direct effect on the uterus or cardiovascular system.[2] It also acts presynaptically, possibly at pituitary level.[3] Prolactin produced via the pituitary gland is a direct precursor of hypothalamic prolactin release-inhibiting factor, which resembles or may actually be dopamine.[4] Dopamine is the first step in the noradrenergic arousal system, an end product of which, 4-hydroxy-3-methoxyphenylethylene glycol, has been found to be increased in the cerebrospinal fluid in mania.[5]

On these principles lowering of the plasma prolactin level with bromocriptine should prevent the genesis of mania without producing the side-effects associated with phenothiazines or potential toxic reactions associated with lithium. This was found to be so in two patients with long-standing manic-depressive psychosis who developed severe mania and in whom phenothiazines and lithium carbonate were contraindicated. When 5 mg of bromocriptine was given three times a day the symptoms subsided within 48 hours and both patients were able to return to work within 10 days. No side-effects were reported or biochemical or haematological abnormalities noted. Further evaluation of bromocriptine as a possible advance in the therapy of mania is in progress in our department.

C DORR
K SATHANANTHAN

Department of Metabolic Research,
Warlingham Park Hospital,
Warlingham, Surrey

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Bromocriptine and spasmodic torticollis

SIR,—The encouraging results obtained in the treatment of Parkinson's disease with the dopaminergic agonist bromocriptine[1] stimulated the use of this agent in spasmodic torticollis. Ten patients agreed to participate in a single-blind trial. The dosage of bromocriptine was started at 2·5 mg daily and increased every three days by 2·5 mg to the optimum tolerated dosage. Only one patient was taking concurrent medication. Patients were maintained on maximum dosage for at least two months before placebo substitution. All patients were assessed at fortnightly intervals by the same observer, where possible in the presence of one of the patient's relatives. Two of the patients were unable to tolerate more than 15 mg of bromocriptine because of intolerable nausea. The remainder attained doses between 40 and 80 mg without severe adverse effects.

Eight patients showed no improvement on treatment and no change on placebo substitution. One patient with severe clonic torticollis showed marked deterioration in neck movements which subsequently improved on substituting haloperidol 4·5 mg daily.

A 53-year-old docker with both retrocollis and spasmodic torticollis mentioned in a previous trial[2] had continued on 6 g of levodopa daily since 1972 with complete relief of his retrocollis and improvement in his torticollis. In the last two years, however, he had developed severe choreoathetoid movements of the limbs as a side effect of treatment. The patient refused to discontinue L-dopa at the onset of the trial, but on attaining a dose of 80 mg of bromocriptine daily he was able to discontinue his levodopa gradually without recurrence of his retrocollis and a gratifying disappearance in choreoathetoid movements. On placebo substitution the patient's torticollis returned.

Bromocriptine at a dose of up to 80 mg daily thus appears to be ineffective in the treatment of the large majority of sufferers from spasmodic torticollis, which remains one of the most refractory of the abnormal movement disorders.

ANDREW LEES
K M SHAW
G M STERN

Department of Neurology,
University College Hospital,
London WC1

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Laparoscopic removal of IUDs from the abdomen

SIR,—I was interested to read the letter from Mr D J Pearce (24 April, p 1017) illustrating the use of laparoscopy for the removal of intrauterine devices (IUDs) which have perforated the uterine wall. I would like to add a word of caution. In this hospital we have had three patients this year in whom an IUD had perforated the uterus some time previously. These could not have been recovered with a laparoscope. One of these devices was a Lippes loop and two were Gravigard Copper 7s, and in all three instances the device was firmly embedded in the omentum. In two cases part of the omentum had to be excised, while in the third case the device was extracted from the omentum but only with difficulty.

While the laparoscope can be used for therapeutic as well as diagnostic purposes, our experience indicates that laparotomy is often necessary for the recovery of an IUD lying outside the uterus. If perforation of the uterus is suspected and attempts to recover the device are made soon after the accident occurs I suspect that removal via the laparoscope will probably be generally possible, but if time elapses before discovering that the device is outside the uterus it may well be trapped in the omentum.

M R FELL

Salisbury General Hospital,
Salisbury, Wilts

Order of Dedicated Doctors

SIR,—I have founded "The Order of Dedicated Doctors" who never contemplate withholding their medical labour for purposes of payment from various authorities. We maintain that all interest in medical expertise is self-sufficient and only when the welfare of patients is in danger does the order contemplate united action to coerce authorities and individuals to diminish such dangers. There are no routine constitutional rules, no meetings, no committees, and no more than personal written communications to me to indicate problems affecting the fellows of the order. Such communications are entirely confidential and never revealed under any circumstances, but should a fellow require assistance in helping his patients the united action of fellows will be brought to bear unanimously on those capable of solving those problems.

There is no political bias of any kind, and never will be, related to this order. No kudos or reward is ever, or will ever be, given to any fellow in relation to what he achieves. No subscriptions are involved and we are anxious to point out that it is not a "do-good" society for patients as individuals. It is a scientific order devoted to the science of helping patients to lead comfortable, useful lives. No controversial problems such as euthanasia or abortion are ever discussed and only such matters as are described in medical textbooks and journals receive our attention.

W J ATKINSON

Kalmere,
Sheffield Park, Sussex

The pay-bed issue

SIR,—In recalling Aneurin Bevan's offer of pay-beds in 1948 Sir Thomas Holmes Sellors tells only half the story (8 May, p 1144). The other carrot was the promise, via the Spens Report, of distinction awards for the chosen few. Opposition to entry thus disintegrated and the profession was sold to the politicians in exchange for those golden perquisites for the few.

Surprisingly, Sir Thomas firmly believes that morale remained high until the present Government made the decision to separate private practice from NHS hospitals. It is now generally agreed that as a consequence of the Goodman proposals this separation cannot be achieved this century. This is surely the time to get this pay-bed issue into proper perspective and to identify the condition responsible for the fall in morale. This is simply a progressive and continuing erosion of the consultant's position both in relative and absolute terms. Anyone in any doubt about this should consult the Government's annual supplement to *Economic Trends*. This explains that in the period 1948-75 personal incomes in the UK rose ninefold against a fourfold increase in prices. Despite the United Kingdom's poor economic performance R A Butler's prediction that the standard of living would double in 25 years has been confirmed. Where stands the hospital consultant in all this? He stands even further back than he did in 1948 and this must constitute a record in the western world. It could be argued there has been a continuing redistribution of wealth in favour of the lower-paid. This has certainly not been the case within the consultant grade, where differentials in favour of merit award holders have actually widened. Furthermore, the hospital consultant is unique in that on appointment he can opt for either a whole-time or maximum part-time contract, thus adding weight to the widely held belief that fat pickings are always available in private for those sufficiently interested. Despite all the evidence to the contrary, a majority of consultants still believe that the whole-timer has been basking in the part-timer's sunshine all these years.

The future prospects for most of us are bleak indeed if we allow ourselves to be continuously brainwashed in this way. Opening up a glossy package of propaganda this