

No. 5.—What causes may give rise to abscess of the groin, and how would you diagnose from psoas abscess presenting there?

No. 6.—Describe the various forms of cutaneous ulcers, and give treatment of indolent ulcers.

No. 7.—Diagnose a dislocation from a fracture.

No. 8.—When dislocation and fracture co-exist, what is the rule for reduction?

W. P. BUCKLEY, *Examiner.*

OPERATIVE SURGERY.

No. 1.—Describe Chopart's operation.

No. 2.—In what case is excision of the elbow joint advisable—and how is it performed?

No. 3.—Describe the operation for vesico-vaginal fistula.

No. 4.—In what part of its course is the brachial artery usually tied, and how is the operation performed?

No. 5.—What are the various circumstances requiring trephining, and how is it performed?

W. P. BUCKLEY, *Examiner.*

SURGICAL ANATOMY.

No. 1.—Name the parts divided in tracheotomy. What structures are to be avoided?

No. 2.—In what direction, and to what is due any displacement occurring in fracture of upper third of the thigh.

No. 3.—Name in some order the structures divided in excision of the ankle joint.

No. 4.—What parts are successively divided in the operation of colotomy?

No. 5.—Trace the course of any vessels between the bones of the head and brain, which being wounded may compress the brain.

No. 6.—Give the exact position of the eustachian tube—how would you pass a tube into it?

No. 7.—Beginning at the skin, name each tissue successively divided in removal of the lachrymal gland, and describe the course of the canals whereby the tears are conveyed from the eyeball.

No. 8.—What parts would require division to ligate the popliteal and posterior tibial arteries? State the anatomical difficulties in each case.

M. SULLIVAN, *Examiner.*

MIDWIFERY (OTHER THAN OPERATIVE).

No. 1.—Describe the formation of the placenta and umbilical cord from their origin to complete development, and state their functions.

No. 2.—Describe the conditions which will retard the progress of labour in the first stage, and specify those cases in which, if left to nature, the result to the mother would be serious, perhaps fatal; give treatment.

No. 3.—What is placenta prævia? Give symptoms, diagnosis, prognosis, and treatment.

No. 4.—What is menorrhagia? Give its causes, symptoms, and treatment.

No. 5.—Give the symptoms, pathology, prognosis, and treatment of phlegmasia dolens.

H. ROBERTSON, *Examiner.*

MIDWIFERY (OPERATIVE).

No. 1.—What are the objects of craniotomy? In what cases is it justifiable? Describe the method of operating.

No. 2.—In what cases is cesarean section justifiable? State the object of the operation, and describe it fully.

No. 3.—What is ovariectomy? In what cases would you recommend it? Give the operation and treatment.

No. 4.—State the causes of vesico-vaginal fistula; give symptoms and treatment.

No. 5.—How is inversion of the uterus produced? Give symptoms and treatment.

H. ROBERTSON, *Examiner.*

MEDICAL JURISPRUDENCE.

No. 1.—Distinguish between ante-mortem and post-mortem twins.

No. 2.—What is the average term of gestation—the shortest term compatible with full development of fœtus—and the longest term?

No. 3.—In a case of infanticide from strangulation, what signs, if any, would show that strangulation took place after an independent circulation had been established in the body?

No. 4.—To what extent is generative power developed in cryptorchids?

No. 5.—What symptoms would give rise to a suspicion of poisoning? and in such a case, what points in its history, in the appearance of the body, and in the surroundings, should be noted?

No. 6.—Do you consider the following case one of suicide or homicide? Give reasons for your opinion:—A man found dead—lying on his face—with throat cut, right arm placed under body, with right hand near left shoulder; and close to right hand a razor found open with blade smeared with blood; blood on neck and chest; incision in throat four inches long and two and one-half deep, extending obliquely from about an inch above left collar bone to right side of chin, dividing all the vessels and anterior vertebral muscles—deepest part of incision at right angle of wound, and extending behind the unbroken skin.

W. T. CAMPBELL, *Examiner.*