

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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