3. Hemorrhage during the third stage, give the causes, symptoms and treatment.

4. In a primipara, aet 40, menstruation ceased August 1st, 1895. The diagonal conjugate measures 9 c.m. By abdominal palpation it is made out that the fœtus lies in the second position of the vertex, and that the fœtal heart beat is 130. Describe your subsequent management of the case, giving your reasons for the measures you adopt.

5. Ophthalmia Neonatorum; what are its symptoms and terminations? What would be your treatment. (*a*) Prophylactic; (*b*) in the acute stage; (*c*) in the chronic stage.

THEORY AND PRACTICE OF MEDICINE.

Examiners ..... { Prof. Stewart, M.D.
" Finley, M.D.
" Laelbur, M.D.

1. Discuss the conditions that threaten a fatal issue in Typhoid fever, Diptheria and Scarlatina. [30]

2. Discuss the causation of pain in the epigastric region. [40]

3. Give the clinical history of a case of Hypertrophic Cirrhosis, and describe the morbid conditions in the liver. [30]

4. Describe the physical signs of any three conditions producing an increase of precordial dullness. [30]

5. What symptoms and physical signs may result from an aneurism of the ascending thoracic aorta. Discuss the etiology and treatment of such a condition. [30]

6. Describe the results of muscular strain on the thoracic organs. [40]

7. Discuss the chief causes leading to Lateral and Longitudinal Sinus Thrombosis: Cerebral and cerebellar abscesses: and acute purulent meningitis. How would you recognise the onset of the conditions mentioned. [30]

8. Discuss the significance and management of convulsions occurring (*a*) In an adult who is suffering from lead poisoning; (*b*) In a rickety child aged 2 years; (*c*) In the course of chronic Interstitial Nephrites. [30]

9. Discuss the nature of the following case:

A girl, age 16, suffered from headache and vomiting: a week later coldness in the fingers of the left hand was complained of: complete paralysis of the left arm and paresis of the left leg set in, in the course of a few days. On examination when patient was admitted to the hospital, there was right facial paralysis with total left hemianesthesis of the face, arm, trunk and leg. The knee jerks were found exaggerated, especially the right. No disturbance of functions of any of the special sense nerves could be made out, and the urine was found to be normal. For a month there was no change in the patient's condition, except the development of right sided Ptosis. [40]