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VERTIGO.

THE report of the discussion on vertigo opened in the Otological Society of the United Kingdom by Sir Victor Horsley and Dr. Risien Russell cannot fail in attracting and interesting our readers. The opportunity afforded to practising otologists of hearing vertigo discussed from the non-otological point of view is too important to be allowed to pass without special comment.

Sir Victor Horsley touched upon the localisation of lesions giving rise to vertigo, and perhaps the most instructive of the newer points mentioned in his paper was the identification of the cortex of the temporal lobe as the centre for orientation. In proof of this he cited his own extensive experimental and pathological observations. This region is directly connected with the cerebellum by Türk's bundle. Apart from the various concomitant affections, such as hemianopsia, which assisted in the clinical localisation of the site of the vertigo-exciting lesion, he instanced titubation as characteristic of lesions situated higher than the nuclei of the vestibular nerve. He insisted upon the necessity of a thorough examination of the nervous system in all cases of vertigo. This might well be taken to heart by all aurists, but they on their part may equally insist upon physicians making a thorough examination of the organ of hearing before making a diagnosis of Ménière's disease. We are inclined to think that they are apt to jump somewhat hastily at this distressing diagnosis and to fall into the pitfall against which Sir Victor Horsley offered special warning—

that of mistaking neurasthenic vertigo for labyrinthine disease, Dr. Dundas Grant, referring to the guidance afforded by the tests for hearing, offered as a fairly reliable guide the information derived from the case of Galton's whistle, disease of the labyrinth being usually accompanied by markedly defective hearing for the highest pitched tones. Dr. Tilley narrated a remarkable and instructive case in which a complication of vertiginoid symptoms was attributable to simulation on the part of the patient, who had just been suffering from otorrhœa and who had previously got through an attack of meningitis.

The more serious error of overlooking organic disease of the brain is one into which the aurist is more likely to fall than the physician, and one against which he should be particularly on his guard. Dr. Risien Russell drew attention to the conditions more apt to be overlooked by the aurist, such as early tabes or disseminated sclerosis, and gave some important practical hints for guidance. He particularly dwelt on the necessity for carefully investigating the reflexes on the two sides, variations in which often gave indications as significant as those derived from actual paralysis. His discussion of the diagnosis between the aural and the epileptic variety of vertigo will be found most instructive. He considers that the presence or absence of "loss of consciousness" does not afford absolute certainty in doubtful cases. He pointed out that in severe aural vertigo there might be a condition of confusion amounting to loss of consciousness, while in mild forms of epilepsy consciousness might not be lost. Possibly the therapeutic test might afford assistance in view of the extraordinary effect of quinine on the vestibular nerve. Dr. Grant referred to the recently published experiments of Dreyfus showing that doses of quinine quite insufficient to produce deafness were capable of so deadening the sensibility of the vestibular nerve as to render the animal on the turn-table indifferent to the rotation. Dr. Russell produced some valuable data as to the diagnosis between intra-cerebellar and extra-cerebellar tumour, the subject of the former feeling himself rotating in the same direction as surrounding objects, that of the latter in the opposite direction.

Other speakers narrated cases of doubt and difficulty which illustrated Professor Urban Pritchard's plain generalisation, that in nine out of every ten cases we are able to arrive at a correct conclusion with tolerable certainty; but for the remainder the resources of the otologist, the neurologist, the physiologist, and the surgeon combined are not too much. This interesting discussion will well repay careful perusal.