Eye injuries in children caused by aerosols and sprays

EDITOR,—In compiling a district profile of childhood accidents, we investigated eye injuries to children attending the emergency outpatient clinic of the ophthalmology department at Darlington Memorial Hospital. Eye injuries caused by aerosols and other sprays were identified as a potential area for prevention.

The ophthalmology emergency outpatient register for 1990 was analysed for children aged 16 years and under who presented with a new episode of eye injury. The clinical records of those suffering injuries caused by sprays were reviewed to determine type of spray and outcome. During the year there were 90 new attendances owing to accidental eye injuries in children reported at Darlington Memorial Hospital. Of these, five (6%) were explicitly caused by sprays (Table I). Three children were discharged from the clinic without follow up following emergency assessment and appropriate treatment. One child with superficial punctate keratitis and one with corneal erosion were discharged following a review in clinic after 1 and 5 days respectively. The estimated cost of treating these patients for the seven outpatient assessments was £266.

A computerised literature search using Medline has revealed no epidemiological literature on the subject and only one reference (non UK) which related to an ocular injury in children caused by an artificial snow spray.

Furthermore, the Childhood Accident Prevention Trust library knew of no reference to aerosol or spray injuries to children's eyes (personal correspondence). This perceived lack of interest may be because of a high level of under reporting of such injuries.

The Department of Trade and Industry, National Health and Safety Laboratory Service, HASS database for 1989 revealed only eight cases of childhood eye injuries as a result of sprays or aerosols. Types of spray included car paint, polish, silicone waterproothing, and toilet aerosol. If an annual figure of five new cases in one district general hospital ophthalmology outpatient clinic holds nationally, the level of under reporting is profound and the cost to the NHS is high.

In conclusion we would like to say that childhood eye accidents caused by aerosols or sprays are a potentially preventable cause of morbidity to children. Many of the injuries may be mild but could be potentially very serious. Their epidemiology is unresearched. At present they may be seriously under reported, giving rise to a lack of awareness of the problem. Case history above highlights a gap in the literature which requires filling through further research.

Edwin J Pugh
Moorfields Eye Hospital
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This short textbook is a comprehensive guide to the clinical application of electrophysiological techniques. Those who have read the authors' previous book will find that this is a completely rewritten and new book and it includes much more information. There is, for example, a much expanded section on the pattern ERG. Unfortunately any textbook in this field is likely to omit some of the latest research developments - for example, scotopic threshold responses, but the commonsense approach in the book will be very refreshing for anyone contemplating the maze of literature already available. The book is primarily concerned with visual electrophysiological techniques from the point of view of the clinical ophthalmologist but I would recommend it to anyone with an interest in 'bioelectrics'.

N R GALLOWAY


This is the second edition of an already, and deservedly, popular book by two authors of international repute. It has been deliberately kept small, concentrating on current lasers and the treatment of ocular disorders routinely seen. It is aimed at updating the busy ophthalmic clinician, is easy to read, and is liberally illustrated with numerous excellent clinical photographs, angiograms, and diagrams.

It is divided into two sections, the larger being lasers for photocoagulation of the Posterior Segment and the smaller Anterior Segment Laser Applications. In the first section there are chapters covering the principles, techniques, limitations, complications, management, and treatment of conditions including diabetic retinopathy, other vasculopathies, central serous retinopathy, age-related macular degeneration and subretinal neovascularisation, tears, detachments, and tumours. The second section also has chapters on the principles of YAG laser photodisruption, laser modalities in glaucoma, posterior capsule photodisruption, miscellaneous laser applications, safety, and some practical exercises.

The excellence of this book includes the photographs and illustrations, the chapters on complications, the photocoagulation management and treatment of diabetic retinopathy, disinsertion of the posterior vitreous detachment, and argon laser iridotomy. Some chapters could have been better and in particular it would have been useful to have had an expanded section on YAG laser iridotomy. There are numerous minor inaccuracies, some out-dated practices and photographs and some of the text is scientifically woolly. In some chapters the references could have been more up to date.

Laser technology is changing apace and there is only little mention of the excimer and diode lasers. There is now a plethora of newer therapeutic contact lenses and there is no mention of fundal examination non-contact lenses, such as the OCT discrometer.

Despite these faults it is a useful book and I would have no hesitation in adding it to our library.

J JAGGER


This book is a useful addition to the growing numbers of MCQ texts available for the postgraduate student in ophthalmology. The sections are clearly delineated and where explanations of the answers are deemed necessary, the authors present these in a clear and authoritative manner, thus stating in the prefix that the reader might find some of the answers controversial or ambiguous.

This is a well prepared and useful aid for both the postgraduate student and teacher preparing for higher examinations.

J WILLIAMSON

Books received


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Biomedical Optics '93

An international symposium sponsored by the Biomedical Optics Society will be held on 22–23 January 1993 at the Los Angeles Airport Hilton Hotel, Los Angeles, California, USA.

Mainau Award: The Laser Centers of America and the Biomedical Optics Society have established the Theodore Mainau Award to help authors of outstanding papers submitted to the symposium from countries where currency is not easily convertible. There will be up to 10 awards, each of $2000. For further details: Biomedical Optics Society, PO Box 10, Bellingham, Washington 98227-0010, USA. (Tel: (206) 676-3290; Fax: (206) 647-1445.)

1993 Update in the Management of Age-Related Macular Degeneration – Optical Fluorescein Angiography Workshop

This workshop will be held on 22–23 January 1993 at The Wilmer Ophthalmological Institute of the Johns Hopkins Medical Institutions, Thomas B Turner Building, Johns Hopkins Medical Institutions, Baltimore, MD, USA. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205, USA. (Tel: (410) 955-2959; Fax: (410) 955-0807.)

XIV Congress of Asia-Pacific Academy of Ophthalmology

The XIV Congress of Asia-Pacific Academy of Ophthalmology will be held on 24 to 28 January 1993 at the Hotel Sonargaon, Dhaka, Bangladesh. For details please contact: APAO Secretariat, OSB Bangladesh PO Box No 8021, Mirpur, Dhaka-1216, Bangladesh. (Fax: 880-2-804522.)

American Academy of Ophthalmology

The American Academy of Ophthalmology has released a clinical education videotape on phacoemulsification entitled 'Making the Transition to Phacoemulsification.' It is designed for extracapsular cataract extraction surgeons wishing to learn the technique. Price $65 for academy members and $85 for non-members. Further details: American Academy of Ophthalmology, 655 Beach Street, San Francisco, CA 94109-1336, USA. (Tel: (415) 561-8500; Fax: (415) 561-8567.)

Ro-Man-Aid

The Romanian Multiple Sclerosis Association is pleading for specialist equipment, especially diagnostic eye equipment, as they have none! Their list of priorities includes: biomicroscope, sets of lenses for prescriptions, ophthalmoscope, tonometer, sets of Snellen charts, books and sets of plates for testing for colour defects (Isihara, Velthagen, Rapkin, etc.). If you have any suitable surplus equipment contact: Rosa Drown, Secretary, Ro-Man-Aid, 12 Bayr Grianagh, Castletown, Isle of Man. (Tel: 0624 823065.)
BOOK REVIEWS

D D Murray McGavin, Doug Coster, N R Galloway, J Jagger and J Williamson

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http://bjo.bmj.com/content/76/11/703.2.citation

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