

ought to be adopted by him. Why not abolish entirely the old-fashioned plan of charging so much a visit and carefully recording the number of visits made and charge as the surgeon does, a lump sum for the whole period of each service? It is certainly not adequate compensation for having cared for a well-to-do patient through a case, for instance, of typhoid fever which has entailed say fifty visits, to charge exactly three dollars a visit. We believe that such a service is worth twice or perhaps three times that amount. *We believe that the time has come to give up our so-called fee bills which established a fixed price for each visit and for each service and have a general understanding that it is impossible to itemize our accounts at all. Let each physician when he has completed his attendance upon a patient render his bill for such an amount as in his opinion his services have been worth to the patient, taking into consideration not only the amount of time he has given to the case, but also the circumstances of the patient, and his ability to pay.** If this plan were generally adopted it would not only materially simplify the physician's bookkeeping, but it would result in a much fairer compensation for his services.

With the caption "An Impertinent Request," the Montreal Medical Journal in its July number has this to say:

An Impertinent Request. We have received a communication from the Superintendent of Immigration informing us that much unfavorable comment has appeared in English papers upon the present rules which apply to immigrants entering Canada.

The comment, we are informed, applies chiefly to two regulations; the first, requiring immigrants coming to employment other than farm work, or, in the case of females, to domestic service, to have in their possession at time of landing the sum of twenty-five dollars, in addition to railway transportation to ultimate destination; the second, providing that

*Italics our own.