

Correspondence

Re-appraisal: A new look at the common cold
Sir,

I have been privileged to watch every phase of the build-up that has led to the publication of the paper by Drs Stanley Banks and Morrison-Ritchie, published in *Journal* No. 86. My interest began long before Dr Banks entered this hot-bed of contention—'how to help sufferers from the common cold'.

As a rheumatologist of long standing, I had become aware that a high proportion of rheumatoid arthritic patients had a strong history of frequent colds. So, when in March 1958, Dr Morrison-Ritchie published two papers in the same issue of *The Lancet*, I became keenly interested and decided to try out practically his recommended techniques.

The technique he, very properly, gave priority to was a form of autogenous vaccine; but with a number of essential differences from the usual preparation of an autogenous vaccine. This paper was supported by an impressive survey of some 200 cases well followed up. His second paper tackled the common cold with very small doses of an antibiotic. This second paper did not impress me nearly as much as the first, so I put it on one side and concentrated on his autogenous vaccine method. At this time, Dr Morrison-Ritchie was in active practice and the vaccines were prepared by him.

My experience, more limited than I would have wished, was, however, nearly 100 per cent favourable. Even when he retired and had to make arrangements in Liverpool for his techniques to be faithfully observed, my practical results remained good. Unfortunately, ill health broke up this plan.

About this time, the R.A.F. Medical Service purported to test out Dr Morrison-Ritchie's work. They gave it a half-hearted blessing, but they did not follow his technique faithfully. They admitted this and recommended that a full trial of Dr Morrison-Ritchie's technique should be undertaken. It never has been.

Soon after this, Dr Stanley Banks entered the field concentrating on the use of antibiotics in the common cold. Having met a number of practical difficulties in the full application of the Morrison-Ritchie vaccine

technique, I followed with practical trials of the Stanley Banks' improvements, with most satisfying results.

The pros and cons of these two techniques are as follows:

I. The Morrison-Ritchie autogenous vaccine treatment

Pro—(1) If successful it gives a relatively long lasting immunity. It is especially valuable to those common-cold sufferers whose colds track down to their chests.

(2) It does away with the use of any of the other many advertised 'cold cures'.

Con—(1) To gain Morrison-Ritchie's observed lasting immunity (confirmed by me in my limited numbers), it is essential to go fully through his long series of injections.

(2) Now a loyal and reliable source of preparation of his technique is no longer available, it is most difficult, if not impossible, to ensure this. Indeed, I have found it impossible.

(3) Bacteriologists are essentially, and quite properly, individualists and therefore not disposed to carry out another's techniques, having satisfied themselves that theirs is the best.

II. The Stanley Bank's antibiotic technique

Pro—(1) The recommended capsules are most simple and easy to swallow.

(2) The capsules have a life of at least one year.

(3) Prescribed by the practitioner, a complete course can be carried by the patient so that they can be taken at an early stage wherever he is. *An essential requisite of this technique.*

Con—(1) The oft emphasized risk of building up a resistance to the antibiotic used when only minor symptoms are present. (This *Con* is genuine but the full course is so relatively short and the dose equally relatively small, it seems the risk is itself very small and worth facing especially for those patients who are really incapacitated by the common cold.)

(2) Mistaking the genuine symptoms of a common cold and starting a course unneces-

sarily.

(3) Starting a course too late and by its failure bringing the method into disrepute.

Summary

As a result of more than ten-years experience in both techniques, my advice for the busy doctor is as follows:

1. Reserve the employment of the Morrison-Ritchie autogenous vaccine technique entirely for those patients whose colds invariably track down or whose ailments are also made worse.

2. But do not institute this technique unless you are able to ensure an exact copy of the full technique of making the vaccine as set out in Dr Morrison-Ritchie's original paper (*Lancet*, 1958).

3. And you are prepared to carry out loyally his whole treatment schedule.

4. This includes careful adjustment by

reduction or even prolonged pauses in the course of treatment according to the patient's reaction.

Failure in either of these two stipulations will only lead to disappointments.

5. Only use the Stanley Banks antibiotic technique when you are sure of the intelligent collaboration of your patient.

6. In your selected cases, make sure each has a reserve of the eight 250 mg capsules in a suitable container and that he will report each time after he has completed a course.

7. Ensure, as far as possible, that the patient is really able to recognize the prodromal symptoms of a genuine common cold and will start the capsules within six hours (maximum 12).

8. Under these simple rules, there will be a high measure of satisfactory practical results.

C. B. HEALD.

Book reviews

Textbook of contraceptive practice. JOHN PEEL AND M. PORTS. Cambridge. Cambridge University Press. 1969. Pp. xiii+297. Price: Cloth £1 10s.; Paperback 18s. 0d.

This publication is a notable achievement. The preface states that it "is an attempt to bring together the most important and up-to-date information on clinical and sociological aspects of the control of fertility—contraception, sterilization and abortion". In this the authors have undoubtedly succeeded and it is a source of astonishment that they should have chosen a title which implies a much more restricted field.

The book starts with a fascinating historical review leading up to a consideration of the biological and sociological aspects of fertility and population growth. Chapters on each of the major contraceptive methods are preceded by a description of the techniques of evaluation. The calculation of use-effectiveness is explained. The authors refuse to countenance the distinction between patient-failure and method-failure. A failure is a failure. There are chapters on sterilization, abortion and the legal and administrative aspects of birth control. A separate chapter is devoted to the medical and psychosexual problems which may be revealed during a family planning consultation, although throughout the book each topic in turn is rightly shown to be a part of preventive medicine.

The style is clear, consistent, forthright, deceptively easy, and thoroughly enjoyable. It

is remarkable how every page reveals something fresh and this is a tribute to the author's most extensive review of the world literature which is listed in the valuable bibliography. The text is peppered throughout with statistical quotations which permit a logical assessment where formerly emotional opinion held sway. Far from being tiresome, this statistical material is stimulating and authoritative.

In the final chapter the authors summarize the present position and gaze into the future. This should be the outstanding part of the book, and it is a pity that it is not quite so balanced as the remainder. Taking account of the risk of death in pregnancy and the respective contraceptive failure rates, they produce a table showing the mortality risk of each contraceptive method and of uncontrolled fertility. The Pill emerges triumphantly at the top of the table. Unfortunately they have to admit that the data on which the table is based is uncertain and incomplete. They are right, however, in suggesting that a much higher mortality risk from the Pill would still be tolerable, but they overlook the fact that where the risk of death is very small, mortality rates are a very poor measure of the quality of any medical endeavour. It may well be that when comparative *morbidity* is considered a very different picture will emerge.

The real importance of this book is that it has established fertility control as an important