Letters to the Editor

Diabetes insipidus secondary to hydrocephalus

Sir,

I note with interest the recent report by Dr Menzies *et al.* of a patient with cranial diabetes insipidus secondary to arrested hydrocephalus.¹ In his discussion he did not identify any previously reported cases of diabetes insipidus secondary to hydrocephalus. I recently reported a patient with diabetes insipidus which developed after subarachnoid haemorrhage.² In the discussion, I noted a recent report of three cases of diabetes insipidus caused by hydrocephalus which occurred after subarachnoid haemorrhage.³ In these patients, the onset of ventricular dilatation was associated with the onset of diabetes insipidus. Furthermore, ventricular drainage resulted in an improvement of the diabetes insipidus in two of the cases.

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References

1. Menzies, D.G., Shaw, J.F., Kean, M.D. & Campbell, I.W. Cranial diabetes insipidus secondary to arrested hydrocephalus. *Postgrad Med J* 1988, **64**: 300–302.
2. McMahon, A.J. Diabetes insipidus developing after subarachnoid haemorrhage from an anterior communicating artery aneurysm. *Scot Med J* 1988, **33**: 208–210.
3. Miyasaka, Y., Beppu, T., Matsumori, K., Nakayama, K., Aoki, N. & Tokiwa, K. Etiology of water and electrolyte metabolism imbalance following the rupture of cerebral aneurysms – with special reference to pre-operative condition. *No Shinkei Geka* 1984, **12**: 699–706.

Neuropsychiatric symptoms following bismuth intoxication

Sir,

As manufacturers of De-Nol® we were most interested in the contents of Dr Weller's article.¹ To our knowledge, this is the first time that anyone has recorded data from a patient who has abused the drug by taking it continually for two years.

For the sake of good order, we would like to point out that the recommended daily dose of De-Nol is 20 ml or 4 tablets (=480 mg as Bi₂O₃) daily, for a period of one or two months.

It is a pity that no bismuth blood levels were obtained as these would have added considerably to the value of the data. Bismuth levels are regularly determined during our clinical trials and in one series of 500 patients, the average level was 7 micrograms or 34 nanomols per litre of blood after 4 weeks of treatment.²

Finally, we note that even after such gross abuse of De-Nol, a complete recovery can still be achieved by stopping the taking of the drug.

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References

1. Weller, P.I.M. Neuropsychiatric symptoms following bismuth intoxication. *Postgrad Med J* 1988, **64**: 308–310.
2. Bader, J.P. The safety profile of De-Nol. *Digestion* 1987, **37** (Suppl 2): 53–59.