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Vertigo. In concluding an article on this subject in the *British Medical Journal* of April 10, 1909, Simon says that as regards treatment, this naturally has reference to the underlying aural affection, and in giving a prognosis one has to take into consideration the possibility of the amelioration of this condition, and also the period of association of the deafness and vertigo. In non-suppurative affections of the middle ear in which the vertigo has shown itself much later than the deafness or tinnitus, it has seemed to the author that the treatment of the aural condition was more likely to lead to its improvement or disappearance. In treating the symptom itself the drug of most efficacy is quinine. Charcot instituted this treatment on the principle that it gradually destroyed the hearing, when, as it has been seen, the vertigo disappears. On the other hand, Urban Prichard reports a case of severe vertigo from a poisonous dose of quinine. It is, however, not necessary to give it in such large doses. Given a grain at a time, it seems to reduce the irritation of the vestibular nerve, probably by overcoming congestive changes.

On the ground that vertigo is due to anaemia of the labyrinth—which, however, is probably not as a rule well founded — Lermoyez suggested the use of amyl nitrite. We are all aware, of course, that in conditions of severe anaemia vertigo is common, but

whether this is an aural phenomenon or not, even when associated, as it often is, with tinnitus, is a doubtful point. At the same time it is quite probable that the actual cause of vertigo is not so much either congestion or anaemia as the alteration in the pressure of the endolymph which may be brought about by either of these states. The bromides and iodides are sometimes useful, and pilocarpine, especially in patients in whom the aural condition is dependent on congenital or tertiary acquired syphilis, has sometimes seemed of value. Repeated lumbar puncture has been used with some, though probably only with temporary, benefit. Patients should be advised to eschew alcohol, tea, coffee and tobacco, to avoid as far as possible mental excitement and loud noises, and to keep the bowels acting well. During a severe attack the recumbent posture should be enjoined, with ice to the side of the head. When all other measures fail, and when life is made practically intolerable, the advisability of destroying the labyrinth—at any rate the static portion of it—should be entertained. The author now refers to cases of non-suppurative ear diseases. This has been carried out in England by Milligan, Lake, and Yearsley; or, as Ballance suggests may yet be possible, the vestibular nerve, as distinct from the auditory nerve, may be divided before it enters the internal auditory meatus.