

THE CLINICAL SIGNIFICANCE OF VERTIGO *

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When the physician is presented with a sudden case of vertigo he at once suspects that it is aural in its nature. He examines the ear and finds by placing a tuning fork on the mastoid that bony conduction is impaired, but also that changes have taken place in the middle ear; and he is at loss to know whether this loss of bony conduction existed before the attack of vertigo or not. He can only arrive at a diagnosis by a process of exclusion and he must therefore know all the abnormal conditions which produce vertigo.

We use the term vertigo to include all disturbances of equilibration such as whirling about, giddiness and dizziness, including under it the subjective form where the patient himself moves or appears to himself to move; and the objective form in which the objects around him appear to move.

The semicircular canals are the sensory organs which preserve our equilibrium, or in other words they constitute the special sense of our equilibration. Now neither the power of maintaining our equilibrium nor the power of knowing the impressions by which it is governed is born in man. Each is gradually developed by a process of education.

The special sense of the semicircular canals is assisted in this process by the sense of touch, sight, the muscular sense, the viseral sense, and some say an articular sense. In a healthy condition all the information derived from these different senses and from the condition of the lymph in the semicircular canals harmonizes and corresponds and then we have perfect equilibration. When things do not thus harmonize we have vertigo.

Nearly every one is familiar with the vertigo experienced when ascending to a great height above surrounding objects. Here the visual sense is disturbed, is placed in a new environment; and the vertigo is in proportion to the degree in which we have trusted to our visual sense for the maintaining of our equilibrium. In the vertigo of sea-sickness the visual, the muscular, the viseral sense and the lymph of the semicircular canals keep sending ever varying and contradictory impressions to the sensorium and thus give rise to this very distressing symptom.

By far the greatest per cent of all cases of vertigo originate from some lesion in the ear and is caused by an abnormal condition in the semicircular canals or in the other parts of the ear in direct relation with them. Our first aim then in making our diagnosis should be to determine whether the vertigo is aural or not.

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