Belfast City Hospital as follows: 5–17 October, 19–31 October, 2–14 November, 16–28 November and 30 November–12 December. This is also available to doctors in Great Britain.

Dublin

A postgraduate course in general medicine is to be held twice yearly, arranged by the Royal College of Physicians of Ireland, in conjunction with University College, Dublin, Trinity College, Dublin, and the Royal College of Surgeons in Ireland. Each course will be of six weeks' duration and the first course commenced on 6 January 1964. The fee for the course is £30 and the enrolment fee is £3 3s.

Details are available on application to the **Registrar, The Royal College of Physicians of Ireland, 6 Kildare Street, Dublin.**

INTERNATIONAL PSYCHOSOMATIC CANCER STUDY GROUP

The Fourth International Conference on psychosomatic aspects of neoplasm will be held from 9–13 June, 1965, in Turin, Italy, under the auspices of the Faculty of Medicine and Surgery of the University of Torino, on the occasion of the quadrennial " Riunioni Medico Chirurgiche Internationali " (5–13 June). Further particulars can be obtained from **Dr D. M. Kissen, Psychosomatic Research Unit, Southern General Hospital, Glasgow, S.W.1.**

Correspondence

Proposed Trial of an Antibiotic and Ascorbic Acid in the Prevention of Bacterial Complicating Infection in the Common Cold

Sir,

On the basis of studies on factory workers with tetracycline lozenges given within 6–12 hours of the onset of symptoms, J. M. Ritchie[1, 2] suggested that the initial stage of the common cold (corresponding with the period of clear watery nasal secretion) reflected the action of a virus, and that the mucopurulent stage, which follows after 12–24 hours in many cases, was the result of superinfection with common bacterial inhabitants of the nasopharynx which become active on a mucous membrane weakened by virus attack; suppression of the growth of these bacteria by an antibiotic applied *before* the nasal secretion becomes cloudy or mucopurulent will often prevent the full development of a cold. Additional data in support of this hypothesis were reported by McKerrow *et al.*[3] of the Pneumoconiosis Unit of the Medical Research Council; but side effects

of the lozenge method, mainly stomatitis, amounted to 11 per cent—an objectionable feature. *Early systemic* administration of antibiotics or ascorbic acid in my own household during the last six years has resulted in complete prevention of the mucopurulent stage of colds in every instance (over 30 times) in my wife and myself, who previously suffered from fully developed colds regularly several times a year.

In October 1961, on my advice, a double-blind controlled trial of one or other of three agents, given within 24 hours of onset of symptoms, to the employees of two large companies was initiated by the companies and by a large pharmaceutical firm; (1) tetracycline 250 mg. four times daily for two days, or (2) spiramycin in the same dosage, or (3) ascorbic acid 50 mg. four times daily as a control. Spiramycin was chosen because (1) of its high activity against the gram-positive bacteria, staphylococcus, streptococcus and pneumococcus, which were thought likely to be the main complicating bacteria in a common cold, (2) of its safety (particularly in this small total dosage), and also (3) of its prolonged tissue concentration after a single dose (over 24 hours compared with seven hours for erythromycin)[4]. Each worker was invited to report to the medical centre *as soon as he felt he was developing a cold*, preferably within 6–12 hours of the onset of symptoms. He or she received eight coded capsules and was asked to report 3–5 days later and again after a further week. The results in about 100 recipients of each of the three agents, given within 24 hours of onset of symptoms, were approximately 70 per cent ' success ' (i.e. short course of four days or less and no mucopurulent discharge whatever) with *all three* agents. This was about the expected rate for the antibiotics, but much higher than that expected for ascorbic acid, and it suggested that the latter had a considerable anti-infective action, though probably of quite a different kind from that of the antibiotics.

In a second similar trial in the winter of 1962–63, a completely inert control (kaolin) was, therefore, introduced, and to reduce possible errors a new and more detailed record card was used. Moreover, the trained nurses who staffed the medical centre were specially briefed on difficulties which might occur with the questions on the card. In this four-pronged trial the number of cards returned was rather low, but there was no doubt about the improvement in the answers, and very few cards had to be rejected because of uncertain information. ' Success ' was recorded in 30–37 recipients of each of the four agents as follows: tetracycline 70.3 per cent, spiramycin 73.5 per cent, ascorbic acid 51.4 per cent and kaolin 30 per cent. The kaolin result was exactly as expected for an inert agent—a normal placebo index. The ascorbic acid result was not statistically significant at the 5 per cent level; it could have happened by chance one in 15 times. Further analysis, however, showed that in the cases given ascorbic acid 1–11 hours from onset of symptoms the results were more comparable with those of the antibiotics, although the figures were too small for sound conclusions.

Many people are convinced from experience that ascorbic acid has some beneficial effect in colds, but, to my knowledge, no satisfactory controlled trial of it has been reported. Some doctors other than myself who regard the common cold as potentially serious, and not a mere petty

annoyance, in their households, may wish to prevent (as I have done for six years) fully developed colds in themselves, wives, children over 14 years of age, or household staff under close supervision. It must be emphasized that where an antibiotic or ascorbic acid (or both) is used for this purpose it should be administered soon after onset of symptoms (preferably within 6–12 hours), in the stage of stuffy nose or clear watery secretion, and not after the secretion has become cloudy or mucopurulent. I, therefore, invite doctors to co-operate in such a trial in their own households. The Research Committee of the College of General Practitioners has agreed to 'facilitate' this trial, and has prepared a simple record card which can be assessed mechanically. It is not proposed in this third trial to use a placebo routinely, since a base line for an inert substance has already been established; but any doctor who requests it may have a placebo randomized with his active agents. One of three agents will be used in any given case; these are all believed to be very safe, and efficient to some degree at least; they will be put up in identical-looking coded capsules to be taken four times daily for two days. They are: (1) spiramycin 250 mg., (2) ascorbic acid 50 mg. and (3) spiramycin 250 mg. and ascorbic acid 50 mg. combined.

No penicillin will be used and the risk of sensitivity to spiramycin or ascorbic acid must be very small. Randomized packs of eight coded and numbered capsules of one or other agent, record cards, and full instructions for their use will be sent to any doctor in the United Kingdom who is willing to return the cards to me with the data recorded under his or her personal supervision. If you are willing to co-operate, please send your name and address (in block capitals if written) to me at my address—Ranmore, Fir Tree Road, Leatherhead, Surrey.

Leatherhead. H. STANLEY BANKS.

REFERENCES

1. *Lancet* 1958, **1**, 618.
2. *Ibid* 1958, **2**, 699.
3. *Ibid* 1961, **1**, 185.
4. Sutherland, R. 1962. *Brit. J. Pharmacol*, **19**, 99.

The Extent in England of Health Visitor Attachment to General Practices

Sir,

The attention of this Committee has been drawn to an article in the September issue of the *Journal of the College of General Practitioners* by Dr C. D. Baker on " The Extent in England of Health Visitor Attachment to General Practices ".

In this a table is published, which states that there are six health visitor attachments out of seventeen in the Borough of Wolverhampton, which gives the borough a very high rating. We cannot tell how this information was obtained. This is a matter for which we have been pressing the local authority for some considerable time, but we have had no success whatsoever. We think we can quite safely say that these figures are quite inaccurate and there are no attachments of health visitors to general practices in the Borough of Wolverhampton.

My committee have asked me to draw your attention to this fact because