

Book Review

Psychiatry for the House Officer. William H. Reid. Brunner/Mazel, Inc., New York, 1979, 125 pp., \$12.00 (paper).

This pocket-size manual was designed as a "brief handbook . . . for use when time is short and the reader requires a concise, practical summary of psychiatry as it presents in a nonpsychiatric practice." It is implied that the text will be especially helpful to family medicine residents.

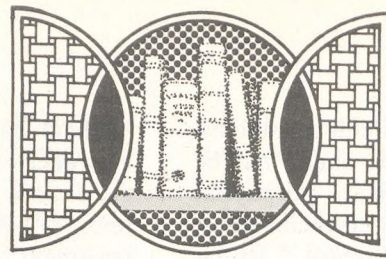
I was intrigued that another pocket manual, *Manual of Psychiatric Therapeutics* by Robert I. Shader, (Little, Brown, 1975, 362 pages), was referenced as a "source of more complete information." Except for the emphasis on brevity and the implied usefulness to family medicine of Reid's book, both these works are examples of the same genre, the "house officer peripheral brain synopsis."

A brief comparison of several aspects of these two manuals is useful.

1. *Psychiatry for the House Officer* has no index, a critical omission when rapid data retrieval is desired. Shader's book has a cross-referenced 39-page index.

2. Reid's book limits itself to eleven general references and attempts no annotation or footnoting of the text itself. *Manual of Psychiatric Therapeutics* features chapters that conclude with five to ten references as well as annotations.

3. Depression is covered in four pages by Reid, with little emphasis on psychotherapy as an alternative to tricyclics. No comment on duration of drug therapy is given. No mention of chronic characterolog-



ical depression is made. Shader gives criteria for differentiation among the depressive states, a good discussion of psychotherapy, and is concise in a 24-page review.

4. A glossary of psychiatric terminology wastes 15 pages (12 percent of the book) of Reid's work.

5. Hyperactivity (hyperkineses, minimal brain dysfunction) gets a brief five-page summary by Shader but is not mentioned by Reid.

Psychiatry for the House Officer attempts to address wide ranging topics (human sexual dysfunction to megavitamin therapies) but fails because of superficial content. Entire sections are poorly conceived. The adolescent chapter fails to address psychosomatic complaints, depression, or drug abuse. Other chapters are just empty. The infant and child section fails to mention enuresis and school phobias and offers a tabular summary of the Denver Development Screening as new information.

If one desires a pocket text on psychiatry, Reid's book is a poor choice. This manual seems to be a hasty compilation of data familiar to most fourth year medical students. There is no novelty to the approach. The hint that this elementary collage is especially suitable for family medicine residents is a promotional comment only. Shader's book, although now vintage age, is better organized, more informative, more appropriate in content, and only 95 cents more expensive!

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(acetic acid-nonaqueous 2%)

V6Sol® HC Otic Solution
(hydrocortisone 1%, acetic acid-nonaqueous 2%)

Description: V6Sol is a non-aqueous solution of acetic acid (2%), in a propylene glycol vehicle containing propylene glycol diacetate (3%), benzethonium chloride (0.02%), and sodium acetate (0.015%). V6Sol HC also contains hydrocortisone (1%) and citric acid (0.2%).

Action: V6Sol is antibacterial, antifungal, hydrophilic, has an acid pH and a low surface tension.

V6Sol HC is, in addition, anti-inflammatory and antipruritic.

Indications: (V6Sol only)

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Effective: For the treatment of superficial infections of the external auditory canal caused by organisms susceptible to the action of the antimicrobial.

"Possibly" effective: For prophylaxis of otitis externa in swimmers and susceptible subjects.

Final classification of the less-than-effective indication requires further investigation.

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Contraindications: These products are contraindicated in those individuals who have shown hypersensitivity to any of their components; perforated tympanic membranes are frequently considered a contraindication to the use of external ear canal medication. V6Sol HC is contraindicated in vaccinia and varicella.

Precautions: V6Sol HC: As safety of topical steroids during pregnancy has not been confirmed, they should not be used for an extended period during pregnancy. Systemic side effects may occur with extensive use of steroids.

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Dosage and Administration: Carefully remove all cerumen and debris to allow V6Sol (or V6Sol HC) to contact infected surfaces immediately. To promote continuous contact, insert a V6Sol (or V6Sol HC) saturated cotton wick in the ear with instructions to the patient to keep wick moist for the next 24 hours by occasionally adding a few drops on the wick. Remove wick after first 24 hours and continue to instill 5 drops of V6Sol (or V6Sol HC) three or four times daily thereafter.

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