ON VERTIGO AS A SYMPTOM.*

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It will, I doubt not, be in the memory of many who now hear me, to recollect the time when vertigo as a symptom was regarded, almost without question, as arising from plethora, and, as such, calling for and undergoing the most active treatment, especially blood-letting and free purging, if not the production of a sore mouth from a course of mercury. I am disposed to think that it is still considered too exclusively by many as a symptom of vascular hyperæmia, sufficient regard not being paid to the causes upon which the phenomenon depends.

With this impression, I have thought that it might not be altogether waste of time briefly to look into the different conditions which may give rise to vertigo, more especially in reference to their practical bearing and importance.

When we reflect that the symptom that we are considering may arise equally from fatigue of vessels, or the reverse; from actual organic change in the cerebral structure, or from mere functional and temporary disturbance, the result of vaso-motor nerve influence; from diseased heart affecting the cerebral circulation, or from diseased vessels in the brain itself; or, lastly, from circulating poisons, whether syphilitic or the consequence of diseased kidneys—it clearly behoves us to be very guarded, not only in investigating its special origin in each case, but also to exercise great caution and reservation before giving a positive prognostic opinion.

It will be convenient to allude first to vertigo depending upon plethora of vessels within the cranium, although I by no means consider this to be the most common cause. In these cases, we shall be guided by the flushed face, the injected eye; heat, probably, of scalp; sometimes, but not invariably, noises in the ears, and other general symptoms, indicative of cerebral vascular fulness. In this form, the prognosis may be on the whole favourable, provided that the symptoms have appeared but recently, and that no positive evidence exists of any organic change. Cupping from the nape of the neck, with free purgation and saline diuretics, will best avail in the treatment of this variety of vertigo.

In the present day of fierce competition in all walks of life, in which so much is attempted in a short space of time, cerebral anæmia, giving rise to exhaustive vertigo, is of very common occurrence. It is the variety, I believe, most frequently met with, and it is by no means of trivial moment, as, if the condition of brain upon which it depends be not relieved by treatment, it very commonly leads to white or non-inflammatory softening of the organ. These possible dangers should not be hidden from the patient, as the possession of this knowledge (and I have verified it in more than one instance) may alone prevail with him to take necessary rest, and to abstain from those habits or modes of life to which the vertigo owes its origin. Rest and relaxation will come first on our list of remedial measures; while ammonia, steel, bromide of potassium, and cod-liver oil will stand us in good stead as medicines.

Another form of vertigo which until lately has received but little attention, is that caused by a syphilitic taint. In this variety, we are often able to trace other and clearer evidences of syphilitic disease; but if these be obscure, we find the vertigo very persistent and recurring, often attended by much headache, confined to a particular spot, and occurring with greatest intensity at night. This is a rather constant feature, and facilitates the diagnosis. If unrelieved, the vertigo may increase in intensity to the extent of simulating epileptic convulsions, or even slight paralysis. This form renders the patient irritable, uncertain and difficult to control. Happily the treatment, if adopted early, is in general successful; the symptoms will ordinarily yield to increasingly large doses of the iodide of potassium with the perchloride or biniodide of mercury. As a help in discriminating this variety, I may mention that while simple epilepsy generally attacks the young, syphilitic vertigo, when it assumes a convulsive form, seldom occurs in those under thirty-five or forty years of age.

One of the most troublesome varieties of vertigo, from its persistency and from its resistance to remedies, is that met with in persons advanced in life. This giddiness is transient, very sudden in its accession; surrounding objects appear to be in motion, and unless the patient can at once seize upon a support, he falls. If he can sit or lie down, the attack subsides, leaving him a sufferer from more or less intense headache. It is seldom that this form of vertigo is attended by sickness. The "swimming in the head", as it is termed, is seldom functional,

unless arising from gout, and indicates rather an atheromatous degeneration of the arteries of the brain (a very common cause), or commencing disease of the cerebral tissue. In younger subjects, persistent vertigo may indicate cerebral tumour or disease of the cerebellum. These elderly patients will bear no lowering. Stimulation by mustard to the nape or behind the ears, with ammonia or the mineral acids, will be useful. When sleeplessness occurs as a prominent symptom in connexion with the vertigo (and it is often much complained of), I have found happy results obtained from the chloral hydrate as an occasional sedative as bedtime.

Vertigo arising from heart-disease is chiefly characterised by passive venous hyperæmia, and this, for the most part, will depend upon disease or weakness of the right auricle, interfering with the due return of blood from the brain. The prognosis in these circumstances must, of course be based upon the extent of mischief in the heart itself, and the treatment directed to the improvement of the tone of the general circulation.

In all cases of persistent vertigo, the urine should be carefully and repeatedly examined, since a diseased condition of kidney with albuminous urine, and its consequent blood-poisoning, will be found to be not an infrequent cause of vertiginous disturbance.

In the above observations, I have by no means exhausted the various causes upon which giddiness may depend. Functional digestive derangement, as well as losses of blood, and all the varieties of toxæmic poisoning, might severally be adduced as influencing causes. My object, however, has been rather to place in review, very briefly, the more prominently exciting causes of the phenomena of vertigo as seen in every-day practice, arising as they do from such very opposite conditions, and, as such, if carefully investigated, becoming of real practical value.

EXCISION OF THE CLITORIS AND NYMPHÆ.

By J. ARKWRIGHT, Esq., Bowden.

A. B., aged 39, a married lady, with one child, had for several years been in bad health, suffering from indigestion, great constipation of the bowels (requiring the almost daily use of aperients); an almost constant desire to pass urine, returning during the twelve months preceding the operation every ten or fifteen minutes, night and day, and thereby sadly hindering her from sleeping; a frequent feeling as if the uterus were being forced down into the vagina; and, as a consequence of these disturbing agencies, great emaciation, and such an excited sensibility of the nervous system that for days together she could not bear the presence of her nearest relatives, and required the constant attendance of a night-nurse and a day one.

For weeks together no solid food was taken, and for several months the patient only left her bed from necessity; and at the time of the operation she was so debilitated that she could not walk without assistance.

The lady had been under the care of several eminent medical men, and been carefully examined by them, and had been subjected to various kinds of treatment, but with only trifling and temporary benefit; and, as I also failed to do her any real good, in January 1869 I accompanied her to London, where I had a consultation with a specialist of the highest reputation, who, after a most minute examination of the uterus and its appendages, the bladder and rectum, as well as of the various other organs, expressed an opinion that, beyond the continued use of iron, he could not suggest any treatment different from that which had already been pursued; and he thought the distressing symptoms might abate when the cessation of the menses occurred. Under the impression that long before that time the patient's bodily or mental condition would have succumbed, I resolved to consult Mr. Baker Brown; and the result was that, under the action of chloroform, he removed an indurated clitoris and congested and elongated nymphæ, and he also divided a fissure of the rectum. The result was that, in a few days—so soon, in fact, as the wounds ceased to be painful—the patient slept several hours at a time; all the distress of the bladder passed away; the action of the bowels became normal; the appetite and digestive power returned; the strength was rapidly regained; and, without any relapse, the patient fattened, her extreme nervousness passed away, and she resumed her place in society, and is at this moment—a year and three-quarters after the operation—in the enjoyment of perfect health. It may be mentioned, that most of the medical gentlemen who saw the case failed to discover any organic disease, though several expressed an opinion that mischief might possibly exist in the bladder or fundus of the uterus—an opinion which the result proved to be erroneous.

* Read before the East Anglian Branch.