Meralgia Paraesthetica

SIR,—The syndrome meralgia paraesthetica has been recognized for over 80 years; the term is derived from the Greek word *meros* meaning thigh and *algos* meaning pain.

Dr. S. A. K. Wilson[1] appropriately defines the disorder as a "mononeuritis," and described the symptoms as paraesthesia and pain in the distribution of the lateral femoral cutaneous nerve. In some cases hypaesthesia, even complete anaesthesia, has been reported. The initial description of the disease is attributed to Hager.[2] Ten years later, according to Wilson, attention was focused on the malady by Roth and by Bernhardt, and consequently it has been referred to as Roth–Bernhardt disease.

Aird pointed to an anatomic anomaly as being present in almost all idiopathic cases of meralgia paraesthetica, leading to a "bowstring" effect on the nerve by the inguinal ligament, especially when the patient is in erect, supine, or hyperextended positions.[3] This condition is not uncommon, but unfortunately we find very few reported cases in the British literature.

Recently we have seen a case of meralgia paraesthetica in this hospital.

A 28-year-old male who was a van loader at a furniture factory presented initially in the surgical outpatient clinic complaining of pain in the right groin. He first noticed the pain when he was carrying furniture, which he always carried on his right side. The pain radiated to the right thigh and buttock, and it was so excruciating at times that he was unable to walk. Bending made the pain worse. The patient mentioned that by flexing his right leg with pillows he could have a reasonably comfortable night.

On examination it was found that he had a tender spot about 1 in. (2·5 cm.) below and medial to the anterior superior iliac spine. Movements of the right hip were painful on abduction and extension. There was wasting of the right quadriceps, otherwise no other abnormality was detected. He was referred to the orthopaedic clinic, where a diagnosis of meralgia paraesthetica was made and local injection of 2% procaine at the tender spot relieved the pain.

X-ray examination of lumbar spine and pelvis: normal. I.V.P.: normal. Hb 15 g./100 ml. W.B.C. 10,500 per cu. mm. E.S.R. 29 mm. Blood sugar 122 mg./100 ml.

The pain returned after 24 hours, and so exploration of the lateral cutaneous nerve of the thigh was carried out, and a neuroma of the nerve was discovered and removed. The patient made an excellent recovery.

We wish to thank Mr. R. H. B. Mills, the director of the department, for allowing us to report this case.

—We are, etc.,

K. MUKHERJEE.
I. B. BASSETT.

East Glamorgan General Hospital,
Glamorgan,
Wales.

REFERENCES

1 Wilson, S. A. K., *Neurology*, 2nd ed. p. 369, edited by A. N. Bruce, 1954. London, Butterworths.
2 Hager, W., *Deutsche medizinische Wochenschrift*, 1885, **11**, 218.
3 Aird, I., *Companion in Surgical Studies*, 1949, Livingstone, Edinburgh.

Private Practice in British Medicine

SIR,—I have read with interest the letters headed "Private Practice in British Medicine" (15 March, pp. 717 and 718).

The only reason that I did not resign from the B.M.A. in disgust over the handling of the Charter and the attitudes to private practice was that I felt that it was better to be a small fish in the private practice pool than the same-sized fish in the ocean of general medical services N.H.S. Recent events, however, show disturbing undercurrents.

It is time that the Council and the General Medical Services Committee woke up to the fact that there are quite a lot more private practitioners than there were four years ago, and that their interests, in my opinion, are vital to the future of medicine in this country.
—I am, etc.,

BERNARD A. JUBY

Yardley, Birmingham.

Charges for Private Patients

SIR,—I have just received notification that the hospital charges for private patients in the hospital where I consult are to be raised from the present cost rate of £6 13s. per day to £8 5s. per day at the whim of the Secretary of State. There is no doubt that this is another example of the gross injustices which are constantly levelled at the patient who wishes to opt out of the National Health Service.

It may be that the charges made at a few hospitals will be reduced by the fixing of a national level, but, in effect, and so far as I am concerned, our local management committee is now forced to make a "profit" out of private patients to help subsidize others. Let the politician remember that the private patient is already subsidizing by high tax and insurance contributions for which he gets virtually no return, and he also aids the N.H.S. patient by keeping down the length of waiting time for outpatient appointments and operations.

It is surely true that if such treatment is to continue to be meted out, then a few part-time consultants are going to lose interest, enthusiasm, and conscientiousness in the practice of their Health Service work—and this would indeed be a tragedy.

The follies and racketeering which have followed political interference in medical matters such as therapeutic abortion typify the effects of the clumsy tyrannical hand of the politicians which is constantly being thrust upon medicine today. Let the B.M.A. gather itself to protect the patient from the injustices of the Welfare State.—I am, etc.,

CALUM N. MCFARLANE.

Walsall, Staffs.

SIR,—The recent staggering increases in the charges for private patient hospital accommodation (over 80% in the Halifax area) are surely, in the absence of any improvement in the amenities provided or matching increases in the expenses of the hospitals concerned, a clear violation of the Government's own prices and incomes policy. This is clearly a political manœuvre aimed at reducing private medical practice with presumably the ultimate objective of eliminating it altogether. I therefore believe it is the imperative duty of the British Medical Association to oppose the proposed increases in every way possible, particularly by submitting them to the Prices and Incomes Board, both on account of the unjustified increase in the charge for the service provided and as an example of monopolistic price fixing such as has been condemned by the Board in cases of retail price maintenance.—I am, etc.,

R. F. HEYS.

Halifax General Hospital,
Halifax, Yorks.

Points from Letters

Progestogen is not Progesterone

Dr. G. A. CHRISTIE (Medical Director, Syntex Pharmaceuticals Ltd., Maidenhead, Berks) writes: It is perhaps symptomatic of the increasing complexity of modern medical treatment that slight terminological inaccuracies, which one agrees wholeheartedly should be deprecated, are inevitably tending to creep into our vocabulary. Dr. G. I. M. Swyer's letter (15 March, p. 712) correctly points out that the compound used by Dr. L. Poller and his colleagues (1 March, p. 554) in their study on clotting factors in relation to low-dose progestogen-only contraceptive therapy is not progesterone. However, neither, if one is strictly accurate, is it chlormadinone, as Dr. Swyer indicates in his letter, as the only W.H.O.-approved name of this compound is chlormadinone acetate.

Teaspoons and Children

Dr. A. C. MULVANEY (Studley, Warwicks) writes: Why no 2·5 ml. dosage? I am sure the originators of the new *B.N.F.* (1 March, p. 530) haven't had to face the problem of giving medicine to really sick children, right at the bedside. . . . Plastic spoons have had a 2·5 ml. mark on them for years. I am sure we owe it to these children to retain it.

Contamination of Disinfectants

Mr. COLIN HARRIS (Joint Managing Director, Hough, Hoseason and Co. Ltd., Manchester) writes: . . . All current production of Ster-Zac D.C. Hexachlorophane Skin Cleanser is self-disinfecting to *Klebsiella, Pseudomonas* spp., *E. coli*, and *Proteus* within four to six hours. It is, of course, self-disinfecting to *Staphylococcus aureus* and other pathogenic Gram-positive organisms within a much shorter period. This self-disinfecting capacity enables us to present a product which is absent of these organisms in the original containers, and which has a much higher degree of safety than hitherto in relation to the possibility of contamination after removal from the original containers.

Mr. J. A. GIBSON (Principal Microbiologist, Izal Ltd., Sheffield, Yorks) writes: . . . Correctly formulated hexachlorophane is rapidly effective against both Gram-positive and Gram-negative organisms. Such formulations not only kill Gram-negative bacilli on the skin, but also any which may enter the preparation as a contaminant during manufacture, or subsequent use. In such formulations it is not necessary to add a compatible additional disinfectant as suggested in the letter by Dr. G. A. J. Ayliffe and others (22 February, p. 505).