

therapeutic amputation of the foreskin is not obligatory.

It was disappointing to see this one-sided article which appears to suggest the taxpayer should support this barbaric and inhumane practice. The two articles in the *BMJ* last year were far better.^{2,3}

I look forward to eventually seeing a legal case against this affront on the right of a child to bodily integrity.

And please — call it what it is. 'Circumcision' sounds so euphemistically innocuous.

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Doctors Anwar, Munawar, and Anwar plead for NHS resources to be diverted towards increasing the provision of religious circumcision.¹ Apart from their theological justifications, their main arguments seem to relate to the risks associated with the procedure being carried out by inexperienced practitioners and that 'it is not our duty to tell a patient which decision to make, but merely to carry out said decision to the best of our ability.' This is an extraordinary argument, and we are left wondering how the authors would respond to a request for amputation of a healthy limb, female genital mutilation, or assisted suicide.

There is no medical justification for circumcising healthy neonates in the UK. While some argue that there might be a small health benefit in countries with endemic HIV infection, and possibly some reduction in risk of urinary tract infection, there is no doubt that the risk of harm greatly exceeds the health benefits in the developed world. Infants cannot give consent to surgical procedures, and there

is no ethical argument for performing an irreversible procedure which might impair later sexual function (or at least sexual pleasure) before a child is old enough to give consent. Prioritising parents' religious beliefs over the health needs of their child disregards fundamental ethical principles of non-maleficence and respect for patient autonomy.

The only argument for the involvement of the NHS in religious circumcision is harm reduction, and it is for that reason that I refer patients to paediatric surgeons when parents request it. There is a strong argument for the practice of male infant circumcision being treated by the law in the same way as female genital mutilation.

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The essay on circumcision in the January 2010 edition of the *BJGP* clamours for 'the right to ensure that the procedure is carried out by an experienced surgeon ...'¹ If circumcision is indeed a quintessentially natural act of human cleanliness obliged by the religious tenet of Fitrah, why should it need a well-trained surgeon (or Rabbi) to perform what is purported to be one of five simple acts of human hygiene? And why is there an absence of agitation — on religious grounds — for the State to provide intensive regulation of people performing the other four Fitrah acts (nail-cutting, shaving of pubic hair, plucking of axillary hair, and beard trimming)?

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Stevens–Johnson syndrome secondary to oseltamivir (Tamiflu®)

We write to highlight a serious cutaneous side effect of the drug oseltamivir or Tamiflu® which has recently been in widespread use due to the swine influenza epidemic.

A 17-year-old male presented to hospital with an erythematous rash over his limbs and trunk, oral ulceration, facial swelling, and blurred vision. He was well with no significant past medical history. Two weeks previously he had experienced a viral illness of headache, fever, and myalgia which was treated with oseltamivir (Tamiflu®) in the community. The day after completing the course he developed these symptoms. Other than paracetamol he had taken no other medication. Stevens–Johnson syndrome secondary to oseltamivir was diagnosed. He was found to have corneal ulceration requiring steroid eye drops and required admission and other supportive treatment before eventually recovering several weeks later.

Stevens–Johnson syndrome is a rare but recognised complication of oseltamivir (Tamiflu®) and the condition does have an associated mortality. To date there are no figures regarding adverse reactions of this nature, as most information comes from small previous studies.¹ The most common events recorded are nausea and vomiting. A Cochrane Review showed that oseltamivir (Tamiflu®) slightly reduces time to alleviation of symptoms and is of use as post-exposure prophylaxis, but concludes low effectiveness.² There have been recent calls for caution in extensive

use of this drug as these serious side effects become more apparent. Given the sometimes minimal benefits, it may be advisable to think twice before issuing a prescription; however, with increasing use, we are likely to see more cases of severe skin reactions in the future.

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Systematic risks from chloramphenicol eye drops

A recent paper criticised the use of topical antibiotics for acute infective conjunctivitis,¹ with which I would strongly agree. However, there was no mention of an important contraindication to chloramphenicol eye drops: the risk of systematic complications from absorption into the general circulation of the drug through the conjunctival, nasal, and nasopharyngeal mucosae. That would be expected anyway on obvious logical

grounds. Indeed, one should always consider possible systematic effects from any and every topical applications, particularly in children, and pregnant and lactating women. Of course, chloramphenicol is very rarely used systematically because of the risk of toxicity.

As a result of a previous paper,² I reviewed, in detail, the evidence of systematic toxicity from chloramphenicol eye drops.³ Another very interesting report has recently been published of a patient suffering acute hepatitis probably from these eye drops: the authors also mention a notification to the Committee on Safety of Medicines of two possible cases of hepatitis associated with chloramphenicol, one of which resulted from eye drops in an infant.⁴

My clinical practice was to prescribe the antiseptic brolene (propamidine isethionate), the active constituent of golden eye drops and ointment, in strong preference to any antibiotics, especially of course chloramphenicol.

Another fundamental argument against antibiotic eye drops is that most cases of conjunctivitis, especially in children, are due to the unsusceptible adenovirus,⁵ the probable explanation for the very small, therapeutically insignificant, effect of chloramphenicol eye drops in 'acute infective conjunctivitis'.^{2,6}

The authors are also rightly critical of the quite astonishing and deplorable (my words) decision in June 2005 by the UK Medicines and Healthcare products Regulatory Agency to allow chloramphenicol eye drops to be sold 'over the counter' without prescription.⁷

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On aphorisms

I read with interest the article 'On aphorisms'¹ in the December issue of the *BJGP*. I would echo Dr Shaw's view that these pithy sayings are useful in education and personal practice.

In the interest of correctly ascribing credit, I would like to point out that the aphorism relating to the five tumours that metastasise to bone can certainly be dated to earlier than he notes. I first heard this aphorism during the entertaining and useful pathology lectures by Dr Derek Roskell in the Oxford University clinical course in 2000. I wonder if any of your readers can date it any earlier?

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Always give the expected date of confinement as one 7 days later. The lady will never complain. Hypochondriacs always die. Examine them to reassure yourself and encourage them to talk as you do so. They often produce the cause of their anxiety.

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