There are few reports of acute cerebellar ataxia presenting in adults and it is of interest that Brumlik and Means\(^1\) describe two American cases showing "lightening eye movements, incipient shuddering tremor and cerebellar ataxia." It is tempting to postulate that encephalitis tremis, a benign epidemic form of acute cerebellar ataxia with R.I.M.E.L. limited geographically to a region of West Africa in a rain forest, might represent an abort virus encephalitis involving the brainstem. However, such an assumption awaits investigation. —I am, etc.,

HUGO COOKHAM
Royal West Sussex Hospital, Chichester, Sussex

Oxytocin Release by Infused Prostaglandin

Sit.—Dr. Arnold Gillespie and others, results on oxytocin release by infused prostaglandin (26 February, p. 543) are very interesting, but I feel that the possibility cannot be excluded not only of maternal age range. This is in fact the order of the increasing risk of having one child affected irrespective of her age or the type of chromosome anomaly.\(^1\) But Carter and Evans\(^2\) showed that most of the increased risk is due to balanced translocation of sex chromosomes.

Amounts of oxytocin found in prosta-
glandin-induced labours were similar to those found in the late first stage of spontaneous labour and seem to indicate little difference in pituitary involvement in these two situations. The observed oxytocin re-
lease in males and females could also arise indirectly from one of the many known pharmacological actions of prostaglandins—
for example, on renal and intestinal systems.

As further evidence for posterior-pituitary involvement in the action of prostaglandins they cite investigations\(^3\) showing that spon-
taneous and prostaglandin-induced contrac-
tions can be inhibited by ethanol whereas exogenous oxytocin-induced contractions are not. This assumes that spontaneous con-
tractions are the direct result of endogenous oxytocin release, which may not be so. In-
deed one might hypothesize from this evidence that it is endogenous prostaglandin release that is effecting uterine contractions in spontaneous labor. Mantell and Liggins\(^4\) have shown that ethanol can reduce exogenous oxytocin-induced contractions, and therefore the use of ethanol to define the role of prostaglandin and oxytocin in the control of uterine activity should be viewed with some caution.—I am, etc.,

KEITH HILLIER
Nuffield Department of Obstetrics and Gynaecology, Radcliffe Infirmary, Oxford

2. Personal study within the receipt of Leverhulme Travel Scholarship, 1960.

Genetic Counselling

Sit.—The table quoted by Professor C. A. Clarke (4 March, p. 606) from Redding and Hirschorn\(^5\) shows a threefold increased risk of a subsequent sib being affected by Down's syndrome throughout the maternal age range. This is in fact the order of the increasing risk of having one child affected irrespective of her age or the type of chromosome anomaly.\(^1\) But Carter and Evans\(^2\) showed that most of the increased risk is due to balanced translocation of sex chromosomes.

The observations recorded in your leading article is inconsistent with the theory that these symptoms are caused by a normal bowel whose function is disturbed by its having to cope with an altered environment. This environment changed dramatically when the refining of carbohydrates became widespread only a century ago. The addi-
tion of fibre in the form of unprocessed bran in a quantity sufficient to render the stools softer and passing without straining will relieve these symptoms in most patients. The rural African passes soft bulky stools and does not suffer from diverticulosis or from an "irritable bowel." In the country the "irritable bowel syndrome" is common, the diet is so fibre-deficient that it causes the colon to rupture itself so that diverticula appear. If the bowel is being subjected to such abnormal diet, it is fair to refer to the "irritable" bowel syndrome? Surely it would be wiser to refer to the "irritated" bowel syndrome.

The term "irritable bowel syndrome" implies that the design or construction of the intestine is intrinsically wrong and it cannot cope with the normal stresses of everyday life. Can this really be so in over half the patients who attend our clinics? It seems more likely that, owing to evolution and natural selection, their bowels are normal but their symptoms are caused by the food they eat. I am, etc.,

N. S. PAINTER
Minor House Hospital, London N.W.1.


Vasodilating Action of L-dopa

Sit.—The studies of Spils and Calne\(^1\) and Spils\(^2\) show that dopa and dopamine have a noradrenaline-liberating action at the sym-
pathetic nerve endings with depletion of stores. Both substances are also metabolic precursors of adrenaline. In order to investigate a possible peripheral vasodilating action of L-dopa we have treated a group of 10 patients affected by an athero-
sclerotic obstructive arterial disease of the soft and passed without straining will relieve these symptoms in most patients. The rural African passes soft bulky stools and does not suffer from diverticulosis or from an "irritable bowel:" in the country the "irritable bowel syndrome" is common, the diet is so fibre-deficient that it causes the colon to rupture itself so that diverticula appear. If the bowel is being subjected to such abnormal diet, it is fair to refer to the "irritable" bowel syndrome? Surely it would be wiser to refer to the "irritated" bowel syndrome.

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