first applied to it, I believe, by Trousseau. Other circumstances, such as sudden changes of posture, mental excitement, loss of regular sleep, nauseating odors, reading closely; these and others, acting through one or other of the organs of special sense, predisposed to and often induced the attacks; but the cerebral hyperæmia was without doubt the *fons et origo mali*. When the vertiginous state has become fully established, the unhappy sufferer leads a most miserable existence. If unaware of the true nature of his disease, his mind becomes a prey to the most gloomy forebodings. Thoughts of apoplexy, brain-softening, paralysis, locomotor ataxia, epilepsy, insanity and the host of cerebro-spinal diseases flit through his weary brain,—feelings which a perusal of most medical authorities will not tend to dispel, but the rather to strengthen. As the giddiness is liable to come on suddenly, the patient dreads to walk alone or even to appear in public places, lest an attack supervening, charitable onlookers might ascribe his weakness to intoxication. Thus living in constant dread of the constantly recurring attacks, with mental and physical powers weakened and depressed, life becomes a burden, which many a poor fellow might rashly attempt to surcease "with a bare bodkin" or "a cup of cold poison." In addition to the foregoing symptoms, there generally remains for some hours after each attack, a dull, sleepy feeling about the head, which has become abnormally hot. There is never any loss of consciousness. The pulse becomes quickened; in my own case it remained for days at a time about 90. Occasionally it became intermittent, each intermission being accompanied with a precordial spasmodic disturbance, producing a momentary disagreeable choking sensation and cough. There is usually anæmia and wasting, with, of course, greatly impaired muscular and nervous power. In myself and in other similar cases coming under notice, no organic lesion could be detected. The urine is usually normal, but may often be paler and increased in quantity, oxalate of lime being present with an excess of phosphates. I have already stated that, in my own case, I believed the cause of vertigo to have been primarily cerebral hyperæmia, with various concomitant dyspeptic derangements. There are, however, a variety of conditions which occasion vertigo, and the true condition or cause is not always readily determined by the vertiginous symptoms themselves, for these may vary greatly and be found somewhat indefinite. Vertigo is not to be regarded in itself as a disease, but rather as a symptom, a compound symptom, comprising usually confusion of the head, apparent disturbance of external objects, and more or less defect of equilibrium. Some of the states included in this definition are also found in various diseased conditions, *e.g.*, disturbance of equilibrium in ataxia, in anæmia, in disease of the cerebellum and parts of the cerebrum. Dr. Ferrier has demonstrated that the means whereby we maintain our equilibrium depend upon the condition of the co-ordinative centres, the afferent and efferent nerves to and from the muscles which sustain the steady upright position. Disturbance of the co-ordinative movements of the two fields of vision cause vertigo. Affections of the ear, especially of the internal ear, such as is now familiar to the profession in that very intractable affection known as "Menierès' Disease," and inflammation of the semicircular canals, are attended with vertigo. Certain drugs, also, especially those of the narcotico-stimulant class, induce giddiness. Alcoholic vertigo, unfortunately, can every day be seen. Some patent medicines, such as Fellow's Syrup, which contains strychnine, occasion it. I read lately of several cases arising from the use of Dean's Rheumatic Pills, said to be due to the poke root, an ingredient of these pills.

The immediate cause of simple vertigo is no doubt due to a disturbance in the circulation in the nerve centres, for suddenly rising erect, stooping, swinging round in a circle, or the like, will often occasion it. This disturbance, however, may and often does take place through an influence primarily felt through the sympathetic nervous ganglion, and therein acting upon the circulation of the brain and other nerve centres. In this way gastric vertigo no doubt comes on. The epigastric uneasiness immediately precedes the cerebral derangement, and often a distinct and constant relation may thus be traced between the condition of the stomach and the vertiginous attacks.* Stomachal vertigo is not always so readily discriminated from other varieties. When, from repeated attacks, the brain becomes highly sensitive to impressions

* I have frequently experienced a momentary disturbance in the head from pressure with the finger upon the pneumogastric nerve in the neck.