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CORRESPONDENCE

Correspondents are asked to be brief

Ascorbic Acid and Common Colds L. M. Spero, PH.D., and T. W. Anderson, B.M., PH.D	J. Mertin, M.D	S. Mackenzie, M.F.C M
Cystica J. Lister, F.R.C.S.GLASG	J. D. Avison, M.B	R. T. Burkitt, F.R.C.S

Free Milk from the Sacred Cow

leading article (27 October, p. 183) the suggestion that the school medical service is in no position to judge which children would benefit from dietary supplements. On the contrary, the school doctor is in constant communication with teachers, school councillors, and health visitors who become well aware of the children sent to school without proper breakfast. The doctor is experienced in distinguishing between undersized underfed children and those who are slim and fit. Many of these children are underfed adolescents in the lower forms of secondary schools where there is no statutory provision for milk supplements. Provision of a morning milk drink to children of this age group, where there is medical need, could be of great benefit.-I am, etc.,

Ashtead, Surrey

E. M. DAVIS

SIR,-Referring to your leading article (27 October, p. 183) I would like to take issue with the premise that the "continued relevance" of school meals should be judged by whether they ensure that children are capable of benefiting from the education they are offered. This is to lose sight of the humanitarian aspect: it is like saying that the desirability or otherwise of child labour in coal mines must be considered solely in economic terms.

No matter why school meals were started, they have provided an invaluable supplement for children whose home diets are inadequate or unbalanced. It must also be said that not all such children are easily recognizable because appearances, both clinical and social, can be misleading. I suggest that the improvement over the years in the nutrition of vulnerable children is a more valid and less pedantic justification of the school meals

SIR,-It was surprising to read in your service than that which you postulate.-I am, etc.,

	J. TWOMEY
Borough Health Department, Halesowen, Worcs	j

Ascorbic Acid and Common Colds

SIR,-We share the concern expressed in your leading article (11 August, p. 311) that, though many people are taking substantial quantities of ascorbic acid, little is known about the possible harmful effects of taking too much.

In the first large-scale Toronto study "side effects" were no more frequent in the 400 subjects receiving 1 g of vitamin C daily than in an equal number receiving placebo.¹ This apparent lack of toxicity is also seen in the preliminary results of a more recent study in which approximately 300 subjects received 2 g of vitamin C daily. However, we would caution that not only were both studies of relatively short duration (approximately 12 weeks), but the vitamin C was mainly in the form of the sodium and calcium salts rather than the free acid. Furthermore, while the group averages are reassuring, they would be unlikely to reveal the existence of the occasional individual who might be unable to tolerate regular doses of this magnitude.2

We also doubt whether a regular daily intake of 1 g or more will prove to be of any great clinical value, since the body appears to make a rapid adaptation to this increased load. In a study involving 25 healthy individuals on a daily dose of 1 or 2 g of ascorbate for 12 weeks resting blood levels of ascorbic acid rose initially, but returned to pretreatment levels in about 10 days. Following cessation of treatment abnormally low resting levels developed, but once again there was rapid adaptation, and pre-

me for Population Studies rs' Prospects nander D. S. Wright, M.B.....360 treatment levels were restored in 10-14 days.

However, these findings do not rule out the possibility that the occasional individual may be unable to revert to normal quickly enough, particularly if the treatment period were extended over a period of a year or more, and the consequences of this 'r --bound" reduction in blood levels should be investigated more thoroughly. The possibility that such individuals could develop frank scurvy should not be discounted.3

In the present state of uncertainty we believe that the regular intake of more than 100-200 mg of vitamin C daily should be discouraged, and that gram-doses-if used at all-should be restricted to the short-term treatment of acute episodes of illness. Even here it must be recognized that the ratio of benefit to hazard is unknown, but at least there is some evidence that large doses may be necessary to maintain tissue levels during acute infections,45 and the risks of such short-term therapy are probably minimal. -We are, etc.,

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 1 Anderson, T. W., Reid, D. B. W., and Beaton, G. H., Canadian Medical Association Journal, 1972, 107, 503.
 2 Briggs, M. H., Garcia-Webb, P., and Davies, P., Lancet, 1973, 2, 201.
 3 Rhead, W. J., and Schrauzer, G. N., Nutrition Reviews, 1971, 29, 262
 4 Hume, R., and Weyers, E., Scottish Medical Journal, 1973, 18, 3.
 5 Wilson, C. W. M., and Loh, H. S., Lancet, 1973, 1, 638.

Oral Contraceptives and Thromboembolism

SIR,-The time is ripe for a new, clear exposition of the statistical correlations between oral contraceptives and thromboembolism.

It has become customary to quote the