last activity will depend to some extent on tenderness of any perineal scar. Strenuous activity such as is involved in the playing of certain games and lifting heavy articles should be forbidden for a total of two months from the time of operation.

Coitus can be resumed when the vaginal incisions are completely healed and free from tenderness. These conditions are usually satisfied in six weeks, but it is wise always to examine the patient vaginally (including inspection of the vaginal walls and vault with a good light) before allowing coitus to be resumed. It is important that coitus should not be commenced too soon—otherwise tenderness may lead to vaginismus and permanent dyspareunia. On the other hand, it should not be deferred any longer than necessary, because the patient is usually at an age when climacteric atrophy is likely and contracture of the vagina is prevented only by regular coitus.

Diarrhoea after Short-circuiting Operation

Q.—*A patient of 40 has a long-standing ileo-colic anastomosis (lower end of ileum to transverse colon near the hepatic flexure) performed to relieve intestinal obstruction after perforation of the appendix. Since the operation he has suffered intermittently from diarrhoea and finds this rather a nuisance. Recent barium enema examination and sigmoidoscopy reveal no cause for the diarrhoea. What is the probable cause of the attacks of diarrhoea, and what treatment is recommended?*

A.—Though not specifically stated, it may be presumed that the ileo-colic anastomosis was side-to-side, thus short-circuiting and isolating a loop of bowel. Steatorrhoea is a not infrequent sequel to this situation, owing, it is thought, to an altered bacterial flora causing abnormal fatty acids to be formed and thus interfering with normal fat absorption. The isolated loop must be replaced in circuit by taking down the anastomosis, and the attacks of diarrhoea will then cease.

Placental Implants for Ocular Conditions

Q.—*Is there any good evidence that placental implants have any value in the treatment of eye conditions? Claims are made for such treatment on the Continent.*

A.—Claims for the value of placental implants in the treatment of degenerative affections of the eye are not based on any substantial experimental or clinical evidence. It is perhaps not an exaggeration to say that the method has fallen into disuse after an ephemeral popularity. The use of placental implants is part of the more complex problem of the value of tissue therapy generally, for which again there is no substantial supporting evidence. Much of the work appears to have been based on incidental clinical impressions, and this applies to amnion implantation as much as to other forms of tissue therapy.

Wasp Stings

Q.—*A farmer is sensitive to wasp stings, a typical reaction consisting of increasing drowsiness and severe palpitation leading to collapse in about ten minutes; he remains in a stupor for some hours and is not fit again for several days. He is completely insensitive to bee stings. For the last three years he has had long desensitization courses with wasp extract, but complains that the final few doses make him very ill with similar symptoms to a sting. This of course prolongs the course, as the doses have to be adjusted. Can you suggest any alternative treatment that might obviate the need for desensitization?*

A.—Ephedrine might be taken as a prophylactic whenever there is a risk of being stung by a wasp. Immediate self-treatment should be isoprenaline sulphate, 20 mg. sublingually, and an antihistaminic. Then, if symptoms progress, subcutaneous adrenaline, slow intravenous aminophylline (if angioneurotic oedema or bronchospasm develops), and finally, if necessary, intravenous hydrocortisone could be given.

Hyposensitization in such cases is advocated and supported by various authorities.[1] It would be wise, however, to avoid doses which make the patient "very ill." If severe symptoms occur the next dose should be reduced to that of the last preceding one to cause no symptoms and subsequent increases should be made much more slowly.

The nature of wasp venom was the subject of a recent annotation.[2]

REFERENCES

[1] Mueller, H. L., and Hill, L. W., *New Engl. J. Med.*, 1953, **249**, 726.
[2] *Brit. med. J.*, 1957, **2**, 757.

Culture of Candida

Q.—*What is the most satisfactory medium for the culture of Candida albicans? I have seen advertisements for Nickerson's medium for this purpose. What is its constitution and how is it rated?*

A.—Sabouraud's medium. The methods of preparing it will be found in any textbook of general bacteriology or mycology which has an adequate technical section. This medium contains an exceptionally large amount (4%) of a fermentable sugar (glucose or maltose) and is of exceptionally acid reaction (*p*H 5–5.5). Bacteria dislike this degree of acidity exceedingly, but fungi thrive on it: hence apparently pure cultures (or nearly so) of *Candida albicans* can be obtained from material containing many and various bacteria, such as not only mouth and throat swabs but even faeces.

According to its manufacturers, Nickerson's medium is "an acidified sulphite medium containing metallic salts in a nutrient broth base." It has been patented by Dr. Walter J. Nickerson, of the United States, and its formula cannot be disclosed. The claim made for it is that it is completely selective for *Candida*.

Progressive Myopia in a Man of 60

Q.—*What are the likely causes of progressive myopia in a man of 60? This year, for the first time, small myopic crescents were observed in the fundi and small black spots floating in the left anterior chamber. His urine and blood pressure are normal, and his only complaint poor vision.*

A.—Lens sclerosis is the commonest cause of progressive myopia about the age of 60. This would account for the patient's complaint of poor vision. Forward bulging of the cornea in keratoconus and keratomalacia may also produce curvature myopia associated with irregular astigmatism.

The small crescents of choroidal atrophy or recession are more likely to be due to atrophic change than to axial myopia, with which they are generally associated in the progressive myopia of young people. The small black spots observed in the left anterior chamber may have been due to a resolving hyphaema or a mild iridocyclitis.

Correction.—In our report of the first annual meeting of the Society of Social Medicine (*Journal*, October 5, p. 818) the final sentence of Dr. ALICE STEWART's reply to Dr. ETHEL DUNCAN should have read: "There was, however, a high incidence of mongolism among the leukaemia cases, but not among those with cancer at other sites." We regret that Dr. R. SUTHERLAND, of the Department of Social Medicine at Leeds, was wrongly given the title of professor. Dr. LILLI STEIN now works at the Maudsley Hospital, not Edinburgh.

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