which under ordinary circumstances would likely produce no disturbance whatever, but now give rise to the vertigo, and I myself experienced such a condition, we have now established a more or less permanent *vertiginous status*, characterized by an almost constant sense of cerebral uneasiness, haunted by the continual dread of progressive increase. There is now set up such a state of actual mental and physical irritability and weakness, which seems to keep the nervous system up to its highest tension and leave it open to be impressed by the slightest disturbing cause. The vertigo is now no longer evolved only by its primary cause for bright lights, acute sounds, nauseous odors, crowded places, mental excitement, worry, emotion, constraint of posture, in short any sudden excitement of the sensorium will give rise to an attack; it may be a momentary confusion with brief swimming round of objects and disturbance of equilibrium, or a feeling that one needs to lay hold of some support to prevent the erect from becoming the horizontal. This vertiginous status lasts for a varying length of time; and it is most important to note this fact, that no matter what has caused the vertigo, if it recur often, there will be found an increasing capacity to suffer from lesser causes.

The vertigoes of anæmia are well known; they are rarely alarming; women are most frequently the subjects, and in them notably at the menstrual period, when the circulation is prone to excitement. Albuminuria may also be noted as a cause of vertigo, and should always be considered and tested for if the cause is not otherwise apparent. We know that violent headache is sometimes an accompaniment of Bright's disease, and no doubt has been met with by all in practice. It is also not uncommon to find vertigo associated with hemicrania, in the commencement of the attack. For many years I was the subject of periodical attacks of severe *migraim;* when the vertigo supervened the headaches almost entirely ceased, seeming to have been replaced altogether by the vertiginous affection. The vertigo of old age is another familiar example of this disease. Here we find it occurring sometimes paroxysmally as a single symptom, unassociated with any special state that might account for it. Other conditions and circumstances which act as the exciting causes of vertigo might be instanced, such as intestinal irritations, a remarkable case of which occurred in the practice of our worthy President, where the lodgment of a herring-bone in the rectum produced a sudden and violent attack, which was promptly relieved on removal of the cause. I might also cite defects of nutrition and inequalities of the circulation from cardiac affection, the menstrual crises, the attacks of fever, sea-sickness, sexual exhaustion—a frequent cause, the use of alcohol and tobacco, etc.; but after all these have been noted, there would still remain to be considered cases which occur as unaccountably as chorea and epilepsy do. These essential cases are usually grave and but little amenable to treatment. Coming now to the question of prognosis and treatment, it is satisfactory to be able to give assurance that vertigo *per se* is not usually to be regarded as a dangerous symptom; that it is not a premonition of apoplexy, paralysis, epilepsy or other grave affection. Recognizing the true nature of the disorder, we can dispel the needless fears and misgivings of the patient and thus greatly assist in his restoration to health and vigor, a result which removal of the cause and the carrying out of the proper medical and hygienic treatment will in time bring about.

In the treatment the usual farrago of drugs and dyspeptic remedies, strong purgatives, and every other measure calculated to lower the system should be discarded. Long patience and steady perseverance on the part of the patient in the use of the proper remedies are absolutely necessary, as the cure will be but gradual, requiring months to complete it in a confirmed case. If the confidence of the patient be not retained, he will likely "go the rounds," trying, at the suggestion of some sagacious friend, now this sovereign remedy and again that other, to-day consulting one doctor, to-morrow another, until very likely he passes beyond the reach of assistance,—a victim to his own indiscretion. Such persons, like most cases of confirmed dyspepsia, constitute the *bete noir* of our profession. Due attention must be paid to the usual hygienic means of invigorating the body, such as bathing, gentle exercise, full and regular sleep. A diet, at first light but always nutritious, carefully regulated as an intelligent person will soon learn to do for himself, avoiding sweets, fats, pastry, coffee, alcoholic stimulants, etc., is of much importance.

Of drugs, the best results may be expected from such general and nerve tonics as strychnine, phos-