

tolerable upper level (TUL) intakes, which have been developed as part of the DRI initiative (a collaborative project involving Health Canada and the Food and Nutrition Board of the US Institute of Medicine).³⁻⁵ The TUL is "the highest level of daily nutrient intake that is likely to pose no risk of adverse health effects to almost all individuals in the general population."⁶ The TUL values can serve as guides for health care professionals in educating patients about the possible health risks of excessive consumption of specific nutrients.

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Unforeseen complication of brachytherapy

Our practice includes treatment of prostate cancer with brachytherapy, which involves the implantation of radioactive iodine seeds. The side effects of this therapy are well documented.^{1,2} However, one of our patients recently experienced a consequence of this treatment that, to our knowledge, has not previously been reported.

The patient underwent implantation for early-stage prostate cancer in October 2003 without complication. He was well when seen for initial review 1 month later. His business requires frequent visits to the United States. Late last year, he was passing through customs and immigration at a major international airport when he was approached by a guard carrying a small device that looked like a pager. He was taken to a separate room where he was asked to stand against the wall and refrain from speaking while workers examined his luggage. Eventually, he was asked why he kept setting off the radiation detector, whereupon he explained his situation. The agents had not heard of such a procedure and called for their superior. Fortunately, the superior's brother-in-law had recently undergone an implantation procedure, and our patient was immediately released.

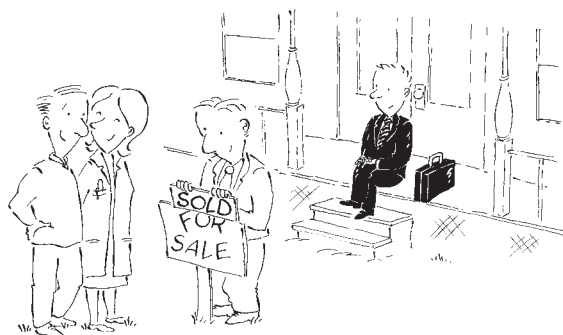
The doses of leaked radiation related to prostate brachytherapy are minute. The episode we have reported probably

occurred because of the use of increasingly sensitive radiation detection devices, especially in relation to the recent Code Orange security status invoked in the United States. Our patient found the entire episode frustrating and embarrassing and is concerned that long delays at airports will seriously affect his work. Because we have many patients who travel, we now provide a form letter, explaining the trace radiation, to those who are undergoing brachytherapy. We encourage family physicians, urologists and oncologists to consider doing the same for any of their patients who are undergoing brachytherapy.

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Drug therapy for autonomic dysreflexia

Jeff Blackmer's article on autonomic dysreflexia¹ was a useful review of an important yet poorly understood topic. Blackmer appropriately identifies non-pharmacologic measures as the first (and usually only) step needed in treatment of acute autonomic dysreflexia. He also refers to the use of pharmacologic agents, including immediate-release nifedipine. There are few published studies evaluating antihypertensive therapy for autonomic dysreflexia. Because of several reports of serious adverse reactions occurring after administration of immediate-release nifedipine, the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure has discouraged use of this drug.² We evaluated the use of captopril as an alternative to nifedipine in the treatment of hypertensive emergencies associated with autonomic dysreflexia³ and found it both safe and effective in that setting. We continue to rely on non-pharmacologic interventions as first-line therapy for treatment of autonomic dysreflexia, but consider captopril the first choice in those situations where drug therapy is required.

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[The author responds:]

As Hubert Anton and Andrea Townson note, there are few published studies evaluating antihypertensive therapy in patients with autonomic dysreflexia, and, as stated in my original article,¹ most of the current evidence tends to be anecdotal or relates to very small numbers of patients. Esmail and associates² studied just 5 patients, although they documented 19 episodes of autonomic dysreflexia requiring pharmacologic treatment. The success rate of captopril as a first-line agent is not as high as that of nifedipine.² Nifedipine, although widely used to treat dysreflexic episodes, has not been reported to cause adverse events in this setting,² although it has done so in other situations.

I agree that captopril should be considered an option in the pharmacologic management of autonomic dysreflexia, but given the available evidence it is difficult to state unequivocally that it should be the first choice in situations where drug therapy is required.

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Child's play

The analysis by Sarah Giles and Sarah Shea of head injuries in nursery rhymes, which appeared in the "Findings" section of the 2003 Holiday Review, caught the attention of not only our regular readers, but also the lay media and general public. Many people, it seems, have an interest in nursery rhymes and their subtexts, origins and hidden meanings. We publish here a small selection of the eletters that were posted with the online version of the article. The complete discussion thread can be found on eCMAJ (www.cmaj.ca/cgi/eletters/169/12/1294). — Editors

As the father of 3 daughters, I feel it is important to find and highlight for them all possible dangers. I am therefore grateful to Sarah Giles and Sarah Shea¹ for examining how head injuries are described in nursery rhymes and identifying a hitherto unrecognized but important cultural subtext of these poems. It is of course vital that children be made aware of proper emergency medical procedures should a parent sustain an injury, and I will now be teaching my preschooler the details of CPR.

In the spirit of the Giles and Shea report, I would also suggest penning physically correct nursery rhymes. My proposal for "Twinkle, twinkle little star" would be as follows:

Scintillating photons from faraway star
How we wondered what you are.
We mounted spectrosopes onto telescopes.
A plasma in hydrostatic equilibrium, you are.
Now we model them as forms of polytropes.

David Barlow

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After publication of their research on head injuries in nursery rhymes, Sarah Giles and Sarah Shea¹ might consider pursuing a monetarily significant