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PRINCIPLES AND PRACTICE OF SURGERY.

SENIOR CLASS.

1. Name the several dislocations of the elbow joint.
2. What are the symptoms of dislocation of the proximal end of radius, upwards and in front of the humerus?
3. What structures are lacerated in this dislocation?
4. Is there any particular difficulty in effecting reduction of this dislocation, unless a certain mode of extension is employed? and if so, what is it?
5. What are the ordinary pathological changes taking place in an artery, previous to and during the formation and progress of aneurism arising without wound?
6. What are Hodgson's views on this subject, and in what do they differ from Scarpa's?
7. How do you distinguish from other tumours, aneurism seated externally to the great cavities of the body?
8. What difference as to the certainty of diagnosis is frequently met with, during the early and later periods of its progress?
9. What gives rise to this difference?
10. When a cure [i. e. an obliteration of the aneurismal sac] takes place without the aid of surgery, what are the changes, both in the aneurism, and in the branches of the diseased vessel?
11. What is the minimum of surgical interference usually requisite for the cure of aneurism?
12. What processes effecting a cure, follow the application of a small tightly-tied ligature on an artery, the ligature being placed on the proximal (the cardiac) side of the aneurism?
13. There is an operation for aneurism, called Brasdor's, in which the ligature is not placed on the cardiac side of the sac, but on the distal side: state on what artery alone this operation is found to be successful, and why it fails on other arteries.
14. In what cases should it be preferred to ligature of the artery on the cardiac side of the sac?