

lateral it may appear either on the sound or the affected side, but no definite rule can be established in this connection. However, it is likely that when one eye is used almost exclusively for close vision it will become myopic first or to a greater extent than its fellow.

7. In cases of bilateral corneal opacities the myopia is generally bilateral. When there is a marked difference in the amount of defect in the two eyes the greatest myopia is often found in the eye with the least corrected visual acuity. When the myopia is unilateral it often occurs in the eye with the least opacity.

8. The cases of unilateral myopia are strongly suggestive of the importance of ciliary strain rather than excessive convergence in myopogenesis.

9. In view of the strong possibility of resultant myopia, all cases of corneal disease, particularly the phlyctenular affections of childhood, should receive prompt and continuous treatment, and prophylactic measures should be rigidly followed to prevent recurrences. After the subsidence of the inflammation energetic treatment should be adopted to clear up the opacities.

10. Of greatest importance in the prevention of the subsequent myopia is careful and repeated refraction of both eyes under artificial cycloplegia, employing both objective and subjective methods, and the constant use of correcting lenses.

11. All errors in ocular, personal and domestic hygiene that encourage the development of myopia should be corrected, and the patient should be kept in the best physical condition and most salutary environment.

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### *Clinical Notes*

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#### THE GYMNASIUM IN THE CAMPAIGN AGAINST DISEASE.

THOMAS A. STOREY, M.D.  
NEW YORK CITY.

The education of the masses in matters of personal and general hygiene gives the greatest promise of success in our modern campaign against disease. The category of preventable diseases is large and their prevention is generally easily possible under proper personal and general hygienic regulations. In fact, it is certain that a reasonable hygienic regimen imposed for a long period of time and imposed on all individuals in any given region will result in the eradication in that region of certain diseases that are now widely prevalent. It is with a full realization of this fact and of the uselessness of much of our present mortality that prophylactic medicine has of late years become so active. Our textbooks on medicine reiterate again and again the necessity for careful hygienic regulation in the prophylactic measures laid down for each disease. Physicians are advising their patients more and more concerning the relation of daily hygiene to health. Boards of health are vitally interested in the proper hygienic regulation of the conditions under their supervision, and these several influences are striving to secure the intelligent cooperation of the masses by teaching them the significance of hygiene. Societies are formed, literature is disseminated, lectures are given and stereopticon illustrative views are shown in public places in order to educate the

people. Legislative enactment with an absolute control over a large number of disease-breeding conditions is bound to follow popular enlightenment. In this educational campaign, as has been noted, several forces are now active. More should and will be added. This article is written in order to point out another which I believe would be a powerful ally. Our higher institutions of learning exert a very strong and widespread influence in all matters in which they are concerned. The students in attendance are drawn from the four corners of the earth, and after several years of academic experience are scattered again to become active participants in all phases of life. If each student after leaving college would become an active element in the campaign against disease the educative work done in any given academic community would be efficiently and enormously multiplied. In the modern high school, college and university there is a department in which personal and general hygiene logically belongs. Physical instruction is nothing less than personal hygiene, and gymnasium work is applied hygiene. Nowhere in an academic community is there an easier opportunity to meet large numbers of students than in the gymnasium. Nowhere else is instruction in the simple laws of hygiene more logically placed. Nowhere else than on the gymnasium floor before a class of men do you find the "psychologic moment" for making appropriate statements that will be remembered. Five minutes before each drill—not a lecture—and in one year or two years enough will have been said and remembered to make the gymnasium a powerful force in the campaign against disease.

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#### ESBACH'S ALBUMIN TEST COMPLICATED BY KREATININ.

W. J. CALVERT, M.D.  
COLUMBIA, MO.

Incomplete precipitation of albumin in Esbach's test is mentioned. One reason for this partial precipitation was observed in a rapidly fatal case of typhoid. A small amount of albumin was constantly present which gave a small precipitate in the Esbach's tube, but the fluid in the tube remained cloudy for days. With the assistance of Dr. W. Koch, it was found that a very large amount of kreatinin was present. Kreatinin gives with picric acid, in an acid solution (as citric acid), a yellow precipitate which remains in suspension for a long period of time. Perhaps this reaction explains the incomplete precipitation in other cases.

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#### A CASE OF ACUTE APPENDICITIS, FOLLOWED BY EMBOLISM OR THROMBOSIS OF LEFT EX- TERNAL ILIAC ARTERY, WITH DRY GANGRENE OF LEFT FOOT AND LEG.

RANDOLPH WINSLOW,\* A.M., M.D.  
Professor of Surgery, University of Maryland.  
BALTIMORE.

*History.*—Sept. 17, 1906, Mr. G., aged 57, a large, fat, previously active and supposedly healthy man, was attacked with pain in the abdomen. He went to his store on the morning of September 18, but was unable to remain the whole day, and I was summoned to see him in the evening. He was suffering considerable pain in the abdomen, which was rigid in the appendiceal region, with marked tenderness on pressure over appendix. There was fever and acceleration of pulse to a moderate degree. This man had enjoyed exceptionally good