*

THE following communication wsa lately addressed to the Medical Board, N. S. We print it as it stands. Who will volunteer?

THE MEDICAL BORD.

The inhabitants of this place have been humbugged for sixteen years by a quack whose name is ——— he have bin too the States lately about six Weeks and is come hum and pretends he is now a doctor which I know is not true. there is a large practise hear and please send us a regular doctor and he will have too cleer out.

Please do not let on who wrote this to you as I am so surround with his wifes relations and I would not be save. I heerd a man advise him to go to Halifax insted of going to the States he said he could not larn enough there.

Yours faithfully,

———— ——— ————

Im goin away for winter and hope you will send a good doctor.

A SUBJECT of practical importance is "the effect of distension of the abdomen on circulation and respiration." It has not received the attention and investigation it deserves. Not long ago, however, Dr. J. Heinrichs, of Helsingfors, undertook experiments to determine these effects. The results tended to show that the abdominal cavity could be distended very considerably, so that the parieties were quite tight without material alteration of pulse or respiration. It was only after very great distension that the respirations became seriously interfered with. Dyspnœa then ensued, the accessory muscles were called into play, but those soon becoming insufficient, death ultimately supervened. So far as the tightness of the abdominal wall is concerned, it is to be remembered that muscular contraction may be pronounced and the abdominal wall rigid when the abdominal cavity is little encroached upon. We would specially remark upon the interference with respiration seen in cases of pronounced tympanitis. The flatulent distension may be so great that it may be necessary to puncture the inflated bowel, not only for the purpose of relieving pain, but in order to prevent asphyxia with (in cases of acute abdominal obstruction with enormous flatulent distension) possible early death therefrom.

DR. LAUDER BRUNTON AS AN INVESTIGATOR.—The return of Dr. Lauder Brunton from India is announced in the *British Medical Journal*, which quotes from the *Pioneer* of India, an engaging account of Dr. Brunton during its knowledge of him as a Chloroform Commissioner at Hyderabad. An accident which occurred to him in the course of some of his experiments, brought to light the fact that before he went out to India he visited Pasteur at Paris, and had himself inoculated as a precautionary measure against the possibilities incident to a large experimentation upon dogs and other animals. The very danger which he foresaw as possible occurred to him; he was badly bitten by an enraged pariah dog which escaped from the control of his assistants. When every one else present at the experiment manifested alarm, Dr. Brunton quietly reassured them by disclosing the fact of his Pasteurian treatment, saying, "It does not matter; I thought something of this kind might happen." Thus, says the journal, "there is heroism also in a chloroform commission." With all his inflexibility of nerve as a man of science and operator, Dr. Brunton was gracious and accessible even to the inquiries of a stranger, and anxious to explain everything connected with the work of the commission. "No one who has come into contact with him," says the *Pioneer*, "can help being fascinated with the charm of his manner and the extent of his knowledge." Dr. Brunton has since written to the *British Medical Journal* a letter in which he modestly declares that, instead of praise for heroism, he rather deserves censure for "medical awkwardness," and explains that he did not betake himself to Pasteur for inoculation, but was inoculated accidentally twelve years ago.—*N. Y. Medical Journal.*

FEES IN NEW YORK.—The professional fees in New York City are not so extravagant as they are generally believed to be. The general practitioner averages from two to five dollars per visit, according to pecuniary condition of patient. The average fee for a visit to the wealthy is five dollars. The office consultation of an expert or general consultant is, ten to twenty-five dollars for the first visit, and five to ten for succeeding ones. The fee for a consultation visit varies with the reputation of the consultant and the ability of the patient, from ten to twenty-five dollars. Visits out of town are usually from ten to twenty-five dollars per hour of absence from home, plus the travelling expenses and regular consulting fee of twenty-five dollars. Surgical operations are rated according to character, time, skill, and range, from 100 up into the thousands. The operation fee is charged for as extra of that for time when away from home. Night calls are twice the amount of day services, whether ordinary or consulting visits. Notwithstanding these accepted rules, there are not a few here who can charge much higher fees—in fact, name their own price and get it. On the other hand, there are many younger men in the professiou who are content to average a dollar a head for every patient they see, whether in their office or on the top floor of a six-story tenement in the rear. This is true, although we would not like to have it repeated.—*Med. Record.*

Selections.

THE CARTWRIGHT LECTURES ON VITAL AND MEDICAL STATISTICS.

Delivered before the Alumni Association of the College of Physicians and Surgeons, New York, Nov. 14th, 20th and 22nd, 1889.

BY JOHN S. BILLING, M. D., LL. D., *U. S. Army.*

ARTICLE II [ABSTRACT.]

THE death-rate, or mortality, is the ratio between quantity of life and loss of life. It refers to a definite unit of time, viz., one year's life of one person, and the quantity of life is the sum of the time lived by each of the population expressed in years. Two persons living six months each, or twelve persons living one month each, have one year of life. If the population is assumed to be stationary—that is, one in which the births and deaths, and the emigration and immigration, are exactly equal to each other and similarly distributed throughout the year—then the number of the population multiplied into the time