paper, wave-setting lotion, hair dye, face powder, dog hair, cold cream, sulphur ointment, ammoniated mercury, and soap powder. Premenstrual exacerbations of allergic reactions are not unusual, and are presumably due to increased oedema of the tissues at this time. Hormonal therapy is in general disappointing, but stilboestrol is worth a trial. Symptomatically, one of the other antihistaminic drugs, such as "phenergan" ("3277 R.P.") or "anthisan" (pyranisamine maleate), might be worth trying.

Medical Treatment of Myopia

Q.—*Is there any evidence that calcium lactate and parathyroid extract are of use in preventing the progress of myopia in children? If so, what dosage should be given, and for how long should treatment be continued? Is the parathyroid extract likely to cause any glandular disturbance?*

A.—The medicinal treatment of myopia was in vogue several years ago but is not now much used. It would appear that the results in the past with calcium and parathyroid extract have not been encouraging. In these days chief reliance is placed on ordering a full correction at as early an age as possible. The glasses should be worn all day long.

Toxic Effects of "Diparcol"

Q.—*Are there any dangers associated with the administration of the new drug "diparcol" in the treatment of Parkinson's disease?*

A.—Toxic effects which have been noted with "diparcol" (diethylaminoethyl-N-thiodiphenylamine) are somnolence, a slight feeling of drunkenness, and sometimes, though rarely, severe vertigo. These call for a reduction, possibly only temporary, in the dosage of the drug. A more distressing complaint, again rare and a sign of overdosage, is a temporary or almost complete paralysis, but this passes off in a matter of an hour. The drug sometimes also produces a temporary aggravation of Parkinsonian symptoms. The French workers who introduced this drug reported a fatal case of agranulocytosis, but considered this to be due to other drugs used at the same time; nevertheless, an occasional check on the leucocyte count is probably desirable. In debilitated patients, if the drug is stopped suddenly some degree of "collapse" may occur, and for this reason its administration should always be tailed off gradually. The same applies to its substitution for any of the solanaceous alkaloids: the change-over should be gradual. The two may safely be given together for a time. It is best to follow accurately the gradually increasing scale of dosage recommended by the makers.

Pus Cells in Semen

Q.—*The semen of a man aged 36, married ten years but with no children, is coloured yellow; motile sperms are absent, but there are a number of pus cells. The colour change is only recent. There is no history of venereal disease or trauma, but six months ago the testicles ached continuously for three weeks. There are no other signs and symptoms and the urine is clear. What is the cause? What investigations do you advise, and is there any treatment?*

A.—An attempt must first be made to discover the source of the pus cells in the semen. These may come either from infection of the prostate or vesicles, or else from a low-grade infection of the seminiferous tubules themselves. To exclude the former, cultures should be made of the urine passed after prostatic and vesicular massage. If nothing is grown from this, the semen itself should be cultured and the infecting organisms identified. But it is quite likely that what have been regarded as pus cells are actually spermatocytes exfoliated from the tubules. The cause of this may be some systemic or constitutional departure from health, which may be discovered by a careful medical overhaul. If nothing is revealed, a biopsy should be carried out to discover the exact state of the testicle. The outlook is poor, but, should the biopsy specimen reveal healthy testicular tissue, an attempt may be made to stimulate spermatogenesis by injections of chorionic gonadotropin prepared from pregnant mare's serum.

NOTES AND COMMENTS

Vaccination.—Dr. F. W. A. FOSBERY (Bristol) writes: I beg a small amount of your space to comment on the practice of vaccination as done by too many qualified doctors. Vaccination is compulsory for entry into the U.S.A. Too often have I to treat badly swollen, septic arms, caused by bad technique. The method of choice is: (1) to cleanse the skin; (2) drop (by any means, even gravity) a small bead of vaccine lymph on the chosen site; (3) puncture the skin through the bead, and wipe off excess; (4) do not cover. This is all that is required to produce immunization and avoids the crippling, unnecessary secondary sepsis favoured by covering the site. The international certificate requires a notation of the "reaction" (and this is more important than the fact of vaccination for entry into the U.S.A.), and the wording of the certificate should be quite accurate —i.e., (1) reaction of immunity; (2) vaccinoid; or (3) typical primary vaccinia. The term "successfully vaccinated" merely means that a needle has been passed over the skin. A certificate of "no reaction" is a reflection on the powers of observation of the doctor who certifies it.

Deafness after Penicillin Injection.—Dr. JOHN S. MEIGHAN (Bridge of Weir, Renfrewshire) writes: I recently had a patient, a man in early middle age, who complained of transient deafness and faintness following the intramuscular injection of a half mega unit of the sodium salt penicillin dissolved in 1.5 ml. of apyrogenic water. Three subsequent injections had no such effect, but he was made to lie down immediately after them. I would be very interested to know if anyone else has had this experience.

Bee-stings.—Dr. ALFRED R. HARGREAVES (C.M.S. Hospital, Gaza, Palestine) writes: Having been a bee-keeper for nearly 50 years I was interested in the question and answer on bee-stings ("Any Questions?" June 11, p. 1061). I would like to add to your expert's advice by suggesting that the best way to remove the sting, which, by the way, is barbed, is to scrape it out with the edge of a pocket knife. To pick it out with the fingers would only squeeze more of the venom into the victim. I always keep my open pocket knife handy when manipulating them. For treatment of the sting itself I find a drop of honey on the spot is very effective. I can imagine that there is more to this than mere hypertonicity and osmosis.

Adrenaline and Blood Pressure.—Professor HENRY BARCROFT and Dr. H. KONZETT write from St. Thomas's Hospital, London, S.E.: In the answer in "Any Questions?" (July 9, p. 111) it is stated that isopropyl-*nor*-adrenaline ("aleudrin," "aludrin," "neoepinine," "neodrenal") causes a fall of blood pressure even when injected intravenously. This is so in anaesthetized animals[1]; in man (unanaesthetized), however, it caused a rise in the systolic pressure and a fall in the diastolic without much change in the mean pressure.[2] During inhalation of therapeutic doses of isopropyl-*nor*-adrenaline the arterial blood pressure is usually unchanged. In the isolated perfused dog's lung, administration of isopropyl-*nor*-adrenaline by means of an inhaler caused a slight fall of pulmonary arterial pressure.[3] Whether this happens in man is not yet known.

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1 Konzett, H., *Klin. Wschr.*, 1940, **19**, 1303.
2 Barcroft, H., and Konzett, H., *J. Physiol.*, 1949. (In press.)
3 Hebb, C., and Konzett, H., *J. Pharmacol.*, 1949. (In press.)

Corrections

The editor of the *Medical Directory* has pointed out that his address should have been given in the letter published in the *Journal* of July 30 (p. 284). Doctors who have mislaid or not received the schedule can obtain a duplicate by writing to the *Medical Directory*, 104, Gloucester Place, London, W.1.

The price of Bailey and Love's *Short Practice of Surgery* is 52s. 6d. per set, and not 32s. 6d. as stated.

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