Correspondence

Proteins and Insulin Release

Sir,—The experiments of Dr. R. J. Jarrett and his colleagues reported recently in your journal (6 December, p. 598) show that exogenous secretin or pancreozymin enhances the increase in blood insulin in response to intravenous infusion of amino-acids in man; an effect which has already been amply demonstrated. Their observation that the concurrent administration of both hormones together with amino-acids has more than an additive effect is only evident in one of their two subjects (Fig. 2) and must await confirmation.

Changes in glucagon-like immunoactivity in the previous studies suggested that stimulation of glucagon-release by pancreozymin is associated with prolonged enhancement of insulin secretion. Changes in the blood glucose suggested that maintenance of the glycaemic stimulus to insulin secretion by the glycogenolytic action of glucagon was involved. Similar observations in the dog have led to the same conclusions. It is therefore of interest that the insulin responses to pancreozymin with or without secretin in the subjects of Jarrett and his colleagues were not apparently related to changes in the blood glucose, but it is difficult to interpret the data in the absence of information about the blood amino-acid levels.

To define "syringomyelia" as Ellerton's attempts to do on the basis of x-ray findings seems to be unsatisfactory. All the cases which he defines as "syringomyelia" seem to be "communicating syringomyelia." It is the communication which allows the cysts to become slacked out without producing any movements of venous distension—e.g., when relaxed on the x-ray table. It is the communication also which allows the pressure to build up again after the aspiration of fluid from the syrinx, thus giving rise to the phenomenon which was commented upon in your leader—that is, that aspiration of such cases is not beneficial. Not mentioned in your leading article was another publication by Ellerton and Greitz in which they deliberately demonstrated the existence of the communication in the same series of patients by isotopic studies with injection of radioactive iodine labelled albumin.

I would disagree with your last paragraph in which you state that the aetiology of syringomyelia remains obscure. The communicating variety has been demonstrated and treated in neurosurgical clinics all over the world, and though it may well be true that some cystic cavities have an obscure aetiology some of them have a mechanical and remediable cause. It is vitally important that persons having the care of such patients should refer them for neurosurgical investigation and treatment. I am, etc.,

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REFERENCES
1 Williams, B., Lancet, 1969, 2, 189.

Wigs and Waste

Sir,—We also have the same problem as Dr. Anne E. McCandless (24 January, p. 235) in obtaining from the National Health Service, temporary wigs for children.

During the last twelve months we have treated two children with either a posterior fossa meningioma and the spinal subarachnoid space. It seems probable that intracranial pulsation is thereby directed down the communication and produces a transmural pressure gradient across the wall of the cord. This would account for the gradual and progressive destruction of cord tissue in this disease.

There is therefore a well-defined triad recognizable and worthy of redefinition. This consists of: (1) clinical evidence of intramedullary cord destruction with a cavity; (2) partial blockage of the cerebrospinal fluid pathways in the intradural compartment and the spinal subarachnoid space; and (3) a communication between the fourth ventricle and the cord cavity.

I think that it is untrue to claim this syndrome as "true syringomyelia," since this would involve a very radical recategorization of books, articles, specimens, case-records and, perhaps, most important, the thoughts of men. Clearly this is responsible for a great deal of what has been called "syringomyelia" in the past. I suggest the term "communicating syringomyelia" as being clear and preserving the historical associations of the noun.

REFERENCES

Leptospirosis

Leptospirosis Reference Laboratory (P.H.L.S.) was established in 1967 at London School of Hygiene and Tropical Medicine.

London W.C.1.

REFERENCES

434 14 February 1970