

longed supplementary doses of vitamin C was more significant than the reduction in duration of cold symptoms. Some of the previous findings⁴ in favour of ascorbic acid as an ameliorator for the common cold have tended to emphasise the reduced severity of the cold rather than the number of colds during the experimental period.

We are aware that criticism can be levelled at this survey (in common with most surveys) on the grounds that it should have been of a double-blind design, should have run for longer, should have had larger groups, and should have investigated even higher levels of ascorbic acid, but most of these factors were outwith our resources and facilities. However, the results obtained are so clearcut in favour of vitamin C as a positive agent in reducing the incidence and duration of the common cold when ingested in higher amounts than could be achieved on a normal dietary regimen or with low supplementation, that we suggest further investigations are needed.

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LEUCOCYTE LOSS IN HÆMODIALYSIS

SIR,—During hæmodialysis a remarkable sedimentation of leucocytes occurs on the membranes of the Kiil kidney; these cells are lost at the end of dialysis.

Staining with May-Grünwald/Giemsa of fragments of membrane from different sectors of the dialyser at the end of hæmodialysis reveals dark and light regularly alternating bands. Microscopic observation of this preparation shows that the dark bands consist in accumulations of leucocytes, sometimes monostратified but more often pluristratified.

The cells are preponderantly granulocytes; a small proportion (1–2%) are monocytes; lymphocytes are absent. The leucocytes are poorly conserved.

If the membrane surface (a little more than 1 sq.m.) is completely covered by only one layer of leucocytes, the number of lost cells will be 10×10^9 .

The washing of membranes with 0.9% sodium-chloride solution at the end of dialysis has not proved a suitable way to recover cells: more than half of the collected material sediments irreversibly. Even so, by this technique the value obtained for lost leucocytes is 5×10^9 .

This phenomenon seems to be a function of time: after 15 minutes' dialysis the amount of leucocytes on the membranes is very small (thus we can exclude any connection of this phenomenon with the transient neutropenia observed early in hæmodialysis^{5,6}); after 60 minutes it increases. Naturally, we cannot find significant differences between the number of leucocytes in samples drawn at the arterial and venous pole of dialyser at the same time.

The amount of leucocytes lost, though remarkable, does not seem particularly significant compared with the turnover of leucocytes in health. But in uræmia the bone-marrow is depressed. Moreover the leucocytes sequestered in the kidney cannot be regarded as a static pool: these cells, having circulated and been damaged during dialysis, will be rapidly destroyed when they enter the circulation once again. Thus it is likely that the loss of leucocytes in hæmodialysis is much more important than is suggested by the estimate of 10×10^9 .

The phenomenon may have many practical implications.

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4. Franz, W. L., Sands, G. W., Heyl, H. L. *J. Am. med. Ass.* 1956, 162, 1224.

5. Kaplow, L. S. *ibid.* 1968, 203, 1135.

6. Smith, E. K. M., Jobbins, K. *Br. med. J.* 1969, iv, 70.

MARLBOROUGH DAY HOSPITAL

SIR,—We wish to contradict widespread rumours that the Marlborough Day Hospital is going to close down.

In December, 1971, the North-west Metropolitan Regional Board decided that the establishment should continue as a day hospital and outpatient clinic supported by 12 inpatient beds; that permanent consultant appointments should be made in consultation with the Middlesex Hospital; that the activities for autistic and maladjusted children should be continued; and that provision of special facilities for admission of families in crisis should be explored further.

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Parliament

Vasectomy Bill

The Lords amendments to the National Health Service (Family Planning) Amendment Bill were considered in the House of Commons on June 16, but the debate was automatically adjourned at 4 o'clock when one amendment had still to be approved. Several members, who were opposed to the Bill, argued at length against the amendments on the ground that they introduced new principles, while it was contended by Mr. PHILLIP WHITEHEAD, moving agreement with the amendments, that they were in the main drafting amendments. The first amendment would permit local health authorities in England and Wales, with the approval of the Secretary of State, to give advice on voluntary vasectomy, and to make arrangements for the examination of people seeking vasectomy. Provision under this amendment would also allow local health authorities, with the permission of the Secretary of State, to recover, where reasonable, charges from people for advice and treatment. The Under-Secretary of State for Health and Social Security, Mr. MICHAEL ALISON, said that the changes effected by the Lords amendments would have no practical effect on the character of the Bill. A carefully worded circular of advice on the operation of the Bill would be sent to local authorities when it became law; the Secretary of State would hesitate long and earnestly before approval was ever given for charges to be made. The measure would operate for only a year, because in 1974 local authorities would lose their health power. The second amendment, which was discussed with the third, concerned the reports on vasectomy operations to be made by local authorities to the Secretary of State, and was said by Mr. Whitehead to be a great improvement to the Bill. This amendment was eventually agreed to, but there was no time for the third amendment to be put to the House.

QUESTION TIME

Women Doctors

A new scheme to enable women doctors bringing up children to continue to practise was announced in the House of Commons on June 12. In answer to a written question, Sir KERTH JOSEPH, Secretary of State for Social Services, said that the new scheme would make it possible for any doctor under 55 years of age, who could not practise because of domestic commitments, but intended to resume a full medical career in the National Health Service when these commitments lightened, to do a small number of specially arranged clinical sessions and to attend some postgraduate medical education sessions each year. Members of the scheme would receive an annual retainer of