provisions only, for the Indians in the vicinity had long since killed or driven away all bush game. One night was spent in a hammock in an Indian's hut, and here I was attacked by large numbers of bed-bugs which caused me intolerable distress. The attack of angio-neurotic oedema commenced in the feet and terminated by attacking the tongue; other parts affected were the genitals, hands, upper and lower lips, and throat. It was accompanied by a very severe and abundant pustular eruption, resembling impetigo, most pronounced on the trunk and extremities; this set up a great deal of constitutional disturbance with pyrexia. In contrast to the case of X., there has been no return of the swellings. Dr. Byrom Bramwell, in his *Clinical Studies*, vol. v, p. 375, says:

> The characteristic features of the disease are: (1) The occurrence at irregular intervals, usually without any obvious exciting cause, of (*a*) oedematous swellings in various parts of the body, and (*b*) of attacks of abdominal pain and vomiting; and (2) the fact that the disease is hereditary.

I know of no evidence of this complaint in any member of my family, neither did I suffer from the severe visceral phenomena said to be so characteristic of this somewhat rare affection.

Dr. Byrom Bramwell also says (p. 396):

> The disase is often fatal and usually (? always) kills by implicating the throat (the production of oedema glottidis). So far as I know, no treatment hitherto has been successful.

In conclusion, I would like to draw attention to the fact that in this country the months of August and September are always particularly hot and trying. I wish very much to thank Dr. Harrison and Dr. Cassel for the assistance they have so kindly given me, and also Dr. Austin for the use of his valuable notes.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INFECTION FROM CLOTHES IN ENTERIC FEVER AND OTHER COMMUNICABLE DISEASES.

FORTUNATELY inoculation is so successful against enteric fever that there is not the same fear of the spread of the disease as formerly; but there are other contagious and infectious diseases against which at present we have no means of rendering men immune. It is to call attention to a possible cause of the spreading of infectious diseases, a cause forgotten or not thought of in the hurry of preparations for war, that I write to remind medical officers with troops of a practice which prevailed in the early part of the Boer war, and, perhaps, occasionally now—that is, the returning to men leaving hospital of their clothes from the pack store unsterilized. On the occasion of an outbreak of enteric fever in a rest camp I found the clothes, great-coats, etc., of men who had returned from hospital convalescent after suffering from enteric fever on shelves in the hut alongside the remains of food, hidden away, such as bread, butter, jam, etc. I found that these clothes had been worn by the men whilst they were being taken to the hospital. On arrival at the hospital the clothes were rolled up and placed in the pack store. On the men leaving the hospital convalescent, the clothes were given back to them just as they had been placed in the pack store. The result of my report was that an order was issued for the sterilization of all clothes before being returned to the men from the pack store. Some time after I investigated another epidemic of enteric arising in a rest camp. In this case I found that a man had come from an out-of-the-way hospital, where there was no means of sterilizing clothes. He had suffered from enteric; his clothes had been taken from him on arrival at the hospital and returned to him without sterilization. He came to the rest camp; the result was several cases of enteric in the rest camp.

At the time I reported these cases the spread of enteric by any means except water and milk was doubted, but the experiments of Majors Firth and Horrocks, made later, as well as the fact that epidemics of enteric fever have arisen from infected clothes and blankets, have removed all doubts, and it is now admitted that enteric fever may be spread by infected clothes and flies as well as by water and milk.

J. AUGUSTUS LEA, M.B., F.R.C.S.E.,
Grahamstown, South Africa Honorary Major.

NOTE ON THE AGGLUTINATION OF THE MENINGOCOCCUS.

(*From Mobile Laboratory No. 1, G.H.Q.*)

IT is the experience of all bacteriologists who have worked with the meningococcus that it exhibits very variable agglutination reactions, even to the extent of refusing to agglutinate with an anti-serum prepared from the same strain. Our experience with a rabbit that was immunized with known strains isolated direct from the cerebro-spinal fluid is that the strains that were used to inoculate a rabbit sometimes fail to be agglutinated by the serum of the same rabbit. The ability to use the direct agglutination method when searching for the organism on serum agar plates grown from the throats of contacts is so valuable, and saves so much time and labour, that it is of the first importance to be able to place reliance on the constancy of the reaction.

The explanation of the inconstancy of the agglutination reaction that we offer is as follows: The meningococcus is an organism that very quickly shows involution forms in culture. Indeed, the presence of these forms, shown by irregularity of staining, is of the greatest aid in the identification of the organism. It is probable that these involution forms are due to autolysis by an intracellular proteolytic enzyme. Whatever the origin of these forms, their presence in a culture has been found by us largely to upset the agglutination process.

The following experiment is given in support of the statement that irregularities in agglutinating are very prone to occur in old cultures, and that these irregularities disappear when a young culture of the same organism is employed:

Agglutination in Serum Diluted 1 in 50.

	Read after 2½ Hours.	Read after 6 Hours.
Strain.	14 Hours' Growth.	48 Hours' Growth.
Price. ...	Good	Negative.
Coll.	Slight	Negative.
Bien.... ...	Fair	Slight.
Bak.	Complete	Very little.
Jahn. ...	Slight	Slight.
Harr. ...	Good	Negative.
Buch. ...	Good	Negative.
Hep.	Complete	Negative.
Pay.	Complete	Negative.
Gar.	Good	Negative.

The cultures had been in subculture for very nearly the same period, all having been isolated about ten days.

Controls with normal rabbit serum diluted 1 in 10 were uniformly negative.

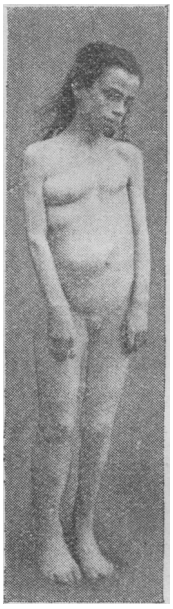
SYDNEY ROWLAND,
ADRIAN STOKES.

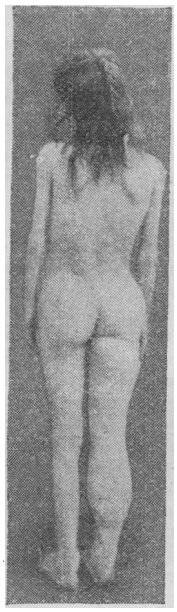
MULTIPLE LIPOMATA AND ELEPHANTIASIS IN A COUNTRY SCHOOLGIRL.

L. W., aged 12, was healthy at birth, and was breast-fed. When she was about four months old the mother noticed a swelling in the right mammary region. A swelling immediately below this, and another above and to the right of the umbilicus, appeared soon after. The child talked before she was a year old, but did not walk until she was two years old. The mother then noticed that the left leg was thin. She does not know when the swelling of the right leg and thigh appeared, as she considered the left the bad leg. The general health has been good. The father, a miner, and the mother were healthy; of their four children the two brothers and one sister were healthy, but the youngest girl, aged 10, was feeble-minded.

The child was anaemic and thin, and presented large

swellings in the right mammary region, and above and to the right of the umbilicus. There was a similar small swelling, about the size of a marble, on the sole of the right foot. These swellings were lobulated, fluctuating, and freely movable. The right leg and thigh showed a uniform firm enlargement, and the superficial veins were prominent. The swelling did not pit on pressure. A supernumerary toe was attached to the third right toe. The chest was thin, with supra- and intraclavicular hollowing. The breathing at the right apex was faint, but vesicular in all areas. There was a curvature of the spine in the lower dorsal region convex to the right. The child walked well. A blood film showed some poikilocytosis, slight polymorphonuclear leucocytosis, and some mast cells. The urine, specific gravity 1010, was pale straw colour, neutral in reaction, and showed no abnormal constituents. The teeth and digestion were good. The heart was not enlarged, and the sounds were closed and clear.





The child walks to school every day a distance of over a mile, and is considered very intelligent by her teacher. She drills with the other children, and has no pain in the right leg. The swelling does not increase during the day. The tumours have the characteristics of lipomata, but it is difficult to account for the associated condition of the leg.

MARION H. ARCHIBALD, M.D., M.A., D.P.H.,
Assistant School Medical Officer, Derbyshire County Council.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

AT a meeting on March 5th, Dr. W. G. SMITH in the chair, Dr. C. M. O'BRIEN showed a boy, aged 13, who had suffered from a very pronounced form of *Lupus non-exedens* for the last nine years. Although it was very widespread, the face of the patient was practically free; the mucous membranes were also unaffected. When admitted on October 8th, 1914, the weight was 6 st. 4 lb.; he was now 11 lb. heavier. The patient was under treatment at the London Hospital for almost three years, getting one hour's exposure of Finsen light on five days of the week. Since October 8th he had had three sittings per week of seventy minutes each. The most that could be claimed for the treatment was that it stopped the spread. Dr. E. J. WATSON read a paper on the *X-ray treatment of ringworm*. The CHAIRMAN said he thought the whole point of *x*-ray treatment was that this method had reduced to weeks a period of treatment which was formerly measured in months. Dr. HARVEY could support Dr. Watson's statement that occasionally cures occurred without epilation being complete. Dr. C. M. O'BRIEN regretted that Dr. Watson did not refer to his experience of children at the age of 3, as he considered it a great crux as to whether they should be treated or not, and if they were treated how it should be done. He himself had made it a *sine quâ non* before treating a child under the age of 3 to get the consent of the parents in writing. He adopted this procedure as it had been suggested in some cases treated in London that the exposure to *x* rays had some effect on the brains of a child. Dr. M. J. HAYES said he was always cautious in the use of old tubes in the treatment of ringworm, as one could not be sure of their vagaries. Tubes which had been used for many hours in a period of months would give off rays greater than one would expect. This he could not explain, but he had experienced it on one or two occasions. He had used cataphoresis with copper sulphate ions, but this was somewhat troublesome, and was more painful. Dr. E. J. WATSON replied. Dr. W. M. CROFTON read a paper on the *Prophylactic inoculation against tuberculosis*. He said that practically every one who attained to adult years got infected with tuberculosis, but only a proportion of those infected developed the disease to a serious extent. The recovery of the majority was due to a normal resistance; therefore, the problem would be solved if the resistance of the minority could be made and kept normal. The only method was to render the soil unsuitable by prophylactic inoculation. T.R. was used, dissolved in liquid paraffin containing 2 per cent. benzoyl chloride. The doses are given at intervals of a week, increasing ten times each administration. They began at one-millionth of a milligram, and rose to one-thousandth for infants. Ten times these doses might be given to older children, and for adults an extra dose of one-tenth milligram might be given. The test of success would be the reduction of case incidence and of mortality. The experiment was innocuous, cheap, and easily carried out. Dr. MOORHEAD said that he had come to the conclusion that tuberculin as a prophylactic remedy against tuberculosis was not of much value. Professor COLLINGWOOD pointed out that one attack of tuberculosis did not produce immunity against another, but rather predisposed to it; therefore, one could not argue that a dose of tuberculin could produce immunity. The debate was continued by the CHAIRMAN and Dr. LAW.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.

AT a meeting on March 12th, Dr. HERBERT JONES, President, in the chair, a paper on the *Etiology of diphtheria* was read by Dr. W. G. WILLOUGHBY, in which he dealt with the incidence of the disease on different soils. As with other diseases, though an individual could not have the disease without the bacillus, many individuals harboured the bacillus without suffering from the specific disease; until the other conditions besides the bacillus of diphtheria were necessary for the production of the disease or what caused the bacillus to become pathogenetic were ascertained, the disease would not be stamped out. Dr. Hugh Snell had given statistics which seemed to show that those districts were better off both as to prevalence and fatality that did not take diphtheria cases into hospitals. Dr. Willoughby considered that the true explanation was district immunity and that diphtheria was of such varied incidence according to locality that one district could not fairly be compared with another. He gave comparative figures of the relative incidence of over 1,000 cases of diphtheria occurring during the past twenty years in houses of the same class occupied by persons of the same social position and situated respectively on alluvium, on the beach, and on the chalk. Among the houses on the alluvium 46 per cent. were affected and 56 per cent. of the cases occurred; among those on the beach 24 per cent. of the houses were affected and 21 per cent. of the cases occurred, and among the houses on the chalk 30 per cent. of the houses were affected and 23 per cent. of the cases occurred. Dr. J. T. C. NASH considered that second attacks with no clinical symptoms might account for epidemics. Dr. J. J. PATERSON said it was not enough to have a throat and the specific organism; there must also be an activating factor. He quoted a case in which the diphtheria organism was carried for two months in spite of local treatment and without the slightest disturbance of health, but at the end of that time clinical symptoms developed. Dr. CHARLES PORTER and the PRESIDENT were of opinion that the methodical practice of swabbing was not of such importance as was generally considered, and Dr. T. W. N. BARLOW said that in Wallasey, where there was no swabbing in hospital, there were few return cases. Dr. C. SANDERS, Dr. CATES, Dr. SIDNEY LAWRENCE, and Dr. H. N. HARDING also took part in the discussion.

very thankful for further enlightenment on the question of the comparative nutritiveness or food value of these different fats, including animal fats other than milk fat. Is there a difference in the number of calories available?—I am, etc.,

Criccieth, March 15th. E. LLOYD OWEN, M.D., D.P.H.

BURSTING GOLF BALLS.

SIR,—There must have been a considerable number of cases of injury to the eye, in England as well as America, from the bursting of golf balls, though we are told there is only one such case recorded in any English ophthalmic journal. I have myself heard of two or three instances, and some four or five years ago I was shown a case at the Sussex County Eye Hospital at Brighton. In this case the front of the eyeball was completely disorganized. As usual, the accident had resulted while the boy was cutting open the ball out of curiosity to see the contents.—I am, etc.,

Wolverhampton, March 28th. E. WEATHERHEAD.

Obituary.

DAVID MOORE ALEXANDER, M.D.,

LIVERPOOL.

THE untimely death of David Moore Alexander on March 18th, from pneumonia, has removed one of much promise in the ranks of research and scientific medicine in Liverpool. Only 37 years of age, he received his primary and professional education in the city of his birth, and graduated M.B.Vict. in 1901, and M.D.Liverp. in 1906. He was chief of the inoculation department at the Royal Southern Hospital; Assistant Medical Superintendent, Maghull Epileptic Colony; and Assistant Lecturer on Bacteriology in the University of Liverpool. He had contributed several articles based on original observation. Among these were the bacteriology of the respiratory infections; the uses and abuses of vaccine therapy; the specific treatment of hay fever; the bacteriology of the intestines. His most important work is contained in the Supplements to the Reports of the Medical Officer of the Local Government Board, and his work was largely concerned with the bacteriology of epidemic diarrhoea and the part played by the domestic fly in its causation.

At the time of his fatal illness Dr. Moore Alexander was occupied in inoculating soldiers against typhoid, a subject with which he was thoroughly conversant. He had just received the appointment of bacteriologist to the Liverpool City Merchants' Mobile Hospital, which has now left for the front. At the time of his death he was secretary to the pathological meetings of the Liverpool Medical Institution, and, out of respect, the meeting of March 18th was adjourned.

Dr. Moore Alexander was the only son of Dr. William Alexander. He leaves a widow and one child. In character he was quiet and unassuming, and as recreation he devoted his holidays to fishing. He leaves behind the memory of a hard-working pathologist and an amiable medical man, much appreciated by a large circle of friends.

THOMAS RAWDON GLYNN, M.B., B.C.CANTAB.,

LIVERPOOL.

THE death of Dr. Thomas Rawdon Glynn occurred on March 9th. He was the second son of Dr. T. Robinson Glynn, professor of medicine in the University of Liverpool, and brother of Dr. Ernest E. Glynn, professor of pathology there. Thomas Rawdon Glynn received his general education at Liverpool College, and his medical education at the Universities of Cambridge and Liverpool. He graduated in medicine in 1910, and held the usual resident appointments at the Liverpool Royal Infirmary, and later was elected physician to the Hospital for Consumption and Diseases of the Chest. His medical career was thus auspiciously begun, but he discovered unfortunately that he was suffering from a malady which he realized would in all probability terminate his life in a few years. Nothing daunted he determined with noble courage to pursue his daily duties, taking all rational measures to preserve his health. Until a few weeks ago he was about, and to those unaware of the precariousness of his life he exhibited that cheerfulness so characteristic of him. He became seriously ill at his father's country residence, Nerquis Hall, Flintshire, where he passed peacefully away in his 35th year.

Thomas Rawdon Glynn has left a pleasant memory—a companionable young man, a staunch friend, and, now that we know how his life hung, so to say, on a thread, an example of enduring courage, ready to do his duty until he could do it no longer.

DR. GEORGE M'KERROW, of Ayr, has died at his residence in that town, at the age of 65. He graduated M.B., C.M.Glasg. in 1871. After serving as resident physician and surgeon at the Royal Infirmary, Glasgow, he settled at Waterside, where he practised among the colliers for about thirty-five years. He was surgeon to the Ayr County Hospital, and J.P. for the county. For some time before his death he had been laid aside by illness.

Medical News.

DR. CHARLES MACFIE, of Bolton, formerly a member of the Council of the British Medical Association, died on March 25th, after six weeks' illness, from angina. The funeral took place at the Manchester Crematorium on March 30th. It is hoped to publish shortly an obituary notice.

THE Honorary Secretary of the School Medical Service Group of the Society of Medical Officers of Health (Dr. A. Ashkenny, 2, London Road, Basingstoke) gives notice to members and others interested in the service that a meeting of the Group will be held on Saturday next, April 10th, at 3.30 p.m. at the Society's offices, 1, Upper Montagu Street, Russell Square, London, W.C. The annual meeting, postponed on account of the war, will be held at 3.30 p.m., and the general meeting immediately after tea at 4 p.m. Several items of importance to members of the service brought up by members or referred to the Group by other official bodies will be considered.

THE West London Medico-Chirurgical Society has decided, in place of the annual dinner, to give a reception at the West London Hospital on Friday, April 23rd. The programme will include war exhibits and short illustrated addresses on war subjects. The charge for each ticket, whether for a member, lady or guest, will be 5s., and the whole of the proceeds after the deduction of expenses will be presented to the Belgian Doctors' and Pharmacists' Relief Fund. Applications for tickets, accompanied by a remittance, may be sent to either of the honorary secretaries, Mr. Oswald Addison, 125, Harley Street, W., or Dr. Reginald Morton, 66, Harley Street, W. At the next meeting of the society, on Friday next, at 8 p.m., a series of clinical cases will be shown.

VISCOUNT BRYCE, O.M., who has become president of the newly formed Belgium Town Planning Committee, will open a Belgian exhibition at University College, Gower Street, on April 6th. This exhibition, which will remain open until the end of the month, is the result of the conference recently held at the Guildhall. The committee has been formed by the amalgamation of various bodies which had previously been considering the question of the replanning of Belgium. It is proposed to establish subcommittees of architects, lawyers, and others, including, we may hope, medical men experienced in public health administration, although this is not stated, to consider the technical sides of town planning. The offices of the committee are at the School of Architecture, University College; the chairman is Mr. Raymond Unwin, and the secretary Mr. Ewart G. Culpin.

THE Annual Congress of the Ophthalmological Society of the United Kingdom will be held on Thursday, Friday, and Saturday, April 22nd, 23rd and 24th. On Thursday morning papers will be read at the Royal Society of Medicine, 1, Wimpole Street, W.; at the afternoon sitting a discussion on "Ophthalmic Injuries in Warfare" will be opened by Mr. W. H. H. Jessop and Colonel W. T. Lister. Friday morning will be devoted to a discussion on "Detachment of the Retina," to be opened by Dr. Maitland Ramsay, Mr. Leslie Paton, and Mr. M. S. Mayou; in the afternoon there will be a clinical meeting at the Royal London Ophthalmic Hospital. On Saturday morning papers will be read. Members desirous of reading papers or showing cases should communicate at once with the Honorary Secretary, Mr. G. Coats, 50, Queen Anne Street, W. It is intended to hold an exhibition of drawings, specimens, etc., and exhibits should be addressed to Mr. M. S. Mayou, 30, Cavendish Square, W.

Universities and Colleges.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

ELECTION OF PRESIDENT.

AN extraordinary Comitia was held on Monday, March 29th, Sir Thomas Barlow, Bt., K.C.V.O., being in the chair.

Presidential Address.

Sir Thomas Barlow delivered the usual presidential address, in the course of which he referred to the royal honours which had been conferred on Fellows, Members, and Licentiates during the year. He especially mentioned Captain A. M. Leake, R.A.M.C., who for the second time had been awarded the V.C. He also reviewed the list of the lecturers of the year, the gifts made to the college, and the medals and scholarships awarded. After consideration of the principal matters which had been discussed at the college, the President read obituary notices of the Fellows who had died during the year, namely: Samuel Herbert Habershon, Edward Cox Seaton, Isaac Burney Yeo, Eustace Smith, John Abercrombie, and Philip Henry Pye Smith. In conclusion, the President thanked the Censors and the officers of the College and the Fellows for the support they had given him during the time he had occupied the presidential chair.

Vote of Thanks to the President.

Dr. P. W. Latham proposed a resolution thanking the President for his address, and requesting that it might be printed, and expressing the Fellows' high appreciation of his services to the College whilst he had been President.

Sir Thomas Barlow thanked the College, and vacated the chair.

Election of President.

A ballot then took place for the election of President, and Dr. Frederick Taylor was elected. The Senior Censor (Dr. Percy Kidd) delivered the charge, and handed to Dr. Frederick Taylor the insignia of office. The President then gave his faith to the College, and thanked the College for the honour conferred on him. The Comitia was then dissolved.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B.—*J. M. Brydson, *J. R. Hughes, S. E. H. Anderson, S. R Chatterji, Iris M. Cheeseright, E. Girgis, I. Girgis, Mary I. A. Grimmer, G J. D. Hammond, R. A Hickley, D F Hocken, L. Lavine, D. Levinstein, A. Saleh, H. W. Walther, G. R. Woodhead.

THIRD M B (*Materia Medica, Pharmacology and Pharmacy, Public Health, Medical Jurisprudence, Pathology, and Elementary Bacteriology*).—N A Martin, G N. Metzger, A. Smirthwaite.

* With second-class honours.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

FIRST M.B. AND CH.B. (*Part I, Inorganic Chemistry and Physics*).—Mary E. Boullen, G. H. Buckley, T. H. S. Bullough, T. E. Coope, G. Cumming, E. B. A. Edelston, F. C. Jones, S. Kelly, J. Leather, W. E. Mason, P. B. Mumford, E. R. Ormerod, Effié Ratner, J. S. Robinson, H. Stafford, Doris M. R. Tompkin, Ruth A. Wilson. (*Part II, Biology*)—N. Abdoh, May Ashburner, Mary E. Boullen, G. H. Buckley, T. H. S. Bullough, T. E. Coope, G. Cumming, Kathleen Doyle, Georgiana M. Duthie, E. B. A. Edelston, Olive M. Gimson, F. G. Hamnett, A. Harris, F. C. Jones, S. Kelly, J. Leather, J. A. Marriott, W. E. Mason, P. B. Mumford, J. G. Nolan, E. R. Ormerod, W. Reikan, J. S. Robinson, A. H. Sadek, H. Stafford, Doris M. R. Tompkin, Ruth A. Wilson.

THIRD M.B. AND CH.B.—E. R. Gilmore, J. B. Leigh, B. L. Lloyd.

SECOND M.B.—Frances G. Bullough, J. Charnley, R. S. Paterson, H. T. Savage.

D.P.H.—T. F. Bamford, A. G. Bryce, D. I. Dakeyne, H. H. Proudfoot, D. M. Wilson.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—F. A. Anderson, J. J Block, R B. Boston, J G. Dobson, D. S. Falconer, F. J. Ng-a-Fook, H. J. Foote, A. W. Forrest, H. C. Fox, E. Fullerton, E. G. M. Gilchrist, David Golding, H. A. Hewat, Eric Jamieson, A. C Laing, J. Lawson, R. J. S. M'Dowall, I. C. Mackay, R. M'Kinlay, P. C. MacRae, J. W. Mathews, Isabel Mitchell, S. N Mitra, R. F. T. Newbery, C. H. Newton, J. M'C. Orme, R N. Phease, W B. Postlethwaite, J. O. Reid, C. Resnekov, Muhammad Abdul Latheef Sayeed, J. C. Sinclair, B P Varma.

SECOND M.B. (*Physiology*).—E. H. Ablett, Lal S. Anand, G. Balsillie, V. C. Beckerleg, J. J. de Beer, W. T. Benson, R. F. Boltman, G. Buchanan, R. M. Buncle, R. E. Burns, Ruby T. Carr, B. Cheifitz, A. C. Y. Chow, Anna G. Christie, Eva M. Clark, A. Y P. Cochrane, E. D. D. Dickson, J. Edelstein, H. S. Fisher, H. A. E. Girby, H. R. Goldberg, W. H. Herberg, L. C. D. Hermitte, N. Hirschman, W. G. Hughes, H. M. Jacobs, J. T. Johnston, A. Klenerman, M. Lall, G. Lange, J. Learmont, T. K. Lwin, W. M. M'Alister, J. C. M'Cartney, H. B. Mackenzie, A. W. Mackie, I. F. Macleod, R. Macnair, J. M. Macpherson, A. MacRae, A. Maja, P. Malherbe, J. S. Mann, C. J. van der Merwe, D. J. Micah, J. K. Mitchell, T. B. Moyes, T. Parr, I. Platzky, H. S. Ploman, J. W. Rabkin, K. N. Rao, Gertrude M. V. Richardson, L. Rifkind, Dorothy A. Robertson, I. H. L. Shapiro, G. M. S. Smith, Janet Smith, Janet S. Smith, F. B. Sutherland, A. B. Thaw, J. C. Truter, M. S. Tun, R. Wallace, G. R. S. Ward, G. N. Wardle, D. T. Watt, J. J. Wessels, U. G. Williams, J. L. Wilson. (*Anatomy*).—Janet C. P. Alison, Z. J. de Beer, W. T. Benson, R. M. Bowman, R. E. Burns, Ruby T. Carr, Eva M. Clark, E. D. D Dickson, G. W Dunlop, D. T P Gay, H. A. E. Girby, H. R Goldberg, W A. Gray, L. C. D. Hermitte, C. Edith L. Hole, W G. Hughes, H. M. Jacobs, J. T. Johnston, A. Klenerman, M. Lall, J. Learmont, J. K C. Liddell, A. G. Mackay, H. B. Mackenzie, R. D. Mackenzie, A. S. M'Kern, J. M. Macpherson, A. MacRae, J. S. Mann, D. J. Micah, J. K. Mitchell, T. B. Moyes, J. O. Murray, Mary S. Paterson, A. Renwick, Gertrude M. V. Richardson, Annie C Roberts, Susan A Robertson, J Robinson, G M S. Smith, Janet S. Smith, S Stein, F B. Sutherland, H. W Y. Taylor, A B. Thaw, R Wallace, G. N. Wardle, J J. Wessels, J. L Wilson

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The following candidates have passed in Practical Materia Medica:

J. J. Ackerman, J. Allison, R. M. Buncle, W. E. Canekertne, B. T. Chain, Anna G. Christie, W. J. F. Craig, N. P R. Galloway, H. Gordon, A. B. Grant, J. A. C. Guy, Martha L. Hamilton, B. R Handoo, J. R. Hanna, J. L. Hill, M.A., Y. C. Lee, J. T. M'Auslin, J. C. M'Cartney, R. MacGarrol, R. D. Mackenzie, J. S. Munro, R. B. Okholm, A. J. Pollock, J. Ratcliffe, R. B. Renton, W. Richards, L. C. Rudd, J. M. Smellie, G. L. M. Smith, A. F. de Waal, J. D. White, D. H. Williamson, Gladys R. M. V. Williamson, J. W. van Zyl.

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FIRST D.P.H.—W. Crane, M.D., E H. P. Murphy, M.B.

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§ Medical Jurisprudence and Hygiene, Materia Medica.
‖ Materia Medica completing examination.
¶ Pathology completing examination.