

CORRESPONDENCE

PRazosin AND PRIAPISM

Dear Sir,

Priapism is a persistent painful erection of the penis. The etiology of priapism is usually idiopathic, but the disorder can be associated with sickle-cell anemia, chronic granulocytic leukemia, spinal cord injury or drugs particularly the phenothiazines. We had a case of a patient who developed priapism while taking prazosin for hypertension.

A 43 year old Chinese man who had one week's history of severe headache was found to have hypertensive encephalopathy. His blood pressure was 220/150 mm Hg. and he had bilateral papilloedema with hard exudates and flame shaped haemorrhages.

Renal profile showed renal impairment with a serum creatinine of 310 $\mu\text{mol/L}$, blood urea of 21.0 mmol/L and uric acid more than 700 $\mu\text{mol/L}$.

After initial treatment with intravenous trandate, patient's blood pressure was subsequently controlled with Prazosin 8 mg bd, Lasix 40mg bd, Slow K II bd, and Betaloc 200 mg bd. Six weeks after commencing prazosin, patient developed painful sustained erection which had persisted for 10 days before patient returned for review.

He had no history of genitourinary disease. Examination showed priapism. The abdomen and central nervous system were normal. His haemoglobin, white cell count, differential count and erythrocyte sedimentation rate were normal. Urine

analysis was normal, there being no protein, casts or cells.

Prazosin was ceased and aldomet was commenced. Within two days, the priapism resolved and has since not recurred.

Prazosin is a hypotensive agent with a direct smooth muscle relaxation effect as well as blockade of alpha-adrenergic function at the post-synaptic level.

Side effects are minimal and include lack of energy, weakness, insomnia, headache, depression and dizziness. Genitourinary symptoms include urinary frequency and impotence. Priapism has only been reported twice in the literature.

Yours faithfully,

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REFERENCES

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- ² Burke J R *et al* (1980) Priapism and Prazosin (letter), *Med. J. Aust.*, 1, 382-383.

TREATMENT OF STROKE

Dear Sir,

Fourteen years ago my dear friend, Mr. Anthony de Rothschild, had a stroke in a London street. I was one of the few people allowed to see him at his country mansion. When I opened the library door and walked in, Anthony put his head in his hands and wept. I was so appalled at the destruction of this brilliant mind by a stroke that I determined to make it my destiny in life to find a cure. I have succeeded, but I have so far failed to persuade the professions to try the treatment.

The treatment consists of giving the following injections and medicines. Into the left buttock is injected 100,000 units of Vitamin A and 500 mgm of Vitamin C in the same syringe. Into the right buttock is injected 2,000 μg of Vitamin B12 and 100 units of Vitamin E in the same syringe. Into the arm is injected subcutaneously 2 cc of Calci-Ostelin containing 10,000 units of Vitamin D and 1 cc of Vitamin B1 in the same syringe. By mouth are given 28 tablets of Vitamin E (50 units 4 a day), 28

tablets of Vitamin C (100 mgm, 4 a day), 21 tablets of dumocalcin (3 a day) and 21 tablets of Vitamin B6 (3 a day). Sometimes I give also 21 tablets of Brewers Yeast (3 a day) and 21 tablets of lecithinol (3 a day). If the patient has high blood-pressure I reduce the Vitamin E Tablets to 3 a day and I give one or two Rauwiloid tablets daily.

Some of the successful cases have been almost miraculous. One of the most interesting is the following, a year ago.

A Tamil man aged 65 years had a right stroke at 5.30 am. His two sons carried him to my clinic at 2.00 pm. I gave him my injections and medicines and told him to return in 5 days. He came back

alone, though walking unsteadily. I repeated the treatment, and told him to come back in 5 days time. He has never come back, but I hear that he is carrying on as usual in his little vegetable shop selling bananas and coconuts and so on. This case proves the efficacy of immediate treatment.

Yours faithfully,

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BOOK REVIEWS

HEALTH EFFECTS OF COMBINED EXPOSURES IN THE WORK ENVIRONMENT

Geneva, World Health Organization (Technical Report Series, No. 662), 1981. 75 pages. Sw.fr 4.

There is increasing concern among occupational health professionals that combinations of the various physical, chemical, biological and psychosocial factors at work may produce different effects from those resulting from single exposures. Up to date, there is little known about such combined exposures, which may produce independent, synergistic or antagonistic effects. This WHO Expert Committee report is an excellent review of relevant experimental and epidemiological evidence available thus far. The Committee also examines the personal factors which may modify such combined effects, for example genetic abnormalities, nutrition, smoking, alcohol, drugs, and existing diseases. The practical implications of combined exposures in occupational health practice, standards setting and research are also discussed. The report concludes with the Committee's recommendations for training, educational and research programmes, and stresses the need for national and international collaboration, especially when industrial innovations are being planned. Researchers, practitioners and teachers of occupational health would find this informative report a valuable text for reference.

LIM HENG HUAT

EDUCATION AND TRAINING IN OCCUPATIONAL HEALTH, SAFETY AND ERGONOMICS

Geneva, World Health Organization (Technical Report Series, No. 663), 1981. 48 pages. Sw. fr. 3.

In many countries, there is a great shortage of trained personnel in the field of occupational health, safety and ergonomics. There is thus a need for education and training of all personnel who are involved in maintaining the health, safety and economic productivity of workers. This eight report of the Joint ILO/WHO Committee on Occupational Health focuses attention on the need for training and education at all levels: from stimulating awareness among policymakers, managers and workers, to the specialized training of occupational health professionals. The report also spells out the training and educational policies, objectives and methodology recommended by the Committee. An area of special concern is the development of primary health care workers geared to providing basic health services for under-served working populations, such as those in the agricultural and small-scale industries. This report should provide valuable guidance for all those involved in the training and education of occupational health and safety personnel.

LIM HENG HUAT