Lastly, we cannot resist the opportunity to quibble semantically with the word "eloquent," a word that derives from the Latin root "to speak" and is characterized by definitions such as "marked by forceful and fluent expression," or "vividly or movingly expressive or revealing." Although the brain is undoubtedly beautiful, and many areas of it have critical function, we have rarely found the brain to be eloquent (especially under anesthesia).

Radiosurgery does not obviate microsurgery. It may be an alternative, an adjunct, or a primary treatment of AVM's previously considered untreatable by microsurgical techniques, even at centers with great skill. Continued follow-up monitoring and additional efforts are warranted to establish its logical role.

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Reference

Thecoperitoneal Shunt for Syringomyelia

To The Editor: We read with great interest the article by Vengsarkar, et al. (Vengsarkar US, Panchal VG, Tripathi PD, et al: Percutaneous thecoperitoneal shunt for syringomyelia. Report of three cases. J Neurosurg 74:827-831, May, 1991). In their report, the authors present three cases of syringomyelia treated by percutaneous placement of thecoperitoneal shunts. In each case, the syrinx was associated with Chiari I malformation. We would like to report our experience with a recent case of hydromyelia of the thoracic spinal cord of unknown etiology, which we treated with the same method.

The patient, a 58-year-old man, presented with a history of painful dysaesthesiae of the right side of the trunk and feet, together with mild spastic paraparesis of 2 years' duration. The latter was confirmed by neurological examination. There were no other abnormal neurological findings. His medical history was remarkable for an extensive lumbar decompressive laminectomy performed for canal stenosis at another institution 4 years before his current admission. Magnetic resonance (MR) study of the dorsal spine demonstrated the presence of a hydromyelic cavity of the spinal cord extending from the T-2 to T-6 myelotomes (Fig. 1 left).

Prompted by the authors' report, we decided to manage the patient using the same method. A thecoperitoneal Pudenz-Schulte shunt was inserted under general anesthesia. Following surgery, the patient reported gradual amelioration of his symptoms and at 3 months he was symptom-free. A postoperative MR study demonstrated definite reduction in the size of the hydromyelic cavity particularly at its lower end (Fig. 1 right).

This case seems to confirm the very interesting observation made by Vengsarkar and his colleagues. Is it possible that we have in hand a simple and effective method of treatment for at least some cases of syringomyelia? In this respect we will certainly follow this patient and report accordingly.

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RESPONSE: I am happy to note that the thecoperitoneal shunt was also useful in syringomyelia not associated with a Chiari malformation. I explained the efficacy of this shunt in my cases on the basis of a diffusion of hydrodynamic forces created by the Chiari malformation at the foramen magnum; however, it is difficult to give the same explanation in the case described by Vassilouthis, et al., because that patient did not have a Chiari malformation. I believe the shunt helped to reduce the size and pressure within the cyst by a suction effect via the subarachnoid pathway.

I sincerely feel that this technique should be utilized in more cases by other surgeons so that we may determine its usefulness, limitations, and exact role.

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Selective Dorsal Rhizotomy

To The Editor: We read with interest the article by Dr. Barolat (Barolat G: Dorsal selective rhizotomy through a limited exposure of the cauda equina at L-1. Technical note. J Neurosurg 75:804-807, November, 1991). The authors suggest that limited rhizot-