

which apply to lodge practice apply equally to general practice, and any corrections which hope to reach the abuses of the lodge must necessarily be applied to the broader code of general medicine. Every physician being responsible to the College of Medicine for his professional conduct, gross irregularities of practice may be dealt with under the provisions of The Ontario Medical Act, and I believe any attempt to shift the onus of such irregularities upon inoffensive members of the profession ought in itself to be considered an infringement of professional rights as greatly to be denounced as any other abuse of professional privilege. Therefore I submit to all reasonable men that it would better accord with our ideas of medical ethics to hold individual members of the profession responsible for the abuses of their practice than it would by sweeping generalizations to maliciously stigmatize unoffending persons. From my own experience, I am unable to agree with Dr. Bibby that the lodge system is, in principle at least, a "modern outrage" or a "silly institution." That is wholly a matter of opinion, and of no concern to me or to the point for which I contend, though I half suspect the real outrage to consist in the doctor's reckless disregard for those professional amenities which are the acknowledged due to every physician, though he differ from us both in theory and practice.

I have neither the time nor the inclination to defend the extreme instances of "M.A., M.D.'s" imaginary creation. Every man professing the dignity of a name would be willing to assume responsibility for his own "dirty mess"; and though even that nameless gentleman may be congratulated on the elegance of his higher literary training, the cowardice of his concealment under a professional *nom de plume* is not less to be condemned than is that practice the defence of which he so much deploras.

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