Due regard being had to the peculiarities of individual cases, the general plan is as follows:

Upon the evening of admission, the patient receives seven and a half to ten grains of calomel in combination with ten grains sodium bicarbonate, at a single dose. If the case be still in the first week, which is not usual with hospital patients, this dose is repeated every second night until its third administration; if already in the second week a single dose only is given. After the tenth day it is given cautiously, or omitted altogether. If there be constipation, the first dose of calomel is followed by two or three large stools, mostly of the consistency of mush, the latter dose by stools decidedly liquid. Diarrhœa is not regarded as a contra-indication. On the contrary, it almost always becomes less troublesome after the action of the mercurial. During the subsequent course of the disease, constipation is not allowed to continue at any time beyond the third day; but is relieved, as a rule, by eight-ounce enema of warm, thin gruel, slowly injected, or exceptionally by a five or seven and a half grain dose of calomel, the choice being influenced by the character and prominence of abdominal symptoms. Under this plan of treatment diarrhœa is not commonly excessive. When necessary, it is treated by one-grain suppositories of the aqueous extract of opium.

From the beginning the patient receives at intervals of two hours during the day, and three hours during the night, and immediately after the administration of nourishment, two or three drops of a mixture of two parts tincture of iodine and one part pure liquid carbolic acid. This dose is administered in an ounce of iced water.

Unless the temperature exceeds 104° F., the fever calls for no special treatment, beyond cold sponging, which is practiced in every case at least twice in the twenty-four hours. A higher temperature receives prompt attention.

After trial of the list of new antipyretics, the choice is antipyrin. It is used in single doses of ten to fifteen grains, and repeated when the temperature again rises beyond 104° F. If this remedy fails of its effect, large compresses of several thicknesses extending across the chest and abdomen from the neck to the pubes, and freely wet with iced water, are used. The gradually cooled bath is held in reserve.

Alcohol has no necessary part in the routine treatment of enteric fever. Many cases do not require it; some are unquestionably benefitted by it, while to a considerable proportion it is an absolute necessity. Dr. Wilson believes that the employment of alcohol in the treatment of fevers should be regarded, not as a dietetic, but invariably as a medicinal measure.

Space does not permit the discussion of the treatment of complications, nor of the management of convalescence. If perforation occurs during or after the period of defervescence, namely, in the fourth week or later, laparotomy should be performed.—*Medical News.*

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OVER CROWDING IN THE PROFESSION.

For several years past there have been appearing ominous warnings in the columns of the medical journals of Great Britain anent the crowded state of the profession there. Individual practitioners have been relating the indignities and hardships which they have had either to put up with or starve. Highly educated men with the very best diplomas and degrees have told how they were compelled to make visits, and even in some cases to provide the medicine as well, for the wretched remuneration of three pence. It might be said that they should not make visits for so little; but if they did not there were plenty of others who were glad to make them for that rather than starve. When in England a year ago we took the trouble to make close inquiries into this question, and we were informed by many country practitioners and qualified assistants that they were treated by the public, their patients, in a manner in which they, the medical men, would not dare to treat the coachman. In fact, they said, the coachman was treated with a great deal of respect. We could easily understand the reason why. The coachman who was offended and left his situation was an employee who was very difficult to replace, while the highly qualified and educated assistant could be replaced a hundred times in a day without any trouble. The cash value of doctors, after all, just like gold, or silver or wheat, obeys the law of supply and demand. Just as the same wheat may be worth so much a bushel to-day and twice as much this day next year, so without any diminution in the intrinsic worth of the physician, his value as a necessity to the public may be very