

made in the eighties. In 1898 Dr. Sechehaye of Geneva, while experimenting with  $x$  rays, discovered a yellow substance which was particularly opaque, and with it he prepared a skin cream, which is stated to be an efficient prophylactic against Alpine sunburn and also sunstroke. It is dispensed in convenient collapsible tubes under the title of "Pomade du Dr. Sechehaye" by the Pharmacie Hausser, 10, Bourg-de-Four, Geneva, price 2.50 (Swiss) francs. With regard to treatment, Dr. Wilson says that hot-water sponging, followed by a bland powder ("pasma" is said to be one of the best), and then by an application of vaseline, when the skin becomes dry, will relieve the pain and cure the dermatitis within two or three days.

#### "STATIC ALBUMINURIA."

"L.R.C.S.ED., X.Y.Z." writes: In the BRITISH MEDICAL JOURNAL of April 3rd "F.R.C.P." asks advice as to the cure of "static albuminuria." I hesitate to tackle the subject, as in the Editor's opinion it seems, so far, to have merited only four lines of small type. I think it is impossible even for an editor to deal with the matter in such brevity. I prefer the term "orthostatic," as the albuminuria chiefly occurs when the patient assumes the erect posture. Prolonged rest, which he says cures for a time, is most certainly not the best treatment. "F.R.C.P." says that he can find very little literature on the subject, but if he cares to overhaul the volumes of the BRITISH MEDICAL JOURNAL for the last forty years he will discover a good deal of writing, wise and otherwise—mostly otherwise—on this disturbance. It must be nearly forty years since I heard the late Dr. Pavy deal with this trouble at an Annual Meeting of the British Medical Association in, what then seemed to me, a rather perfunctory manner. It has been described under various titles, such as static, orthostatic, and, not infrequently, as the albuminuria of adolescence, which is about as sensible, or as stupid, whichever way you choose to look at it, as the so-called juvenile pulse. It is also frequently styled neurasthenia by those who do not trouble to examine the urine. This condition is associated with defective vasomotor tone in the splanchnic area, and comes within the late Albert Abrams's category of cardio-splanchnic paresis. When the patient is recumbent the blood pressure is low and there is an even distribution of blood throughout the body, but once the erect posture is assumed there is not sufficient response in the splanchnic area to raise the pressure; the patient looks pallid and may even feel faint for a short time, but quickly the reciprocal action of the vasomotor system in the peripheral vessels comes into play, the arterioles and arteries become firmly contracted, and the pressure is raised. The paresis of the parasympathetic in the splanchnic area remains and the abdominal organs are congested.

I would recommend "F.R.C.P." to read that excellent little book by Dr. Langdon Brown on the *Sympathetic Nervous System in Disease*, and he might peruse with advantage the best lecture which has appeared in the BRITISH MEDICAL JOURNAL this year—that by Professor John Fraser (February 27th) on disturbances of the involuntary nervous system met with in the alimentary tract. He will then be in a position to study the monumental work of Albert Abrams on spondylotherapy, which deals with all the spinal reflexes.

Having now put "F.R.C.P." in the way of acquiring all necessary information, I shall briefly summarize my own method of treatment. A long night's rest in the recumbent posture. During the day wear tightly an elastic abdominal belt, plenty of exercise, especially hill climbing, which induces deep breathing. A plain, liberal diet—beef, mutton, chicken, fish, vegetables, milk puddings, and milk in moderation; not much slops of any kind. Too free a use of decalcifying agents even in health may bring on temporary albuminuria; it is, therefore, well to avoid acids, acid fruits, sweets, and much starchy food. Lime is essential, but it should be prescribed in moderation, as too much is apt to depress the peristaltic action of the bowel. Moreover, it is only absorbed as an oleate, so I find it best to prescribe one large dose at bedtime, along with one or two tablespoonfuls of cod-liver oil or olive oil; pilocarpine, which has a synergic action to the parasympathetic, is useful in small doses. The best purgative, in my opinion, is the acid phosphate of sodium, which stimulates peristalsis, and the *Bacillus coli* does not seem to flourish in its presence, as the offensive odour of the faeces disappears. To those acquainted with the spinal reflexes I would recommend concussion of the eighth and second dorsal spines two or three times daily.

#### LETTERS, NOTES, ETC.

##### IMPREGNATIO MULIERIS ARTIFICIOSA.

WE have received from a general practitioner of great experience (who for obvious reasons prefers to be anonymous) the following note, which we agree with him in considering of general interest from more than one point of view:

In early childhood XY, now aged 35, had had an operation performed on him for extroversion of the bladder, the ureters and seminal ducts being turned into the rectum. The operation was very successful, and in time he was able to hold his water for about five hours. At the age of 30 he married, his wife being fully cognizant of his infirmity. After five years both she and he were intensely desirous of having a child, and inquired whether it was possible to attain this object artificially. On examination he was found to be a strong man of excellent physique and in perfect health. There is a firm triangular scar in the pubic region, the penis being grooved on its dorsal aspect, a deeper sulcus partially dividing the glans. The testicles are

well developed, firm, and healthy. The semen was found healthy, with a proper proportion of living spermatozoa. After discussion it was decided that in the circumstances it was justifiable to make the attempt, the difficulties being fully appreciated. He was directed thoroughly to wash out and cleanse the rectum with hot soap and water, and then to inject a small quantity of a solution of sodium bicarbonate (gr. v to the ounce), part of which might be retained with the object of neutralizing any very acid urine which might ooze into the bowel. Directly after intercourse the semen was voided into a warmed cup and with the least possible delay injected high up into the vagina but not actually into the os uteri. This was done a day before the onset of an expected period, and again on the sixth and seventh days from the commencement of the period. Three times there was no result, but the fourth time impregnation took place and a perfect and healthy child was born 276 days from the date of the premenstrual injection, or 270 days from the date of that done on the sixth day after the commencement of the period.

#### LIGHTNING AND FORKED LIGHTNING.

DR. G. C. SIMPSON, F.R.S., Director of the Meteorological Office, communicated to a recent meeting of the Royal Society his results of an investigation of the discharge of electricity through the atmosphere. The conclusions drawn were: The conducting channel of a lightning flash originates in the region of maximum electric field and develops only in the direction of the seat of negative electricity. A negatively charged cloud can only be discharged by a discharge originating in a positively charged cloud, or in the induced positive charge on the earth's surface. A positively charged cloud may be discharged by discharges starting in the cloud and terminating either in the surrounding air or on the earth's surface. If a lightning flash is branched the branches are always directed towards the seat of negative electricity. The application of these conclusions to 442 photographs of lightning discharges reveals the fact that the majority of lower clouds from which discharges proceed are positively charged.

#### ACTINOMYCOSIS SUCCESSFULLY TREATED BY IODINE IN MILK.

MR. W. D. CONNOCHIE, M.R.C.V.S. (Selkirk), writes: I have read with some interest the article in your issue of March 6th (p. 418) by Mr. Hubert Chitty on actinomycosis successfully treated by iodine in milk. We as veterinarians have for long regarded iodine as more or less of a specific in actinomycosis in animals. Personally I have used it with invariable success in the shape either of liq. donovani or of hydrarg. ioid. rub.; the latter dissolved in a solution of potass. ioid. Whether the arsenic and mercurial content of the one and mercurial of the other has any contributory effect or not I am unable to say categorically, although the antiparasitic and penetrating action of both might well be complementary and auxiliary. Generally speaking, the improvement noticed in those cases most usually met with—namely, lingual actinomycosis (woody tongue), with its invasions of the jaw and facial bones—is nothing short of marvellous, even if of long-standing and malignant degree. Given in fairly heroic doses, I administer either only in a little cold water, and being both odourless and tasteless the administration is easy. Their colloidal exhibition in milk might be an improvement, and at the first opportunity I will give the iodine as recommended by Mr. Chitty a trial, either in the form of tincture or Lugol's solution, and will compare the results.

#### ANOTHER UNUSUAL PRESENTATION.

DR. W. B. HUNTER (Londonderry) writes, with reference to Dr. D. J. Malan's report (March 13th, p. 476) of a case of unusual presentation, to describe a somewhat similar experience many years ago. Dr. Hunter on his first examination of the patient found that the membranes had ruptured previously and spontaneously and that a foot was lying in front of the head. He was able to trace the sole of the foot from the heel to the toes, and concluded that he had to deal with a twin pregnancy. On making an attempt a little later to push the foot up and out of the way of the descending head he discovered that the obstruction had disappeared and the child was born soon afterwards. Examination for a twin showed that none such was present. Dr. Hunter then found that it was quite easy to place the foot of the child on to its head in the position discovered at his first examination. He states that the baby was lively and the joints of the leg did not seem to be abnormal, except perhaps that they were rather more mobile than usual. He adds that Dr. Matthews Duncan, then living in Edinburgh, said that such a case was uncommon but not unknown.

#### CORRECTION.

DR. FREDERICK HEAF (King Edward VII Memorial Sanatorium, Hertford Hill, near Warwick) asks that an error in the last issue of the JOURNAL be corrected. In the paragraph under the heading "Sanocrysin" (p. 630) his remarks were attributed to "Dr. Heath." The mistake was due to a clerical error.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 120.