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Problems of Police Drug Searches

Sir,—I am more than somewhat disturbed at your report "Was it a Drug?" (Supplement, 18 July, p. 64) in relation to the prescription of barrier creams. It was stated that a patient's "chronic dry eczema" was believed to be "aggravated by a substance present on the glass bottles he handled ... at his job," and that the referees appointed by the Secretary of State for Social Services concluded that "the barrier cream constituted an effective prophylactic, and on the facts of the case (but not without some hesitation) decided that this . . . barrier cream was a drug which the executive council was bound to provide."

Before this report precipitates a rush of prescriptions for such "prophylactic" remedies, may I draw the attention of your readers to a paper published by Robinson and myself entitled "Barrier Creams and Hand Cleansers in Industry?" This may be summarized as follows.

It was at one time considered that employers had a legal responsibility to supply barrier creams for the protection of their workers, and that they could be sued in the courts for negligence if such preparations were not readily available. This no longer applies.

It has been shown by investigative studies that no barrier cream on the market gives the degree of protection claimed by the makers.1

Patch tests to soap-containing barrier creams (not surprisingly) provide a very high percentage of positive reactions.2 These suggest that some denaturing of the keratin can result from the long-continued use of such creams. The user may eventually complain of a feeling of soreness, which disappears on discontinuing application.

If the normal skin can be thus irritated, it cannot be many dermatologists who would be happy about the use of a "barrier" cream in the presence of "chronic dry eczema." It is admitted that the two preceding points do not apply to the "barrier" creams which do not contain soap, but there are many practical reasons why these are not commonly used.

The main reason for the continued popularity of soap-containing "barrier" creams is their efficiency as skin cleansers. But any of the industrial hand cleansers will do this job just as well, without the risk of irritation from prolonged contact.—I am, etc.,

ROBERT SCOTT
Royal Naval Barracks, Portsmouth, Hants.

Prolonged Weightlessness

Sir,—Mr. F. G. St. C. Strange's observations (18 July, p. 162) are hardly in keeping with recent studies on bone demineralization during spaceflight. The more cautious approach of your leading article (4 July, p. 4) is welcome because studies on mineral metabolism in healthy subjects4 have provided conflicting evidence on the effect of exercise and weightbearing, while observations during spaceflight have been complicated by varying intakes of calcium.

At present, I believe the evidence suggests that limited exercise may prove to be vital in controlling bone reabsorption during prolonged weightlessness.

Using the technique of bone densitometry, Mack and her associates5 have reduced absorptivity in bone mass, based on the x-ray densitometer.

It is clear that a greater understanding of the control of the mineral content of bone and uric acid and the role of exercise in skeletal function are needed before extraterrestrial flights of many months' duration are undertaken. It is hoped that studies on bone metabolism in both man and monkey will be carried out aboard orbiting laboratories in the next few years, and that the results of these investigations may suggest also a role for agents which impair intestinal absorption of calcium and phosphate and for hormones which may inhibit bone reabsorption.

References