

Thank you also for your philosophical perspective on the editorial. Too often, constructive feedback is viewed as criticism; as a result either the original idea or the feedback might be rejected. The purpose of my editorial was to stimulate thought and discourse on emerging models of collaborative care. Having a venue in which we can all participate in this discourse, such as the Letters section of *Canadian Family Physician*, adds the strength of our collective perspectives and experience to our lifelong “journey of learning.”

—A. Jayabarathan, MD, CCFP

## Methodologic points to consider

I enjoyed reading Dr Huff’s “consumer report” article on probiotics<sup>1</sup>—more eye-opening evidence of what we often get with non-government-regulated, over-the-counter “pharmaceutical” products. I noticed that Dr Huff is a second-year resident, and I congratulate her for excellent work. I wish to emphasize, however, a few methodologic points that she might consider for future research projects.

In the abstract, her project is described as a randomized double-blind trial. This is an error. A randomized clinical trial (RCT) is a study in which people are allocated at random to receive one of several clinical interventions.<sup>2</sup> A randomized clinical trial is often referred to as a randomized controlled trial, but in fact there are always by definition at least two groups—one experimental group and one control group—in a randomized trial. The control group is a no-intervention group, a placebo group, or another active intervention group. The term “controlled” is then a pleonasm, and I prefer using “clinical.”

I am sorry to reduce this research to a simple descriptive study. This should be mentioned and corrected in the journal. Otherwise, I read in the Methods section of her article that she purchased sample products at random. What method of random selection did she use? What was the total

“population” of products? How was sample size calculated or decided? I really wish to believe she selected a random sample of products, but I need more methodologic details to do so. Blinding to substances the person who handled the products in the laboratory was a wise decision to minimize measurement bias and thus increase the validity of the results.

I hope these elements will be useful to Dr Huff and also to her fellow residents and their supervisors. Beside these few points, her work is really remarkable and can be cited as an example.

—Michel Labrecque, MD, PHD, FCFP  
Quebec city, Que  
by e-mail

### References

1. Huff BA. Caveat emptor. “Probiotics” might not be what they seem. *Can Fam Physician* 2004;50:583-7.
2. Jadad AR. *Randomised controlled trials*. London, Engl: BMJ Books; 1998.

## A coat of nail polish might work

I really enjoyed the April issue of *Canadian Family Physician*. It was good to see a medical student involved in the Dermacase article<sup>1</sup> on nickel allergy.

I have found that, when there is contact dermatitis of this type and a patient cannot easily avoid wearing glasses or a watch, applying a thick coat of clear nail polish or similar substance to the object usually prevents the problem for some time. The object must be well cleaned with lacquer thinners first and even abraded slightly to create a good “key” for the polish to stick well. I have used this procedure for clip-on earrings with fair success. Repeat applications are required at frequent intervals. Just a thought!

—Bruce L.W. Sparks, MD  
President Elect, WONCA  
Johannesburg, South Africa  
by e-mail

### Reference

1. Kalia S, Adams SP. Dermacase [Clinical Practice]. *Can Fam Physician* 2004;50:553, 557.