Vignette from the 'olden days'

Many years ago, when I was a Southland country GP, I was called to visit an elderly lady living alone. The front 'fence' was an indication of what was to come. The neglected bushes had grown to tall trees, shading the house. The decaying farmhouse had not seen paint or maintenance in many years.

Entering through the billiard room of this erstwhile mansion, I noticed the large arched skylight leaking at the corners, with green mould growing down the walls. In the dim and dusty bedroom I found an emaciated 80-year-old lady thin as a Belsen concentration camp victim. The low point of the clinical examination was finding wriggling maggots under each shrunken breast.

Transferred to hospital, she died in a few days. The frail old soul would have had little resistance to the basal pneumonia that ended her days. On enquiry, it transpired that she had lived alone for many years, the last of the family, after caring for her father until he died of old age.

She had been living without heating (in Southland winters!) and severely restricting her diet, all to save money to bequeath to Scottish cousins she had never met. How strange are the ways of the human race! I trust the inheritors of such hardly come by money were duly appreciative.

Lance Austin

Concern about the name change

I read ePulse 16 September with much interest noting the suggestion that the journal invites nurses and community pharmacists to be a part of the journal and that there be a move to focus on primary health care with a name change to that of the *Journal of Primary Health Care*. Nurses and pharmacists already have their journals.

The journal as I understand its role is to focus on medical issues and the family physician. The cornerstone of primary care is about the credentials of the practising family physician. What I hope your role as the new editor is, firstly, to attract more enthusiasm from colleagues to submit articles for publication. Letters to the Editor might occupy one section of the journal.

If ever a change in name is contemplated then might I suggest that the college become, The Royal New Zealand College of Family Physicians, then we achieve equity with our Physician colleagues in other branches of medicine. The medical specialty of primary care therefore is a focus on the interaction between the patient as a family member and the attending family physician.

It is an unwise move to dilute this role of the GP for which the primary care strategy appears to be achieving.

Henare Broughton

Homeopathy and acupuncture reviews are not CME

I am concerned to find the Journal Review Service continuing to publish reviews of homeopathy and acupuncture under the guise of 'continuing medical education'.[1] I am, however, heartened by Dr Tony Hanne's trenchant criticism of homeopathy. This absurd belief system has no place in any medical journal.

Acupuncture can be similarly criticised. Many of the reviews are unintentionally funny. Could there be anything more absurd than the statement[2] 'One could also argue that a major acuppoint, e.g. LR-3, from the Liver meridian for detoxification should have been included in the prescription used.'?

Such foolishness reminded me of a spoof of a *British Medical Journal* article entitled 'Delayed ketoalkalotic effects of aldosterone-producing adenoma in a man with a pig's head'. Although I still have a copy of this I am unsure as its provenance.

The new Editor has promised to improve the journal even further. Please let us drop the alternative medical nonsense and have more useful material from people like Professor Bruce Arroll and others.

Dr John Welch MBChB FRNZCGP DipAvMed

Competing Interests: I am a reformed acupuncturist, member of the New Zealand Skeptic's Society for whom I write a column (Hokum Locum) on alternative medicine.

References

1. NZFP 2008; 35:74–75.
2. NZFP 2008; 35:137.

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: **editor@rnzcgp.org.nz**. All letters are subject to editing and may be shortened.

Intravenous Vitamin C

Enjoyed seeing the Vitamin C article in the recent *NZMJ* [sic]. Was interesting and informative. I enjoy incorporating some nutritional work into my own general practice. Would enjoy seeing more nutritional medicine type articles over time.

Dr Helen Smith, GP

How disappointing that the *NZFP* saw fit to publish a summary of personal opinion and anecdote as an 'original scientific paper' (Vitamin C: Evidence, application and commentary. Melissa Ge et al. NZFP 2008;35:312–318).
After a careful read of the claims that megadoses of vitamin C can cure a wide range of terminal illnesses as well as infectious diseases I was quite intrigued and sceptical. When looking further however, I noticed the references used to authenticate this paper do not provide the evidence to support the claims.

Here is a single example: 'Over the past 10-year period I have treated over 9550 patients with large doses of vitamin C'.[1] The author of this paper, Cathcart, does not discuss these patients—he only refers to single episodes and individual results. He also mentions that when treating bacterial infections 'Ascorbic Acid should be used with the appropriate antibiotic.' He reports that this broadens the spectrum for the antibiotic but the evidence is lacking any specific information—it is just noted in passing.

The authors of this paper claim that Cathcart 'was giving megadoses of vitamin C to patients with polio, diphtheria, herpes, chicken pox, influenza, measles, mumps, pneumonia, viral encephalitis and Shiga toxin poisoning.' This scientific paper was written before the availability of the polio vaccine in the 1940s. The patients treated with the IV Vitamin C were 'considered infected' during an epidemic, which is different than a confirmed case of polio.[1] Surely the authors of this paper aren't suggesting that vitamin C is a treatment for polio based on one article.

The authors advocated 'Several case studies, small clinical trials and in vitro experiments have been published suggesting that vitamin C at the correct dosage has anti-cancer effects.' This might lead one to believe that vitamin C can hinder cancer cells from metastasising when really the authors are offering 'palliative' care for terminal patients.

There is no disclosure of the possible adverse effects. Extreme doses of ascorbic acid are not as harmless as suggested in this paper—when ingested in large amounts 'may cause renal failure'.[2] Vitamin C deficiency may cause scurvy but the effects of an overdose of vitamin C are not necessarily innocuous.

'The role of vitamin C in disease intervention at doses higher than previously considered relevant should be thoroughly investigated in a clinical setting.' I totally agree with this statement as many of the referenced articles lacked the evidence to support the claims made, specifically using vitamin C to treat infectious diseases.

Erin Hanlon-Wake, Registered midwife

References

1. Cathcart RF. Vitamin C, titrating to bowel tolerance, anascorbemia, and acute induced scurvy. Med Hypothesis 1981;7:1359–1376.
2. Material Safety Data Sheet: Ascorbic Acid MSDS. ScienceLab. http://www.sciencelab.com/xMSDS-Ascorbic_acid-9922972. Published 9 October 2005. Accessed 5 May 2008.

I was appalled to see the opinion piece in *NZFP* masquerading as an original scientific paper 'Vitamin C: Evidence, application and commentary' but will resist the temptation to perform an autopsy and critique on the authors' interpretation of the literature.

It appears that all of the authors have a vested interest in plying desperate patients with intravenous vitamin C, presumably at a reasonable profit, and to be fair this is declared. However, it is deceitful to misrepresent the literature and evidence. A quick glance at the list of references is enough to raise immediate scepticism as they generally consist of hypotheses, laboratory studies or case studies; some are 30 and even 60 years old. This is about as low level as evidence gets and is certainly not sufficient to inform practice.

One part that is so dubious that it is actually funny is the table that shows Vitamin C synthesis in the rat, dog and goat and then extrapolates this to humans. Humans are not rats, dogs or goats and I think we have had enough lessons from animal models to know this. If humans behaved like their distant rodent cousins according to laboratory studies we would have cures for a lot more diseases than we do now. This is not something that belongs under the name science as it does not employ any.

Helen Petousis-Harris, Senior Lecturer, General Practice and Primary Health Care

REPLY: *JPHC* will publish the nature and quality of evidence around efficacy and safety of herbal medicines in our column *Charms and Harms*. We also welcome systematic reviews and meta-analyses on complementary and alternative medicines (CAM) and nutritional supplements that critique the available evidence on efficacy and harm, produce evidence tables and offer recommendations based on the graded evidence in the accepted scientific fashion (see http://www.rnzcgp.org.nz/journal-of-primary-health-care/systematic reviews). – Editor