example, that which is to be applied in the course of the scientific manufacture of sugar, any more than a lawyer would cease to practice his profession by limiting himself to any particular branch thereof, or a doctor by confining his practice to some specialty which he particularly favored and was eminent in. Neither does the fact that he has agreed to sell his time, labor and skill to one employer and in one prescribed branch of the science, in the least militate against his being a professional chemist, nor does it operate as a bar to the claim that while so employed he is nevertheless practicing a recognized profession. It is not necessary that he should offer his services to the public at large, nor that he should hold himself ready to apply his scientific knowledge and skill to the business of all persons who applied for them before he would be entitled to claim that he belonged to and was actually practicing such profession. He may confine his services to one employer so long as the services which he performs are of a professional nature. Such are the views expressed by the above court in the case of *United States v. Laws*, May 18, 1896, where it specifically decides that a contract made with an alien in a foreign country to come to this country as a chemist on a sugar plantation in Louisiana, in pursuance of which contract such alien does come to this country, and is employed on a sugar plantation in Louisiana, and his expenses paid by the party with whom he made such contract, is not a contract to perform labor or service as prohibited by the contract labor law, which excepts persons who practice a recognized profession.

CORRESPONDENCE.

Treatment of Typhoid Fever.

MONTCLAIR, N. J., June 2, 1896.

To the Editor:—I have just read with great interest two able addresses in your issue of May 23, one from the pen of Professor Osler, and the other from that of Professor Quine, both delivered at the recent meeting of the AMERICAN MEDICAL ASSOCIATION. Both of these gentlemen pay their respects to the Woodbridge treatment of typhoid fever, and both seem inclined to sneer at the so-called pretensions of the advocates of this treatment. Dr. Woodbridge has fought out his own battle with great pluck and pertinacity, and if there be any virtue in his plan of treatment, every practitioner in America who reads the journals or attends the meetings of a live medical society, is sure to hear of it. He does not, therefore, need any defense nor even aid from me. But if one can read between the lines, both the eminent writers and teachers spoken of above are preparing to let themselves down easy, and adopt an antiseptic treatment of typhoid in selected cases. It may not be necessary to give the Woodbridge tablets in the prescribed Nos. 1, 2 and 3 order, nor may it be wise to allow solid food on the tenth day, nor to encourage the patient to resume his ordinary avocation as soon as that. But I believe that the antiseptic treatment of typhoid is superior to all others, including the Brandt treatment, and I believe, further, that so honest a gentleman and so thorough a student as Professor Osler will acknowledge that typhoid fever can be aborted just as soon as he begins

to use calomel or other mercurial in small frequently repeated, or large occasional doses in the beginning of the fever, and follows it up by some of the antiseptics that Dr. Woodbridge recommends, or by the chlorin water so strenuously advocated by Burney Yeo.

In all the discussions which I have recently seen of typhoid and its treatment, it has seemed very odd to me that I have never noticed any allusion to the classic paper on the subject by Dr. John Harley in Reynolds' System of Medicine. If any one will read that paper with an open mind, I am inclined to think that he will at least be persuaded to try mercurials in typhoid. It is not that the one-tenth of a grain of calomel every fifteen minutes will so saturate the economy that it will poison all the microbes which may be lodged anywhere inside the integument, but such a course of medication will assuredly set in motion the flow of bile, nature's intestinal antiseptic. And right here I would like to ask those who say that calomel is not a cholagogue, why it is that a five or ten grain dose of this powder, which is so bland locally, will cause alvine dejections which are so hot and acrid that they will excoriate the perineal integument? I know from long personal professional experience that the above phenomena will follow the exhibition of calomel, and the hot and acrid substance I have always called bile. Whether it is really bile or not, it would seem to be injurious to microbes. However, I believe that the physiologists now assure us that it is bile.

And this leads me to observe that a person who speaks of minute doses of calomel given every quarter or every half hour as harmless (as some one has done in one or both of the papers which have called forth these remarks), shows a deplorable lack of knowledge of the action of this drug. Two grains of calomel divided into twenty doses and one of these doses given every half hour, has "touched" the gums of a well developed man more than once in my practice. In Dr. Woodbridge's reports repeated instances are given in which sore mouth was produced by his No. 1 tablets. And a mild degree of stomatitis is just what Dr. John Harley recommends in the early treatment of typhoid. He also says (pp. 4, 8, Vol. I, Reynolds' Syst.): "If at an early period we succeed in producing a flow of healthy bile, with moderate action of the bowels, we may arrest further progress of the disease and restore the appetite." It is true that Dr. Harley objects to calomel, preferring some other mercurial per os or inunctions of blue ointment. But it is not probable that any one in those days thought of giving calomel in the minute doses which we now use with such good effect. Had the discovery of the typhoid bacillus by Eberth been known when Dr. Harley's paper was written, his pathology of the disease would have been different, but his history and treatment might have stood just as they are now.

Now, Mr. Editor, I have not written these lines from any reason except that I am just as anxious that the truth about the treatment of typhoid should be known to the entire world, as Professor Osler, Dr. Quine and Dr. Woodbridge are. And I believe that Dr. Woodbridge has the right theory of treatment. The details may be altered, as Dr. Quine suggests, and quite likely will be.

So far as the cold bath treatment goes, it has too many and too distinguished advocates, including particularly Professor Osler, for any one to sneer at it or pass it lightly by. Still, my conviction—and I maintain that having studied the disease sufficiently to have settled convictions in reference to it entitles me to be heard—agrees with Professor Yeo, who says (*Amer. Jour. Med. Sci.*, June, 1894, p. 651): "With regard to the routine cold bath treatment of typhoid, for my own part, I am disposed to leave it, almost without comment, to those who like it. . . . The method that I advocate has yielded in my own practice and in that of others better results, and I therefore prefer it." Very respectfully yours,

RICHARD C. NEWTON, M.D.