even though they do contain 25% of fruit juices, and contain (generally) sulphur dioxide, which acts as a preservative of vitamin C.

Fruit squashes are almost entirely produced from juices imported into this country in concentrated or unconcentrated forms, and the retention of ascorbic acid is extremely variable. It is a fact that as yet no claims are being made for vitamin-C contents in any squashes, and the relationship suggested in your answer—i.e., that the fruit-squash concentrate should contain one-quarter of the ascorbic acid in the fresh juice—cannot be upheld.

The use of the term "concentrates" in connexion with these squashes is open to objection. Under the existing S.D.I. regulations fruit squashes are placed in the category of "concentrated beverages," but this term possesses no significance to the general public. On the other hand we have the Ministry of Food welfare orange juice, which is in fact a concentrated juice, and national rose-hip syrup, which is similarly a product which has been concentrated from the raw juice or extract. In this case the concentrated product contains many times more vitamin C than the fresh juice. In a further category we have black-currant syrup and purée, which contain less ascorbic acid than the straight juice or pulp, but in which the vitamin C is remarkably stable.

As a means of comparing these figures the following table may be of use:

Substance	Ascorbic Acid in 1 oz. (28.4 ml.)
Ministry of Food welfare orange juice	57 mg.
National rose-hip syrup	57 mg.
Black-currant syrup	20 mg.
Black-currant purée	20 mg.

It is probably wise to regard only those products whose labels indicate a definite guaranteed ascorbic-acid content as having any appreciable vitamin-C potency.—I am, etc.,

Bristol.

VERNON L. S. CHARLEY.

Penicillin for Infected Hands

SIR.—The article by Mr. Frank d'Abreu, Surgeon Lieutenant Charles M. Flood, and Dr. Harold B. Hewitt on penicillin for the treatment of infected hands (Oct. 18, p. 603) should be publicized widely if only to cut the rate of absenteeism in these critical days. The letter by Dr. John P. Raw (Nov. 1, p. 707) on the local application of penicillin should also be noted for an economical and very valuable method. It was one that I introduced to the 84th General Hospital in October, 1944, using the 10,000-unit tablet of calcium penicillin because of its slower rate of absorption.

My method was to introduce 1 or 2 tablets into the abscess cavity and occlude the wound wherever it was possible with elastic adhesive bandage, leaving it unattended for 24–48 hours. A second application of the tablets was sometimes necessary. Even after the first dressing it was remarkable to note the diminution in inflammation and induration around the lesion. The method was very valuable in the case of carbuncles and solitary boils. Quite often the central slough in a carbuncle would come away with removal of the first dressing.

I agree with Dr. Raw that the surrounding inflammation and induration seem to form a barrier to blood-borne penicillin and that the local application is much more effective.

Since my return to civilian practice I have continued to use this method and have only found it necessary to use parenteral penicillin in those cases where the abscess, boil, or carbuncle is in its very early stages—that is, before the barrier effect is set up.—I am, etc.,

London, E.4.

H. WINCH.

SIR,—I read with much interest the method of local penicillin treatment as described by Dr. John P. Raw (Nov. 1, p. 707). I have used this method extensively for the past three years with outstanding results. I first treated cases of R.N. personnel with the 10,000-unit tablets as issued to the Services. Hand and foot infections were successfully treated with a minimum of incision. The treatment of tendon-sheath infection was very satisfactory. In most cases pus formation had ceased in 72 hours and healing and function were complete in about 16 days.

The most outstanding case, however, was that of a farmer with a deep palmar infection. The hand had the colour and contour of a boxing glove, with severe lymphangitis and oedema extending to the axilla. Four 10,000-unit tablets were inserted deep in the slough situated in the centre of the palm, and a small gauze dressing covered with G.P. tissue was applied. Within 12 hours serum and lymph were pouring from the slough area, and the slough came away the following day. The contours of the hand and arm were restored in 24 hours. In 72 hours active movements of the fingers were encouraged. With difficulty I restrained him from resuming full duty on the seventh day.

To facilitate the introduction of the tablet I thrust a grooved director deep into the septic area, place the tablet on edge in the groove, and push it on with a probe. The point of the director is depressed and the tablet runs over the end and remains. The director and probe are then withdrawn. The method is very useful in the treatment of breast abscess, and the size of the incision can be greatly reduced. In some cases of breast abscess I have combined local treatment as described with twice-daily doses of 300,000 units. I am not yet satisfied that the results are an improvement on the local method alone.—I am, etc.,

Alexandria, Dumbartonshire.

WILLIAM SCOTT.

Road Accidents

SIR,—Dr. E. Granger (Nov. 1, p. 709) appears perhaps to confuse the activities of the tongue and of the mind. High output of the one is not always accepted as evidence of good functioning of the other, and the mind of the silent driver may be better occupied than by trivial conversation. Does Dr. Granger feel less safe when in public-service vehicles than when driven by his garrulous acquaintances, and would he advocate, for safety reasons, that the drivers of buses and coaches should sit with the passengers, in order to enjoy the benefit of distracting conversation?

The apparent attempt to discredit the saying, "Don't speak to the man at the wheel," which of course goes back long before motor-car days, is a poor contribution to make to road safety. If, as your leading article suggested, medical men in general are seriously perturbed about road accidents, they may be interested to know that they can make some positive contribution by joining, for a very modest subscription, an association which neither supports nor is supported by any sectional interest, but which exists solely for the quite praiseworthy motive of the promotion of safety and the preservation of life on the roads.—I am, etc.,

London, N.W.8.

R. J. CLAUSEN.

B.C.G. Vaccination under the Red Cross

SIR,—With more than half a year's experience of B.C.G. vaccination in several European countries the Danish Red Cross is now in a position to give a fairly detailed account of its work in this field. Starting with Poland it has extended its work to Yugoslavia, Hungary, Austria, and the American and British zones in Germany. The sum allotted to this work is 3.5 million Danish crowns, and it is actively supported by the Danish Government and the State Serum Institute, whose chief, Dr. Ørskov, has published a commendatory article on B.C.G. vaccination in the September number of the *Journal of the Danish Red Cross*.

The work has hitherto been carried out by 15 teams, each composed of one doctor and two nurses, but the ultimate target is 60 such teams. Denmark cannot alone supply as many as 60 doctors trained in B.C.G. work, and such experts are therefore being recruited in Norway and by sending doctors from various other European countries to Denmark, where they are initiated into the technicalities of this work. In principle everyone from the age of 0 to 80 is eligible for B.C.G. vaccination provided he or she is tuberculin negative, but as—in Poland, at any rate—practically everyone over the age of 25 is tuberculin-positive it is under this age that this work is confined in practice. This vaccination costs only about sixpence per head.

In order to provide an adequate supply of fresh vaccine the Danish Red Cross has purchased three aeroplanes to carry it to different parts of Europe. In Yugoslavia the Danes have handed over their work to the Yugoslav Government after