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

they feel that an inaccuracy of this description may destroy the whole factual basis of Dr Baker's excellent research.

R. S. V. MARSHALL,
Honorary Secretary,
Wolverhampton Local Medical Commiittee

Wolverhampton

We have shown Dr Marshall's letter to Dr Baker who writes as follows:

I can well understand any annoyance felt by the doctors of Wolverhampton if they have been pressing their local authority without success for H.V. attachment and then find their city highly rated for such attachments in my survey! I sympathise with them and apologise to them.

The figures given in tables I and II were compiled from the replies received from M.Os.H. in answer to my questions. I had a long letter from Dr James Galloway, M.O.H. of Wolverhampton. In it he gave me the names of seven doctors as " co-operators " in H.V.–G.P. liaison. Questionnaires were sent to these doctors and I had replies from two of them stating that they had no H.V. attached. But I also had a reply from another doctor (not one of the seven) with a Wolverhampton address who was enthusiastic about his H.V. Seven minus two plus one, sir, makes six! This figure was credited to Wolverhampton and helps make up the sum (not totalled in the tables) of 284 H.V.–G.P. attachments. As stated and analysed in table III replies were received from 246 general practitioners who claimed to have H.V. attachments. The discrepant 38 could have been contained in the 46 questionnaires *not* returned by general practitioners. What a pity the other five doctors in Wolverhampton did not return my questionnaire!

Having now looked again through the returned general practitioner questionnaires I admit one mistake; namely, that the doctor mentioned above with a Wolverhampton address lives in a village *near* Wolverhampton and should be included in Staffordshire.

Dr Marshall and his Committee may, with justification, feel that I ought not to claim attachments without positive replies from general practitioners. I can only restate that the figures were taken from letters from M.Os.H., corrected as far as possible by general practitioner returns.

What they ought not to assert is that the inaccuracy in the Wolverhampton figure (annoying though this is) " may destroy the whole factual basis " of the rest. I hope that they will allow themselves another look at table III. This is compiled from answers from 246 general practitioners who claimed some form of attachment or liaison with a H.V. It is difficult to refute this evidence and, as I have already said, the 284 apparently claimed by answers from M.Os.H. is not so far removed from the 246 actually proved. I am sorry that six of the possible 38 mistakes should belong to Wolverhampton. There could only be another 32 possibles.

I hope that the Wolverhampton Local Medical Committee will accept this explanation and that they will be able to use the evidence of table III to bring successful pressure to bear upon their local authority in the near future.

[Editor]