

M. D. Examination.

DECEMBER, 1908.

MEDICINE.

FIRST PAPER.

Examiner—DR. NILRATAN SARKAR, M.A., M.D.

1. Write a dissertation on Splenic Enlargements other than that found in Kalazar.
2. Discuss the influence of the Alimentary System in causing arterial hypertonus and Sclerosis, dwelling particularly on some recent views regarding the nature and origin of Angina Pectoris.
3. Discuss the principles of Vaccine Therapy.

MEDICINE.

SECOND PAPER.

Examiner—DR. NILRATAN SARKAR, M.A., M.D.

Comment upon the following case, mentioning what post-mortem appearances you would expect to find.

The patient, age 42, had been troubled with flatulence and constipation for a long time. One night when going to take his meal, he was attacked with severe pain in the Epigastrium. Marked Dyspnoea followed. The pain increased subsequently. There was nausea, but no vomiting. An Enema relieved the pain to some extent. Vomiting appeared after a week. Constipation continued. After a fortnight vomiting was less frequent and constipation alternated with diarrhoea. Soon after there was swelling of the legs.

He was emaciated: Tongue cracked and furred. He complained of a nasty taste in the mouth. He had cough attended with mucous expectoration, abdomen tumid. There was a definite bulging in the epigastrium and right hypochondrium which was not affected by respiratory movements. This area was hard and its lower edge was still defined. The mass was dull on percussion, the upper level extending to a horizontal line passing through the upper end of the ensiform cartilage. The lower margin of the 7th rib in the right mammary line and the 8th and 11th ribs in the mid-axillary and posterior scapular line respectively. Above this area up to the level of the 5th rib the percussion note was tympanitic and Vocal fremitus was increased. A distant tubular breathing and

brochophony were also perceptible over this site. Friction sounds were audible here and there. At the left base below the 6th rib in the mammary line there was dulness associated with diminished breath and vocal sounds. Rate of respiration 34 per minute. Apex beat of the heart was found in the 5th intercostal space outside the left nipple line and cardiac dulness extended from half an inch beyond the point to the left border of the Sternum. Heart sounds normal. Pulse rate 104 per minute. Some Oedema was found in the sacral region and legs. Urine was high colored, sp. gr. 1028: full of urates but contained no albumen or sugar or bile. The patient complained of an aching pain in the right hypochondriac and lumbar regions. No tubercle bacilli were found in the sputum. The patient gradually became prostrated and died after a couple of months—the physical signs remaining unchanged.

PATHOLOGY.

Examiner—MAJOR L. ROGERS, M.D., M.R.C.P., F.R.C.S.,
I.M.S.

1. What micro-organisms produce acute inflammation of the pia-arachnoid membrane, and how would you proceed to isolate and identify each.
2. Describe the naked eye and microscopical changes produced in the liver by syphilis. How is Wasserman's serum test for syphilis carried out, and what is its diagnostic value?
3. Describe the microscopical and cultural characters of the fungus of mycetoma, and note the points in which it differs from that of actinomycosis.

MENTAL DISEASES.

Examiner—CAPT. W. V. COPPINGER, M.D., I.M.S.

- (1) Describe the principal symptoms in a case of "Paranoia" and describe its differential diagnosis.
- (2) What is "Stupor"? Describe its varieties and usual causes.
- (3) What varieties of insanity may arise as a result of excessive consumption of Alcohol. Describe carefully one type.
- (4) Discuss briefly the relationship of Epilepsy (grand and petit Mal) and other forms of mental diseases.