

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following questions were submitted to the candidates at the recent half-yearly primary examination for the Fellowship of the College. *Physiology*.—1. Describe the minute structure of the two outer layers of the Retina. What are their functions? Describe the effects of Light upon them in the Living Eye. 2. Contrast the tension of the Oxygen and Carbon Dioxide contained in Venous and Arterial Blood respectively with the partial pressure of those Gases in the Pulmonary Alveoli. Compare the Gas-interchange which takes place normally with that which occurs in Suffocation. 3. Enumerate the different kinds of Proteid Substances found in the Human Body. State where they are found, and give their distinctive characters. 4. Describe the formation of a Blood-Clot. Upon what does it depend? Mention the circumstances under which the blood may clot within the vessels, and describe the stages of the process. How may the coagulation of shed blood be prevented. *Anatomy*.—1. Describe the Arches of the Foot, and the Ligaments and Muscles by which they are maintained. 2. Describe the Dissection necessary to expose the Left Vertebral Artery from its origin to its entrance into the Skull. 3. Describe the Spinal Column as a whole: first, in reference to its Curves, and the manner in which the several Vertebrae are modified in shape in association with these Curves; secondly, in reference to the Movements which take place in its different parts, and the means by which these Movements are effected and regulated. 4. The Subject being in the Supine Position, describe the Dissection by which you would expose the whole of the Obturator Externus Muscle and its Tendon.—The following were the questions at the pass examination for the Fellowship. 1. Describe the Anatomy of Dermoid Cysts, and discuss the question of their mode of origin. In what regions are they usually found? what symptoms do they produce in each region? and what treatment should be adopted? 2. In a case of Aneurysm at the Root of the Neck, on the right side, what circumstances would aid you in fixing its seat? What methods of treatment are applicable, and what would influence your selection of each method? 3. Mention the Nerve-Trunks of the Upper Extremity which are especially liable to be injured in Accidents, and give the Symptoms which would result in each if the Nerve concerned were completely divided. 4. Describe the various risks encountered by a patient who has undergone the operation of Lithotomy; state the best means of their prevention, and the treatment to be adopted in each complication.

The clinical cases at the recent final examination for the membership of the College were: Ununited Fracture of the Femur; Lymphadenoma; Cyst in the Spermatic Cord; Lupus; Strumous Disease in the Axilla, Neck, etc.; Encysted Hydrocele; Varicose Veins; Cyst on Eyelid, and Ganglion on the Wrist, in the same Patient; Facial Paralysis; Flat Foot; Bursa on the Head of the Tibia; Chronic Arthritis; General Struma; Malignant Disease of the Eyeball; Hydrocele of the Tunica Vaginalis; Excision of the Os Calcis; Syphilis; Strumous Disease of the Carpus and Contraction of the Tendo Achillis in the same Patient; Diseased Spine and Lumbar Abscess; Varicose of the Lip; Enlarged Testicle and Hydrocele; Gumma; General Struma; etc.

At the examination for the Fellowship, the clinical cases, selected from the London hospitals, were the following: Synovial Disease of Knee, Bursa of Semimembranosus; Diseased Skull; Rupture of Enlarged Testes; Tumour of Orbit and Antrum (Polypus of Nose); Disease of Antrum; Diseased Knee; Disease of Carpo-Metacarpal Joint; Epithelioma of Lip and Jaw; Infantile Paralysis; Paralysis of the Fifth Nerve; Nerve-Lesion and Burn; Amputated Toe; Paralysis of the Cranial Nerve; Diseased Testis; Tumour of Upper Jaw; Rheumatism of Knee; Scirrhus of Male Breast; Hydrosarcoma; Epithelioma; Ulcer of the Face; Epithelioma of the Tongue; Diseased Hip; Ulcerated Tongue; Pelvic Abscess; Ununited Fracture of Femur; Caries of the Ilium (Abscess of Hip); Lichen Rubra.

MR. MORRIS'S CASE OF INTRAMURAL FIBROID TUMOUR OF THE UTERUS.

SIR,—I trust that Mr. Morris will accept my criticism in the spirit in which it is intended, and forgive me when I say that I think the account of his case does not justify the conclusion to which he comes, that no operative proceeding would have done any good. If he had opened the abdomen, either before the peritonitis occurred, or immediately after it became apparent, and removed the ovaries and Fallopian tubes, I think he might have saved his patient; and, if so, he certainly would have cured her. There is now under my care a lady who suffered in quite the same way as Mr. Morris's patient, and from the same cause. I could not remove the tumour, but I removed the tubes and ovaries; the tumour has shrunk, and all her symptoms are relieved. The doctor who placed her under my care for the operation is a near relation of his patient; and in due time a complete history of the case will be given. May I also point out to writers on these subjects that it is time the old and incorrect name of "fibroid" should be replaced by the modern and correct term "myoma".—I am, etc.,

LAWSON TAIT.

A WARNING.

SIR,—A very much "got up" elderly man called at my house a few days since, and giving his name as Edmunds, requested to see me; and finding, as he probably anticipated, that I was from home, with great affectation of earnestness of purpose, pleaded to see my wife. The servant, quite deceived by his audacious assumption of manner, showed him into the drawing-room. He pretended to have called with a recommendation from Colonel P., and expressed a wish that I should call and see his family at Bayswater. As he rose to leave, he found that he was minus his purse; and, with an off-hand pleasantry of manner, requested the loan of a few shillings, which he would, "of course return when I called". The abrupt manner in which he was ordered to leave the house a little disconcerted him, but not sufficiently to prevent his carrying on the "same old game" in the house of another medical man in the immediate neighbourhood; hence my reason for troubling you with this letter.—I am, sir, your obedient servant,

Warwick Road, Maida Vale, W., May 24th, 1881.

A. P.—Yes; at an early date.

PLACENTA PREVIA.

SIR,—In regard to the communication of Mr. Ashworth, in the JOURNAL of May 28th, as a practitioner of some duration, although not a specialist, allow me to say that I consider that the deaths in his cases possibly arose from shock, and not from hemorrhage; at least, that shock in such and in all cases is the most likely to kill. Severe hemorrhage may produce shock, but a more likely cause I believe to be artificial dilatation of the os uteri, and possibly too rough manipulation; not perhaps or probably in his, but in obstetric cases. I suggest leaving the dilatation requisite for turning to nature, and not so much fearing the inevitable hemorrhage. I am sure that Mr. Ashworth is a most humane and careful obstetrician; and in reference to surgery and midwifery generally, I hope I shall not be considered irrelevant in remarking that the camp and the field are the places for heroism, but operations in either of the two former are not military evolutions.—I am, sir, your obedient servant,

SURGEON.

ARUM MACULATUM.

SIR,—In reference to the case of poisoning by the above at p. 668, and Dr. Murrell's letter on the same, p. 720, I may add that, more than a year ago, I had collected and prepared an expressed juice from a quantity of the fresh plants arum maculatum, for the purpose of having its properties investigated. It having been shown (*Pharm. Jour.*, 1880, pp. 849 and 889) that the active drug in the nostrum Tonga was, in all probability, part of the stem of a species of Kaphidophora belonging to the same natural order, Araceae, the arum-juice was tried by a medical friend in a case of obstinate neuralgia which was relieved by Tonga; but the latter, to the patient, was an expensive medicine. The *Succus ari*, in one-drachm doses, gave similar relief, I was informed; further than this I have not known it tried.—Your obedient servant,

WM. MARTINDALE.

10, New Cavendish Street, W., May 7th, 1881.

THE ANTISEPTIC TREATMENT OF CHEST-DISEASES.

SIR,—Professor Lister's *Antiseptic Principle in the Practice of Surgery*, first privately circulated among Surgeons in 1866, and afterwards made more generally known through the columns of the BRITISH MEDICAL JOURNAL and the *Lancet* in 1867, is, I am glad to observe, about to form a new epoch in the history of medicine as well as surgery. Having studied antiseptic treatment in relation to chest-cases for the last eleven years, I read with great pleasure Dr. Coghill's able paper on Antiseptic inhalation in Pulmonary Affections, in the JOURNAL for May 28th.

Antiseptic treatment is undoubtedly of great value in certain kinds of lung-disease, and deserves more general and extended trial than has yet been accorded it. My friend Mr. Anthony Bell of Newcastle has recently invented an instrument by which he uses, in phthisical cases, "medicated respiration". I only name this that I may express satisfaction at the new direction in the study of chest-cases. In 1870, I wrote an essay on the prevention of bronchitis and pulmonary consumption; the mode being by depositing, through the medium of snuff, ozonised atoms on the "convoluted walls of the tortuous nasal channels". During eleven years, the ozone plan has been very extensively tried by many hundreds as a preventative of pulmonary complaints, and in conjunction with hyphosphides and other remedies in their relief; and so far has quite come up to expectations; indeed, has surprised and surpassed them.—I am, etc.,

J. CARRICK MURRAY, M.D., Physician to the Northern Counties Hospital for Diseases of the Chest.

Newcastle-on-Tyne, May 30th, 1881.

SIR,—Can any of your correspondents inform me as to whether the injection of oil into the uterus would be of any use in facilitating the delivery of the child when the os is fully dilated?—Yours faithfully,

INQUIRER.

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