In the first place the schools of each state must work toward a greatly reduced number of pharmacists. With this will, inevitably, come a gradual decraese in the number of pharmacies, and no permanent change for good can be effected until this is done. Economically and as a corollary, professionally, this is a crying need.

In the second place we must train students who pass through our hands to be primarily public health conscious. No one school nor small group of schools can do this colossal task. It must be nation-wide in its scope. The American Association of Colleges of Pharmacy must make this its primary concern.

The AMERICAN PHARMACEUTICAL ASSOCIATION must rededicate itself to the task.

The N. A. R. D. can do no better service for its constituents than to everlastingly preach the gospel that "A well-informed pharmacist is the best single individual to disseminate information about public health."

Men trained to this point of view should alone manufacture or distribute medicinal agents of any description.

In the third place, and this is the crux of it all, and by far the most difficult to do, we as educators must see to it that we do not allow ourselves to be drawn into these entangling alliances which slowly but surely distort our ethical outlook, weaken our influence with those who come to us for their professional training and finally lead us into partnership with forces that look upon this age-old service to mankind as merely the acquisition of loaves and fishes at the expense of the ignorant and gullible ill and near ill who come trustingly to us for aid and comfort and relief in the most troublous times of their lives.

MEDICAL PRACTICES OF THE NEW ENGLAND ABORIGINES.[1]

BY WILL T. BRADLEY.[2]

1. The New England Tribes.—Just before 1620 there were eight leading tribes or confederations of Indians living in New England. These included the Abnakis, whose villages extended down through Maine toward the mountains of New Hampshire; the Pennacooks, dominating southern New Hampshire and northeastern Massachusetts; the Massachusets, who inhabited chiefly the region about Boston Bay, but whose dominion went westward toward the Berkshires, perhaps as far as Deerfield; the Wampanoags, in southeastern Massachusetts, allied with the Nausets on the Cape; the Narragansets, whose country lay to the north and west of Narraganset Bay and included Block and several smaller islands and part of Long Island; the Mohicans, who had been driven eastward from the Hudson by the Mohawks of central New York, and whose leading members here were known as the Pequods, with headquarters at what was to be New London, Connecticut; the Wappingers, crowding along the shore of the Sound in southeastern Connecticut and part of New York; and finally, the Nipmucs, apparently the remnants of a once-powerful tribe, now scattered as tributaries of the Pennacooks,

[1] Abridged by the author from a paper read before the Section on Historical Pharmacy, A. PH. A., Portland meeting, 1935.

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Massachusets, Narragansets, and Pequods, in northern Rhode Island and Connecticut, central and western Massachusetts, and southern New Hampshire. Several of these tribes claimed a total population of thirty thousand, and each boasted some two to three thousand warriors.

They were all members of that considerable body of Indians, known as the Algonquian Stock, which shared a common language and which had united the eastern seaboard from Canada to Florida by a network of excellent trails. The ancestors of the Algonquian tribes had come out of the West, probably not many generations before, since their descendants vividly recalled the migration in song and legend.

Now, though related by blood and most certainly by language, the tribes in New England were by no means all alike in culture and tradition; but there were many traits common to the lot.

Briefly it may be said that the tribes to the north, especially the Abnakis, were most practiced in the arts: they were the only Indians in the whole region who had any sort of picture-writing, though even they had no conception of a written language; and they were skilled in weaving and painting. The southernmost tribes were more commercially minded and (a common relationship) more warlike; and since the waters of the Sound furnished the varieties of shell fish from which were made the white and blue wampum beads used by all the Indians for currency, the Narragansets and Pequods naturally became the mint-masters of the whole district, at great profit in skins, furs, and other commodities.

Each tribe had its Grand Sachem, and each community within a tribe had its Sagamore or leader. Chieftainships were sometimes hereditary; more often a leader was chosen by ordeal, with any brave man eligible for the test. A favorite method was to administer the rhizomes and roots of American Hellebore; the warrior whose stomach withstood its emetic action longest was judged to be fittest for leadership.

On the whole, the early settlers found the Indians to be human beings of primitive but far from savage culture, friendly and trustworthy, as well as trusting, until taught to hate the guile of the invaders who so openly despised them and so stupidly and arrogantly underestimated their maturity and pride. They were certainly superstitious—for what human race is not?—and no doubt deeply religious. In their practical affairs they were guided by a wealth of experience in their own kind of living which, when met on their own ground, put to shame the blundering theories of the white settlers.

It was not long before the Whites began asking the Redmen what animal and vegetable life was edible, what was not; which districts were healthful, which to be avoided; how to build canoes; how and where to hunt, fish, and construct camps to protect themselves from attack of beast and man; how to get conveniently about the country; and, most frequently, how in this new climate, with nothing better than fresh water to drink, to keep well.

That which the settlers learned from the untutored Indians, they earnestly reported to their scientific brethren in Europe.

2. The Health of the Aborigines.—Because of these early reports, we know more about Indian remedies than what they were used for: more about their medicine than their ailments. The reason is that Indian nomenclature for Indian diseases

was not accurately translated into our own medical terms, and consequently, though we know (say) that the Penobscots used Blackberry Root (*Rubus sp.*), Christmas Fern (*Polusticum acrostichoides* [Michx.] Schott.), Coral Root (*Corallorrhiza odontorhiza* Nutt.), Goose-Grass (*Galium Aparine* L.), Mayflower (*Epigæa repens* L.), and Rockbrake (*Polypodium vulgare* L.), we do not know what ache or pain called for the use of any of these.

The modern investigator must attempt to answer three sets of questions:

(1) What diseases did the Aborigines know?—how shall we distinguish between their original diseases and those contracted from intercourse with Europeans?

(2) What was the true nature of their medical practice?—was it a sound practice?—was it largely based on superstition?—how many medicines had they command of?—how were these prepared and administered?—were their properties definitely or only vaguely known to the Aborigines?

(3) How much of real value did they teach the Whites?

In searching out the answers to these questions, our eagerness must be restrained by a logical skepticism, and we must never overlook the certainty of frequent error in our sources; for we cannot escape three ironic conditions: (1) the Indians and the settlers never very well understood each other; (2) primitive sense of humor dealt freely in misdirection, bluff, exaggeration; (3) the settlers were conspicuously gullible and credulous.

Indian health was no doubt painted too attractively from the beginning. In 1629 William Wood came to New England, and when he returned home in 1633 he wrote a book called "New England's Prospect," in which, as a means of inducing Englishmen to go over and settle, he carefully described the bodily fitness of the natives. He insisted that

". . . the *Indians* be of lusty and healthfull bodies, not experimentally knowing the Catalogue of those health-wasting diseases which are incident to other Countries, as Feavers, Pleurisies, Callentures, Agues, Obstructions, Consumptions, Subfumigations, Convulsions, Apoplexies, Dropsies, Gouts, Stones, Tooth-aches, Pox, Measels or the like, but spinne out the threed of their dayes to a faire length, numbering three-score, foure-score, some a hundred yeares, before the worlds universall summoner cite them to the craving Grave. . . ."

In stature, Wood found that most of the Indians were

" . . . betweene five or six foote high, straight bodied, strongly composed, smooth skinned, merry countenanced, of complexion something more swarthy than *Spaniards*, black hair'd, high foreheaded, blacke ey'd, out-nosed, broad shouldred, brawny arm'd, long and slender handed, out brested, small wasted, lanke bellied, well thighed, flat kneed, handsome growne leggs, and small feete. . . . I have beene in many places, yet did I never see one that was borne either in redundance or defect a monster, or any that sicknesse had deformed, or casualitie made decrepit, saving one that had a bleared eye, and an other that had a wenne on his cheeke."

Another writer, with a great interest in natural history, John Josselyn, who traveled in New England in the 1630's and again in the 1660's, said of the Indians:

"The Men are somewhat Horse Fac'd, and generally Faucious, *i. e.*, without Beards; but the Women many of them have very good Features; seldome without a *Come to me*, or *Cos Amoris*, in their Countenance; all of them black Eyed, having even short Teeth, and very white; their Hair black, thick and long, broad Breasted; handsome streight Bodies, and slender, considering their constant loose habit [dress]: Their limbs cleanly, straight, and of a convenient stature, generally, as plump as Partridges, and saving here and there one, of a modest deportment."

Again, in 1774, Dr. Benjamin Rush, of Philadelphia, once celebrated as America's greatest physician (but whose fantastic theories have long since been outmoded), during a meeting of the American Philosophical Society, delivered an oration described as *An Enquiry into the Natural History of Medicine among the Indians in North-America*, in which he explained that the Indians

" . . . multiply faster, and die in smaller proportion than civilized nations. . . . The Indians we are told were numerous in this country before the Europeans settled among them. Travelers agree likewise in describing numbers of both sexes, who exhibited all the marks of extreme old age. It is remarkable that age seldom impairs the faculties of their minds."

So runs the old story, closely echoed in one record after another. The settlers were convinced that the natives normally enjoyed marked good health—though seriously hurt by the diseases of the invaders.

And yet the fact remains that the Indians suffered and died from many things besides old age: cold, heat, famine, disease, poison, and accident; and it is no shrewd guess if we allow for a good number of cripples among them. Unless they be professional beggars, the chronic invalids among any people, the deformed, the decrepit, do not usually appear in public; small wonder that the early settlers, describing perhaps truthfully what they saw, should see only the most presentable and active specimens of the Indian race.

Still, the Indians appear to have been generally strong and healthy enough to cause envy in the white men. Their frequent forced exercise, their bodily exposure to fresh air and sunlight, their cleanliness (for the dirty Indian is probably a modern degenerate: there is plenty of evidence that the early Indians loved baths and swimming), their freedom from nervous stimulation, their abundant relaxation and sleep, could almost have forced good health upon them; and their contagious diseases seem to have been neither numerous nor, as a rule, deadly, until the settlers arrived, and the natives got their first taste of smallpox, measles, diphtheria, scarlet fever, yellow fever, venereal diseases, and many other serious infections.

Josselyn says that their commonest afflictions were

" . . . pestilent Fevers, Plague, Black-pox, Consumption of the Lungs, Falling-sickness, Kings-evil, and the Disease called by the Spaniard the Plague in the back, with us Empyema;"

Dr. Rush discusses various kinds of fever, pleurisies, pneumonia, rheumatism, dysentery, animal and vegetable poisons, wounds, and fractures, and he claims (wrongly) that gout was rare, worms and tooth ailments unheard of. Such vague summations as these do not help us much.

It is from their remedies that we must make our soundest deductions. By surveying the medical practices of all the North American Indians, Dr. Heber Youngken managed to compile the animal, vegetable, and mineral drugs used in more than eighty ailments. From Doctor Youngken's lists and from the pages of many early records, we can find at least fifty ailments known to the Indians of New England.

A study of our lists shows clearly that, except for colds, some contagious skin diseases, and certain fevers (including malaria), the Indian ailments were largely organic, resulting, as much as anything, from improper nourishment and from accidental injury. Indian children frequently suffered from worms, toothaches, ear-

aches, and numerous stomach troubles common to all infants. Indian women had many female complaints, for which they knew a special set of medicines. The belief that the race was notably lethargic is well substantiated: they had only two or three sedatives (at least one of which was reserved for use by women only) as against some fifty stimulants and tonics.

All Indians had to fear burns, colic, constipation, deafness, debility, diarrhœa, dropsy, empyema, eye troubles, fevers, gland troubles, hemorrhages, malaria, mortification, various mouth ailments, nausea, neuralgia, nose ailments, miscellaneous aches and internal pains, piles, pulmonary troubles, rheumatism, sciatica, scrofula, scurvy, snake bites and other poisons, sprains, swellings, tooth ailments, tumors, urinary troubles, and (perhaps) some venereal diseases. But the greatest bulk of Indian remedies was for colds, wounds, skin ailments, stomach disorders, and female complaints.

3. Some Superstitious Practices.—It is commonly the custom to dismiss all Indian medicine as being based on superstition. Perhaps the fact that the practitioners were often also priests has told against them in the opinion of scientific investigators. But the New England Indians apparently had nothing like those formal, elaborately organized priesthoods of the West and South which dominate most discussions of Indian cults and superstitions.

In New England there was a representative batch of superstitious medicines. Bloodroot (*Sanquinaria canadensis* L.) was used not only as a red dye for skin, clothing, and weapons, but also as a love charm. Juniper (*Juniperus communis var. depressa* Pursh.) was regarded as "hot," and therefore useful in all manner of "cold" conditions. The broad teeth of moose fawns were hung about the necks of children when teething. Red Baneberry (*Actæa rubra* [Ait.] Willd.) was used for pains in the stomach, but given in certain seasons only to males, in other seasons only to females. The variety of shell-fish (*Buccinum undatum* L.) from which white wampum beads were made was thought to be effective against hemorrhage. On the theory that so pliable a creature must cure stiffness by sympathetic contact, the skin taken from a living snake was bound about a rheumatic limb. A live toad, sewn in a bag and worn over a painful area, was thought to have "inhaled" the pain by the time he stopped wriggling. Warriors believed that if they removed the heart from a live turtle and swallowed it raw while still throbbing they would come through battle unwounded. Old people would trade as much as a valued beaver skin for that of a black wolf, since they considered the wolf's skin, worn as a coat, a sure protection against aches.

But just how much credence the Indians gave to these things we ought not pretend to know. Primitive sense of humor tends to exaggerate them for the benefit of civilized investigators.

At all events, a dozen or so superstitious remedies and prophylactics found in New England (and doubtless some others not yet found) are few enough when we recall our own pet fetishes; and we must not make the absurd blunder of confusing a man's superstition (which marks him as being only human) with his science and common sense (which, if he has any, marks him apart from most men). There is no evidence that the Indians made any such confusion. In their medicine, as stated by Whitebread, they "used faculties as discriminating and arrived at results as important and correct as those achieved by other races in a higher state of cul-

tural advancement." When an Indian fell sick, his friends and relatives might trot out their snake skins or organize a dance of hope for his recovery, just as a very pious family to-day might hold prayers for a stricken member; but, like any sensible family to-day, they would call in the doctor; and the Indian doctor had more in his kit than a few charms and fetishes, more in his head than the hocus-pocus he mumbled to impress the village.

Doctor Youngken's lists indicate that for their eighty-odd ailments the Indians of North America knew over eight hundred specific remedies. In New England alone we can count upward of two hundred remedies. Nor should we ignore the fact that for every one we find there must have been many more, fully as useful to the Aborigines, which we shall never hear of.

4. *Medical Practice.*—In a sense, all the Indians practiced medicine. That is, they had certain cherished methods for safeguarding health (among which easily the most popular was the sweat bath: beginning in a sealed wigwam filled with hot stones and steaming kettles and ending in the cold waters of a nearby stream, a ritual in which one or many could participate). And when anyone cut his finger or felt a headache coming on, he knew just what to do about it.

Each community, however, told off at least one member to specialize in the arts of medicine and pharmacy and to learn, preserve, and pass down their scientific traditions. Some were believed born to the business; just how the birthright was detected is not clear. In most tribes, especially those of the West and South, all prayers, songs, exhortation, suggestion, ceremonies, fetiches, and some specifics and mechanical processes were limited to the priest-doctors, the official medicine men and medicine women, whose art was magic and who formed extensive secret societies, with anyone eligible to join who gave public evidence, after private instruction, of his skill and fitness. Here and there would appear self-appointed prophet-doctors, working alone and owing their "divine afflatus" to the thunder-god. Forming a third class, the herbalists, or lay doctors, many of whom were wise old women, were to to found everywhere, ready to combat the evil spirits of sickness with bleedings, operations, and medicines.

That the herbalist was perhaps the only doctor regularly practicing in New England is suggested by all available records. He was summoned for all serious cases, receiving payment in advance, unless he could trust the patient or his family —and receiving high payment: the best in wampum and in goods the patient had to offer. In hopeful cases, he resorted to his fund of medical knowledge; in hopeless cases, or when confronted by an ailment beyond his experience, he wisely turned to his God (nor should we sneer). When pressed, he would make a prognosis of the patient's recovery or death, sometimes consulting charms for information; in this he was rash, for it is said that a wrong prognosis meant the death of the doctor.

After diagnosing the ailment, he would prescribe the proper treatment and medicines—which were the cheapest part of his service, for his materials were free for the taking in the forest.

He knew how to deaden local pain with anesthetics and narcotics; how to combat poisons with antidotes and emetics; how to stop the flow of blood with styptics and prevent infection with antiseptics; how to combat diarrhœa with astringents, constipation with cathartics (both mild and drastic), enemas, and suppositories; how to soothe with emollients, lotions, plasters,

poultices, and salves and how to divert with liniments, counter-irritants, and moxas; when to scarify, when to puncture and bleed; when to use an inhalant, when a splint and bandage, when an injection (his syringe was constructed of an animal bladder and a hollow bone). Besides his scores of specific remedies, he had, as general medicines, carminatives, diaphoretics, diuretics, emmenagogues, expectorants, febrifuges, masticatories, parturients, prophylactics, sedatives, stimulants, stomachics, sympathetics, tonics, and vermifuges; he was even ready, upon occasion, to fill teeth. Of childbirth he may not have had any direct experience, since, as is well known, Indian women withdrew to bring forth their young, like animals, in solitary confinement.

He would usually compound his own medicines, though not necessarily, for every Indian seems to have been familiar with the native pharmacy. He would often linger to administer the dose and otherwise tend his patient. So the hard-working medicine man was at once physician, pharmacist, and nurse (if not likewise a priest). No wonder, then, that in many communities he held a commanding position, frequently second not even to the sagamore himself.

5. *Pharmacy.*—The pharmacy of the Aborigines consisted of a very few processes requiring no long schooling to master.

The Indian pharmacist had implements made of stone, wood, bone, and leather, designed for cutting, pounding, mixing, and boiling. The New England Indian had no metal tools, unless (which was rare) he managed to import them from the luckier craftsmen of the Middle West.

Easily the commonest of his preparations was the decoction; Doctor Youngken's lists call for some 230. His kettle was made of birch bark, or some other bark, and he would place it on coals, or hot ashes, or hot stones; but sometimes he would drop heated stones into the liquid to make it boil.

Infusions, too, he commonly prepared, and likewise ointments (mixing the medicinal ingredients with animal fat or seal oil), plasters and powders (crushing or pulverizing the raw materials between two stones). And he was cunning in the skill with which he extracted oil from acorns and other nuts, first making a strong lye from the ashes of rotten maple wood, then boiling the acorns until the oil swam to the surface, whence it could be skimmed off and stored in bladders.

Thus, simply, before the white men appeared, did the Indian compound the medicines which he had learned not from the theoretic pages of textbooks but rather by word and example directly from his immediate predecessors. In his experience they proved capable of dealing with the ailments his people knew. But the great blow was coming.

6. *Conclusion.*—During the years 1612 to 1619, smallpox and yellow fever came among the Indians of New England from the ships of English explorers. These strange diseases swept through the villages of all the tribes, killing, some say, nine out of every ten, and some say nineteen out of every twenty. After the worst of the attack was over, there were left of the Pennacooks a few hundred, of the Massachusets less than a thousand, of the Wampanoags still less, and of the Narragansets and Pequods perhaps a thousand each. These figures refer to total populations: men, women, and children; the fighting forces were reduced to a mere handful for each tribe. "So," wrote Governor John Winthrop in 1634 to his friend, Sir Nathaniel Rice in London, "the Lord hath cleared our title to what we possesse. . ."

Thus, the Pilgrims landed to find little or no Indian menace—little, in fact, that boisterous Myles Standish could not meet single-handed. In the course of the

next few decades (though struck heavily again by the plague in 1634) the surviving natives managed to regain something like their former courage and confidence, and to increase slightly in numbers; but until cheated and robbed and hounded by religious zealots, they were friendly with the whites, who, they thought, were responsible for milder winters: they helped the settlers get acclimated, gave them food when they lacked it, showed them, in their desperate want of doctors and pharmacists, how to heal themselves. And if there was much magic mixed with their medicine, the Puritans knew enough to take the medicine and let the magic go.

We have seen that Indian medicine as practiced by the herbalists had but a small proportion of superstition mixed with it, especially in northeastern America, where the progressive pioneer spirit of the Algonquian Stock had not yet the time to settle into the decadence of ritual and tradition found in the older Southwest; on the contrary, it was largely guided by principles which we may almost with justice call scientific.

Now, there is one significant thing about Indian remedies which should not be neglected: except for a mere half dozen special remedies and, of course, ointments and plasters involving a base as well as a therapeutic agent, the Indians always used a single, specific drug for a single ailment. Whether or not they had any influence, even indirect, on the development of medicine in Europe, they certainly set the colonists over here an impressive example in their use of simples; and it was during the century after the first settling that America began to lead the way in discarding the freakish polypharmacy which was our heritage from the ancient world and the Middle Ages.

It is true that the Indians may have had nothing whatever to do with this medical revolution; on the other hand, their practice may have suggested to the settlers and early American doctors and pharmacists the needlessness of demanding a dozen or a score of European ingredients, most of which were not at first to be had at any price, when one native ingredient would do the trick.

Records of an interchange of medical aid between the two races are of frequent occurrence; and typical is the contrast between the following treatments, mentioned by Josselyn:

"I have helped several of the *Indians*," he says, "with a Drink made of two Gallons of *Molosses wort* (for in that part of the Country where I abode, we made out Beer of Molosses, Water, Bran, chips of *Sassafras* Root, and a little Wormwood, well boiled), into which I put of Oak of *Hierusalem*, Cat-mint, Sowthistle, of each one handful, of *Enula Campana* Root one Ounce, Liquorice scrap'd brused and cut in pieces, one Ounce, Sassafras Root cut into thin chips, one Ounce, Anny-seed and sweet Fennel-seed, of each one Spoonful bruised; boil these in a close Pot, upon a soft Fire to the consumption of one Gallon, then take it off, and strein it gently; you may if you will boil the streined liquor with Sugar to a Syrup, then when it is Cold, put it up into Glass Bottles, and take thereof three or four spoonfuls at a time, letting it run down your throat as leasurely as possibly you can; do thus in the morning, in the Afternoon, and at Night going to Bed."

But later he speaks of a fisherman, one Christopher Luxe, who had "burnt his Knee Pan" and was healed by an Indian wife: she stopped the pain by dropping on the sore a strong decoction of alder bark; then she made a plaster by boiling the dark of white pine until it was soft, stamping it between two stones until it was as thin as brown paper and of the same color, and incorporating it with seal's oil; this she applied warm to the burn.

But if the Indians had any real effect upon our medicine, our doctors were not apparently aware of it. In his Oration of 1774, Doctor Rush winds up with a general estimate: "We have no discoveries in the materia medica," he asserts,

" . . . to hope for from the Indians in North America. It would be a reproach to our schools of physic, if modern physicians were not more successful than the Indians, even in the treatment of their own diseases."

"Since the intercourse of the white people with the Indians, they have acquired several of our artificial methods of curing diseases, particularly the art of phlebotomy. What Indian remedies ever equalled the efficacy of bleeding . . . ?"

The answer lies in the fifty-six Indian drugs which Doctor Youngken lists as being still recognized either in the United States Pharmacopœia or in the National Formulary. Of these, the following thirty were used by the Indians of New England:

American Hellebore, Arbor Vitæ, Beth Root, Blackberry Root Bark, Black Snakeroot, Bloodroot, Blue Cohosh, Blue Flag, Boneset, Butternut Bark, Canada Snakeroot, Dogwood, Elder Flowers, Geranium, Lady's Slipper, Larch Agaric, Life-Root, Lobelia, May Apple, Pipsissewa, Pleurisy Root, Poke Berry, Scullcap, Spikenard, Turpentine, Verbena, White Oak Bark, Wild Black Cherry, Witch-hazel and Yellow Dock.

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(NOTE: *The following list of authorities, among many others, were consulted in the preparation of this article.*)

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DR. HUGH S. CUMMING RETIRES AS SURGEON GENERAL.

Surgeon General Hugh S. Cumming, who joined the Public Health Service in 1894 and became Surgeon General in 1920, retired February 1st.

Dr. Cumming's influence in the control and treatment of the Bubonic Plague and Yellow Fever has been world wide and he was active in promoting international sanitation treaties. The Surgeon General was tendered and received many decorations from various countries and under his direction the Public Health Service has grown to be a bureau of much influence. He was born in Hampden, Va., sixty-six years ago, and graduated from the University of Virginia Medical School in 1893.

It is stated that Dr. Thomas H. Parran, Jr., New York State Health Commissioner, will succeed Surgeon General Cumming; he is a native of Maryland and a graduate of Georgetown University.

Miss Anna M. Pabst, bacteriologist at the National Institute of Health, Washington, D. C., gave her life to science when she died in Emergency Hospital of a form of meningitis contracted while trying to develop a serum with which to combat the disease in others.

Miss Pabst, an experienced technician, was inoculating an animal with meningitis culture on December 17th, when the animal moved and some of the culture squirted into her eye. Though all possible immediate steps were taken to cleanse the eye from the deadly injection, Miss Pabst contracted the disease.

The Public Health Service, in reporting her death in line of duty, paid highest tribute to the scientific service of Miss Pabst. Hers is the sixth death in the past 10 years from diseases contracted in that laboratory by scientists. Many have suffered serious illnesses.

Miss Pabst came here from Brooklyn, N. Y., some years ago. She received her preliminary education in New York City and later received a master's degree in bacteriology at George Washington University, where at the time of her death she was working toward her doctor's degree in the same subject.

Col. Charles H. March, Litchfield, Minn., has been appointed to serve as chairman of the Federal Trade Commission for the fiscal year 1936, effective January 1st; he succeeds Commissioner Edwin L. Davis. This will be Colonel March's second term as chairman of the commission. He was appointed in 1929 for a term expiring September 25, 1935, and was reappointed by President Roosevelt last September for a full term of seven years, expiring in 1942.

SOUTHERN METHODIST LIBRARY BUILDING.

The $400,000.00 Fondren gift provides Southern Methodist University with a new library building. The *Dallas News* comments: Mr. and Mrs. W. W. Fondren, of Houston, already material benefactors of the local university, have made a splendid gift in the library building. It is to be hoped that the structure's plans avoid mistakes made elsewhere and provide adequate means for expansion as S. M. U. grows. Such a building becomes the foundation for future greatness in the field of higher education.