attack and had good quantitative evidence of refractive status. A common feature of all reports is the onset of symptoms within a few days of commencing paroxetine. The Committee on the Safety of Medicines reports side-effects possibly related to paroxetine as acute angle-closure glaucoma, mydriasis and blurred vision (personal communication).

Iris sphincter muscle in rabbits has been shown to possess receptors to serotonin which produces a relaxation of the constricted muscle in a dose-dependent manner.[4] It is not inconceivable that the human sphincter pupillae has similar receptors, and hence the use of a SSRI could allow the local build-up of serotonin and hence mydriasis.

To the authors' knowledge, this is the first reported case of a patient describing a clear association in time with the use of paroxetine on two separate occasions. Although mydriasis in overdose is noted, neither the British National Formulatory nor the datasheet for paroxetine cite glaucoma as a potential side-effect in susceptible patients. Perhaps the time has come for this to be addressed.

References

1. Eke T, Bates AK. Acute angle closure glaucoma associated with paroxetine. BMJ 1997;314:1387.
2. Kirwan JF, Subak-Sharpe I, Teimory M. Bilateral acute angle closure glaucoma after administration of paroxetine [letter]. Br J Ophthalmol 1997;81:252.
3. Lewis CF, DeQuardo JR, Dubose C, Tandon R. Acute angle closure glaucoma and paroxetine [letter]. J Clin Psychiatry 1997;58:123–4.
4. Barnett NL, Osborne NN. The effect of serotonin on the rabbit isolated iris sphincter muscle. Curr Eye Res 1993;12:665–73.

H.G.B. Bennett, MRCP (UK), FRCOphth ✉
Tennent Institute of Ophthalmology
Gartnavel General Hospital
Great Western Road
Glasgow G12 0YN
Scotland, UK

Tel: +44 (0)141 211 1041
Fax: +44 (0)141 211 2054

A.M. Wyllie, FRCS(E), FRCOphth
Stonehouse Hospital
Strathaven Road
Lanarkshire ML9 3NT
Scotland, UK

Sir,

Treatment of recurrent hordeolum with Broncasma Berna

Recurrent hordeolum is an eyelid problem.[1,2] This letter reports on the results of using a vaccination in its treatment.

The author has developed a method that uses an inactivated bacterial vaccine (Broncasma Berna) in the treatment of recurrent hordeolum and has clinically experienced 11 years of effective treatment. Broncasma Berna, which has already been used for the treatment of chronic bronchitis and its complications, asthma[3] of bacterial origin, chronic sinusitis and nasal allergies[4] of bacterial origin, has few or no side-effects.

For this study, 25 patients who suffered from attacks of recurrent styes, despite treatment with warm compresses, surgery, antibiotics or local corticosteroid injections, were selected. Formal consent was obtained from each patient. No patient had diabetes or neoplasm (meibomian gland carcinoma). During the period from 1985 to 1996, each of the patients (16 women, 9 men; median age 32 years) was given a subcutaneous injection of 0.05 ml of Broncasma Berna once every 4–14 days for a total of 4–10 injections. The average frequency of recurrent styes was six times per year. Broncasma Berna was given once every 5 days and an average of 5 times. Other medications for styes were not used. One year and a half after the completion of treatment, each patient was checked for recurrent styes. Of the 25 patients treated, the author confirmed that 21 (84%) of the patients no longer had recurrent styes at that time. A double-masked study was not carried out on ethical grounds; placebo treatment would not alleviate an attack of styes.

Broncasma Berna is a product of the Swiss Serum and Vaccine Institute Berne. A 1 ml quantity of Broncasma Berna is composed of the following: 50 10^6 pneumococcus types I, II and III; 40 10^6 streptococci; 500 10^6 staphylococci; 60 10^6 *Neisseria catarrhalis*; 20 10^6 *Gaffkya tetragena*; 250 10^6 *Pseudomonas aeruginosa*; 40 10^6 *Klebsiella pneumoniae*; 40 10^6 *Haemophilus influenzae*; conservans (maximum 0.4% phenol). The specimen scheme for the dosage is as follows: first to fifth injections: 0.1 ml, 0.3 ml, 0.5 ml, 0.7 ml and 1 ml; then, after an interval of 1 week, five injections of 1 ml. In these trials, however, only 0.05 ml of Broncasma Berna was used.

Although Broncasma Berna has been used in many countries for three decades and millions of doses have been administered, no anaphylactic reactions or other significant complications have ever been reported to the Swiss Serum and Vaccine Institute Berne. Broncasma Berna has been used in Japan for a quarter of a century, and no significant side-effects have ever been reported. As the dose used was relatively small, none of the patients complained of spontaneous pain or fever, although two complained of slight tenderness at the injection point on the following day.

References

1. Moriarty PAJ, Collin JRO. Eyelid problems. The Practitioner 1982;226:901–23.
2. Fraunfelder FT, Roy FH. How to treat common external eye problems. Am Fam Physician 1971;3:104–9.
3. Ishizaki T, Kawakami Y. Ueber die Wirking von Broncasma Berna auf das Bronchialasthma (eine Doppelblind-studie). Schweiz Med Wochenschr 1973;103:455–9.
4. Sato Y, Yoshida T, Sato M. Effects of Broncasma Berna on chronic sinusitis and nasal allergy. Poumon Coeur 1982;38:301–10.

Masaki Nakatani, MD ✉
Nakatani Clinic
91, 2-chome, Suginobaba
Wakayama 640-8212, Japan

Tel: +81 734 28 2000
Fax: +81 734 33 8855
