sensitivity invoked by the drug acting as a hapten and becoming conjugated with body proteins.

I thank Dr. N. W. Horne for permission to report this case.

—I am, etc.,

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- 3 Alarcón-Segovia, D., *et al.*, *New England Journal of Medicine*, 1965, 272, 462.
- 4 Alarcón-Segovia, D., *et al.*, *Medicine*, 1967, 46, 1.
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Complications of Laparoscopy

SIR,—A few years ago, because of reported complications of laparoscopy, I introduced at St. Thomas's Hospital what came to be known as a Cusco laparoscopy. In this a 1-in (2.5 cm) incision is made in the pubic hairline and then a small Pfannenstiel approach to the pelvis is developed. Access is made easy by sliding the skin from side to side. The edges of the out peritoneum are stitched to skin. A large Cusco speculum is passed down into the pouch of Douglas and the blades are opened across the pelvis. One or two fingers passed through the speculum allow the gut to be displaced above the sacral promontory, where it can be held out of the way by a gauze pack.

By moving the speculum to and fro and opening and closing the blades the whole pelvis may be visualized. A long Babcock forceps can pick up the ovary and draw it to the surface, withdrawing the speculum at the same time. So that the ovary may not slip back it may be seized again by a forceps introduced between the blades. If the ovary cannot be seen easily the Babcock forceps grasps the round ligament of the uterus and pulls that to the surface. A finger passed behind it will easily deliver tube and ovary into the incision.

Any variety of sterilization operation can be carried out on the tube. The ovary can be handled, inspected, and a specimen taken for biopsy. Everything is under the same sort of control as at laparotomy. If difficulty is encountered the incision can quickly be enlarged. Closure is routine. The peritoneum can be bunched up into a very small hole. The skin requires one or two clips or stitches. Stay in hospital need be only overnight, mainly to get over the effects of anaesthesia.

Anyone who can perform a gynaecological laparotomy safely can do this operation too. It does not require the special expertise of laparoscopy. It might be considered a serious rival to the technically more difficult laparoscopy, for it can be used in all situations where laparoscopy is considered and it has wider scope with fewer of the disadvantages.—I am, etc.,

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Side Effects of Methyl-dopa

SIR,—We were interested in your leading article on the side effects of methyl-dopa (22 March, p. 646). The list is fairly formidable and not only of academic interest,

since many of the side effects lead to considerable incapacity which in many cases requires alteration of a previously accepted way of life.

We are currently comparing the side effects volunteered by recipients of methyl-dopa with those mentioned by the same patients when given a simple questionnaire with specific questions. We were particularly looking for the incidence of loss of sexual prowess, a symptom seldom volunteered spontaneously through embarrassment and hence probably underestimated. We were also interested in the incidence of postural hypotension. We have currently only 30 patients, all men aged less than 60 years. Methyl-dopa dosage has varied from 1.0 to 2.5 g daily and the duration of therapy from six months to three years. Blood pressure readings were taken with a sphygmomanometer lying, standing, and after running on the spot (30 steps).

Despite the small numbers we felt the preliminary results (see table) were of interest. The table compares the incidence of volunteered symptoms with those that subsequently came to light when patients filled in the questionnaire. The differences are obvious and we think that all patients should be asked directly about sexual function and the significance to them of any change, as much domestic and psychological trauma can ensue from loss of sexual function. Five of the patients admitted to feeling much better generally since starting the drug, and this was usually manifest as a lessening of tension. Postural hypotension, though rarely symptomatic, was detected after exercise in 26 patients: 14 had a drop of systolic blood pressure greater than 20 mm Hg (range 20 to 70 mm) and 12 a drop between 10 and 15 mm. Post-exercise blood pressure readings should be made routinely in all hypertensives taking methyl-dopa, as clearly there may be a significant

Incidence of Side Effects in 30 Patients Taking Methyl-dopa

Symptom	Questionnaire	Volunteered
	No. (%)	No. (%)
Erection failure	16 (53)	2 (7)
Impotence	0 (0)	0 (0)
Drowsiness	18 (60)	14 (47)
Postural hypotension	2 (7)	2 (7)
Asymptomatic	3 (10)	10 (33)
Improvement	5 (17)	5 (17)

postural drop in many patients which is detectable only after exercise.

Patient compliance is a big problem with long-term therapy and intolerable side effects can only aggravate it, particularly since hypertension is essentially an asymptomatic disease. We think that with the introduction of beta-blocking agents with, as yet, relatively few troublesome side effects methyl-dopa should no longer be a first-line choice in the treatment of hypertension.—We are, etc.,

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Hospital Pharmacy Committees

SIR,—I would like to comment on the membership of hospital pharmacy committees (8 February, p. 323), and on the importance

of including in the membership a number of staff involved directly in patient care. These comments are based on the activity of our own very active district therapeutics committee. When suitably constituted, such groups have an important role in making certain that recommended changes in policy are realistic. Policies decided centrally do not always appear to be influenced by such considerations, nor do those who make these policies appear to be interested in utilizing information on the impact of their policies on patient care.

The membership of our committee has always included a member of the ward nursing staff (as well as of the nursing administration) and members of the non-consultant medical staff (as well as of the consultant medical staff). I consider that the contribution from these representatives has been quite outstanding, and their absence from many similar committees may well have made them less effective. Another addition to our committee, an indirect result of N.H.S. reorganization, is our general practitioner member. There is no reference to the possible contribution of a general practitioner in the recent article, but the interface between hospital and general practice should not be ignored. We have already discussed several important problems on this interface, and have taken active steps to create general interest in one of these (5 October 1974, p. 41).

The membership of our committee has made it an appropriate forum for discussion of a variety of directives issued by the Department of Health and Social Security, who have often been advised by committees whose members may not always be able to claim such a close daily involvement in clinical work. Our views have at times been at variance with the recommendations of the D.H.S.S. On three occasions the committee, supported by the district hospitals medical committee, have reported their views to the appropriate department at the D.H.S.S. It has concerned me that these carefully considered comments have on only one occasion produced a reply from the Department.

The contributions of pharmacy and therapeutics committees should, perhaps, include a role in providing "feed-back" to the D.H.S.S., to region, and to area. These administrative bodies might then be more aware of the views of those responsible for patient care. There are other important contributions that these committees can make in encouraging the efficient use of scarce financial and manpower resources. It is an appropriate time for the B.M.J. to encourage increased interest in their activities.—I am, etc.,

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Social Work in General Practice

SIR,—At a recent meeting of social workers and general practitioners in Manchester it was decided that there is a need for a group whose special function is to foster co-operation between social work and general practice. It was thought that professional organizations involved in promoting co-operation were too remote to be able to