sutured over it. Closed drainage may be
made for 24 hours. This leaves no deformity
or respiratory disability and the less ob-
trusive scar is appreciated by some patients.
This feature is of importance in the treat-
ment in the unusual presence of an infected
tracheotomy stoma. The incision can, of
course, be extended across the stenum if
an unexpected invasive tumour is found.

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Sexual aspects of medicine

Sir,—As a very experienced ward sister who
has worked in the direct care of surgical and
medical patients throughout my life, I should
like to support that your recent series of
articles on "Sexual aspects of medicine"
should be reprinted and made available to all
health service workers, whether doctors or
nurses, social workers, or other paramedical
people. It is important work to have and as
such should be included in the reading for
medical and nursing students and could be used in postgraduate
courses and seminars. A satisfactory sex life within a committed partnership is an essen-
tial part of life. When such a partnership is
strained or broken, the impact of love is more difficult to
be objectively assessed in difficult medical or physical disease patients are so often left with very little
does not necessarily mean that the patient needs help. Patients with a colostomy or ileostomy often
have major difficulties and emotional problems in adjusting to a new way of life and many patients still
find it difficult to adjust to others and that includes, primarily, the emotional aspects of the lives of patients
after gynaecological surgery. But what about so
many others who have operations which subse-
quently affect their physical and emotional capacity to re-establish a satisfactory sex life? Patients who
have had major operations on the back or limbs rarely get any sexual advice from the surgeon. It is
difficult for others, and that includes, primarily, the experienced ward sister if she is motivated to help. Patients with a colostomy or ileostomy often
have major difficulties and emotional problems in
re-establishing a happy sex life and are glad of
advice and help. Loss of lower limbs in young adults affects their sexual life and and some are very
unhappy and much more sympathy and empathy should be shown to these patients. The burned patient
is another example of one who may experience anxiety and difficulty because of disfigurement of the
body and of some deformity of the sexual organs themselves.
Cardiac patients are often given a battery of
drugs to take, some of which affect their libido.
They may have accompanying depression due to
loss of job through ill health or family responsibil-
ities with which they find themselves unable to cope. Psychotropic drugs may be prescribed for this
and some of these also affect the patient's libido, apart from the depressed state. A mixture of
such drugs can cause impotence in a man, and his
wishes over this may be greater than those caused by his heart disease and are often shared by his
wife. Postoperative cardiac patients also need
help. Some seek advice as to whether their "new
hearts" will take the strain. One patient was told by his general practitioner that at age (44) the
time had probably come to "call a day."
To my mind there was no medical need for this as the patient had been an operation and afterwards asked me if "sex was still forbidden."
I advised him to have gentle sex with nothing too rough at first and to resume his normal sexual life gradu-
ally according to the needs of himself and his wife. Two years later he told me that since he had
spoken to me he and his wife had never known such a
wonderful sex life.

There are few fields of medicine and
surgery which do not affect, physically,
emotionally, or both, the patient's ability to
establish or re-establish the happy sexual
life which is the essential and primal joy of true
manhood and womanhood. I therefore feel
it my duty all those concerned for their
patients' welfare to give "total patient care" and
include in it this aspect of their life by sympathy, empathy, special care and under-
standing, advice, counselling, or referral for
special help. There are many patients who
do not receive this care to the extent that
they should.

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* * * This series of articles is to be reprinted in
book form.—Ed. BMJ.

Adverse reactions to prazosin

Sir,—We were interested to read the
experiences of Drs J Rees and H J H
department with prazosin-induced hypotension
(6 September, p 593). Since we published
our first observations we have treated 30
hospital inpatients with this drug. Three
have become hypotensive within an hour of
starting the drug. One patient became
unconscious for 1½ hours and developed
mild fever lasting 12 hours. In all three
symptoms of hypotension and malaise per-
sisted for about eight hours.

We originally suggested that the
manufacturer’s advice should indicate a low-
dose tablet which might produce a less drastic
effect in patients at risk of hypotension and
unconsciousness. Two of our three patients
who collapsed after 2 mg of prazosin were
taken 0·5 mg of the drug, having taken no
prazosin for one or two weeks. In neither
was any adverse reaction observed. The
0·5-mg tablets were donated by Pfizer Ltd.

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Genetics of duodenal ulcer

Sir,—The evidence for a genetic pre-
disposition to duodenal ulcer is not "modest"
as stated in your leading article (6 Septem-
ber, p 557) nor merely based on the original
family studies.1 The Danish twin data sug-
gest that genetic and environmental factors are about equal in importance in this

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3 Jensen, K G, Peptic Ulcer—Genetic and Epidemiological Aspects Based on Twin Studies.
   Copenhagen, Munksgaard, 1972.

Genetics of duodenal ulcer

Sir,—I was a little surprised that your leading
article on this subject (6 September, p 557) omitted to mention the known differ-
ences in the chemical structure of gastric and duodenal mucus between the ABO(H) blood group.
ABO(H) group secretors there is an additional
fucose sugar at the end of the side-chains which
is not found in non-secretors. In A, B, and AB secretors there is a further addition
at the end of the side-chains, which is N-acetylgalactosamine in group A
secretors and galactose in group B secretors.1

The lower incidence of duodenal ulcer in the
secretors of blood group substances is possi-
ibly explained by the external fucose sugars which may improve the capacity of the
mucous to protect the mucosa against damage
by gastric acid and pepsin. Likewise, the
lower incidence of duodenal ulcer in A, B,
and AB secretors than in group O subjects may
be related to the additional N-acetylgalactosamine or galactose in the gastric and duodenal
mucosa of A, B, and AB secretors.2

This cannot be the whole story, because
non-secretors are found in almost every
blood group and yet