represents the pupillary margin; this margin, from the varying width of the remaining seam of iris, is not regularly circular. There is a small patch of greyish-white opacity upwards and outwards, and a similar dot inwards and downwards, upon the capsule of the lens. Otherwise the latter is perfectly transparent, and its margin can be distinctly traced with the ophthalmoscope throughout the entire circumference. With the movements of the eye the lens as well as the visible remnant of iris is sometimes seen to shake a little. The anterior capsule further presents the following phenomenon, in reflected as well as in refracted light. About the centre of the pupil, three plait-like figures are seen, nearly vertical, resembling elongated cells; in focal light they can only be distinguished when the eye is directed inwards; they noways interfere with the transparency of the crystalline body. The whole contour of the lens, as dividing the latter from the surrounding hyaloid membrane, being so distinctly traceable, we naturally look for the ciliary processes. But nothing can be made out at all resembling these. When the eye is turned either extremely inwards or outwards, a dark figure is, indeed, observed beyond the outline of the lenticular margin, but that figure, far from presenting anything like the beautiful and regular design of the ciliary processes, appears rather like a uniform and slightly tremulous mass, somewhat shaggy in its outline. The vitreous body presents extensive floating opacities when seen with the ophthalmoscope. The optic papilla and the retina are in no wise abnormal in their appearance. The tension of the eye is somewhat increased.

The patient reads No. 4 of Jaeger's types from four to nine inches. His acuity of vision is about one-thirteenth, with — 16 it is one-fifth. Through a stenopaic aperture he reads, with some difficulty, No. 1 Jaeger, and the acuity of vision, with — 16, is nearly two-sevenths. He states that he never could see well at a distance, but he never tried the effect of glasses, and that he could read the newspaper at a greater distance from his eye than at present. Neither atropine nor Calabar are found, in an appreciable way, to affect the results as stated. After the instillation of atropia, however, the seam of iris appears to become somewhat narrower still. (The patient states that he sees black specks floating before his eye, even more when the latter is closed, and that he finds his sight somewhat improved since his admission.)

As the investing membranes of the eyeball were evidently not injured in the accident, the question naturally presents itself, as to what has become of the bulk of the iris. From the appearances described, the necessary inference seems to me to be that, in the concussion caused by the accident, a displacement of the vitreous body must have occurred, sufficient to allow the iris to become folded back upon itself. Apart from the support lent to this view by most of the phenomena described, I have only further to state that the inner free edge of the iris-seam, when examined in focal light with the aid of a magnifying lens, far from appearing sharp or torn, rather gives the decided impression of such an increase of thickness as must necessarily arise from a doubling of the membrane. The black figure, which I have described as seen beyond the equator of the lens, I hold to be the image of the backfold of the iris reflected from the hyaloid membrane. If my interpretation of the phenomena be correct, the case is one of those to which Von Ammon has directed attention in his elaborate article in the first volume of the *Archiv für Ophthalmologie*. Instances of traumatic retrusion of mere segments of iris I have seen ere this, and presented at the Manchester Medical Society.

TRAINING FOR THE TRIPOS.

By J. M. WINN, M.D.,

Senior-Physician to the St. George's and St. James's Dispensary, etc.

THE vast importance of rigid attention to the bodily health, whilst preparing for an examination, was forcibly brought to my mind by a recent occurrence at the College of one of our Universities. A young friend of mine, of great mathematical talent and unwearied industry, lost the first place at his college examination, simply from the effects of indigestion caused by his having incautiously eaten some articles of food at lunch, just before he went in for his examination, which disagreed with his stomach. On the first day, he was so confused from the malassimilation of the food, that it was with great difficulty he got through his work; on the second day, he rallied, and ultimately came out second, losing the first place by only one mark. Who can doubt that, but for the unfortunate lunch, he would have come out first?

Whilst so much has been written on the subject of training for bodily

contests, how little has comparatively been done towards furnishing anything like a systematic guide as to the best rules to be followed in order to maintain the brain and nervous system in their highest state of integrity, at a time when both are strained to the utmost, not only by the efforts of the will and intellect, but also by the hopes and fears which are excited by a trying ordeal. The question whether our Universities have raised the standard of their requirements too high, and induced an amount of study under which the health of those who are determined to distinguish themselves often fails, is one that I will not enter upon now. My present object is to offer a few medical suggestions, which may possibly lead to an improved system of hygiene, for those who are training for academic honours.

If we keep in view the difference between the structure of the nervous and muscular tissues, it becomes evident that a somewhat different kind of diet is required for the nutrition of the former from that of the latter. In order to develop and support the muscular organisation, a large proportion of animal food is requisite; not so, when the object is to supply the waste of the more delicate and subtle tissue of the nervous system. Fatty matter and phosphorus enter largely into the composition of the brain. It has been estimated that the former (brain-wax, or brain-fat, as it has been called) amounts to about one-third, and the latter (phosphorus) to one-twentieth or one-thirtieth of its solid substance. It is now generally believed that exertion of the will and reasoning powers causes an expenditure of the brain-material, and a corresponding exhaustion of the nervous force. However, it must not be forgotten that prolonged bodily exercise exhausts the nervous force, as muscular contractions are commonly brought into action by nervous influence; hence the importance of a student's avoiding excessive bodily efforts, which expend that nervous energy so essential for brain-work. Whilst "training for the tripos," he should, however, take gentle exercise for at least two hours daily in the open air, and his diet should be light, simple, and nutritious. Large quantities of animal food and malt liquor conduce rather to somnolency than to mental activity. There is a common saying that "fish feeds the brain," which may depend on the phosphorus it contains; certainly there can be no doubt that some sorts of fish, such as soles, whiting, plaice, etc., are peculiarly suitable to a weak digestion. I may incidentally observe that I have found a fish diet especially serviceable for those predisposed to phthisis. A certain amount of rest and sleep, as well as a due supply of healthy blood, are absolutely necessary to maintain the brain in a working condition. Above all, the amount of mental work must be in proportion to the physical strength. I knew an instance of a gentleman who attempted to read ten hours a day, and, whilst doing so, his competitors got ahead of him; he then wisely reduced his time of work to eight hours. He then recovered his lost ground, and came out a wrangler. There are men of iron constitution who can afford to laugh at these precautions, and who can excel both in mental and bodily exercises. A friend of mine who went in for a public examination, surpassed most of his contemporaries, who were his equals in mental capacity, by sheer power of physical endurance. The suggestions I have offered are not for such as these, but for men of less physical stamina, and I hope they may lead to an improved system of academic hygiene.

THE HOSPITALS OF CHRISTIANIA AND COPENHAGEN.

By HENRY S. TAYLOR, Esq., Guildford.

HAVING recently visited the hospitals in two of the Northern capitals, I send a few notes of observations made therein, hoping that they may interest the readers of the JOURNAL.

In the Royal Hospital at Christiania, I had the good fortune to find Dr. W. Boeck going round, who took the trouble to explain to me, in my own language, the nature of the more important cases under his care. The practice of syphilisation, which has had so zealous an advocate in that distinguished physician, is still pursued by him exclusively in all forms of constitutional syphilis, and was being carried out in a great number of the cases before me; and, as I was told, with unvarying success. His plan is to inoculate the patient in the first instance with virus from a fresh sore, and then to continue the inoculation every third day with discharge from the sores thus artificially produced, until it ceases to have any effect, when the cure is considered complete, the constitutional symptoms having disappeared *pari passu*. The parts selected for inoculation are the chest and abdomen, and the operation is performed with a large lancet, which, after being charged with h