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 Anastas1 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 Gardner2 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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BOOK REVIEWS


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-earned 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 on 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.

ADRIEN SHUN-SHIN


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 toxicity 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 field. 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 torticolis; 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 50times those likely to be used in treating blepharospasm are recommended for the treatment of spasmodic torticolis.

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.

JDH YOUNG