cerning the patient's objective condition.¹ Minor degrees of wasting can be revealed by measuring and comparing the girth of the affected limb with the opposite limb.²

The standard method of marking a line at a convenient distance from the anterior superior iliac spine and from the tibial tuberosity and of comparing the girth with the opposite side can be replaced by the following simpler method.

An x-ray envelope or another large rectangular paper or cardboard is moved along the margin of the couch or table to the desired (and recorded) level (Fig.) and the

Fig. 1

Fig. 2

Fig. 3

circumference of the limbs measured and compared. In patients with shortening of a limb the x-ray envelope is moved higher according to the amount of shortening in the corresponding segment of the limb—for example, in shortening of the lower limb by $\frac{1}{4}$ in (19 mm) after a pertrochanteric fracture of the femur the x-ray envelope is moved $\frac{1}{4}$ in higher before the girth is measured on the injured limb.

This method has the following advantages. The human element and inaccuracy are reduced in a simple manner. It also avoids marking the skin of the patient by using an x-ray envelope, which is usually at hand. It is a useful and speedy clinical procedure.—I am, etc.,

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¹ Clain, A., ed. *Hamilton Bailey's Demonstration of Physical Signs in Clinical Surgery*, p. 57, Bristol, John Wright, 1967.

² Dix, D. Knight, and Todd, A. H., *Medical Evidence in Personal Injury Cases*, p. 66, Lewis, London, 1961.

Foreign Body in the Appendix

SIR,—The incidence of acute appendicitis in Africans is much lower than in Europeans. The different diet and a possible reduction of lymphoid tissue may contribute to this low incidence. Mobile foreign bodies such as round worms can enter the appendix and produce severe obstructive appendicitis. We report here such a case.

A twelve-month-old African female was admitted to hospital with a history of swallowing a dress-making pin three days previously. There were no symptoms of abdominal pain, and no vomiting or melena.

On examination the child had a slight temperature, 99°F (37.2°C), but exhibited no signs of abdominal tenderness or obstruction. A plain x-ray of the abdomen (Fig. 1) showed the pin, similar in shape

to a small hat-pin, in the right side of the abdomen and in retrospect obviously outside the large bowel.

Conservative management was adopted and a further x-ray two days later suggested movement of the pin towards the hepatic flexure. The child continued to remain well and it was hoped that the pin would be passed per rectum. Two days later, however, another x-ray showed the pin in its original position. The decision was made to perform a laparotomy the next morning. A further x-ray (Fig. 2) immediately preceding operation showed the pin in an inverted position compared to the previous films.

At operation the pin was located in the appendix, and the definitive procedure consisted of appendicectomy. The opened appendix revealed the pin measuring 4 cm in length (Fig. 3).

In our case a large foreign body entered the lumen of the appendix but produced no obstruction or constitutional symptoms. On macroscopic examination of the removed appendix no evidence of inflammatory reaction could be noticed at the site of impaction.

It is essential to take radiographs of young children who have a definite or even suspicious history of inhalation or ingestion of foreign bodies. In the case of ingestion it is necessary to take serial x-rays of the progress of the foreign body through the intestinal tract, so that at any indication of hold up operative intervention may be undertaken.

We would like to thank Dr. D. Jenkinson for technical photographic assistance and Miss L. Etchells for secretarial help.

—We are, etc.,

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Squelching Caecum in Acute Appendicitis

SIR,—The diagnosis of acute appendicitis remains an ever present clinical problem. In 1964 Sir John Bruce drew attention to the "squelching" or "gurgling" caecum as a useful negative sign, and he felt that if the sign was present the diagnosis of acute appendicitis should be reviewed.¹

We have tested the validity of this in 50

patients with suspected acute appendicitis. A caecal squelch was not present in 23, and of these 18 had proven acute appendicitis. A caecal squelch was present in 27, and of these 14 had proven acute appendicitis.

It would appear from our results that a squelching caecum is not a very reliable sign for making either a positive or a negative diagnosis for acute appendicitis. Squelching depends on the stage of the inflammatory process at the time that the patient is examined. If early, and there is no guarding or rigidity of the overlying muscles, a squelch will be obtained. Later, however, when there is guarding or rigidity, it will be impossible to elicit the sign.—We are, etc.,

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¹ Bruce, J., *Practitioner*, 1964, 192, 731.

Large Doses of Fluphenazine Enanthate

SIR,—It is suggested that the patients with chronic schizophrenia who do not respond to the usual doses of fluphenazine enanthate (25-100 mg every four weeks) should be treated with much larger doses of the drug at shorter intervals. Kline *et al.*¹ reported a patient who was asymptomatic only when the dose of the drug was raised to 125 mg (5 ml) daily and relapsed on the reduction of the daily dose. They suggested such large doses of injectable fluphenazine enanthate as a possible method of treating patients suffering from chronic schizophrenia in whom progressive rehabilitation is hampered by the presence of active psychotic symptoms. Dr. D. M. Lewis and colleagues (20 March, 1971, p. 671) have similarly reported encouraging results with large weekly doses of up to 250 mg.

Over the past eight months at Bexley Hospital we have treated six patients suffering from paranoid schizophrenia with relatively large doses of fluphenazine enanthate. In each case the dose was gradually increased from 25 mg every four weeks up to 75 mg every week. Our experience is not in keeping with that of Dr. Lewis and colleagues or the American investigators. In our patients there was neither a reduction of unwanted symptoms nor did the drug in