

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.

Clinical Notes

THE GYMNASIUM IN THE CAMPAIGN AGAINST DISEASE.

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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.

ESBACH'S ALBUMIN TEST COMPLICATED BY KREATININ.

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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.

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

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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

health, was not addicted to alcohol, but used tobacco to a moderate extent. He was a merchant and was able to live comfortably and without undue strain or exposure of any kind. His arteries were not sclerotic. Two years previously he had an attack of facial erysipelas of a severe type, from which he made a good recovery, and had had no sickness since that time.

September 19 the symptoms were about the same as on the previous day; the temperature was about 103 and pulse quickened but good. There was some distension of the abdomen, with pain, tenderness and rigidity of the right lower quadrant, evidently due to acute appendicitis. Blood count: Leucocytes 11,000. The urine contained many granular casts.

Treatment.—An ice bag was applied to the abdomen. No food was given by mouth and sufficient anodynes were given to relieve pain. Although there was no doubt in my mind that he was suffering with acute appendicitis, I refrained from operating on account of the condition of the urine, the patient's obesity, the previous attack of erysipelas, the low leucocyte count, and objections on the part of the patient and his wife.

Course of the Disease.—His symptoms rapidly subsided, and September 23, six days from the inception of the attack, he appeared convalescent. At 11 a. m. on that date he was free from pain, with diminished tenderness and rigidity, and felt very comfortable. Two hours later he was suddenly taken with pain in the left leg below the knee. The leg became numb, cold, white, and without appreciable pulsation in any accessible artery. No pulsation could be felt in the femoral or external iliac arteries. I do not remember having listened to the heart previous to this occurrence; afterward, however, I found a slight soft endocardial murmur, but there were absolutely no signs of any acute or serious heart complication. The foot became discolored, dark, cold, and of almost horny hardness, and this condition extended irregularly almost to the knee. Above the knee the skin continued warm. In a month an irregular line of demarcation had formed below the knee. The urine cleared up, the appendiceal symptoms disappeared, and the heart was performing its functions well. The patient was seen by the late Dr. I. E. Atkinson and by Dr. W. S. Thayer, and the condition of the left leg was recognized to be due either to an embolus, or to a thrombosis caused by a septic endarteritis of the left external iliac artery. He was removed to the University Hospital, where an amputation was done just above the knee, under ether anesthesia. The man made a good recovery, and has remained well until this time.

Among the complications of appendicitis, femoral phlebitis and thrombosis are not very rare and may occur on either the right or left side, or, as in a case recently under my care, on both sides, but I have not seen any account of a gangrene due to interruption of the arterial blood supply as a consequence of appendiceal disease. It is difficult to understand how a septic infection of the left external iliac artery could result from an appendicitis, apparently of mild type, and the question arises whether this gangrene was a consequence of the appendicitis or merely a coincidence. In the absence of any previous symptoms suggesting disturbance of the heart, and from the fact that there had been no cardiac distress before this attack, and has been none since, notwithstanding a slight endocardial bruit, I do not think it probable that an embolus large enough to block completely the external iliac artery could have been washed from the cardiac valves and lodged in this situation. I am of the opinion, therefore, that, from some cause, a point of least resistance was found in this artery and that organisms were conveyed by the blood stream to this point and there set up an endarteritis with thrombosis of this vessel, completely occluding its lumen.

The clinical symptoms, however, were strongly sug-

gestive of an embolism, as they came on suddenly without any premonition. In some cases of typhoid fever endarteritis of the femoral vessels has been observed, and this condition may have had a similar pathology.

Was the gangrene in this case due to the appendicitis, or would it have occurred spontaneously? I do not know, but I believe that it was the result of the appendicitis. Would the early removal of the appendix have prevented the gangrene? This is possible, but I am glad it did not follow an operation, as it certainly would have been attributed to the operation rather than to the disease. It seems to me that the case is of sufficient interest to be put on record, and I shall be pleased to know of any similar cases that may have been observed.

A CASE OF SCARLATINA WITH COMPLICATIONS.

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Scarlatinal arthritis, although a somewhat common complication is rarely so extensive as in the following case:

History.—June 24, 1906, I was called to see the patient, a girl, aged 15, well-developed and weighing about 125 pounds. She had a severe angina and headache with a temperature of 102 F., following a severe chill. The pulse was 118. The following morning her temperature was 101.3 F., pulse 114, and an exanthem was appearing on her chest. The tongue was typical of scarlet fever. For the first fifteen days the temperature varied between 102.6 F. and 105 F., after which it fell below 100 F., and gradually reached normal. On the fifth day albuminuria appeared and persisted during the period of high temperature. On the sixth day arthritis appeared, gradually involving all the joints, and disappeared by degrees. There was no suppuration, but there was an effusion in all the joints and the patient was unable to move the head owing to the severe pain such movement caused. From July 2 to July 10 the patient was delirious or in a state of coma at all times. The bowel movements and the voiding of urine were involuntary. The patient became deaf and was also troubled with amblyopia. Both these symptoms gradually disappeared.

Treatment.—The diet was milk until July 19, when egg-nog was added, followed by chicken broth, mutton broth, etc. The temperature was reduced by sponging. Liquor potassii acetatis and spiritus etheris nitrosi were given as diuretics. For the relief of pain and action on the arthritis sodium bicarbonate and sodium salicylate—making a fresh solution of sodium salicylate—were administered internally. Externally the affected joints were wrapped in cotton after applying unguentum Credé. Later the patient was given tincture of chlorid of iron for the resulting anemia.

Result.—The patient was under observation until September 19, and at no time could I detect any heart lesion. I saw the patient July 2, 1907, and she appeared to be in the best of health, not being troubled with any sequelae whatever.

RAPID RECOVERY FROM SYNCOPE.

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For overcoming cerebral anemia it is the common practice to lower the head, according to the accepted theory, to permit the blood to reach the brain without working against gravity. To do this the patient is made to lie supine. In fact, the unconsciousness and fall of a fainting person is a natural provision to bring about the same end. In the absence of medicinal restoratives the treatment of unconsciousness caused by mental excitement or emotion, slight pain, excessive heat or