

all appearances, in good health until about two months ago, when the thirst and vomiting set in again.

The tonic spasms of the lower extremities returned and were soon followed by death.

The stomach weighed 23 oz. ; length from the cardiac to the pyloric extremity, 20 inches; vertical diameter,  $7\frac{1}{2}$  inches. The pyloric orifice has a diameter of only  $\frac{1}{8}$ th of an inch. An ulcer  $\frac{1}{2}$  of an inch in diameter, and nearly the same in depth, with undermined edges, was situated at the commencement of the pyloric orifice.

Dr. Graham concluded the report of this case by saying, \* \* \* The treatment of this case convinces me of the very great benefit derivable from Kussmaul's method of washing out the stomach when this organ is dilated. I feel satisfied that although the pyloric constriction could never be removed, that with proper attention to quantity and quality of food, and the use of the syphon or pump, at the proper time, he may have been tided over many months—perhaps many years.

Dr. McDonald, of Wingham, read the notes of a case where he stretched the sciatic nerve for obstinate sciatica. The result in this case has been very encouraging.

Dr. Stewart gave a report of a case where he and Dr. Hurlburt performed a similar operation for an inveterate sciatica. Sufficient time has not yet elapsed to decide as to the permanent value of the operation in this case.

### Miscellaneous.

#### MEDICAL COUNCIL EXAMINATIONS.

There were 150 candidates for the Professional Examinations, of whom 83 were for final; and 125 for matriculation. The final were written and the primary entirely oral, the anatomy being on the dissected subject. This is the proper method, and it is a mode that is very popular among students who *know their anatomy*.

The following are the final questions :

##### THEORY AND PRACTICE OF MEDICINE.

N.B.—The candidate will only answer the first three questions, and any three of the remainder.

No. 1.—You have been in daily attendance

upon a patient, who has been several days ill; you determine that it is a case of typhoid fever, although no rash is present. Show why it may not be a case of acute tuberculosis or tubercular peritonitis.

No. 2.—(a) Locate the normal superficial cardiac dullness. (b) Record the symptoms and physical signs of dilatation of the right ventricle of the heart, and determine the causative differences between dilatation of the right and left ventricles. Treatment of both.

No. 3.—Distinguish the causes, other than surgical, upon which an unconscious condition may depend; and give a short account of any case which may have come under your own observation.

No. 4.—(a) What are the relative lengths of inspiration and expiration in tracheal, bronchial, and vesicular respiration? Compare the interval in each. (b) In the healthy state of the respiratory organ, where would you expect to find bronchophony? (c) What condition of the lung would it indicate, if found in other parts? and what diseases does this condition of lung include?

No. 5.—Diagnose, describe the characters of, and treat a case of tinea-tonsurans.

No. 6.—Give the clinical history and treatment of acute dysentery.

No. 7.—(a) Illustrate how the thermometer may very materially aid in diagnosis. (b) What are the ranges of temperature in health? (c) In what diseases does hyperpyrexia most frequently occur?

No. 8.—Determine the clinical differences between, and give briefly the diagnostic points in chronic gastritis, gastric ulcer, and cancer of the stomach.

F. R. ECCLES, *Examiner*.

##### SURGERY (OTHER THAN OPERATIVE).

No. 1.—Describe the symptoms of—dangers to the eye from—and treatment of a case of simple iritis.

No. 2.—Diagnose intra from extra-capsular fractures of the femur.

No. 3.—Give the symptoms and diagnosis of hip-joint disease.

No. 4.—What is considered the most favourable time for operating after gunshot wounds—and what are the general results of secondary amputations?