Pediculus capitis infestation which has proved resistant to a lotion, Prioderm, containing 0·5% malathion. Treatment was properly and repeatedly carried out and re-infestation has been ruled out, so far as this is ever absolutely possible.

It will be worthwhile for departments of dermatology to look for similar experiences, and to report whether higher concentrations of malathion prove to be effective in these cases.—I am, etc.,

NEVIL SILVERTON

Leeds

Sexual Freedom

SIR,—I feel sorry for Dr. Violet Anderson, who has revealed in her thoughtful article (26 August, p. 524) a true analysis of our falling moral standards but regrettably confessed defeat in finding the correct remedy. She assumes throughout that young people today are neither born with a moral instinct nor acquire one by education or religious teaching. Moreover, she has no belief in female willpower.

To say that since chaperones have disappeared one must issue unmarried girls with contraceptives on demand is almost as misleading an assumption as saying that such girls will run risks anyway so if you refuse them the pill they will inevitably need an abortion. This may be so in some cases, but it does not automatically follow that doctors therefore have a duty to condone a practice which they believe to be wrong.

It is indeed unfortunate that an easy female contraceptive has been invented, not only because it has encouraged unchastity but also because of its undesirable side effects and potential long-term dangers. Surely the right course for doctors to take in this difficult situation is to uphold the Christian ideal rather than condone this "sexual freedom" which is stimulated by alcohol and drugs and applauded by the less desirable elements of youthful society. It is my experience that after the first rather painful interview successive refusals of pill prescriptions to the unmarried is no very difficult matter. If all doctors and family planning clinics took the same line, and if the women themselves were therefore frightened into a more restrained reaction to male advances, both immorality and the problems of abortion and illegitimacy would largely disappear. Chastity is unquestionably the best contraceptive.—I am, etc.,

HUGH CANE

Bungay, Suffolk

People with Epilepsy

SIR,—Like Dr. E. M. R. Critchley (22 July, p. 232), we also found some gaps in an otherwise most progressive report by the Reid Committee.[1]

Dr. Critchley mentions the lack of recommendation on problems of superannuation, insurance, and accident liability, and it is interesting that at the joint conference on employment and the invisibly handicapped, organized by the British Diabetic Association, the British Epilepsy Association, and the National Association for Mental Health, a very senior spokesman from one of Britain's largest insurance companies stated flatly that there was no problem in obtaining superannuation for epileptics. He said further that, though his firm had no evidence that it was necessary, for those who were worried on the question of an earlier death liability it was quite simple to omit death cover from such a policy. He mentioned that the superannuation problem was often unfairly presented, making the insurance companies the villains of the piece, merely to provide an easy excuse for employers not to employ epileptics.

Other insurance spokesmen belittled the theory of accident liability being a special risk, and my association still has no proof of any accident being due to epilepsy in an employee working with machinery adequately safeguarded under general factory legislation.—I am, etc.,

JOHN JARRETT
Deputy Director,
British Epilepsy Association

London W.C.1

1 Department of Health and Social Security, Welsh Office, and Central Health Services Council, *People with Epilepsy*. London, H.M.S.O., 1969.

Treatment of Early Breast Cancer

SIR,—There is one paragraph in Mr. R. S. Murley's interesting letter (26 August, p. 526) which requires immediate reply—namely, the omission in our paper of attribution to previous workers in the field.

When our rather long paper was submitted for publication the Editor understandably had to cut out certain sections; among these was the section on the history of the development of our premises. I am sorry if this has appeared discourteous.—I am, etc.,

HEDLEY ATKINS

Downe, Kent

Trapped Nerves

SIR,—The letter from Sir Reginald Watson-Jones (20 May, p. 463) was most heatening to those who have interested themselves in this subject. Personally speaking, such distinguished support, inter alia, of my published work[1] on lateral popliteal neuropathy was very encouraging, particularly as this work has had grave doubt cast on its accuracy and reliability in two leading articles in the *B.M.J.*—"Entrapment Neuropathies" (14 March 1970, p. 645) and "Trapped Nerves" (6 May 1972, p. 307). I hope that Sir Reginald's remarks may induce a more kindly view of material which was carefully documented and equally carefully followed up. This work has subsequently been expanded and a second article is in preparation.

The view expressed in Sir Reginald's letter that many entrapment neuropathies are related with abnormal fibrosis and autoimmune reaction is of great interest, but not all such neuropathies can be so caused. I am thinking particularly of subcostal entrapment under the lateral arcuate ligament, of which I have some years' experience, which causes pain often mistaken for appendicitis, hernia, gynaecological disorders, or renal pain, and also of the condition of posterior interosseous neuropathy at the distal part of the supinator muscle mentioned by Messrs. R. H. Maudsley and N. C. Roles (3 June, p. 593). My experience of this latter condition exactly coincides with theirs. Though it is included under "tennis elbow," it is, in my opinion, a different entity, which I have christened the "supinator syndrome."

I was also glad to have confirmation in Maudsley and Roles's letter of the view that lateral popliteal entrapment is caused by fixation under the fibrous crescentic arch of origin of peroneus longus and not in the fascial tunnel which carries the nerve around the neck of the fibula. It is because this fibrous arch is not divided when decompressing the lateral popliteal nerve that the operation may fall into disrepute.

Finally, I found surprising Sir Reginald Watson-Jones's view that the wide range of trapped nerves described by him is well known. In my experience, very few surgeons have more than knowledge which embraces ulnar neuropathy at the elbow, carpal tunnel syndrome, and meralgia paraesthetica, and they are unconcerned about any other nerve entrapments. It is therefore hardly remarkable that clinicians in general show little or no interest.—I am, etc.,

J. D. SIDEY

Adelaide, S. Australia

1 Sidey, J. D., *British Medical Journal*, 1969, **3**, 623.

**Sir Reginald Watson-Jones died last month (see obituary, 26 August, p. 533).—ED., *B.M.J.*

SIR,—We have recognized peripheral nerve entrapment as a source of abdominal wall pain for the past four to five years. In view of the interest in this topic aroused in your columns, particularly the leading article (6 May, p. 307) and Dr. W. V. Applegate's letter (5 August, p. 351), may I draw attention to a simple method of treatment by injection of 1-2 ml of 5% aqueous phenol? In difficult cases the procedure is facilitated by the use of a peripheral nerve stimulator-locator. The results of injection therapy in over 100 patients, observed over a three-year period, are reported elsewhere.[1,2]—I am, etc.,

MARK MEHTA

United Norwich Hospital,
Norwich, Norfolk

1 Mehta, M., and Ranger, I., *Anaesthesia*, 1971, **26**, 330.
2 Ranger, I., Mehta, M., and Pennington, M., *Practitioner*, 1971, **206**, 791.

Occupational Health Service

SIR,—It was gratifying to read the Occupational Health Committee Chairman's comments (*Supplement*, 5 August, p. 119) on the Robens Report[1] when presenting the annual report of council under "Occupational Health." It is indeed very evident that the Robens Committee failed to understand the true function of an occupational health service and, in accepting the evidence of the Department of Employment that the National Health Service with the employment medical advisory service is all that is necessary, has unquestionably weakened the intended purpose to achieve better safety and health at work. It also deprecates the practice of treatment at work but it is unquestionably to the mutual advantage of both patient and employer and economic to provide it. The work time lost would be very much greater and the casualty departments more overloaded and inefficient if this service lapsed.

The published written evidence[2] submitted to the Robens Committee did not