

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were submitted to the candidates at the recent examination for the Fellowship:—

November 10th, 1856. *Anatomy and Physiology.* No. I.—

1. Give the blood-vessels of the brain and its membranes, arteries, and veins; their points of entrance and exit from the cranium, the formation of the circle of Willis, and the arrangement of the sinuses of the dura mater. 2. Describe the duodenum, specifying its situation, course, and relations; its component structures, and the sources of its blood-vessels and nerves. 3. Describe the parts in their ordinary relative situation occupying the upper opening of the thorax. 4. Describe the organs of generation in the male; the muscles, blood-vessels, and nerves with which they are supplied. 5. Describe the structure of the elbow and knee-joints; the nature and extent of their respective motions, and the muscles by which these motions are performed. 6. Describe the diaphragm and other muscles employed in ordinary respiration, their proper actions, and the general mechanism of that process. No. II.—1. Describe the basis of the brain, including the medulla oblongata, to its junction with the spinal cord, and the origins of the several nerves proceeding therefrom. 2. Describe the structure of the wrist-joint, together with the origin and termination of the muscles or tendons which pass in front of and behind it. 3. Describe the larynx, its cartilages and muscles, ligaments and nerves, with the manner in which its functions are performed. 4. Describe the course and distribution of the third and fifth pairs of nerves. 5. Describe the minute structure of the lungs, and the function of respiration. 6. Describe the minute structure of the kidney, the manner of its function, the qualities of healthy urine, and the principal morbid deviations from that standard.

November 12th, 1856. *Pathology and Surgery.* No. I.—

1. What is the nature of concussion of the brain? What are the primary, and what are the secondary symptoms? what injurious consequences of a more or less permanent character may ensue? and what treatment ought to be adopted under the several states of such injuries? 2. Describe the mode of inflammation denominated erysipelas; its seat and character when traumatic, its most frequent causes, its varieties of termination, and the general indications of treatment, local and general. 3. Describe the operation of tying the subclavian artery on the outer side of the scalenus anticus muscle. State the difficulties which may occur in the operation. 4. Describe retention of urine from permanent stricture; the mode in which the urethra behind the disease and the bladder are affected; the progress and termination of the disease; and the treatment suited to its various stages. 5. Describe the symptoms, probable results, and treatment of injuries befalling the cervical, dorsal, and lumbar portions of the spinal cord. 6. Having relieved by operation the strangulated bowel, is any further treatment indicated for the purpose of restoring the continuity of the peristaltic action which can be safely and advantageously employed? State in what circumstances you would consider it imprudent to refrain from opening the sac in operating for strangulated hernia. No. II.—1. In carbuncle and carbunculous boil, which is the safest and most efficient local treatment, the knife or the caustic potass? State the *modus operandi* of the latter in curing the disease, its advantages, and the grounds, if any, of objection to it. 2. Describe the operation of tying the external iliac and the common iliac artery; also that of tying the subclavian trunk; mentioning particularly the parts that may be endangered, the mode of avoiding such danger, and the principal collateral channels by which in each case the circulation will be maintained. 3. In fracture of the skull without symptoms of compression, state the circumstances which would warrant interference with the bone, and without a wound of the integuments, to cut down upon and examine the bone; and why, if indicated, the early use of the trephine is especially important, and its late employment unavailing to the beneficial results of the operation. 4. What is the state of the blood, the vessels, and the circulation, in a part affected with phlegmonous inflammation, according to its several stages of serous effusion, adhesion, suppuration, ulceration, and gangrene? 5. Can the phenomena of inflammation in its several stages be explained but by the combined agency of the arterial, venous, and lymphatic absorbent systems, in a manner and relation so peculiar as to constitute it a process *sui generis*; or are such phenomena a mere repetition or perversion of the rudimental formative and nutritive processes? State your opinion, and the facts for its foundation. 6. Is there reason founded on ob-

servation to believe that the operation of chloroform is positively injurious, by depressing the vital power of the system after its direct effect of suspending sensation has passed away; or negatively, as an impediment to the healing process?

DISAPPEARANCE OF CHOLERA FROM MADEIRA. By the latest accounts received from Madeira, we learn that cholera has left the island, and that the place is now happily restored to its wonted condition of healthfulness. Visitors and invalids were already returning to the island for the purpose of enjoying its mild and genial climate during the winter. The food and clothing sent out by the London committee were being carefully and judiciously distributed by a local committee, while the Government stores were issued to the distressed people under the direction of Staff-Surgeon Matthew and a purveyor of the English army, with the guidance and advice of the consul, the principal merchants, and other influential persons on the island. The Governor, Brigadier-General Conceiro, was, as he has been during the whole course of the epidemic, incessant in devising means of relief. The good already effected by this well timed and well directed aid has been of incalculable value to those whom the epidemic has made widows and orphans, and, indeed, to the whole of the destitute poor of the island.

MUNIFICENT ACT. It having become known to the Goldsmiths' Company that the income of the Middlesex Hospital was inadequate to its necessary expenditure, the company at a recent Court, although previously unconnected with the hospital, voted £300 in aid of the funds of that useful charity.

TO CORRESPONDENTS.

LETTERS and other COMMUNICATIONS for the JOURNAL should be directed to the private address of the Editor, 39, Curzon Street, May Fair.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

TO CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers always deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Communications have been received from:—MR. G. B. HALFORD; THE HON. SECRETARIES OF THE NORTH LONDON MEDICAL SOCIETY; MR. JOSEPH HINTON; DR. T. INMAN; SIR CHARLES HASTINGS, M.D.; DR. BEGLEY; MR. LANGSTON PARKER; MR. T. W. NUNN; MR. SPENCER SMITH; DR. KIDD; MR. J. R. HUMPHREYS; A SCEPTIC; MR. W. D. HUSBAND; MR. E. BOULT; MR. T. HOLMES; MR. GEORGE ALLARTON; MR. THOMAS POPE; MR. ALBERT NAPPER; MR. L. E. DESMOND; MR. W. B. KESTIVEN; DR. BRINTON; MR. G. E. NICHOLAS; DR. LIVY; and MR. STONE.

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