

## To the Editor

4th August, 1962

Dear Sir,

In their paper entitled 'Metabolic Studies in a Child with Ménière's Disease' published in your June 1962 issue, Clayton, Birch and Hughes make a reference to our work (1958) which is not altogether in harmony with our views, and we should be glad if you would permit us to restate them.

The general conclusion which we drew from the data presented in the Proceedings of the Royal Society of Medicine (1958), was that a chronic total cationic deficiency could be postulated in Ménière's disease and since the body mechanisms of homeostasis would thus be involved there would also be a part played by the adrenocortical hormones. In a companion paper (1958) we assembled data concerning amongst other matters the sodium/potassium ratio in the endolymph from which it seemed reasonable to deduce that aldosterone has a local effect within the membranous labyrinth. These postulates do not uphold the view (attributed to us) that disturbances of salt and water balance acting as they must through the homeostatic mechanisms have no bearing on the aetiology of Ménière's disease.

The results obtained by Barbara Clayton *et al.*, could also point to adrenocortical over-activity, in terms of cortisone-like secretion, in the days preceding an attack, but in view of the serum electrolyte findings of Talbott and Brown (1940) this over-activity would not necessarily include aldosterone secretion which has a separate control system. Indeed, the results presented by Talbott and Brown, indicate a reduction in aldosterone secretion during an attack. Our own more recent findings (Naftalin and Harrison, 1961 a and b) lead us to suggest that in fact, in the period immediately preceding an attack aldosterone secretion has fallen off, and ADH is active.

The complex of relations of total body content of the various cations, of their serum concentrations, and of the hormonal status influencing their transport across various membranes (renal, intestinal and endolymphatic) seems to us to be at least part of the background of Ménière's disease and since dietary intake of sodium and potassium influences the homeostatic mechanisms it seems likely that water and salt disturbances do affect the course of Ménière's disease.

Yours sincerely,

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### REFERENCES

- HARRISON, M. S. and NAFTALIN, L., (1958) *Proc. roy. Soc. Med.*, **51**, 624.  
NAFTALIN, L., and HARRISON, M. S., (1958) *J. Laryng.*, **72**, 118.  
NAFTALIN, L., and HARRISON, M. S., (1961,a) *Lancet*, ii, 106 (1961,b) *J. Theoret. Biol.*,  
**1**, 529.  
TALBOTT, J. H. and BROWN, M. R., (1940) *J. Amer. med Ass.*, **114**, 130.