

ence in medical teaching, I do not hesitate to say that there is no country, not even England, in which a higher standard is required of the medical student than in ours. The diploma of the C.P.S. of Ontario is a guarantee that its holder is fit to practise in any part of the world. Indeed, our system of examination and graduation might well be taken as a pattern both in England and the United States.

I trust, gentlemen, that we shall not close our present session without appointing a committee to memorialize the authorities to have the law so amended, if possible, that in all suits for malpractice security for costs shall be given before commencement of action. It is scandalous that we should be obliged to pay not only our own costs in defence, but also in a majority of cases the costs of the other side. To render keener the injustice under which we suffer, it is notorious that in many instances where these actions are brought, the services of the physician have been given gratuitously, because the patient was too poor to pay for them.

I would also suggest that some action be taken towards securing a uniform licence for the Dominion. It borders on the ridiculous that a man who has graduated before the Council here, and wishes to settle in Manitoba, should be obliged to pass before the Manitoba Council as well. If each Province were represented on the board of examiners it could be easy to set this right, to spare the young student a hardship and his pocket an expense that he may be in no position to bear after the final outlay on his medical course.

In thus pleading the cause of the student, I feel confident of your sympathy and support.

There is one more subject I would wish to bring to your notice in the hope that some united action may be taken to rectify what I believe to be a positive injury to our profession, I mean the practice of attending lodges and clubs for an annual fee of so much per head. I regret to say that this custom is becoming more widespread every day in our midst. I do not speak from motives of jealousy or personal interest, because I myself have none of it to do, but because I have always condemned the practice as one lowering the standard of our profession. I sincerely believe that the man who indulges in this practice does himself a great injustice, by giving his services for a fee far beneath their value. He injures his fel-

low-practitioner by depriving him of the legitimate means of making his living, and he lowers his profession in the eyes of the public by allowing them to buy his services at their own price. Surely if the laboring man by united action can fix the price and value of his labor, and declines to work unless he gets what he believes he is worth to his employer, we, as a profession, ought to be able to maintain a uniform standard of fees. It is a subject I would earnestly commend to your most careful consideration, and see if some means cannot be devised to rectify the present evil.

After a very able and interesting *résumé* of the career of the Association the President continued:

I will now take advantage of the article of the constitution that allows the President the privilege of referring to anything of general interest to the profession, and ask your attention for a few minutes to the etiology of the so-called puerperal fever and the best *method of preventing rather than curing this dread complaint*.

Time will not allow me to enter into the subject as fully as its importance demands, and you must pardon me if I am particularly brief.

We are all general practitioners. We all have to do with midwifery and have all experienced the anxiety caused by cases of obstetrics, especially by those complicated with puerperal fever. It is time this rather vague name was dropped and one more definite adopted. The term "Puerperal Infection," as suggested by Dr. Garrigues, appears to me to be very suitable. Firstly, then, what is the nature of the febrile and inflammatory processes that frequently follow child-birth? And, secondly, are these changes due to some morbid condition generated within the woman's system, or do they come from without? If they come from within, why is not every woman similarly affected? If they come from without, what is the nature of the virus? Where does it come from, and how best can it be prevented?

These are questions I have frequently put to myself, and often indeed have I found them difficult to answer.

Firstly, I do not believe that the so-called Puerperal Fever is a specific disease peculiar to the lying-in condition, but that it is identical in every way with surgical septicæmia, or pyæmia, due to the activity and development in the system of micro-organisms, which, when introduced under