had been referred to me with a diagnosis of a duodenal ulcer, and on pressure over the appendix the pain was referred to the umbilical region and reproduced the pain of which he was complaining. This clinical finding could be repeated at will.

The mechanism of the sign was apparent at operation, as the appendix contained a large faecolith, distal to which there was a collection of mucus. Pressure on the appendix therefore probably increased intra-appendicular pressure and produced the referred pain already described. It would seem most unlikely that this observation has not already been described in the voluminous literature regarding appendicular dysfunction. It is, however, not described in Hamilton Bailey's *Demonstration of Physical Signs in Clinical Surgery*, which is a very comprehensive treatise on this subject.

McBurney's sign is used extensively in the diagnosis of appendicular dysfunction, but the sign described above requires more generalized pressure in the right iliac fossa, and it should be possible to obtain it in any case where the appendix contains fluid in its lumen associated with partial obstruction and complete obstruction. This is a dangerous type of appendicular dysfunction, as perforation and peritonitis are likely to occur should acute infection supervene.—I am, etc.,

Newcastle-upon-Tyne. F. DENIS HINDMARSH.

The Lazy Eye

SIR,—During the four months that have elapsed since my letter to you concerning defective vision in recruits (Nov. 15, 1947, p. 796) some forty to fifty boys have been referred every fortnight to the ophthalmic centre which I attend because their vision in one eye is 6/12 or less. In the intervals of refracting them I have read with keen interest the letters that have appeared in your correspondence columns on the school ophthalmic service and the lazy eye.

As a Devonian I was pleased to learn from Dr. Margaret L. Foxwell's letter (Jan. 31, p. 228) that the Devon County Council made all their school-children read the letters on the chart. I was equally delighted to read in Dr. Francis J. Lorriman's letter (March 6, p. 476) that Kent County Council had "a plan." I sensed Mr. S. Black's frustration (Jan. 10, p. 77) at the non-fulfilment of the various recommendations of the committees. I was appropriately horrified at Dr. Mark Bradford's statement (March 6, p. 476) that the health visitor had to do the "eye testing" because the doctor was driven too hard by time and bureaucracy's relentless pressure. I shuddered at the thought of the school medical officers having to do a yearly refraction of every school-child at Mr. Black's behest (Feb. 21, p. 368).

I wondered about the type of "refractive error" which afflicted 70% of Dr. John Pemberton's Sheffield students and which only required 37% of them to wear glasses. But I became really angry when I read that *one-third* of the 150 students had either the wrong spectacles or else none at all (March 13, p. 490). So I went and dug out some figures on the eye defects of recruits. Apparently when they were trying to estimate the number of men who would be wearing spectacles if such were to be permitted on active service in the Boer War, the answer was 5%. During the 1914–18 war some 4% of the men in the average division were said to need glasses. The Americans rejected 8% of their "Draft" for visual defect, and calculated that 4% needed to wear spectacles. In the recent war the Americans estimated that 6% of their enlisted men had vision in the one eye of 6/18 and below. Some sample analyses of National Service recruits in the United Kingdom during the winter 1946–7 showed that 8% had vision of 6/18 in the one eye and below. Approximately 5% of the whole entry needed spectacles.

Therefore it would seem that though a considerable amount of hard work and good will has gone into the treatment of the ophthalmic conditions of the school-child, the end-results cannot in any way be held to be satisfactory. The hard core of the problem remains for solution—that 10% of the children need a thorough examination by an ophthalmologist, and that 5% will need to wear spectacles.

I trust, Sir, that you will regard this letter as fair comment. Admittedly I do not advance any constructive policy; I hope, however, that the scheme that is receiving consideration by the Council of the Faculty of Ophthalmologists will provide a successful solution.—I am, etc.,

London, S.W.1. G. C. DANSEY-BROWNING.

The Department of Medical Photography

SIR,—In his unusual article entitled "Where are we going?" Dr. Ff. Roberts (March 13, p. 485) devotes half a column to clinical, or better termed medical, photographic departments. His comments in this connexion rest beneath the curious subtitle "The Fetish of Perpetual Expansion," and it seems unfortunate that of the many examples which could be marshalled to illustrate this section Dr. Roberts has chosen one which lends but little support to many of his arguments.

As one of the authors quoted without context, I would submit that subsequent remarks concerning Pasteur, Thomson, and Hopkins are both facetious and irrelevant. The very extent of quotation in this complete reference seems indicative of a lack of first-hand experience and hence detracts from any conviction apparent in other passages.

By the very nature of their work medical photographic departments are further divorced from the general run of hospital practice than are many of the other special departments: in many instances they are to be found in the medical schools and not in hospitals. It seems only fair to point out that these departments do not exist primarily to ease the burden of the clinician, to conserve manpower, or to show an economic return in the strict sense of the term: the accent is, or should be, placed far more on the record and educational aspects.

As the above comments are not offered in any sense of justification for the existence of medical photographic departments, no further elaboration should be necessary. It would be interesting to know, however, if Dr. Roberts would condescend to use lantern slides and material for publications prepared to meet his own requirements, or if he would prefer to perpetuate cracked and faded slides, and further blur the impression of half-tone blocks monotonously copied from book to book?—I am, etc.,

London, S.W.1. PETER HANSELL.

Alcoholics Anonymous

SIR,—You have no doubt heard before this of our organization, which, though American in origin, has in the past year commenced activities in Great Britain. We have already had some measure of success and are now enrolling new members every week.

A brief description of our aims and objects appeared in the *Lancet* last year, and from time to time the daily, Sunday, and weekly Press have had articles about us. We are most anxious, however, to have the approval of the medical profession as a whole, as we consider that without any doubt the best approach to an alcoholic patient is through his or her own doctor.

In recent weeks we have had contacts with many doctors, and not only have we had no adverse word of criticism from them, but several have written to us or telephoned to us in terms of the warmest commendation. In particular they appreciate our help in rehabilitation of the patient after medical treatment. Needless to say we have no patent medicine, nor do we offer any form of medical treatment, though it often falls to our lot on meeting a new patient who asks for our help to recommend that he obtains treatment from his or her own doctor. We claim that our most valuable work lies in showing to the alcoholic who wishes to recover, through our own personal example, that it really is possible to achieve total abstinence and at the same time find an entirely new and completely happy way of living.

Above all we like it to be very plainly understood that we are not a reform society, and we have no interest in alcoholic patients unless they have a genuine desire to stop drinking. We expect them to approach us, or at any rate to express to someone else a desire to hear more of our methods.

I should be most grateful if you would allow me space for this letter, and in particular if you would state that we would welcome enquiries to our monomark address, simply "BM/AAL, London, W.C.1." For your own information, I enclose my name and address as a guarantee of good faith, and regret that our rules compel me to sign this letter,

ALCOHOLICS ANONYMOUS.