

to deteriorate, and this no doubt added its quatum to the overstrain. Easter, 1910, he went for a golfing holiday, forgetful of his age and of the age of his arteries, and played three rounds a day. A few mornings later he awoke with violent vertigo, retching and vomiting. His body felt very warm. The vomit was bilious, and the direction of objects left to right. He recovered completely. His blood pressure was 150. Again, in July of the same year the same series of events led to a second attack. They were always in the morning. Yet the patient did not take warning, and late one night he fell, seized with sudden vertigo. He sweated freely and vomited (note sea-sickness). He could not be moved for three hours. When I saw the gentleman in question he was still going ahead as if he were in the prime of life. He had occasionally a severe attack. He got quite over his attacks by taking his life less strenuously, and by the addition of a little alcohol to his dietary.

2. A female, aged 62. A great sufferer from rheumatoid arthritis, and almost complete deafness in the right ear. The patient, despite here severe handicap, was a most energetic and hard-working person, busy with good works. September 3rd, 1912. For about three years she had suffered with left Eustachian obstruction, gradually becoming more and more deaf. On January 1st, 1912, the patient had a severe attack of vertigo in bed in the morning, with objects rotating clockwise in a vertical plane. She has had four or five severe attacks since, and many mild ones. The attacks are heralded by flushing and by a feeling of surface warmth, and at times this is accompanied by perspiration. The patient has, however, had three attacks of vertigo without these symptoms. She could hear a whisper on the left side four inches, and C. 32 to C. 4096 double vibrations. Her blood pressure was 100.

RESUME.

Chronic progressive middle-ear deafness and arterio-sclerosis are thus, according to my investigations, the most frequent causes of aural vertigo, and fortunately one finds that a large amount of benefit can be derived from the use of drugs in these cases, though by no means all of them are capable of this relief. We have also seen that operative interference is justified, and where it is used it should be uniformly successful.

There are two points which I expect will have struck you in my paper; one is the small reliance placed on the rotary and caloric reactions, and the other is the total omission of that so-called group in which increased labyrinthine pressure is said to exist. It is not, perhaps, quite within the scope of the paper to give at all at length my reasons for not employing the tests, nor for placing more reliance upon