

few, the great majority barely paying their running expenses, and many not even that.

Each year sanitary science is making greater strides, lessening the number of epidemics, and thereby the medical incomes. Lodge practice is sapping the vitality and the self-respect of the men who are forced by circumstances, "as they say," to engage in it. The oculists have keen competitors from opticians styling themselves "Doctors of Refraction." Instrument makers fit trusses and splints of all kinds, and the Council seems without the power to prevent in any way the practice of medicine, for such it is, by these men, who frequently make fortunes or a splendid living when the unfortunate M.D. struggles along with a bare existence.

The principle reason of this overcrowding is the idea, so common among the laity, that medicine offers a safe and easy means of making a fortune. On every hand one meets with people who say, "Oh, you doctors make lots of money," and really believe that such is the case. The country school teacher sees the local doctor flying around at all times, driving here and there, wearing out his life for scant remuneration, imagines he must be making lots of money, and starts off with great hopes, and a few hundred dollars, to the nearest college and becomes one more victim to misplaced ambition. The writer met recently, a dentist with an income of \$4,000 a year from his practice, who proposed to go into medicine, alleging that as a dental surgeon his social position was not good enough. I informed him that the presence of an M.D., would be of little avail in Toronto, that other qualifications were necessary, and that doctors did not become society men, unless they possessed leisure, wealth, and connection, as is the case with all other professional or business men.

It is difficult to indicate any remedy for this over-crowding, except by a gradual education of the public to the fact that the profession of medicine contains more starving or semi-starving members than almost any calling whatsoever, and we witness the spectacle, which will be common enough before many years have passed, of hundreds of possessors of medical degrees forced into merchantile or agricultural pursuits in order to make a living.

## ASYLUM DISTRICTS.

From the frequent inquiries addressed to the superintendents of the several asylums by medical practitioners in the province who are interested in having patients admitted, it would appear that the recent changes made in the districts allotted to the respective asylums are not generally known by the profession. Often delay and annoyance has resulted to medical men in consequence of the new arrangement of the districts. We have been requested by the Inspector of Asylums to draw special attention to this new arrangement, and in the hope of benefiting those who may have occasion to send patients to the asylum, we quote from his last report the following allotment of the districts which are now attached to each asylum:—

No. 1.—London District, to embrace the counties of Essex, Kent, Elgin, Lambton, Middlesex, Oxford, Huron, Bruce and Perth, these having a combined population of 540,839, for which there is provision in the District Asylum for 1 patient to every 537 inhabitants.

No. 2.—Hamilton District, to embrace the counties of Halton, Wentworth, Lincoln, Haldimand, Norfolk, Brant, Wellington, Waterloo, Dufferin and Grey, having an aggregate population of 454,043, for which there is accommodation in the District Asylum for 1 patient to every 493 of the population.

No. 3.—Mimico District Asylum, to embrace the counties of Peel, Simcoe, Ontario, Victoria, Peterborough, and the Districts of Muskoka, Parry Sound, Nipissing, Algoma, Thunder Bay and Rainy River, having an aggregate population of 318,728, for which there is accommodation in the District Asylum for 1 patient to every 569 of the inhabitants.

No. 4.—Toronto District, to embrace the city of Toronto and county of York, having an aggregate population of 245,101, for which there is accommodation in the District Institution for 1 patient to every 518 of the inhabitants.

No. 5.—Kingston Asylum District, to embrace the counties of Durham, Northumberland, Hastings, Lennox, Addington, Prince Edward, Frontenac and Renfrew, having an aggregate population of 267,170, for which there is accommodation in the District Institution for 1 patient to every 477 of the inhabitants.