

quire any eulogium from us ; and, under its present master, its high character is not likely to suffer any deterioration.

But it is chiefly as a school of anatomy that Dublin has attained, and still deserves, its prominent position ; for many years it was without a rival in these kingdoms, and we believe its supply of subjects for anatomical purposes was, at the time we refer to, unequalled by any school in Europe, with the exception of Paris. Although the operation of the Anatomy Act has considerably reduced its former overflowing abundance, the present legitimate sources of supply have hitherto proved fully equal to the demand ; and we have no hesitation in affirming, that were the intentions of the legislature fully carried out in the Dublin workhouses, the schools of medicine in that city would not have reason to feel a shadow of regret at the introduction of that statute. As the law now stands, with all its disadvantages increased by the timidity or morbid humanity of the workhouse guardians, the deposit for subjects, as fixed by the committee of teachers, amounts to only thirty shillings for a full course of dissections ; and a portion of this sum is uniformly returned to the pupil at the termination of the session.

Though not immediately connected with the schools, yet, as operating most beneficially upon the students, we may mention the numerous societies existing in Dublin for the promotion of medical science. Some of these, as the Dublin Medico-Chirurgical and Obstetrical Societies, have been instituted by the pupils themselves, with the encouragement and under the superintendence of their seniors ; and others, as the Surgical and Pathological Societies, have been established by the physicians and surgeons of Dublin, and are open to the pupils under proper regulations.

The limits of a brief notice, like the present, will not admit of our entering so fully as we could wish, or as might be expected, into the details of our subject : we must, consequently, omit much that is worthy of remark, and much that merits our commendation : we believe, however, we have adduced sufficient evidence to prove that, although the Irish College of Surgeons has its imperfections—and what human institution is without them?—Dublin still holds a deservedly high rank among the medical schools of Great Britain.

DR. PAYNE AND DR. CARPENTER.

WE have been requested by Dr. Forbes to give insertion to the following paragraph.

Dr. Martyn Payne of New York, in a pamphlet

recently published by him, and extensively circulated (gratuitously) both in this country and America, having accused Dr. William Carpenter of Bristol of plagiarism from Dr. Channing, in a review of John Hunter, published some years since in the British and Foreign Medical Review, I feel it due to Dr. Carpenter to state thus publicly, and in the most unequivocal terms, that Dr. Carpenter did *not* write the review in question.

JOHN FORBES.

London, Nov. 20, 1841.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Nov. 9, 1841.

Dr. WILLIAMS, President.

Case of Cyanosis depending upon Transposition of the Aorta and Pulmonary Artery. By Dr. Walshe, Professor of Pathological Anatomy in University College.

THIS was a case in which the origins of the aorta and pulmonary artery were transposed ; the former arising from the right ventricle, the latter from the left ; while the connexions of the venous trunks, pulmonary and cavæ, were natural. The coronary arteries were given off in the usual manner immediately above the sigmoid valves of the aorta ; the ductus arteriosus pervious, and wide enough to admit a good-sized probe, communicated in the ordinary way with the aorta and pulmonary artery ; the foramen ovale open ; the ventricular septum not perforated ; the walls of the right ventricle were from two to four times as thick as those of the left ; the aorta and its branches constantly circulated black blood, with the exception of the extremely small quantity of red fluid carried from the pulmonary artery by the ductus arteriosus ; the pulmonary artery and its ramifications constantly circulated florid blood, with the exception of the small quantity of black, which may have found its way through the foramen ovale from the right into the left auricle ; the viscera were rather larger than in naturally-conformed individuals of the same age ; the heart was even hypertrophous ; yet the later viscus was nourished by venous blood only ; the former by blood very slightly oxygenised.

The subject of this malformation lived to the age of ten months ; a much longer period than any of the subjects of the few similar cases on record.

On the Operation for the Cure of Hydrocele by a retained Injection of Diluted Tincture of Iodine. By J. R. Martin, Esq., formerly Surgeon of the Native Hospital, Calcutta.

In consequence of an accident of a serious nature, which occurred several years ago to a native, in the Calcutta Hospital, upon whom the usual mode of treating hydrocele was adopted, namely, that by port-wine injection, the author, in the next case, substituted tincture of iodine for the

wine. Two common urethra-syringefuls were injected, of a mixture made in the proportion of one drachm of the tincture to three drachms of water. Acute pain and faintness followed, which were relieved by the recumbent position, and the injection was retained, the scrotum being moved about so as to bring the fluid into free contact with the vaginal cavity. In five days the patient was discharged cured, scarcely any other treatment having been necessary.

From the time of the occurrence of this case, in March, 1832, to the end of 1839, 2,393 cases were operated upon in the Native Hospital, under the orders of the author in the manner above described, some cases only, in which the tumor was of very great size, having required two syringefuls of the injection.

The author, after entering into the details of many of the cases in which he employed the above treatment, sums up its advantages as follows:—

First. That it is far more simple and easy of performance than any operation before employed.

Second. That no serum has in any case been reproduced, requiring a second tapping.

Third. That little care is required in the after-treatment.

Fourth. That the failures are under one per cent.; and, lastly, that the operation is free from all danger of infiltration of the scrotum, from the quantity of injection being so small, and from its being retained within the tunica vaginalis.

ON A NEW GLASS SYRINGE FOR GONORRHOEA.

By WILLIAM ACTON.

At the conclusion of the business of the meeting, Mr. Acton showed a new glass syringe which he has invented for the employment of nitrate of silver injections in gonorrhœa. The following remarks briefly indicate the advantages of this instrument; we have appended them to the report of the society, although they do not exactly belong to it.

Surgeons who are called upon to treat gonorrhœa in the male, need not be reminded of the difficulty of curing a complaint which usually brings little credit to the medical practitioner. It was not the object of Mr. Acton, in bringing his syringe before the notice of the society, to enter into details on the nature and treatment of gonorrhœa, otherwise than as it is connected with the employment of syringes, those subjects having been already fully attended to in his late work, entitled "Practical Treatise on Venereal Diseases," &c. The principal reason why gonorrhœa is of so rebellious a nature, depends upon the instruments we have in general use, and the inefficacy of the directions given to patients on the manner of employing injections. Mr. Acton finds that the secret of success depends upon a few simple suggestions, and on the syringe which he is in the habit of employing. The general use of nitrate of silver in most affections of mucous membranes, and the liability of that salt to become decomposed, render the employment of glass syringes at present indispensable. The instrument recommended by Mr. Acton is made wholly of that material; its transparency is attended with a

further advantage of enabling us to see how full the syringe is, and it can be easily washed when any other injection is subsequently employed. These advantages would alone, Mr. Acton thinks, introduce it into general use, but he has combined them with others of no less practical benefit, namely, that of a bulb instead of a point, which is so liable to injure the inflamed mucous membrane. Pressure can easily be made on this part of the syringe, although that is hardly necessary, as the bulb to a certain extent prevents the escape of the fluid injected into the canal. Patients who are not in the habit of employing a syringe, rarely hold the instrument in the right position, consequently the conical part is directed against the wall of the urethra, and the fluid is prevented from escaping—a circumstance which cannot happen with this form of instrument, as the bulb will be the means of preventing it. Mr. Acton believes that he has added to the force and compactness of the projected fluid, by causing it to pass through the canal marked in the annexed wood-cut with a star, and which is to the syringe what the hose is to the fire-engine, for, as any one will observe in the ordinary syringe, the apex of the cone is at the extremity of the instrument; in the present one it is within half an inch of its extremity, and the fluid may be consequently thrown to a great distance without the stream becoming divided or scattered. This is no in-

considerable benefit, where it is the surgeon's object to throw the fluid far into the urethra in old standing gleet. Mr. Acton has chosen the bulb of the present size, as it usually enters readily into the meatus, but, passed beyond that point, it does not distend the urethra, which is there large enough to receive it, for persons who contract gonorrhœa have usually a large meatus. The present tube contains more than enough, for the urethra will hold but a small quantity. When a syringeful was injected, patients complained of pain, and a larger quantity was followed immediately by slight hæmorrhage, and scalding in passing water.

In employing an injection, the patient should be seated on the edge of a bed, or standing up; the glans penis should be moderately pressed by the circle formed by bringing the point of the index finger to the first joint of the thumb of the left hand; the bulb of the syringe may be introduced a quarter of an inch into the urethra, and the piston forced down rapidly by the index finger of the right hand, and allowed to remain a few seconds

—in this way no fluid will escape between the instrument and the urethra.

