

ments may be advantageous; (3) preoperative pupil size does not predict postoperative pupil size with sufficient consistency to ensure a good match between intraocular lens design and pupil diameter; and (4) lens decentration, a pupillary pinhole effect, or compound myopic astigmatism may diminish or even nullify the impact of pupillary diameter on multifocal performance with different multizone intraocular lens designs.—George B. Bartley

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- **Trimethoprim-sulfamethoxazole (co-trimoxazole) for the prevention of relapses of Wegener's granulomatosis.** Stegeman CA*, Tervaert JWC, de Jong PE, Kallenberg CGM, for the Dutch Co-trimoxazole Wegener Study Group. *N Engl J Med* 1996;335:16–20.

WEGENER'S GRANULOMATOSIS IS A MULTISYSTEM, necrotizing inflammatory disorder that may be accompanied by severe ophthalmic complications. Although treatment with a combination of trimethoprim-sulfamethoxazole has been beneficial in some patients with the disease, heretofore no prospective, randomized study has investigated the role of such medication in prophylaxis against relapses, which frequently are precipitated by respiratory tract infections. Eighty-one patients with Wegener's granulomatosis in remission during or after treatment with cyclophosphamide and prednisolone were assigned to receive co-trimoxazole (160 mg of trimethoprim and 800 mg of sulfamethoxazole; 41 patients) or placebo (40 patients); the medications were taken twice daily for 24 months. Eight (20%) of the patients in the co-trimoxazole group had to discontinue the drug because of side effects. At 24 months, life-table analysis demonstrated that 82% of the patients in the co-trimoxazole group remained in remission, compared with 60% of those in the placebo group (relative risk of relapse, 0.40; 95% confidence interval, 0.17 to 0.98). There were significantly fewer respiratory tract infections and nonrespiratory tract infections in the patients who received co-trimoxazole. Proportional-hazards regression analysis identified treatment with co-trimoxazole as an indepen-

dent factor associated with prolonged disease-free survival and the presence of serum antineutrophil cytoplasmic antibodies at the start of treatment as a risk factor for relapse. The authors concluded that treatment with co-trimoxazole decreases the incidence of relapses in patients with Wegener's granulomatosis in remission.—George B. Bartley

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- **Effect of ambient solar ultraviolet radiation on incidence of squamous-cell carcinoma of the eye.** Newton R*, Ferlay J, Reeves G, Beral V, Parkin DM. *Lancet* 1996;347:1450–1.

ULTRAVIOLET RADIATION FROM THE SUN HAS BEEN considered a risk factor for squamous cell carcinoma. To investigate this relationship, the authors obtained data on malignant ocular tumors (ICD codes 190.0 through 190.9) from several databases and compared the frequency of cancer with published measurements of ambient solar ultraviolet light from multiple geographic locations. The incidence of squamous cell carcinoma (primarily of the conjunctiva and cornea, excluding the eyelid) decreased by 49% for each 10-degree increase in latitude ($P < .0001$), declining from more than 12 cases/million persons/year in Uganda (latitude 0.3 degrees) to less than 0.2 cases/million persons/year in the United Kingdom (latitude higher than 50 degrees). Incidence rates for several regions within the United States and Canada ranged from 0.23 to 1.25 cases/million persons/year. Because infection with the human immunodeficiency virus might increase the frequency of squamous cell carcinoma independent of solar exposure, a separate analysis was made excluding data from African countries in which AIDS is endemic. This analysis demonstrated that the incidence of squamous cell carcinoma declined 39% for each 10-degree increase in latitude ($P < .0001$). The authors concluded that the results are compatible with the hypothesis that exposure to solar ultraviolet light is an important cause of squamous cell carcinoma of the eye.—George B. Bartley

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