

## CORRESPONDENCE

### Widespread use of topical chloramphenicol

EDITOR,—The recent debate over the safety of topical chloramphenicol has caused a widespread response in the ophthalmic literature. The article by McGhee and Anastas<sup>1</sup> has reviewed the current knowledge and concluded that there is a theoretical but not conclusively proved risk of aplastic anaemia in the use of topical ophthalmic chloramphenicol. I wish to add a comment which was not discussed in this paper.

The authors quoted an idiopathic aplastic anaemia incidence of 1 in 524 000, or 2 per million in the USA. The use of chloramphenicol in Europe is 40 times the amount of that in the USA and reflects the different prescribing habits between the two communities. If topical ocular chloramphenicol was to have a relation to aplastic anaemia the incidence in Europe will be expected to be higher than in the USA. This issue was addressed by Gardner<sup>2</sup> who quoted an incidence of 1.5 per million cases of aplastic anaemia in France, a similar figure to that of the USA.

These data suggest that there is no difference in the incidence of aplastic anaemia when topical ocular chloramphenicol is prescribed compared with when it is not. Practitioners should continue to use this effective drug until there is firm evidence that it is not safe.

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- 1 McGhee CNJ, Anastas CN. Widespread use of topical chloramphenicol: is there justifiable concern regarding idiosyncratic aplastic anaemia? *Br J Ophthalmol* 1996;80:182-4.
- 2 Gardner FH. Chloramphenicol: a dangerous drug? *Acta Haematol* 1991;85:171-2.

## BOOK REVIEWS

**Clinical Ophthalmology. A Test Yourself Atlas.** By JJ Kanski and KK Nischal. Pp 186. £19.99. Oxford: Butterworth-Heinemann, 1995.

This is the latest in a long line of books designed to help ophthalmology candidates pass examinations. The format of using illustrations to allow candidates to test themselves has a well beaten and extremely popular track record in many postgraduate examination textbooks.

Many of the illustrations used are superlative. However, this type of book would benefit greatly from using a larger format. In particular, many of the x rays depicted are too small for adequate interpretation. The emphasis of the multiple choice questions is towards the

rarer aspects of ophthalmology and as long as the candidate has a good grounding of the basics then this book has much to commend it. All of the sections are well written and if one had to commend only one particular section it would be the one on the ocular manifestations of systemic diseases.

Overall this is an excellent book and would sit happily on any examination candidate's bookshelf. It would also be of great interest to many other people who are fortunate enough to be beyond that stage.

JOHN A OLSON

**Uveitis. Volume 1—Differential diagnosis.** By Manfred Zierhut. Pp 199.

Buren, the Netherlands: Aeolus Press Science Publishers, 1995.

This book has successfully managed to outline the various causes of uveitis in a concise manner. The author certainly did not have a easy task and should be congratulated on being able to define the differential diagnoses in such an organised fashion. In particular, the book is highly systematic, covering both the causes of uveitis from the location of the inflammation and the involvement with systemic disease. In each section the author covers well the clinical features of each condition, the diagnostic tests which may be employed to arrive at such diagnoses and, more importantly, sections on remarks about the prognosis and also difficulty in obtaining the diagnosis. In addition, at the end of each section there are a small number of references so that the reader can further establish a greater understanding.

At first the book appears daunting in its algorithmic approach, but looks are deceiving and, on reading, it is both enlightening and welcoming. Its pocket size makes it very attractive for everyday clinical use.

ANDREW DICK

**Lens disorders: a clinical manual of cataract diagnosis.** By N Phelps Brown, A Bron. Pp 256. £65. Oxford: Butterworth-Heinemann, 1996.

Cataract extraction is such a successful procedure that lens research is thought by many to be uninteresting and irrelevant. This book will dispel that notion. It is written by two well known clinicians who have collaborated for two decades at the Nuffield Laboratory of Ophthalmology in Oxford. It is unique as it brings together for the first time a wealth of information on the biology and pathology of the lens from the clinicians' viewpoint. After a historical introduction, there are two chapters on embryology and anatomy of the lens. Lens growth and accommodation are especially clearly explained in two other chapters. Twin chapters on the biology of the lens and of cataract weave together all the complex strands of the multiple factors involved in cataractogenesis. The three chapters on the morphology and aetiology of cataract are superbly illustrated as one would expect from the inventor of the Scheimpflug slit image camera. All types of cataract, common and esoteric, are amply discussed from the aetiological and morphological point of view. They demonstrate the value of detailed clinical

examination in understanding the pathogenesis of cataract. This treatise will repeatedly prove useful to the clinician confronted with an unusual cataract. Short chapters on lens examination, malformations, and vision in cataract complete this book. A comprehensive bibliography of 35 pages concludes this book which will be of interest to scientists dealing with the lens and to all ophthalmologists. It is erudite yet readable and will find a place in all departmental libraries.

G ADRIEN SHUN-SHIN

**Handbook of Botulinum Toxin**

**Treatment.** Edited by Peter Moore. Pp 289. £59.50. Oxford: Blackwell Science, 1995.

In the 15 years since it was introduced by Alan Scott for the treatment of strabismus, botulinum toxin A has found new roles in a number of specialties. This book covers the whole field, so that ophthalmologists contemplating purchase should know that only 28 of the 289 pages deal with the conditions they are likely to treat. A further 67 pages provide the general information on basic science and toxicology that is relevant to all who plan to use the agent. Despite that reservation I consider this to be a very useful 'benchbook' for any ophthalmologist undertaking botulinum toxin treatment.

The authors of the ophthalmic section, John Lee and John Elston, provide impressively comprehensive yet concise coverage of their fields. No doubt they could have expanded but in fact their chapters offer all the detailed practical guidance required to undertake this treatment, with balanced assessments full of good clinical advice for each of the suggested indications. The algorithms for the management of spasm are particularly helpful, and clarify the substantial differences in treatment between hemifacial spasm and idiopathic blepharospasm, an issue not well understood by many ophthalmologists. Any ophthalmologist already involved in running a botulinum clinic will also find it useful to assess their own methods of data recording, against the developed system employed by Elston.

Overall, this is a well constructed book, appropriately illustrated, and its international collection of 21 authors edited into a satisfying symmetry of style. A useful list of patient support organisations around the world is appended, together with a compendium of information sources for professionals in the field. There is also an example of an information sheet, for patients with spasmodic torticollis; unfortunately the equivalent information sheet for the ophthalmic indications is not included. Most toxin dosage is quoted in Dysport mouse units, but the difference from Botox is repeatedly emphasised.

Finally, for anyone still concerned about the toxicity of this agent, dipping into the 'non-ophthalmic' chapters will provide reassurance. Doses up to four times larger than those likely to be used in treating blepharospasm are recommended for the treatment of spasmodic torticollis.

In its ophthalmic indications botulinum toxin treatment has now reached a degree of maturity and stability. This book meets a definite current need for an authoritative and practical guide to management, and can be recommended on that basis.

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