

tance. The possibility of the eyes not being able to maintain easily the desired convergence must also be remembered. For the recognition and treatment of the latter condition we must here refer to the very elaborate and minute teachings of Graefe on insufficiency of the internal recti.

The following more detailed directions as to the selection of glasses are taken from Donders.

"When the myopia is slight, in reference to the range of accommodation, and the eye is otherwise healthy," the glass which corrects the myopia for distant objects may also be worn for near objects. "Glasses of  $\frac{1}{10}$  adopted at 17 years of age are often still sufficient at 45, both for seeing acutely at distance and for ordinary close work." "The myopia thus neutralized is less progressive, because both too strong convergence and a stooping position are avoided. But if the tendency to these is so great that they still occur in neutralized myopia, the use of glasses is dangerous, and must be discontinued so soon as it appears that the myopia is particularly progressive. In this case it is necessary for a time to forbid all close work."

"In order to obtain all the advantages of concave glasses the myope must begin early with them."

"If neutralizing glasses, or nearly such, have not been worn from youth, the relative accommodation becomes such that in moderate degrees of myopia, for example of  $\frac{1}{10}$ , we can no longer completely neutralize at 35 years of age. We should then confine ourselves to glasses which bring  $r$  (the far-point) to about 24 inches, giving, if necessary, still weaker ones for working."

If neutralizing glasses cannot be used, that is, if glasses corresponding to the degree of myopia cannot be worn both for distant objects and for reading, we must give glasses for particular distances; bringing the far-point to the distance or a little beyond the distance of the objects.

"In very slight degrees, from  $\frac{1}{10}$  to  $\frac{1}{8}$ , we may leave the myope to himself; "

"In the highest degrees, from  $\frac{1}{2}$  upwards, perfect neutralization is not pleasant for close work, because, with regard to the usual diminution of the acuteness of vision, the images become too small. We should then rather bring  $r$  (the far-point) to 12 or 16 inches."

If inflammatory complications supervene, attended with irritability, pain, subjective appearances of light, apparent increase of myopia and diminished vision, it will be

necessary to lay aside the glasses, rest the eyes, and shade them from the light; to avoid stimulants and fatigue; to look after any defect of the system; sometimes it is useful to apply the artificial leech to the temples, followed by a stay in the dark for 24 hours, with application of atropine to the conjunctiva, and a gradual return to the light. In the complication of glaucoma, Graefe has advised iridectomy.

#### OUR BLUNDERS AS STUDENTS.

By L. F. C. GARVIN, M.D., Lonsdale, R. I.

Among the three or four hundred students of medicine now assembled at Harvard, there is a class to whom I wish to say a few words—to give "advice without medicine." I refer to those who, aside from two winter courses at Harvard, are to pass their pupilage in the offices of country practitioners, and who are now entering upon their first lectures with the desire of realizing from them the greatest benefit possible. This comparatively small number is singled out from the rest, because a few years ago I was in their position, and because I then committed or observed many mistakes which a timely word of warning might have prevented. Experience may be the best schoolmaster, but he who profits by the experience of others is the best scholar.

While it is too late to recommend to you a scheme of preparatory study, yet I certainly consider him fortunate who is already well grounded in the text books of anatomy and physiology. The error almost universal on the part of those who really mean work is an attempt to do too much in the short space of four months. A conscientious young man having paid for lectures in every department, as a necessity for graduation, is urged by motives of economy to attend all within his power. In those rare instances in which an iron constitution enables its possessor to keep well while listening to six or eight lectures daily, besides attending the other exercises of the school, an effect is produced equally as bad as bodily sickness. The student acquires a superficial knowledge of many if not all of the subjects treated. Impressions continuously repeated, without proper intervals during which they may become stereotyped, will afterwards be found indistinct and unreliable. The winter will fail of its anticipated fruits, because of the very eagerness with which they are gathered.

To be explicit, the first course of lec-

tures should not include obstetrics, theory and practice, skin diseases, mental hygiene, perhaps not even surgery. But in anatomy, *materia medica*, chemistry and morbid anatomy, not a lecture should be omitted.

Now does any one think this is omitting too much, and dessert at that, from the generous bill of fare? Let us see. Anatomy, even if well studied beforehand, is not yet mastered—it cannot be away from the dissecting-room. The first, the second, and every course should have its full share of practical anatomy. A first-rate anatomist never makes a third-rate doctor. A proficient dissector is half way to being an accomplished surgeon. Indeed, every branch of the profession is dependent upon anatomy. The human body is to the physician as well as surgeon what the earth is to the geologist, or the firmament to the astronomer. If the foundation is rotten it is vain to hope to rear a satisfactory superstructure. For the student to gain a strong foundation, it is necessary for him to join the *quiz*, as a preparation for which some study is needed in addition to the teachings of the lecture-room. Thus a single primary subject claims about one-fourth of the whole winter's work.

Chemistry, to be of much value, must be accompanied by reference to the text book outside of lecture hours. Ignorance of practical chemistry is the great defect in country educated physicians, but the present is not the time to supply it. No student can consider himself educated in medicine until he has spent at least one term in a chemical laboratory. Such an opportunity is the greatest attraction of the summer school.

*Materia medica* must be added to the second, as well as the first winter's course, and the third, when taken, and full notes in this department must be preserved. My note book upon Dr. Clarke's lectures has no substitute in any or all the works upon *materia medica* and therapeutics, or upon theory and practice. With regard to taking notes no universal rule can be adopted. There is such a thing as attempting to keep too full a record. But no lecture, or exercise, should surprise you without means of jotting down upon the spot the crystallized experience of Harvard's excellent instructors. To the chair of morbid anatomy this remark is especially applicable.

Beside the lectures proper, there are privileges peculiar to cities, schools and hospitals, of which you must especially avail yourselves.

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The theory and practice of medicine and surgery, if not listened to in the lecture-room, may be studied at the bedside. Just as in learning a foreign language, there is no way of approaching medical science so pleasantly or naturally as on the practical side. Close observation of cases, of the mechanical treatment of fractures, of the dressing of wounds, of surgical operations, and finally exercise in auscultation and percussion, will prevent neglect of the more advanced branches. A word about how to do this in the best way. For the first few weeks of the lecture term there is a grand rush for the hospital wards, and each visit is crowded. If a student gets near one bed in three he is fortunate, if not selfish, but he soon finds that peeping at a patient ten feet distant between the heads and over the shoulders of others is not likely to give an intimate acquaintance with the case or the disease. With the approach of the winter solstice the numbers attending the morning visit at the hospital fall off. When the novelty is gone, and the first enthusiasm is cooled by hard work, many students at 8, A.M., find their own beds more attractive than those in the sick wards. The student will lose little, therefore, by neglecting the hospitals for the first month. Wait until sitting at lectures, the careful use of text books, and preparation for the quiz has by habit become easy. Then a visit to the wards will not only have novelty, but will be full of interest and instruction. Do not fear the long journey to the distant hospitals and dispensaries, even on rainy and snowy days. It is the best time to examine patients in the wards. A few cases well followed, their condition, from week to week, carefully watched and compared, are of more value than hundreds glanced at once. There are two classes of patients to which particular attention should be directed. One comprises diseases in which comparison is of great importance, such as affections of the eye and skin—subjects difficult of mastery in a country practice. The other class referred to are the cases soon expected to result fatally, including those of tumors, phthisis, &c. This implies that autopsies are to be attended. Keep advised as to their occurrence, especially if they happen at odd hours, when there will be plenty of time. It would be an unpardonable oversight to omit mention, in this connection, of the *clinical conference*. It is popular, and deservedly so. In no other way can the same amount of information be acquired by the student in an hour's time.

It would be useless to tell any of you not to go to operations, if experience had proved such a course best; but it must be borne in mind that this exercise is subject to the same universal law as the others. A few operations, thoroughly understood, are better than many only seen.

In conclusion, let me repeat the warning with which I began. Do not try to do so much in the first half of the course that the second half shall find you drained of energy and vitality. Go up hill instead of down.

### RADICAL CURE OF ARTIFICIAL ANUS.

Translated from the *Gazette Hebdomadaire*, by  
F. W. DRAPER, M.D., Boston.

M. GOYARD recommends a new method of operation for the radical cure of artificial anus. "The real indication to be fulfilled," he says, "is to prevent the escape of the intestinal contents between the lips of the opening." For this purpose a suture is passed near the margin of the orifice, so that it is placed deeply and draws together tightly the hardened and callous cellular tissue which forms the wall of the canal. The suture, which should be strong and smooth, is passed deeply from side to side, just below the lower extremity of the orifice; then subcutaneously a little distance, then back again to the other side, and so on until the opening of the anus is all involved in this series of transverse stitches; a second suture passed in the opposite direction, the same points of entrance and exit in the skin being observed, completes the circuit and enables the operator to readily apose and retain the walls of the fistula. The needle used is one of moderate curve, with the eye near the point. After the sutures are passed, the surface of the fistulous tract is thoroughly refreshed and its external edge is drawn together by an ordinary interrupted suture.

The writer concludes very candidly:—"The lesion is thus reduced to a simple wound, and we ought to expect union by first intention, if the general condition of the patient is good. Concerning the results of this method only conjecture is at present possible, since the confirmation of experience, without which all theories are good for nothing, is as yet absolutely wanting. One argument in its favor may, however, be offered; the patient is not obliged to undergo an operation, properly so called, and does not suffer any loss of tissue."

## Medical and Surgical Journal.

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### THE RELATION EXISTING BETWEEN MOVABLE KIDNEYS AND HYSTERIA.

We have lately received several numbers of the *Medizinisch-Chirurgische Rundschau*, published in Vienna, a monthly review of current medical literature. Each number contains a short but full abstract of the principal articles of interest in the English, French, German, American and other medical journals, under separate heads for pathology and clinical medicine, pharmacology, therapeutics, surgery, midwifery, ophthalmology, physiology, anatomy, &c. This year's volume is the first of a new series, and it is valuable, as it contains extracts from many journals—Italian, Danish and Norwegian—which we do not usually see in this country.

In addition to the above-mentioned monthly retrospect, there is a department for criticism of new works and one for original communications. From the latter we make an abstract of an article by Dr. B. Chrobak on "Movable Kidney and Hysteria." On account of a remark made by Oppolzer in regard to the relations existing between movable kidney and hysteria as cause and effect, the author was led to a study of these two conditions, and had opportunity during three years to observe 10 patients with movable kidneys, 16 in Oppolzer's clinic and 8 others. Three times there were no subjective symptoms accompanying the anomaly. Eight times there was trouble which could be referred either to the dislocation of the kidney or to disease of the same, and eight times there were unmistakable symptoms of hysteria. In these eight there were found, besides the dislocation of the kidney, once supra-vaginal hypertrophy of the vaginal portion, with prolapsus; once, prolapsus vaginæ; twice, descent of the uterus; three times, flexions, with uterine and vaginal blennorrhœa.

Of the other two, one was a virgin of 27 years, who had a movable kidney on the right side and also a moderate catarrh of the vagina. After several weeks' treat-