lapse into nothingness against the slightest opposing force.

It is now generally admitted, I believe, although the fact was formerly disputed and denied by such as Monro, Abercrombie, Kellie and others, (their theory and experiments however were completely overthrown by Dr. G. Burrows, see Watson's Practice), that an increased amount of blood is to be found in the cerebral vessels under certain conditions *e. g.* during mental exercise; that the brain, like other organs and tissues of the body, is liable to permanent vascular enlargement and interstitial structural change. What relation these conditions bear to each other is of course a matter of importance, could we fully determine that relation in all its bearings. This, however, I imagine, is no easy matter to do, since we cannot experiment upon and place under observation the living brain in the same manner in which we may with regard to most of the other parts of the body in man and the lower animals. We are all aware of the modifying effects produced upon the solids and fluids of the body by emotional disturbances. We see this daily exemplified in the effects resulting from sudden fright, from anger or shame, violent exercise, or in fact from any circumstance which powerfully impresses one through his nervous system and circulation. The brain must necessarily be affected by the disturbance in such cases, although we may be unable to determine with accuracy either the nature or the extent of the change which occurs. We may, however, reasonably conclude that like causes will produce in the brain, changes similar to those which take place in other parts of the body and which we can readily determine Now any cause, be it mental emotion, protracted mental exertion, excesses, or whatever tends to disorder the cerebral circulation, produces a condition of cerebral hyperæmia. This condition remaining with more or less permanence, constitutes a disease which, according to Prof. Hammond, is more often found than any other nervous affection. Unhappily it has been far from being an uncommon event, to learn of the death of many distinguished persons from this hyperæmic condition of the brain, the result of excessive mental work and strain. Then are brought under our notice, many cases of serious illness oftentimes proving fatal, which result from that continued bodily and mental excitement, that anxiety and care which the unceasing struggle in the battle of life entails upon so many men and women in this day of bustle and progress. It is, however, not my purpose here to enter upon in detail the particular disease referred to, but merely to make a few remarks upon one of the prominent symptoms, derived chiefly from a too intimate personal experience of its operation in myself. I refer to the occurrence of vertigo, or more particularly to that denominated gastric vertigo, a most troublesome and distressing affection. Except an able and exhaustive clinical lecture by Prof. Weir Mitchell, to which I am much indebted in making these observations, I have not met with any lengthened, and, in some cases, not very accurate description of this peculiar condition, in the range of medical literature to which I have had access. I have therefore thought it might be profitable to bring under notice some of the more prominent features of this singular aberration, with suggestions as to the treatment, as these were developed in my own case.

At the time when I experienced the first attack of vertigo, now about seven years ago, I had been very much run down mentally and physically from a variety of causes unnecessary here to mention. The first seizure occurred one morning whilst in the act of stooping. The room appeared to become suddenly inverted, and I fell to the floor. Here let me remark that in this, as well as in each subsequent complete attack, this inversion of the surrounding objects appearing simultaneously with the dizziness, produced a most singular sensation, the whole surroundings appeared to be whirling and surging to and fro like the reelings of an inebriate. This condition of externals is however, in some cases, reversed, when the opposite effect is produced, the person finding himself reeling and giddy while the surrounding objects appear to be unaffected. At the first the attacks were more frequent and usually came on in the morning or evening, seldom during mid-day. They came on at irregular intervals, and there was little or no warning of their approach. First would be felt a peculiar sickening sensation, *a goneness* in the epigastric region, immediately followed by a fullness and swimming in the head.

The epigastric uneasiness led me to determine that an accumulation of gas in the stomach from indigestion was the usual exciting cause of the vertigo, hence the designation "stomachic vertigo";