

NEWSLETTER

Welcome to ESIR 99 Barcelona



Dear Participants of ESIR 99,

We are delighted to be able to welcome you to this third meeting of the European Society for Impotence Research.

The Organising and Scientific Committees have prepared an excellent scientific and social programme which has been put together in the beautiful city of Barcelona and which we believe will make your participation very worthwhile.

These are some of the highlights of this 3rd Meeting of the ESIR:

Teaching courses on the opening day of the congress which are free for all the registered participants will be given by speakers from the ESIR, all of whom are renowned experts in their field. This course will cover such areas as mechanism of erection, general management, erectile dysfunction in primary care, Peyronie's disease and future aspects of E.D.

This will be followed by a welcome reception at the beautiful Palau Pedralbes, a short walk away from the congress venue where you will be able to sample local cuisine and wine.

The main sessions will begin on Monday 31st January and end on Wednesday 2nd February at lunch time. These will include Podium sessions, Poster discussion sessions, State of the art lectures by invited speakers, Daily highlight sessions, Symposia. There will also be a Press conference to launch the European Sexual Dysfunction Alliance (ESDA), a Round table session on female sexual dysfunction (a fast developing field) and Special lectures. The pharmaceutical industry will be present in the Exhibitors area and will host two major symposia. A large number of display posters will also be at your disposal throughout the Meeting.

All in all we are sure you will agree that it is a very well- rounded schedule which should awaken everyone's interest in the field of E.D. We are confident that ESIR 99 will be an excellent scientific event in a lively and fun atmosphere.



In this issue:

- *Welcome to ESIR 99 in Barcelona, don't miss the highlights of this meeting*
 - *Summary of the activities of the ESIR Secretariat over the last two years*
 - *Edoardo Pescatori's regular section on future scientific events*
 - *Interview with an outstanding authority in the field of basic research, Prof. Karl-Erik Andersson*
 - *A novel proposal from Prof. Mirone in Italy: setting up a school for post-graduate training in andrology*
- Turkey past and present:**
- *The present: current treatment strategies in Turkey*
 - *The past: an article on the history of andrology in Asia Minor (Today's Turkey)*

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www.esir.com

SUMMARY OF ESIR ACTIVITIES

1997 - 1999

- The Secretariat was set up following the ESIR 97 Congress in October in Madrid where Dr. Iñigo Sáenz de Tejada was elected president for two years. This task, including the upkeep of the membership roster, had been carried out earlier by the Secretary General, Dimitrios Hatzichristou in Greece.

- The first task of the Secretariat was to put together a main database of professionals related to the field of erectile dysfunction including the ISIR and ESIR members as well as all the attendees of the ESIR 97 meeting and key people from industry. This was an indispensable preliminary step towards the ambitious project of publishing and distributing an ESIR Newsletter. The result was a comprehensive list of about 1250 professionals related to the field of erectile dysfunction distributed throughout the world, from such distant places as Europe, North and South America and the Far East. This number has grown gradually, with more and more people asking to be added to the database. These requests are processed immediately and free of charge whether the person is a member of the ESIR or not. At present our objective is to extend the distribution of our publication without the hindrance of financial conditions.

- Finally the Newsletter project got off the ground, with experts in the field making up the Editorial Board and being ultimately responsible for providing regular contributions for their sections from Europe and around the world.

- The launch of this venture coincided with the creation of the ESIR Web site making our activities known to the widest possible audience. This comprehensive Web page included a section where each new issue of the ESIR Newsletter was made available for consultation and download for those who did not receive their own copy.

- The first issue of the ESIR Newsletter came out in February 1998 closely followed by a second, which was distributed at the EAU in Barcelona in March 1998

- Eight more issues have been published and distributed since then and we have progressively updated the format, making it more colourful but retaining the scientifically sound and informative content. Needless to say

we are truly indebted to the pharmaceutical industry for their on-going support without which this venture would never have got off the ground.

- Elections were held in the month of March 1998 to choose the new Advisory Board for the two-year presidential term, it is currently made up of the following people:

Italy	Vincenzo Mirone
The Netherlands	Eric Meuleman
France	François Giuliano
Turkey	Halim Hattat
Spain	Antonio Allona Almagro
Portugal	Alexander Moreira
Germany	Hartmut Porst
Norway	Hans Hedlund
United Kingdom	David Ralph
Greece	Konstantinos Hatzimouratidis
Austria	Hans Christoph Klingler
Belgium	Benny Verheyden

- The next major project was to prepare drafts for two guidelines for E.D. one targeting patients and the other the non-specialised healthcare professional. The original drafts of these booklets were put together by Drs. Pryor and Vardi to which the valuable comments of the ESIR Advisory Board were added to produce the final version. The booklets were presented at the ISIR World Meeting on Impotence Research in Amsterdam in August 1998 and have been a great success. Requests for re-prints have been received from various countries, including Brazil and New Zealand. The Secretariat has endeavoured to provide these whenever requested either by individuals or organisations.

- The European Sexual Dysfunction Alliance (ESDA) formerly EANOSD, is currently under development and should open the doors to a new era in patient awareness services and, as well as adding a further dimension to our activity. The aim is to provide confidential and detailed information about impotence to sufferers and the general public via a telephone help-line service followed up by written literature available free of charge. These written materials provide easy to understand information on such subjects as Peyronie's Disease, Impotence of a Psychogenic nature and Premature Ejaculation

SUMMARY OF ESIR ACTIVITIES

1997 - 1999

and include the complete ESIR patient's Guide to Impotence.

- In 1999 the ESIR hosted its own scientific session at the EAU Meeting in Stockholm with the participation of world-renowned experts in the field. The Programme and speakers were as follows:

Nitric Oxide in penile erection

Central Nitric Oxide pathways in the regulation of penile erection
F. Giuliano, France

- Regulation of penile smooth muscle contractility by Nitric Oxide
R. Pickard, UK
- Evidence for disruption of the NO/cGMP pathway in systemic diseases associated with high prevalence of erectile dysfunction
U. Simonsen, Denmark
- Role for NO precursors and NO donors in the treatment of erectile dysfunction
G. Letts, USA

Phosphodiesterases as pharmacological targets for the treatment of erectile dysfunction

- Classification and molecular biology of PDEs
K. Ferguson, USA
- Regulation of PDE activity
A. Naylor, UK
- Pharmacology and physiology of PDEs in human penile tissue
I. Sáenz de Tejada, Spain
- Clinical experience with PDE5 inhibitors in the treatment of erectile dysfunction
C. Gingell, UK
- Precautions on the use of PDE5 inhibitors on patients with cardiovascular risk factors and/or ischemic heart disease
E. Pescatori, Italy

Use of Alpha Adrenergic blockers in the treatment of erectile dysfunction

- Classification, function and regulation of alpha adrenergic receptors in human penile tissue
K-E. Andersson, Sweden
- Clinical experience with the use of alpha blockers in the treatment of erectile dysfunction
R. Rosen, USA

• Throughout these last two years articles have been supplied to various publications on either the activities of the Society or impotence in general. Examples of this include two issues of the ISIR news bulletin, the EAU Congress newsletter and the Hospital Healthcare Europe 98/99 and 99/2000 editions with articles on impotence written by the president of the ESIR and distributed to Hospitals throughout the European Union.

• Last but not least we have attempted to put order in the ESIR membership roster. A membership certificate has been designed and will be made available to all members. The current number of members is over 250 with mostly active members.

And to round off, preparations for the ESIR 2001 Meeting which will be sited in Rome are already underway with the Chairmanship of Dr. Francesco Montorsi heading a Local Organising Committee. Once again this should prove to be a great scientific event in the sexual dysfunction calendar of the 21st century, we urge you not to miss it!



Meetings Calendar and Reports



Edoardo Pescatori

February, 9-13, 2000 Geneva, **SWITZERLAND**
**THE 2nd WORLD CONGRESS ON THE AGING
MALE**

Contact: Kuoni Congress, PO Box 1731
7 Rue de Berne, CH-1211, Geneva 1,
SWITZERLAND
Tel. +41 22 9081855
Fax +41 229081835
Email CONGRESS.GENEVA@KUONI.CH
<http://www.kenes.com/aging/>
Deadline for abstract submission: November 1st,
1999

March 29-31, 2000, Cairo **EGYPT**
**1st MEDITERRANEAN CONGRESS OF SEXUAL
DYSFUNCTION**

Contact: Congress Service Center (C.S.C.), 14
Syria St., Mohandeseen, Guiza - EGYPT
Tel. 202 3371482
Fax 202 3368304
Email cscasf@pacc.com.eg
Deadline for abstract submission: December 31st,
1999

March 30 - April 1, 2000 Palma de Mallorca, **SPAIN**
**8th INTERNATIONAL SYMPOSIUM ON
ANDROLOGY**

**1st INTERNATIONAL MEETING ON FEMALE
SEXUAL DYSFUNCTION**
Contact: Centro de Urología, Andrología y
Sexología
c/o Santiago Rusiñol, 9; Planta, 07012
Palma de Mallorca, Baleares, SPAIN
Tel. +34 971 714733
fax +34 971 726519
Email cuasba@atlas-iap.es
web site <http://www.atlas-iap.es/cuasba>

April 9-11, 2000 Cambridge, Massachusetts, **U.S.A.**
**25TH ANNUAL MEETING OF THE AMERICAN
SOCIETY OF ANDROLOGY**

Organizing Secretariat: ASA Executive Offices, 74
New Montgomery, Suite 230
San Francisco, CA 94105, USA
Tel: 415-764-4823 Fax: 415-764-4915
E-mail: 105037.1120@compuserve.com

April, 12-15, 2000 Brussels, **BELGIUM**
**XVth CONGRESS OF THE EUROPEAN
ASSOCIATION OF UROLOGY (EAU)**

EAU Congress Office - EAU 2000: PO Box 30016,
6803 AA Arnhem, The Netherlands
Tel. +31 26 3890680
fax +31 26 3890686
Email p.debont@uroweb.nl
n.vandervoort@uroweb.nl
NOTE Pre-congress meetings
Wednesday, April 12:
European Society for Male Genital Surgery
(ESMGS)
European Society for Impotence Research (ESIR)

April 29 - May 4, 2000 - Atlanta, GA, **U.S.A.**
**95TH ANNUAL MEETING OF THE AMERICAN
UROLOGICAL ASSOCIATION (AUA)**

During May 1 and 2 there will be most of E.D. rela-
ted presentations.
Registration/informations at: Web: www.auanet.org
Email: convention@auanet.org
lindeman@auanet.org
Fax: (410) 7529612
During the Meeting: Sunday, April 30, 2000 h.13.00-
18.00 SOCIETY FOR THE STUDY OF
IMPOTENCE MEETING

May 24-27, 2000 Chiba, **JAPAN**
**3RD ASIAN AND OCEANIC CONGRESS OF
ANDROLOGY**

Scientific secretariat: Haruo Ito, M.D., Ph.D,
Dept. of Urology, Chiba
Tel: 0081-43-2262134; Fax: 0081-43-2262136
E-Mail: itoh@med.m.chiba-u.ac.jp

November 5-9, 2000 New Delhi, **INDIA**
25TH SIU CONGRESS

Conference Secretariat: Events International
Meeting Planners Inc.
759 Victoria Sq., Suite 300, Montréal, Québec,
CANADA H2Y 2J7
Tel (514) 2860855
Fax (514) 2866066
E-mail info@eventsintl.com

November 26-30 2000 Perth, **AUSTRALIA**
**9th WORLD MEETING ON IMPOTENCE
RESEARCH, incorporating the
12th SYMPOSIUM ON CORPUS CAVERNOSUM
REVASCULARIZATION**

Conference Secretariat:
Promaco Conventions Pty Ltd,
PO Box 890, Canning Bridge
WESTERN AUSTRALIA 6153
Email: promaco@promaco.com.au

March 28-30 2001 Alicante, **SPAIN**
X CONGRESO NACIONAL DE ANDROLOGIA

Congress Secretariat: Mediterranea de Congresos
Avda. de Denia s/n
Tel (34) 965261799
Fax (34) 965156074
Email: medicongres@farmanet.com

Edoardo S. Pescatori
(E-mail: urolopoli@unimo.it)

INTERVIEW

with professor Karl-Erik Andersson

Hans Hedlund



It is a privilege for me to introduce my very close friend and former tutor professor Karl-Erik Andersson from the University Hospital of Lund, Sweden, as my interview target for this issue. I feel it is a privilege to have the opportunity to provide the readers of our exciting

paper with some views from professor Andersson about the research that is going on within the field of male and female sexual dysfunction (MSD/FSD). I also hope that professor Andersson will share with us some novel ideas about the pharmacological approach and other non-surgical therapy alternatives, which may arise in the near future as first line instruments in the treatment of erectile dysfunction (ED).

Karl-Erik, thank you for agreeing to this interview. Throughout the last 20 years, you have been the outstanding authority within the field of basic research focused on the mechanisms controlling bladder function and penile erection. You have been a professor and chairman for almost 25 years getting your chair at the department of Clinical Pharmacology in Lund in 1978 and some years before that you had been appointed professor in Aarhus in Denmark.

I know, that from the very beginning your clinical interest was more concerned with the mechanisms of the cardiovascular system. What factors influenced you to change your field of research activity "down to" the urogenital region?

I think it was a coincidence. Many of my old friends had become urologists and wanted to do research within the field of urogenital physiology and pharmacology. I became fascinated by the possibilities of working in a region where very little basic research had been carried out at that time.

I know that in the last 20 years you have been responsible for more than 50 theses and many hundreds of articles. Your laboratory collaborates not only with us urologists but also with colleagues from other clinical disciplines such as gynaecology, internal medicine, neurosurgery etc.

Do you think that an interaction between preclinical and clinical research is of benefit for the future development of therapies in this area?

Yes, I think that today more than ever, it is necessary for preclinical and clinical researchers to collaborate. It is also most fruitful to collaborate with researchers outside your own field of interest. Not only can you introduce new ideas and new methods into your own research, but you can also put the results you obtain into a wider perspective.

I think one thing is especially unique in your research. In most of your projects throughout the years, testing your hypothesis on isolated human tissue by specific in vitro techniques has been a constant major priority. Following the results of the experiments in the organ baths, you have introduced your theories into experimental animal models before continuing with clinical studies.

Do you really believe that we can translate the subtle mechanisms of penile erection in the rat for example to man? Will our understanding of penile erection in man be "confused" by the fact that different laboratories are using different animal models rat, mice, rabbit, monkey, dog?

Our approach has proved to be useful and resulted in information that has had a practical application in many instances. That is why we still use it. I think that animal models can be useful for our understanding of penile erection in humans, depending on what kind of information we are looking for. In the rat for example, both the erectile tissues and the main neural pathways controlling them have many similarities with those in humans. If we want information on the effect of drugs on these structures, the rat model can be very relevant. When it comes to sexual behaviour in general, the situation is quite different.

This special issue of the ESIR Newsletter is being published in close connection to the 3rd meeting of ESIR which is taking place in Barcelona. At the first ESIR congress in Greece, which was hosted by Dimitrios Hatzichristou in 1995, alprostadil for self-injection programmes was at the top of the treatment list. In the second ESIR congress in Madrid in 1997 chaired by our president Iñigo Sáenz de Tejada, the "hot" message concerned the importance of nitric oxide as the main local modulator in the complicated process of penile erection. Now, we have "the pill". Very recently, the phosphodiesterase inhibitor, sildenafil, has dramatically overturned attitudes and ethics in relation to ED. Today making Viagra the first choice of treatment of ED.

Dimitrios Hatzichristou, Hans Hedlund

InterViews

INTERVIEW

In your opinion is chronic treatment with Viagra free of risks?

I think that no effective drug is without risk, Viagra being no exception. On the other hand you always have to balance risks against benefits. Generally, Viagra seems to be a very safe drug, even in cardiac patients if and when the contraindications are respected. On the other hand, we have no information on possible risks of long-term use of the drug, and rare, unexpected reactions can never be ruled out, and may be detected only when the drug has been on the market for several years.

Are you suggesting that we clinicians should take special considerations into mind when prescribing Viagra to any male with an ED complaint?

Viagra or any other drug used for treatment of ED should be prescribed only after a reasonable investigation of the patient. Patients with known cardiovascular diseases should be given particular attention, and the known interactions with nitrates should be considered.

In Norway, where I have been living for the last five years, women are demanding that their partners apply for Viagra in case of a "bad night". I think that all over the world, men are taking Viagra, occasionally or routinely, in case something goes wrong. What is your spontaneous reaction to such attitudes? Viagra is not the atomic bomb, but?

In my opinion, Viagra and any other drug for ED treatment should be used only when there is a medical need.

Looking at the final programme of the 3rd ESIR congress, there are scheduled sessions discussing cardiovascular considerations in ED, PDE inhibitors and cardiovascular effects, central nitrenergic pathways, opioids and male sexual behaviour etc.

Do you believe that in the coming years we will see a lot of combination treatment programmes using different pharmacological tools? Would you like to offer some practical advice to clinicians in view of this situation?

I think that future treatments of ED will be based mainly on the principles we know today rather than on new, as yet undiscovered ones. Thus treatment will probably include several drug combinations. In many areas where drug treatment has been really successful, combination therapy has given the best results, for example treatment of asthma and

hypertension. Combination therapy may also give the opportunity to individualise treatment, which may lead to improved therapy for the individual patient. On the other hand, combinations introduce complexities in the treatment and each combination should be properly investigated before it is introduced.

Recently, Irwin Goldstein in Boston organised the very first meeting on female sexual dysfunction. Preliminary results from experimental studies indicate that the local circulation and innervation in women is almost comparable to the condition in the male.

Do you think that further research in the female will lead to the same dramatic change in treatment of sexual dysfunction?

I do believe that further research in female sexual dysfunction will result in new pharmacological possibilities to help patients. On the other hand, I do not think that the drugs that have been so successful in the treatment of male ED will solve more than a fraction of the problems involved in female sexual function. Here we need a different approach.

Last June in Paris, the first consultation on ED took place. I know that you chaired the committee of "Current research and perspectives for investigation". Will we soon have the opportunity to offer our patients treatment models as a result of new discoveries within the area of molecular biology?

Are the smooth muscle of the bladder and the cavernous tissue of the penis suitable targets for gene therapy?

To answer both your questions. I do not think that any of the discoveries within molecular biology will lead to any treatment modalities that can be applied to patients immediately. The experimental results with gene therapy of erectile dysfunction have been most exciting, but I think it will take some time before this approach can be developed into a useful treatment for ED.

I and the readers of the Newsletter would like to thank you for finding the time to do this interview. I am sure you agree that this 3rd meeting of ESIR is taking place at an exciting moment. For the very first time, we have injection therapy, MUSE and different kinds of oral alternatives to offer the ED patient.

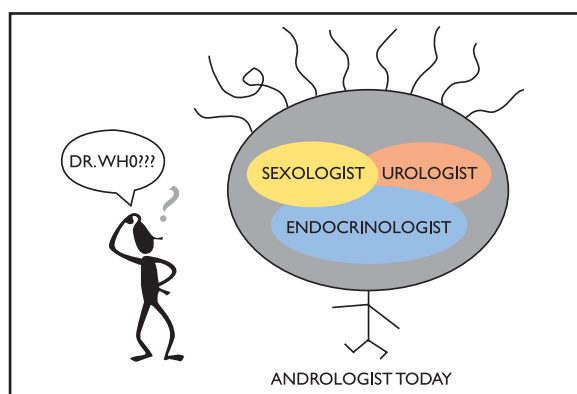
PROPOSAL FOR A NEW POSTGRADUATE SCHOOL OF ANDROLOGY

Prof. Vincenzo Mirone

President of the Italian Society of Andrology



To date no correct definition of the professional role of an andrologist has been universally accepted. In many European countries the training required to become a qualified andrologist takes place in the context of different medical and/or surgical branches, and the knowledge and skills required by an Andrologist are not precisely defined. We all know that modern andrology originated through an 'interracial marriage' between urologists and endocrinologists, in a church that is halfway between medicine and surgery, and not forgetting a more or less close relationship with sexology. Unfortunately, rather than merge with each other, these disciplines still coexist in the mind of those who have to deal with andrological pathologies to such an extent that, when evaluating a patient, an andrologist must think with three different



minds: a urologist, endocrinologist and sexologist's. Andrologists today are a rare example of professional schizophrenia!

As president of the Italian Society of Andrology (SIA) I have noted a paradox in my country: in Italy, Andrology is officially a medical discipline (a branch of Endocrinology) but 75% of SIA members are urologists while only 25% are endocrinologists. Furthermore, the title of Specialist in Andrology that can be obtained in Italy (as well as in some other European countries) is not officially recognized by the EU. In my opinion, it is high time to advocate a scientific and professional autonomy for the andrologist, and to train a 'true' specialist in Andrology who is able to approach the pathology of the male genital apparatus in all its

aspects, through an holistic vision of the patient, who should be cared for by a single specialist whichever aetiopathology his disorder presents. Indeed, the emancipation of andrology is first and foremost advantageous for the patients with andrological diseases, who could be referred to a single specialist without being shunted around several 'experts' involved in

Andrological Sciences MAIN AREAS

- 1) Erectile dysfunction
- 2) Male Infertility
- 3) Ejaculation disorders
- 4) Congenital malformations and paediatric andrology
- 5) Andrological infections and sexually transmitted diseases
- 6) Andrological oncology
- 7) Non neoplastic pathology of male genitalia
- 8) Gender disorders
- 9) Andrology in the elderly
- 10) Aesthetic surgery of male genitalia

single aspects which are different to his particular pathology. Advantages for young graduates interested in Andrology would soon become evident: one school teaching everything needed to deal with andrological diseases, and where the EU officially recognised title of andrologist would be conferred.

In our view the embryonic concept for this school should rest on a triple educational area: cognitive (to know), practical (to do) and relational (to be), which could be developed into a five-year course. The binding principle of training should be to integrate, in a 'problem oriented' approach, all the aspects of the basic and advanced sciences that constitute modern andrology, in every module of the programme. We have currently defined 10 Main Areas of the programme, each representing an 'andrological problem' e.g. Erectile Dysfunction, Male Infertility, Andrological Tumours etc.

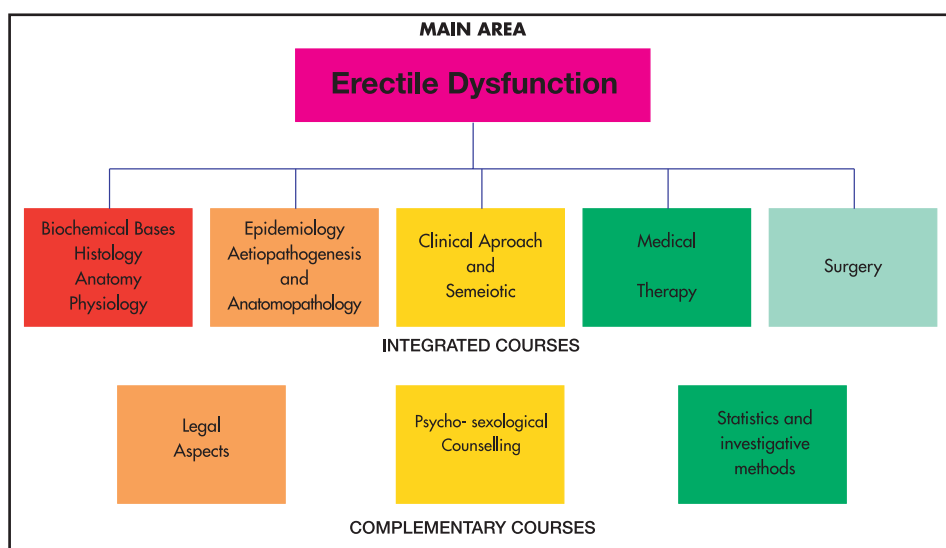
Each area should be developed in the cognitive, manual and relational aspect, under the guidance of a team of teachers (Resident Training Teachers Team). The team should be directed and co-ordinated by endocrinologists and urologists, with the partnership of anatomists, physiologists, radiologists etc.

PROPOSAL FOR A NEW POSTGRADUATE SCHOOL OF ANDROLOGY

depending on what that specific Main Area requires. The team should produce some intensive integrated courses (6 months maximum) and some complementary courses. Below we have highlighted an example (Main Area Erectile Dysfunction).

MAIN AREA: E.D. Resident Training Teachers Team (RTTT) COORDINATORS ENDOCRINOLOGIST - UROLOGIST	
INTEGRATED COURSES	PARTNERSHIPS
Biochemical - Bases - Histology Anatomy -Physiology	Chemicobiologist + Histologist Anatomist + Physiologist
Epidemiology - Aetiopathogenesis And Anatomopathology	Epidemiologist - Physiopathologist Anatomopathologist
Clinical aproach and semeiotic	Radiologist - Angiologist Neurophysiologist
Medical Therapy	Diabetologist- Neurologist - Geriatrician
Surgery	Plastic and Vascular Surgeons
Statistics and investigative methods	Epidemiologist
Legal aspects	Medical legal Consultant
Psycho- sexological counsellig	Sexologist

The idea to work towards this goal has been favourably accepted by representatives of several European National Associations of Andrology, in an initial meeting held in Milan last November, and everyone showed enthusiasm for this programme. This 'pioneer' workgroup is currently trying to prepare a well defined project by the end of the next spring. However most of the work must still be done, and any support will be more than welcome. We hope all European andrologists approve this effort, and will join us in the formation of a new specialist in the field of andrology.

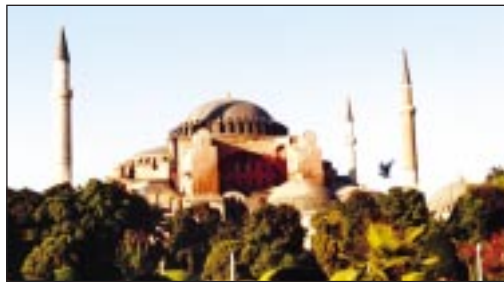


Prof. Vincenzo Mirone
President of the Italian Society of Andrology

CURRENT TREATMENT STRATEGIES FOR E.D. IN TURKEY

Emre Akkus M.D.

Associate Professor in Urology



Despite the recent investigations and studies on Erectile Dysfunction(ED) the treatment modalities in the practical work-up have not yet changed much. The approach or treatment modalities and priorities vary according to the social and cultural structure of the community. Not only the treatment of ED but also admittance to the physicians vary according to countries and geographical regions. In the past it was very difficult for Turkish men to admit to a doctor that he had ED problems. However the passing of time together with the informative influence of the media news on ED has changed people's attitude. Nowadays partners or wives of the patients admit this problem to their physicians much more easily than the past.

In Turkey when the treatment alternatives are mentioned and discussed with the patient and their partners, (on the basis of patient's goal or expectations directed approach), the first choice is almost always Sildenafil. However due to the serious obstacles imposed by the Turkish Ministry of Health Sildenafil cannot be prescribed by the physicians. This caused many patients to look for an alternative route for securing Sildenafil, which was either on the black-market or in other European countries. Very recently the Ministry of Health modified its decision and nowadays Sildenafil may be prescribed by urologists, cardiologists, psychiatrists and endocrinologists which has made life easier for all the parties concerned. Nowadays first line therapy in Turkey is Sildenafil and is widely accepted by most of the patients. However many of the patients seek and ask for a diagnostic work-up before using Sildenafil. Some patients have serious concerns about using it and they request a prior cardiology consultation.

Self-injection therapy is still also widely being used in Turkey. The problem here is that PGE1 and Phentolamine are not on the market and as a consequence many people still use

Papaverine. Those who are able to find these drugs have to pay a lot for them. Therefore physicians who are dealing with ED suggest bi-mix or tri- mix injections which have a lower cost. Phentolamine is not very expensive and those people who are not rich may use a Phentolamine-Papaverine combination. Those who do not have financial problems either buy PGE1 from European countries and use it or ask their doctors to prepare tri-mix solutions for them. In the era of Sildenafil almost half of the self-injection patients have switched to Sildenafil which in this light is easily understandable.

Vacuum devices have not gained popularity in Turkey. Many patients who had bought these devices returned them. Somehow Turkish men do not accept the use of Vacuum Devices. MUSE is not on the market, but those who have bought it from other countries and tried it have not continued to use it. As time goes by many urologists have started to collaborate with psychologists and psychiatrists in the treatment of Psychogenic cases. Therefore psychotherapy is also being used by the physicians. This seems to be a particularly useful solution or improvement in marital problems and process of behavioural therapy helps many partners a great deal so that they may not need any further therapy. Sildenafil is also used in the cases of those who might experience performance anxiety.

Penile prostheses remain the radical treatment modality for ED although people in Turkey still see this as a positive treatment. The government reimburses the cost of the penile prosthesis and this makes it affordable for many people. Because they are cheaper and do not have any mechanical complications, malleable prostheses are preferred by many urologists. Three piece inflatable prostheses are also widely being implanted in many centres.

To sum up, Sildenafil is the first option of ED therapy in Turkey with self-injection continuing to be a reasonable alternative therapy. Those patients who look for radical solutions particularly in severe ED cases (mostly diabetic) are very good candidates for penile prosthesis surgery and Turkish men and their partners have a very positive attitude to this kind of treatment modality.

THE HISTORY OF ANDROLOGY IN ASIA MINOR (TODAY'S TURKEY)



(picture 1).

The aim of this article is to summarise the history of andrology in Turkey (Asia Minor). Since writing was not used in Asia Minor until 2000 BC, we find the first andrological evidence on stones and statues. The penis was characterised as a head of a bull on the male statue, examples of which were extracted from the diggings of Catalhoyuk belonging to the Early Neolithic Period in 7000-6500 BC (picture 1). However, the main creature being worshipped at the time was the female goddess which symbolised abundance and productivity for the human being. The power of the goddess was equalled to that of the leopard.

As a society that depended on agriculture, the Hittite Empire, which reigned in the 2nd millennium BC in Asia Minor, generally used drugs and pomades for the treatment of diseases. The prescriptions on the cuneiform tablets extracted from the Bogazkoy archaeological sites described the name of the disease, symptoms, the sick part of the body and the treatment for the disease. Another treatment which was used commonly by the Hittites was to transfer the disease magically from the patient to another person or a goat called a scapegoat and to send them to another country. Urethral discharge was treated with a piece of cloth called "tappi" which was moistened with pomades and used as bandaging around the penis. Besides, Hittites practised some detailed rituals against infertility and impotence. The most important rituals were "The Hittite Ritual



(picture 2).

of Tunnavi" told by the old woman named Tunnavi and "The Ritual Against Impotence" told by the Pissuwatti, the woman from Arzava (picture 2).

Phallus, which mainly originated from Asia Minor was used as the symbol of abundance, productivity and fertility during the Aegean civilisations. Phallus was left in the graves as a present in the time of the Phrygian civilisation in 750 BC in Asia Minor. It was also erected on the tumulaises which belonged to Lydia 7 and 6th century BC. The most pompous statue of phallus was found on the tumulaise of Alyettes who was the father of King Creusus of Lydia. Thus, phallus symbolised the belief that the human being would be born again with a new life cycle. During Hellenistic and Roman times in Asia Minor it was believed that phallus was accepted as a protector against the evil eye. For this reason too, phallus was used as a tombstone for males (picture 3).

Priapos, which gives its name to the persistence of an erection, also originated in Lampsakos in Asia Minor. Then it spread to Roman and Hellenistic

civilisations. Priapos was the product of the act of love between the God of wine, Dionysos, and the Goddess of beauty, Aphrodite, in the abundant vineyards of Asia Minor. As Priapos was cursed by Hera during Aprodite's pregnancy, he was very ugly when he was born. Although Priapos was driven away to Lampsakos by Aphrodite because of his ugliness, he was very much loved by the people of Lampsakos. They treated him as their god and held festivals in his honour. Priapos, who symbolised abundance, was accepted as the defender of the vineyards and the gardens. Nowadays, there are a lot of statues of Priapos in Turkish museums.



(picture 3).

In the time of the Ottoman Empire, which reigned for 600 years in Asia Minor, andrology was extensively practised. The most important clinician who practised andrology was Serafeddin Sabuncuoğlu who lived between 1385 and 1468. He worked in the Amasya Hospital as a clinician and lecturer for 14 years. Sabuncuoğlu wrote a book called Cerrahiyyet'ul Haniye (Sultan's Surgery) as a result of his experiences during his medical practice. In his book he described the surgical treatment of gynecomasty, imperforated urinary meatus, meatal stenosis, hypospadias, hydrocele, varicocele and hermaphroditismus. He also drew the tools he used for his operations and illustrated the pictures of the patients with different positions during the operations (picture 4).

Bagbane (Encyclopaedia of Sexology) was the name of the book written about sexuality at the time of the Ottoman Empire. Sex and eroticism were evaluated in detail in such books. The sexual side of marriage, sexual disorders and their treatments, the methods of contraception and sexual positions were written about and illustrated. There were also some prescriptions for the treatment of impotence such as tonic and stimulant drugs, aphrodisiacs, different foods and formulas. The most popular Turkish Bahname was Bahname-i Padisahi (Sultan's Sex Book) which was written by Nasiruddin-i Tusi.



(picture 4).

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A Humorous contribution from a reader

The rescue squad was called to the home of an elderly couple for an apparent heart attack the gentleman had. When the squad got there it was too late and the man had died. While consoling the wife one of the rescuers noticed that the bed was a mess. He asked the lady what symptoms the man had suffered and if anything had precipitated the heart attack.

The lady replied, "Well, we were in the bed making love and he started moaning, groaning, thrashing about the bed, panting, and sweating. I thought he was coming, but I guess he was going."

HUMOUR

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