

CORTISPORIN® OTIC SUSPENSION Sterile
(Polymyxin B-Neomycin-Hydrocortisone)
DESCRIPTION: Each cc contains:
Aerosporin® brand
Polymyxin B Sulfate 10,000 Units
Neomycin sulfate 5 mg
(equivalent to 3.5 mg neomycin base)
Hydrocortisone 10 mg (1%)
The vehicle contains the inactive ingredients cetyl alcohol, propylene glycol, polysorbate 80, purified water and thimerosal (preservative) 0.01%.

INDICATIONS: For the treatment of superficial bacterial infections of the external auditory canal caused by organisms susceptible to the action of the antibiotics, and for the treatment of infections of mastoidectomy and fenestration cavities caused by organisms susceptible to the antibiotics.

PRECAUTIONS: This drug should be used with care in cases of perforated eardrum and in longstanding cases of chronic otitis media because of the possibility of ototoxicity caused by neomycin.

CORTISPORIN® OTIC SOLUTION Sterile
(Polymyxin B-Neomycin-Hydrocortisone)
DESCRIPTION: Each cc contains:
Aerosporin® brand
Polymyxin B Sulfate 10,000 Units
Neomycin sulfate 5 mg
(equivalent to 3.5 mg neomycin base)
Hydrocortisone 10 mg (1%)
The vehicle contains the inactive ingredients glycerin, hydrochloric acid, propylene glycol, purified water and potassium metabisulfite (preservative) 0.3%.

INDICATIONS: For the treatment of superficial bacterial infections of the external auditory canal caused by organisms susceptible to the action of the antibiotics.

PRECAUTIONS: This drug should be used with care when the integrity of the tympanic membrane is in question because of the possibility of ototoxicity caused by neomycin.

ADVERSE REACTIONS: Stinging and burning have been reported when this drug has gained access to the middle ear.

CONTRAINDICATIONS, WARNINGS, PRECAUTIONS AND ADVERSE REACTIONS COMMON TO BOTH PRODUCTS
CONTRAINDICATIONS: These products are contraindicated in those individuals who have shown hypersensitivity to any of the components, and in herpes simplex, vaccinia and varicella.

WARNINGS: As with other antibiotic preparations, prolonged treatment may result in overgrowth of nonsusceptible organisms and fungi. If the infection is not improved after one week, cultures and susceptibility tests should be repeated to verify the identity of the organism and to determine whether therapy should be changed.

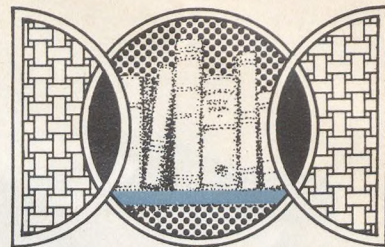
When using neomycin-containing products to control secondary infection in the chronic dermatoses, such as chronic otitis externa, it should be borne in mind that the skin in these conditions is more liable than is normal skin to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: If sensitization or irritation occurs, medication should be discontinued promptly. Patients who prefer to warm the medication before using should be cautioned against heating the solution above body temperature, in order to avoid loss of potency. Treatment should not be continued for longer than ten days. Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. There are articles in the current literature that indicate an increase in the prevalence of persons sensitive to neomycin.



Book Reviews



Legal Issues in Psychiatric Care.
Laurence R. Tancredi, Julian Lieb and Andrew E. Slaby. Harper and Row, Publishers, Hagerstown, Maryland, 1975, 164 pp., \$10.75.

Forgetting for a moment the specter of the malpractice crisis, there are two other prime reasons for the basic distrust of lawyers and "the law" exhibited by the majority of health-care professionals, especially physicians. These two factors are, firstly, the failure to appreciate the philosophy of the legal profession and, secondly, an utter ignorance of the historic development — logical or illogical though it may have been — of legal doctrines which impact on the practice of medicine.

The authors of *Legal Issues in Psychiatric Care* have succeeded in their stated purpose, to "present information and discussions . . ." and, ". . . ready guidelines without a morass of legal jargon." In addition, they have been able to inject some of the spirit of the development of the particular aspects of the law with which they are concerned. I believe this book to be a welcome addition to the library of psychiatrists and psychiatric residents, as well as other health professionals working in this area. More important for our purposes, however, this volume will be an asset to the family physician who pays more than lip service to his or her role as the health-care provider of initial contact for most patients with psychiatrically-oriented problems. This role involves not only outpatient psychiatry and counseling, but also the advising of patients and their families in matters pertaining to commitment proceedings, drug and alcohol problems, and patients' rights in general. *Legal Issues in Psychiatric Care* is an enjoyable, easily read, concise adjunct to the physician in serving these functions.

*W. J. Mangold, Jr., MD, JD
Norfolk, Virginia*

Rheumatology for Clinicians. *W. Jeffrey Fessel. Stratton Intercontinental Medical Book Corporation, New York, 1975, 312 pp., \$19.75.*

This book is written for general internists by a rheumatologist who practices in the Kaiser-Permanente Medical Center in San Francisco. It is intended to supplement such larger texts as that by Hollander, whose approach is more encyclopedic. To a limited degree the book draws upon the author's ten-year experience with the Kaiser-Permanente plan and data available on the 100,000 adult Kaiser-Permanente subscribers living in the San Francisco area. For example, musculoskeletal pain not clearly associated with other disease and osteoarthritis accounted for more than half of 4,751 musculoskeletal problems coded during a six-month period. Rheumatoid arthritis, gout and periarthritis of the shoulder were the next most common and constituted about one fourth of the total.

The main body of the book does not deal as effectively with the common but often ill-defined rheumatologic problems as one is led to anticipate from the introduction. The first chapter on common pain syndromes discusses several causes of musculoskeletal pain, but this high frequency area of clinical practice is dealt with superficially in light of the author's stated intent. Osteoarthritis is discussed only incidentally in scattered references. On the other hand, a chapter on the associations and consequences of hyperuricemia effectively addresses a problem area frequently encountered and often inappropriately managed by physicians without formal training in rheumatology. Treatment of rheumatologic problems is reserved for the final chapter and is discussed quite superficially.

The bibliography is extensive and

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