

recorded: "sneezing," "running nose," "head-ache," "sore throat," "cough," and "fever" when cards became available for analysis. No significant differences between the ascorbic acid and control groups in respect of symptom-free days, days of illness, or any of the four patterns of defined "colds" were found. No attempt was made to assess severity of symptoms in this study and therefore no comment is possible on any difference in degree between sickness episodes in the two groups.

It is concluded that in this small number of adult volunteers taking ascorbic acid daily as a single 1 g dose or two 0.5 g doses had no effect on the incidence of the "common cold."

Our thanks are due to the medical and personnel staffs of Milliard, Southampton, and E. G. Gomme, High Wycombe, for their co-operation and valuable assistance in these studies.

—We are, etc.,

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Anderson, T. W., Reid, D. B. W., and Beaton, G. H., *Canadian Medical Association Journal*, 1972, 107, 503.

Vitamin C and the Common Cold

SIR.—In view of the reawakened interest in the use of vitamin C in common cold prophylaxis (inter alia) we should like to report the results of two small double-blind trials among adult employees of two industrial concerns between February and April 1973.

A dose of 1 g of ascorbic acid daily was used, given in one group as a single effervescent drink and in the other as one 0.5 g tablet twice daily. Anderson *et al.*¹ also used 1 g daily, though with a recommendation that up to 4 g daily be taken during an episode of upper respiratory tract infection. In our studies the same daily dose was maintained throughout.

A total of 295 men and women, with ages ranging from 18-60, completed 80 days of treatment, 153 on ascorbic acid and 142 on placebo. As with all trials of this kind in which subjects are required to record symptoms, definition of the cold episode was difficult. However, it was possible to identify four patterns of upper respiratory tract infection from six cardinal symptoms