

flamed and suppurate. . . . If the buboes do not suppurate deterioration is rapid, and the patient dies between the third and fifth day."

Rich Venetian colours fill the painting—in the robes of the Arabs and Turks, and uniforms of the officers—reflecting the artist's studies in Italy. The painting marked a turning-point in Gros's career. Previously painting in the style of David's austere classicism, he now broke away to become the precursor of the French romantic school.

Gros completed the painting in less than six months, working alone in his studio at Versailles. He would admit no one, and had no assistance despite his increased suffering from rheumatism. The painting caused a sensation when it was exhibited at the Salon of September 1804, soon after its completion. Fellow artists crowned the painting with laurels, and a banquet was held in Gros's honour.

Vivant Denon, Director-General of Museums, gave a contemporary estimation of the painting which still holds good today. Writing to Napoleon, he said: "This painting is truly a masterpiece; it is so much greater than anything that Gros has done previously, that by this work alone he will rank amongst the most outstanding artists of the French School."

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MEDICAL EDUCATION

The Primary F.R.C.S. Examination—a Fresh Look

The following statement has recently been issued by the Royal College of Physicians and Surgeons of Glasgow.

"At the Joint Conference of Surgical Colleges held in the Royal Australasian College of Surgeons in Melbourne in May 1968 it was resolved—

"That during the period of general concern about the detail for the Primary Fellowship Examination of the Colleges, variations in method and procedures carried out in good faith by the respective Colleges will not prejudice their reciprocal arrangements.

"The Royal College of Surgeons of England introduced an examination for the F.R.C.S. in 1844, and this included an examination in anatomy. In 1867, because of an increasing awareness of the importance of a knowledge of physiology as a basis for sound surgical practice, the Royal College of Surgeons of England introduced the Primary examination in anatomy and physiology. This examination remained largely unchanged in form until 1960, when the present tripartite examination in anatomy, physiology, and pathology was introduced by all four of the British Colleges of Surgeons. A Primary examination was introduced by the Royal College of Surgeons in Ireland in 1888, by the Royal College of Surgeons of Edinburgh in 1949, and by the Royal College of Physicians and Surgeons of Glasgow in 1949.

"Since 1955, representatives of the four British Colleges have met annually to review the working of this examination, and since that time there has been an interchange of examiners to ensure uniformity of practice and standard. These arrangements have worked very satisfactorily. More recently, the Royal Australasian College of Surgeons, and the College of Physicians, Surgeons and Gynaecologists of South Africa, have participated.

"It has become increasingly apparent in recent years that the present examination is no longer completely satisfactory. The vast and rapid expansion of knowledge—particularly of applied physiology, biochemistry, and pathology—have made the scope of the examination very wide indeed. The two main criticisms, however, are, firstly, that the examination is unduly punitive to the young man in training in that it demands a great deal of reading, much of it revision and much of it not of particular application to the specialty he has chosen to follow. This criticism is especially valid in regard to topographical anatomy. Secondly, the examination is not entirely relevant to the clinical situation in which the candidate is working. Only the exceptional candidate can take the Primary in his stride. The majority have perforce to sacrifice time reading for this examination that might better be spent in the wards or laboratory.

"Committees of all the Colleges have investigated and reported and the general consensus of opinion has come to be that the examination should move towards becoming a general examination in the basic sciences relevant to surgery.

"The Primary Fellowship Committee of the Glasgow College reported in July 1967 as follows:

"The Primary Examination should be regarded as a first part of the examination for the Fellowship diploma, which is an essential prerequisite qualification to anyone aspiring to a surgical career in the National Health Service. The scope of the examination would, therefore, be expected to cover a knowledge and understanding of the basic sciences of anatomy, physiology, and pathology as applied to the science of surgery, and with relevance to the clinical situation of a graduate of about two years' standing. The problem presented by the present examination is most real in regard to

topographical anatomy. While a detailed knowledge of the anatomy of certain regions and systems is essential background for every surgeon, this is particularly relevant to the branch of surgery in which he chooses to work and might best be tested in Part II of the Fellowship examination. It is necessary to look at the Primary, not in isolation but rather in the context of what has gone before and what will follow. In our view the candidate should be examined on the work in which he has been actively engaged and this in essence will be the application of basic medical sciences to clinical practice, rather than to a re-examination in the basic sciences which he will already have covered in depth as an undergraduate. The divergence between medicine and surgery is at the technical level, and both disciplines demand equally a thorough background knowledge of cell and organ structure and function and of the pathological variations from the normal. It seems reasonable, therefore, to recommend that all who wish to proceed to a specialist career in whatever branch of medicine should sit a common examination in applied human biology. We would envisage that the majority of trainees would be assessed at two years after graduation. Such an examination could replace the Primary F.R.C.S. examination, the Part I M.R.C.P. examination, and perhaps also Part I of the M.R.C.O.G. examination.

"The Royal College of Physicians and Surgeons of Glasgow proposes to introduce a new type of Primary F.R.C.S. examination in May 1969. The present compulsory questions in the written papers will be replaced by multiple-choice questions. The scope of the examination will be broad to cover clinical application of the basic sciences. There will be no lowering of standards. After an appropriate period the intention is to introduce an increasingly objective type of examination.

"The first new type of Primary examination will be held in Glasgow on 19 May 1969."