No physician need be told how troublesome and often how disagreeable a part of his work this is. The question of what he shall charge is not rarely a trying one; for he cannot always figure out so many visits at a certain price and put this down on his bill. There are many circumstances which may compel him to make his charge less than he thinks it might properly be; and when he has fixed it, he is sometimes troubled to think it may be more—or, alas! less—than his debtor has estimated it at.

In addition to this source of distress there is the question as to the periods at which a physician shall render his accounts. In many parts of this country it has become a custom for physicians to send out bills every six months; and some men send out their bills only once a year. There are advantages in this plan for men of means and of large and lucrative practice; but it has very great disadvantages for the great majority of medical men. It is especially hard on physicians in the earlier years of their practice, because then they usually need speedy returns for their work, and treat a class of persons that requires pretty close watching. But almost all physicians lose by sending out bills only at long intervals. Patients treated with such indulgence sometimes become careless about paying, because from this very fact they imagine the doctor does not need money as they do, and some patients deliberately impose on their physicians as long as they can, and, when called upon to pay what they owe, simply transfer their patronage to someone else until his endurance is exhausted.

These and other reasons which will occur to our readers make it desirable that medical men should—except in rare cases—render bills more frequently than once or twice a year. The proper interval in most cases appears to be three months. This was the conclusion arrived at by the West Philadelphia Medical Society at a recent meeting, when the following was adopted:—

"Realizing that the time has arrived when, in order to keep pace with the increasing business sentiments of the world, it is necessary to insist more strongly on the strictly business aspect of our professional services; and, believing that this will be ensured by the rendering of our accounts more frequently than has been the general custom;

"It is resolved, that the West Philadelphia Medical Society deems it to the best interests of its members, and of the profession generally in West Philadelphia, that they shall render their accounts for services quarterly or more frequently, and hereby urges upon them concerted action in this matter, reserving to them discretion to make exceptions in cases in which they may deem it to their best interests or those of their fellow-practitioners."

We fully concur with the sentiment of this resolution, and believe it would be a good plan for physicians to render their accounts every three months. There are very few patients who would not approve of such a practice, and it would be a great advantage to medical men if it were generally carried out.—*Dr. Dallas, Ed. Med. Sur. Reporter.*

ABSOLUTE SIGNS OF DEATH.

There is something so appalling, even to the strongest mind and the bravest heart, in the idea of being buried alive, that so long as such a thing is possible there will be a continuous debate on the topic in all circles of the educated community. Dr. Richardson's essay differed from what has usually been said on the matter in the fact that it enumerated, from a long experience, the circumstances under which the practitioner may be called to determine whether or not life is extinct, as well as described the immediate tests that ought to be brought into play in order to prove that death is absolute. No less than ten distinct circumstances were assigned as being advanced by relatives of deceased persons on the question of suspended life, to which was added the expressed wish or direction of a person during his or her own life that a skilled examination should be carried out after assumed death, in order to prevent the possibility of interment while yet a spark of life should remain. With most of these circumstances calling for inquiry the profession is more or less familiar, but two were specified that are not generally recognized—namely, simulated death from narcotism caused by chloral, and the same simulation from what the author designated traumatic catalepsy, and the cataleptic insensibility from the shock of an electric discharge, or from lightning stroke, or from concussion. Two cases were cited illustrative of these conditions, both of which might be rendered in the text-books as new additions to the list of doubtful evidences of actual dissolution. Of the many tests or proofs of death enumerated by the author, there are also two that should be recorded not only as new, but as being exceedingly simple and at the same time strictly physiological in character. The first of these, which has originated with the reader of the paper, and which Sir William MacCormac, the president, commented on so favorably, is the wrist test, or that of putting a splint on the fore part of the wrist so as not to impede any current of blood which may be making its way through the radial and ulnar arteries, and then tying a fillet firmly round the wrist so as to compress the veins firmly on the back of the wrist. If the veins of the hand, under this test, show no sign of filling, the absence of any vital circulation may be declared certain; while, if they fill, the fact of a certain "low pressure" circulation may be assumed to be present, and therewith an