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Naturopathic services

I recently saw in my pediatric practice a 7-year-old boy who was having mood swings, school problems and behavioural problems. Before the visit to me he had been tested by a naturopathic physician in another city, then had returned home to follow quite a restricted diet and take a large number of pills each day. The pills contained a battery of vitamins and over 20 substances, including chromium, zinc, manganese, selenium, choline, potassium, iron, calcium, magnesium, para-aminobenzoic acid, myrrh, cayenne pepper and black walnut leaves; they were obtained from the naturopathic physician at a cost of $100 per month.

There are several things about this incident that concern me. First, the whole method of treatment is totally unscientific. Second, the pills may be harmful. Third, this treatment delayed any psychoeducational assessment that might have improved the child's schoolwork and behaviour. Last, the naturopathic services are paid for through the Medical Services Plan of British Columbia.

I am sure that if I prescribed a similar set of medications I would, and certainly should, lose my medical licence.

It is my general impression that, as they try to revamp the health care system, governments are looking at naturopathic services to play a greater part. I think it is important for them to realize that much of the naturopathic treatment is totally unscientific and that they should therefore consider whether such treatment ought to be covered by provincial health care plans.

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"Throw-away journals"

With reference to Dr. Barry Campbell's letter regarding "throw-away journals" (*Can Med Assoc J* 1990; 142: 100) I urge that Campbell seek the "readership levels" of those journals, as compared with some of the more traditional ones, before he condemns the "throw-aways" to oblivion — not that the traditional journals might not appreciate seeing them disappear!

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Junk mail

About a year ago I made a plea for some kind of protest against the insult and waste of medical junk mail (*Can Med Assoc J* 1989; 140: 112).

I received a number of letters and calls of support, but it appears that my protest has had no effect. Desk blotters, agendas, cassette recordings and no fewer than 19 uninvited journal subscriptions have been hauled to my address in the last 12 months, although the pop-up boxes did disappear. This year's junk-mail collection (without envelopes) amounts to 63 kg, an increase in corpulence of 11 kg, whereas I (so far) have successfully battled the middle-age bulge.

If this mailing reflects that received by other doctors, then over a million kilograms of paper is invested annually in Ontario physicians alone. This is the product of a small forest. Unfortunately, owing to the glossy paper and exotic inks not all of this unwanted pulp can be recycled. It would be irresponsible not to ask how much the production and sending of these expensive materials adds to the cost of health care.

I have run out of space to store this kitschy morass and for the next year will undertake to return every item to the sender. If we can indicate that we don't read the stuff, maybe it will go away, and maybe, in saving some intellectual integrity, we will have made a tiny contribution to our environment and to our society.

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Bilateral meralgia paresthetica and PID

In his case report "Bilateral meralgia paresthetica associated with pelvic inflammatory disease" (*Can Med Assoc J* 1990; 142: 42) Dr. Arthur S. Rotenberg attributes the patient's meralgia paresthetica to the effects of pelvic inflammatory disease (PID).

I suggest another possible cause. The lateral femoral cutaneous or femoral nerves may become kinked or stretched in pregnant patients who are in the lithotomy position for a long period,[1] as Rotenberg's patient probably was during her laparoscopy. This circumstance in combination with the "pseudopregnancy" caused by the pneu-

moperitoneum may have resulted in bilateral nerve injury.

The lateral femoral cutaneous nerve (LFCN) can also be injured when the patient is prone and can be damaged by retraction, which may explain the association of meralgia paresthetica with appendicitis, abdominal hysterectomy and postoperative inflammation cited by Rotenberg.

It is important to consider the effects of position in the etiology of nerve injuries detected postoperatively, regardless of how minor an operation.

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Reference

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[Dr. Rotenberg replies:]

The patient did undergo laparoscopy in the lithotomy position, and the meralgia paresthetica began in hospital a few days later. However, it seems unlikely that the laparoscopy was a major etiologic factor, for the following reasons.

The patient had a longstanding severe pelvic infection. The laparoscopy report stated that "the abdomen was exceedingly tense. . . . Intestine was adherent to pelvic organs by thick fibrin . . . and both fallopian tubes were thickened and heavily injected." Such severe inflammation over weeks, combined with days of bed rest, seems a more likely cause of meralgia paresthetica than 1 hour of pneumoperitoneum in the lithotomy position.

Dr. Knight's suggestion is drawn from a chapter on neurologic complications of anesthesia in obstetrics.[1] Pregnancy itself is associated with meralgia paresthetica. Even if hours of labour in the lithotomy position could precipitate meralgia paresthetica, months of compression of the LFCN by a gravid uterus seems a more likely etiologic factor.

The symptoms of meralgia paresthetica in the patient I described lasted for over a year. During that time they were not affected by hip abduction, adduction or the lithotomy position. However, they were aggravated by bed rest (i.e., hip extension) and relieved only by sitting (i.e., hip flexion), diagnostic features of meralgia paresthetica[2,3] that are explained by the LFCN's anatomic relations: As the nerve leaves the pelvis with the hip extended it angulates as it crosses medial to the anterior superior iliac spine.[4] The angle is reduced and tension on the nerve relieved as the hip is flexed. Most authorities writing about meralgia paresthetica note that hip flexion[2-5] and abduction[6] relieve rather than aggravate strain on the nerve.

Knight implicitly raises an important point: that meralgia paresthetica frequently has a multifactorial etiology. Vulnerability of the LFCN at its point of angulation,[5] severe PID, bed rest and perhaps the lithotomy position may all have been factors in the case that I reported.

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It is 25 000 operations and counting for Dr. Howard Gimbel

Dr. Howard V. Gimbel's lengthy explanation in response to the questions I raised (*Can Med Assoc J* 1990; 142: 14) concerning his claim to have performed 25 000 cataract operations indicates the reason why "misinterpretation and supposition" could occur in the minds of readers of Terry Moran's article about him (*Can Med Assoc J* 1989; 141: 710-711).

I am therefore grateful that my letter allowed Gimbel the opportunity to allay the fear of myself and some of my colleagues that with so many operations the postoperative care would be inadequate. It has now been explained that this care is performed by either another doctor from the Gimbel Eye Centre or the referring doctor (I assume a medical doctor). This information was not given in Moran's article.

With all due respect, a high quality of care, understanding, compassion, dedication, well-trained staff, a calm pace and ophthalmologists visiting from Third-World countries are common features of many, many ophthalmic surgery centres throughout Canada, including ours, where we have received renowned foreign doctors since our lens implant program began, in 1966. So what else is new? There is surely no misinterpretation or supposition here.

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