went mammography at large Toronto-area hospitals. The other three went to a local, privately owned radiology clinic, which claims to have "state-of-the-art" equipment — I believe them. In two cases the radiologists consulted by the surgeons at their teaching hospitals concluded that the positive mammograms were not suspicious enough to warrant biopsy. To their credit, the surgeons arranged follow-up mammography in 6 and 8 months, by which times the lesions were obviously carcinomas.

I draw two conclusions from my experience. First, mammography is very useful in the early diagnosis of breast cancer in a family physician's office. I will continue to order it yearly or every 2 years, depending on the family history. This requires astuteness, perseverance and even forcefulness with some patients, but it is worth the effort in view of the yield; subsequent reduction of the terrible disability that metastatic breast cancer brings is very gratifying. Second, gynecologists and internists doing primary care would be well advised to consider screening mammography. I no longer depend on these consultants to order the procedure but suggest it myself when my patients visit for other reasons.

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Excipients in topical corticosteroid preparations in Canada

I congratulate Drs. Gordon E. Searles and Jean-Pierre DesGroseilliers on their important article (*Can Med Assoc J* 1989; 141: 399-405). It is unfortunate that the constituent vehicles of many commonly used topical corticosteroid preparations were not disclosed by the manufacturers.

The excipients that produce allergic contact dermatitis with the highest recorded frequency are ethylenediamine, thimerosal and quaternium 15.[1,2] Contact allergy to ethylenediamine appears to be unusually frequent in Saskatchewan: 12.3% of men patch tested in our clinic had allergic reactions to ethylenediamine.[2] Unlike most excipients, ethylenediamine is found in only three topical corticosteroid preparations: Kenacomb cream; its generic equivalent, Viaderm KC; and Halcicomb cream.

Ethylenediamine is a cutaneous irritant and a potent contact allergen. Allergic contact dermatitis caused by ethylenediamine in Kenacomb cream has been well documented for over 20 years. Allergy to ethylenediamine persists longer than allergy to other excipients in topical corticosteroid preparations. People allergic to ethylenediamine are more likely to be allergic to neomycin than people not allergic to ethylenediamine.[3,4] Allergic contact dermatitis due to ethylenediamine probably enhances sensitization to neomycin, a less potent sensitizer that is also present in ethylenediamine-containing topical corticosteroid creams. Ethylenediamine has been reported to cause adverse dermatologic reactions other than contact dermatitis after topical application: lymphomatoid contact dermatitis, nummular-dermatitis-like secondary eruptions, photocontact and photoallergic dermatitis, and an erythema-multiforme-like eruption. People allergic to ethylenediamine may have generalized eruptions if treated with drugs that cross-react with ethylenediamine, such as piperazine, or systemic contact dermatitis with lymphadenopathy if treated with aminophylline, particularly by intravenous administration (aminophylline contains ethylenediamine). Kenacomb cream and its generic equivalent still account for 15% of all prescriptions for corticosteroid creams in Saskatchewan.[3]

Kenacomb cream has been reformulated in the United States and neomycin and ethylenediamine deleted. Availability of the reformulated product in Canada would help decrease the incidence of iatrogenic dermatitis among patients treated by nondermatologists. Dermatologists rarely prescribe Kenacomb cream because of the adverse reactions and because their additional training allows them to prescribe specific treatment rather than the "therapeutic shotgun" favoured by some nondermatologists.

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Sigmoidoscopy and the periodic health examination

As a practising physician I was disappointed that flexible sigmoidoscopy received only a "C" recommendation by the Canadian Task Force on the Periodic Health Examination (*Can Med Assoc J* 1989; 141: 209-216). In my view four points stand out from a literature review on this topic: (a) the majority of colorectal cancers begin as adenomatous polyps,[1] (b) removal of polyps decreases the incidence of cancer in the area from which the polyps were removed,[2] (c) flexible sigmoidoscopy can detect a significant number of colorectal polyps in asymptomatic people over age 50