

## THE CURRICULUM OF THE MEDICAL COUNCIL.

There were but few changes made in the curriculum at the last meeting of the Council. The time for the acceptance of the matriculation examinations under the old rules, which required a four years' course, has been extended from July 1st, 1892, to Nov. 1, 1892. The object of this is to allow intending students to present themselves at the departmental examination during this ninth (July), and also the supplemental in September, and still come under the old régime. The effect of this change will be to postpone the working of the five-year regulation until 1893.

The students will be pleased at the decision to hold two examinations in the year as heretofore—one in April, and the other in September. Some slight changes have been made in the methods of conducting the examinations and paying the examiners. In the future it will only be necessary to have one presiding examiner present at each examination instead of two. There are few changes in the examining board. Dr. Albert Macdonald, of Toronto, will examine in Midwifery in the place of Dr. Wilson, and Dr. Small, of Ottawa, will take *Materia Medica* in the place of Dr. MacKinnon.

## UNIVERSITY OF TORONTO SENATE ELECTION.

The next election for the Senate of the University of Toronto will be held in September. There will be four elected by the graduates in medicine. We understand that the graduates of Victoria College will have the right to vote. The present members are Drs. I. H. Cameron, A. H. Wright, L. McFarlane, and W. H. B. Aikins, and all are candidates for re-election. Drs. R. A. Reeve, A. B. Macallum, and Jno. S. Mullin (Hamilton) are also in the field. \*

At a meeting of the trustees of the Johns Hopkins University, Baltimore, the following graduates of the University of Toronto were appointed fellows for the year 1892-3: Lewellys F. Barker (M.B. Tor., '90), Fellow in Pathology; Arthur P. Saunders (B.A. Tor., '90), Fellow in Chemistry.

## Meeting of Medical Societies.

### ONTARIO MEDICAL ASSOCIATION.

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Thursday, June 2nd.

#### THE MEDICAL SECTION.

Dr. Groves, of Fergus, in the chair. A symposium upon

#### THE PNEUMONIAS OF CHILDREN

was introduced by a paper by Dr. W. H. Henderson, of Kingston, on the "Diagnosis of Pneumonic Consolidation from Pleural Effusion," which was read by Dr. Wishart in the absence of the writer. This was followed by a paper upon

#### DIAGNOSIS OF LOBAR FROM LOBULAR PNEUMONIA AND OF PNEUMONIA FROM BRONCHITIS,

by Dr. H. T. Machell, Toronto. A paper on

#### PROGNOSIS IN PNEUMONIAS GENERALLY

was read by Dr. Wishart in behalf of Dr. A. Baines, Toronto. The discussion was opened by Dr. Powell, of Ottawa, who said: "I have long been of opinion that in the routine practice of chest disorders of children insufficient care is taken in the physical examination of the chest for the purposes of diagnosis, and too much is taken for granted. I speak now of ordinary, everyday work, and not of cases seen in consultation, or ones of special interest or importance. Speaking broadly, we may regard the sudden onset of a chest inflammation in a healthy, strong child to be lobar pneumonia, whereas the gradual onset of lung complication during the course of, or following, one of the exanthemas ought always to put us on the lookout for a lobular pneumonia. If, besides the sudden illness, we have short, sharp cough, rapid breathing, flushed cheeks, brilliant eyes, and, what to my mind is of great value, the facial expression of distress, and all accompanied by a sudden rise of temperature, we very fairly diagnose a pneumonia, though physical examination of the chest ought to be resorted to to establish the fact and should never be omitted. I consider the cardinal signs of pneumonia often wanting and rarely all present in children; indeed, the rule is, some of them are always absent, and those that are present are usually irregular.