except in the negative way of contradistinction from homoeopathy. But inconsiderate assent to such misleading characterization of rational medicine by "physicians who are not sectarians" is altogether another matter. Twenty-two years ago, in an essay on "The Prevalent Misuse of the Term Allopathy," read before the American Academy of Medicine, the writer took occasion to say:

Well-educated and well-bred people, whom we can not charge with intentional discourtesy, whom we can not suspect of any disposition to wound our sensibility, so habitually use the word in common conversation that there is no hope of escape from the infliction except by revolutionary procedure. But this revolution must begin at home. We must aim the first blow of resistance at the foes of our own household. What only stirs our impatience with the unprofessional offender should provoke active resentment against the sinner in our own ranks. There are too many in the household of faith in the attitude of indolent acquiescence in the misuse of the word in question, and even of tacit acceptance of its implied reproach and its transparent falsity.

Similarly inappropriate and inconsistent in this age of unparalleled activity, progress and achievement, is the term "Old School" physician, which is still encountered in some parts of the country in the profession as well as out of it. What have we to do with the old except so far as it concerns the new? The leaders of thought and action are in the forefront of investigation, and the rank and file are imbued with the spirit of advancement. To apply such epithets as "allopath" and "old school" to the faithful workers who are patiently solving the intricate problems before us, who are emancipating medicine, the science and the art, from the mists and shadows, and widening it into the infinite capabilities of new life and larger liberty, is a form of perversity which is exasperating to say the least. And if, as appears from your significant quotation, there are those among us who do not properly resent the obnoxious "pathy" when applied to the comprehensive range and character of our professional objects and labors, and in whose ears such sophistical terms leave no jarring dissonance, there is evidently room for missionary work within our own ranks. So long as the profession itself submits to or winks at such misrepresentation there can be no terms of compromise, no middle ground of tolerance; all that is left is demand for unconditional surrender.

CHARLES C. BOMBAUGH, M.D.

Virginia Medical Society Proceedings.

ROANOKE, VA., Oct. 24, 1903.

To the Editor:—I observe in THE JOURNAL, October 3, that your reporter of the proceedings of the recent meeting of the State Medical Society of Virginia has got things a little mixed, and I hasten to make the correction: There were charges of various kinds preferred against "seven" of the Roanoke doctors, but it appears that not one of these charges was clearly sustained before the judiciary committee, and I can not understand why your reporter singled out my name and omitted the others. While it is true that when I located in this city three years ago I made a few professional announcements through a newspaper of my establishing a private sanitarium here, giving its location and objects, I fail to see wherein I violated in the least degree the true spirit of the Principles of Ethics, more especially since the Virginia State Medical Society permits business cards and professional announcements of private hospitals to appear in the newspaper.

BITTLE C. KEISTER, M.D.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

METHODS OF ITINERANT PRACTITIONERS.

OREGON, Sept. 30, 1903.

To the Editor:—Is it not in bad taste, if not a violation of the spirit of the Principles of Medical Ethics, for members of a state medical society to travel over the country, like traveling quacks, staying one day in a place every month, after giving notice through the local newspapers of the time of their coming? J. O.

STATES AND TERRITORIES RECOGNIZING DIPLOMAS.

NEW YORK CITY, Oct. 10, 1903.

To the Editor:—Please give a list of states and territories having no state board for examination of candidates wishing to practice medicine. Can you furnish it or inform me where to apply?

S. G. J.

ANSWER.—The following states and territories recognize diplomas without requiring examination: Colorado, Kentucky, New Mexico, Nevada and Wyoming (also in one tribal division of Indian Territory). In New Mexico scrutiny of the diploma is very strict and only diplomas of a few of the leading institutions are accepted. In other states, as in Colorado, an examination is required if the diploma is not satisfactory, but the lines are not so closely drawn. We annually publish a little book entitled "Laws Regulating the Practice of Medicine in the Various States and Territories." The last edition is revised to July 1, 1903, and may be had for 30 cents.

PHYSICIAN'S WIFE CHARGED FOR LODGE EXAMINATION.

WISCONSIN, Oct. 9, 1903.

To the Editor:—Dr. A and Dr. B have always been on friendly terms. Dr. A is examining physician for an insurance and fraternal order that Dr. B and his wife wish to join. They go to Dr. A for examination, who does not charge Dr. B for his examination, but does charge Mrs. B. Is this in accordance with the Principles of Ethics? X.

ANSWER.—Sec. 2, Art. II of Chap. II of the Principles of Ethics says: "All practicing physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them." This, however, refers to the services of one physician to another or to another's family in case of sickness; the case in point is more of a business transaction, and we see nothing unethical in Dr. A's charging for his services, if he so desires. Few physicians, however, would charge for the services mentioned.

Marriages.

OMAR BARTON PANCOAST, M.D., to Miss Joe Anna Ross, at Baltimore, October 1.

ROBERT SHERMAN KIRK, M.D., to Miss Alma Louise Seldler, both of Baltimore, October 1.

JOHN L. KIRKPATRICK, M.D., to Miss Maude Smith, both of Los Angeles, Cal., September 30.

HARRY ANDREWS COTTON, M.D., Boston, to Miss Alice Della Keys, at Baltimore, September 27.

FRED C. BLACKWELDER, M.D., Roswell, N. M., to Miss Mary Tutweiler of Indianapolis, October 7.

WINFIELD B. MARTIN, M.D., Freeport, Ill., to Miss Iona MacDonald of Chicago, September 30.

EDWARD J. FLEETWOOD, M.D., Wakefield, Neb., to Miss Inez E. Hultquist, at Osceola, Neb., September 16.

THOMAS B. CURRAN, M.D., Tacoma, Wash., to Miss Elizabeth Griggs Butler of Detroit, Mich., September 24.

JAMES LAWTON HIERS, M.D., Savannah, Ga., to Miss Elizabeth Meredith Maxwell of Omaha, Neb., October 7.

J. HAMILTON CHARTERS, M.D., Gaylord, Mich., to Miss Ethel Louise Chisholm of West Bay City, Mich., September 22.

H. HAYWARD STREET, M.D., Baltimore, to Miss Olivia S. Baldwin of Long Green Valley, Baltimore County, Md., October 1.

W. A. HEMINGWAY, M.D., a medical missionary of Shansi, China, formerly of Oak Park, Ill., to Miss Mary Williams, at Oxford, Ohio, October 1.

Deaths.

Joshua G. Allen, M.D. University of Pennsylvania, Philadelphia, 1856, died at his home in Philadelphia, September 26, from heart disease, aged 73. In 1863 he became visiting physician to the Philadelphia Lying-in Charity and Nurses' Home, which position he filled for thirty years. He was a member of the Philadelphia County Medical Society, Medical Society of the State of Pennsylvania, and the Philadelphia Obstetrical Society.

John H. B. Amick, M.D. University of Pennsylvania, 1876, a member of the Philadelphia Common Council for five years; inspector of drugs in the custom house during Harrison's administration, and during the Spanish-American War major-surgeon of the Nineteenth Pennsylvania Infantry, U. S. V.,