

Post scriptum :

CASE NO. III.—On the 23rd of October, 1889, while operating on a child of 13 months for the removal of adenoid vegetations I encountered my third case of this abnormality. In this patient respiration had been most difficult from birth, in fact, nasal breathing was impossible. On examination I found the naso-pharynx divided as before described. There was also a marked narrowing of the choanæ. Dr. F. W. Campbell, Dean of the Faculty of Medicine of Bishops College, after examining satisfied himself of the correctness of my diagnosis. Under æther the adenoid vegetations were thoroughly removed and nasal breathing quite restored. The infant made a good and satisfactory recovery.

VERTIGO, AN EYE AND EAR SYMPTOM.

By J. W. STIRLING, M.B., &c.

(Read by title before the Canadian Medical Association at Banff, August, 1889.)

Vertigo is that condition in which there is a tendency to lose, or a complete loss of equilibrium.

It is a feeling of uncertainty with regard to our position relatively to surrounding objects.

I will give a short resumé of our more recent knowledge and advances in the subject, especially from an ocular and labyrinthine standpoint, and append notes of a few cases which have come under my own observation.

For the maintenance of equilibrium, we have three factors to consider.

- 1.—The source of the afferent impulses to the brain, three in number, namely, visual, labyrinthine and tactile.
- 2.—The co-ordinating reflex centre in the cerebellum.
- 3.—The efferent motor impulses.

As to the centre, that it certainly exists in the cerebellum has been undoubtedly proven by Ferrier and others, in their operations on animals, for on excising the cerebrum, equilibrium was still maintained, but on excising the cerebellum it was lost, although the cerebrum was retained. From this also we see that consciousness is not necessary for equilibration.

Further experiments showed that in time cerebral activity could gradually, though imperfectly, assume the lost function,