On Vertigo or Dizziness. — This most important symptom has been very fully treated of in a thesis published by Dr Bradbury. He has entered somewhat fully into its pathology, prognostic value, and treatment. The following is the mode of treatment he has found most applicable to the several classes of cases in which vertigo appears as a prominent symptom:

Boerhave has said that “Vertigo est omnium morborum capitâ levissimus et facilliâ curabilis,” but this assertion of his must not be accepted without some qualification. Without doubt, the more extended our knowledge of the causes of vertigo becomes, and the more physicians begin to appreciate the true diagnostic worth of

1 Prælectiones de Morbis Nervorum, p. 475.
this symptom, so much the more likely will Boerhave's statement be to become an approximation to the truth.

In recording the clinical histories illustrative of the different varieties of vertigo, the treatment of each case has been given, so I shall only in this place speak somewhat more in detail of the remedies I recommend in the several forms of giddiness.

I especially wish to point out my reasons for prescribing any particular drug, and to state, as far as our present therapeutic knowledge will allow me, what I conceive to be the modus operandi of each remedy.

First, then, why do I give iron in the vertigo resulting from anaemia and chlorosis? Because, some would say, iron exists in the blood in a state of health, and in the diseases mentioned this fluid is deficient in iron. Still there is considerable evidence to show that the iron does not in these cases act as a direct restorer of haematin to the blood, but that the increase of this ingredient results as a consequence of improved nutrition of the nervous centres.

It has been pointed out by Sandras, Becquerel, and others, that deficiency of iron in the blood is not the cause but the effect of chlorosis, which they regard in the light of a neurosis, which has existed for some time before the anaemia and chlorosis manifest themselves. It is also a well-known therapeutic fact that substances which are isomorphous with iron, and which do not exist in a state of health in the blood corpuscles, such as manganese, nickel, etc., will benefit some anaemic and chlorotic patients, even when iron has failed.

These facts go far to prove that the mode of action of iron is somewhat different from that usually entertained.

In the treatment of anaemia and chlorosis too much importance cannot be attributed to the effect of exercise in the open air and to good food.

Should hysteria occur as a complication of chlorotic vertigo, it will be necessary to prescribe some antispasmodic, such as the tincture of valerian, or the compound asafetida pill, in addition to a chalybeate, as the mist. ferri co. of the Pharmacopoeia.

The giddiness resulting from excessive or prolonged lactation is speedily cured if weaning the baby be made a sine quâ non. Steel and quinine have frequently been prescribed by me in these cases, where the mothers were anxious to continue suckling the child, but in no instance did improvement take place until the parent could be persuaded no longer to allow a drain upon her system by giving the child the breast. Patients suffering from excessive lactation occasionally complain of insomnia, often being days without sleep. Under these circumstances it is advisable to procure sleep by means of opium or morphia. Good living should be recommended, meat two or three times daily, if the stomach can digest it, as well as eggs and milk. Of all stimulants, stout is, in my opinion, the best in these cases.
The obvious treatment of the vertigo which occurs in females suffering from menorrhagia, is first to check the haemorrhage, and then to remove the causes which have induced the menorrhagia, if these can be discovered. If the bowels are at all costive (which they frequently are), I generally prescribe a mixture containing sulphate of magnesia and sulphuric acid, together with pills containing gallic acid, to be given in the intervals between the mixture, or at bedtime. Gallic acid can readily be made into pills with glycerine; thirty grains of gallic acid and m. iv. of glycerine will make six pills; and this mode of administering the acid is in my opinion preferable to any other. Preparations of iron frequently, as far as my experience goes, increase the discharge instead of lessening it. In the case recorded (Case II.) the patient received benefit from the tincture of the perchloride, and I have come to the conclusion that it is better to withhold all ferruginous drugs until the discharge has abated; when that has taken place they may be prescribed with benefit.

Another remedy of great service in menorrhagia is ergot of rye. Dr Bond was the first to draw my attention to the use of this drug in passive hæmorrhage from the uterus, and I can testify to its beneficial effects in several cases that have come under my notice. Gr. viii. of the pulv. secale cornut. may be given in milk three times a day for four successive days, when, if the hæmorrhage has not abated, no benefit will accrue from its further administration. Ergot of rye probably controls uterine haemorrhage by causing contraction of the unstripped muscular fibre in the coats of the blood-vessels, whence results a diminution in the calibre of these vessels and their subsequent obstruction. When given for a long time in moderate doses it is well known that it will produce a condition resembling senile gangrene, owing to the supply of blood to the part being cut off by the constricting power of the ergot upon the small arteries. I have not yet tried the effect of digitalis in menorrhagia, but if I had a severe case in which the bleeding was difficult to check, I should certainly resort to it.

Pure air and nutritious diet are as necessary in this variety of vertigo as in those of which I have already spoken.

Passive menorrhagia frequently arises from excessive venery; and in these cases no good will ensue from treatment unless sexual intercourse be prohibited for some time.

The remedies suitable for rheumatism and gout should be had recourse to in cases of rheumatic and gouty vertigo. Iodide of potassium is very beneficial at the commencement, either in combination with iron or given alone. If the rheumatic diathesis is well marked, I always find it necessary to give iron in consequence of the anaemia which exists.

It is still the fashion to give large doses of alkalies in acute rheumatism, and to continue the administration of them for some time. I have often wondered whether this mode of treatment was a wise
one, and whether the resulting anæmia was not as much due to the influence of the alkalies in destroying the red corpuscles of the blood as to the deleterious effect of the rheumatic poison. The treatment of acute rheumatism by blisters has proved very successful in the cases in which I have tried it, and appears to me for many reasons, especially the one just given, preferable to the alkaline treatment. I have had no cardiac complication in any patient treated by blisters.

Beer and stout should never be taken by patients who are subject either to rheumatism or gout. Pain in the joints of a rheumatic character may often be completely removed by simply withholding beer and stout from patients. If the patient insists on taking some stimulant, let him drink good pale sherry mixed with water.

Besides the iodide of potassium it is advisable to give patients suffering from gouty vertigo two pills, containing one grain of the ext. colchici acet. with three grains of rhubarb and three of blue pill every night, to render the secretions more healthy.

Of course, gouty subjects should be warned against eating freely of animal or vegetable food rich in albuminous matter, whereby their blood becomes charged with uric acid. Perhaps medical men attach too little importance to this in the treatment of gout. They administer remedies with the object of eliminating the uric acid, but at the same time they allow food to be eaten which is directly convertible into the same organic acid.

Alkalies, such as Vichy water, are useful in gout, as they indirectly promote oxidation; by which process the urates may be eliminated as urea and carbonic acid.

According to Dr Bence Jones, gout is a disease of suboxidation. "Want of oxidation of urates is the cause of the gouty diathesis; as want of oxidation of sugar is the cause of the diabetic diathesis."

Gouty and rheumatic patients should always wear flannel next the skin, in order to keep up active circulation and elimination in that organ.

Atheroma of the bloodvessels is one of the changes which the gouty diathesis induces, and if the vertigo depend upon this, treatment is not of much avail.

I have found counter-irritation to the nape of the neck beneficial in some cases of vertigo occurring in gouty subjects.

Iron and quinine are the remedies to be chiefly relied upon in the giddiness associated with cardiac disease. If the heart's action be very rapid, the application of a belladonna plaster over the cardiac region is often beneficial. Digitalis, owing to its sedative action on the central organ of circulation, is also useful, for by subduing the action of the heart, it relieves the congestion of the vascular system. Most probably also belladonna and digitalis act as tonics to the muscular tissue of the heart.

In April 1868, I had a young printer under my care at the hospital, in whom the giddiness was so great that he was afraid to walk
about. There was a systolic bruit at the heart's apex, the result of a rheumatic attack, and the heart's action was very rapid. He took a mixture containing gr. ij, quiniae sulph., and m. viij. tinct. ferri perchlor., three times daily for the space of three months, and had a belladonna plaster over his heart. He was very much benefited by the treatment, but the vertigo did not entirely disappear, although the rapidity of the heart's action was very much lessened. The damaged mitral valve can never be repaired, and he will consequently always have an irregular circulation through the brain and be subject to giddiness.

When general plethora gives rise to congestion of the brain and its attendant vertigo, bloodletting, either from the arm, or from the nape of the neck by cupping, or from the temples by leeching, may be requisite; or it may be advisable to endeavour to bring about haemorrhage which may have been suppressed, such as the menstrual flow, haemorrhoidal flux, bleeding from the nose, etc.

Eczema occurring in plethoric subjects liable to vertigo, should be very gradually cured, if cured at all. Sudden death has been known to occur in persons suffering from a chronic skin affection which has quickly disappeared.

The bowels should be kept well open by saline purgatives, or by a draught containing inf. sennæ co. and inf. gentian. aa 3vj, given every morning. The patient should be recommended to sleep with his head well raised. Of course the diet must be regulated, and if the patient be a bon-vivant, he must be advised to indulge less in the luxuries of the table.

Dyspeptic vertigo is generally an easy and pleasant disease to cure. I find that acids rarely suit in these cases, but that alkalies, such as the bicarbonate of soda, or bicarbonate of potash, with some bitter infusion, give relief very speedily. There is reason to believe that a generation of acid, either butyric or acetic, due to the fermentation of the food, occurs in some cases, and this explains why a marked improvement results from the administration of alkalies. Vichy water, with a little brandy in it, is also of service. When the acidity of the stomach has been corrected, and especially if there be any anaemia, I then usually prescribe the citrate of iron and strychnia, in three-grain doses, with about m. xv. spt. chloroformi and 3j. of glycerine in an ounce of water. Strychnine is a remedy of great value in some cases, as also is the bromide of potassium, even when there is no indication of epilepsy. A patient was lately under my care, suffering from dyspeptic vertigo, which had lasted for nine months. At the commencement the attacks came on at considerable intervals, but when I first saw her she was scarcely ever free from vertigo. She suffered most when walking about, and was always the best when lying down. She also complained of headache. Her bowels were very costive. She never lost consciousness, and had no visceral disease. After giving a purgative to clear out the alimentary canal, I prescribed potassæ
bicarb. gr. x., potassii bromid. gr. xv., aq. camphorae 3j., ter die for a month, with great benefit, when I substituted 3j. inf. calumbæ for the camphor water. She was quite well at the end of six weeks.

If the dyspepsia be attended with intestinal flatulence, a strong purgative gives temporary relief; but if the cure is to be permanent, some anti-spasmodic, such as pil. asafoet. co. or tincture of valerian, must be given. Charcoal is also useful in such cases. Horse exercise and regular hours, with as much freedom as possible from the cares and anxieties of business and professional life, should also be recommended.

When the disease has assumed a chronic form, and especially in elderly persons, stimulants, such as brandy and wine, will cause the attack to pass off. Assuming the recumbent posture and closing the eyes will also hasten its departure.

Time will not allow me to discuss the treatment of more than one other form of this affection, so I shall conclude with a few remarks on the remedies I have found most useful in epileptic vertigo. Bromide and iodide of potassium and sulphate of zinc are the drugs I chiefly rely upon. In about one half of the cases the former remedy seems to have little, if any, control over the disease, unless the zinc salt be given along with the bromide. Dr Bazire says that he found the bromide of potassium failed to do much good in epileptic vertigo.—(Vide Trousseau’s Clin. Lect., vol. i. p. 103.) After correcting any disorder of the stomach and bowels, I commence to give this drug in gr. xv. doses, either alone or combined with the iodide of potassium and the bicarbonate of potash. Sometimes a combination of these three remedies answers better than the bromide alone. An ounce of infusion of calumbr or a drachm of tincture of hop may be added to counteract the depressing effect of the bromide. The dose of the bromide should be gradually increased until as much as 3j. or 5j. is taken three times daily. The only disagreeable effects produced by the bromide are mental depression, and occasionally an eruption of acne on the nose.

I have at present a patient under my care who has had his nose covered with a pustular eruption from taking 3j. doses of this medicine thrice daily. On ceasing to administer the drug the eruption rapidly disappeared.

The mode of action of the bromide is somewhat obscure, but its curative influence in epilepsy and epileptic vertigo probably depends upon its allaying nervous irritability and lessening reflex excitability.

There was lately an out-patient under my care at the hospital who was cured of severe epileptic vertigo by taking the bromide of potassium in 3j. doses three times daily, and a pill containing gr. j. of sulphate of zinc and gr. ii. of extract of hop every night. I at first tried the bromide without the zinc, but no marked improvement resulted until the patient commenced to take the pill. This
patient, who was a hawker, had led rather a fast life. He married at fifteen, smoked at least 155. of tobacco daily, and drank frequently a gallon of beer daily. His sister was epileptic, but the father and mother were free from the disease.—Pamphlet sent by Author.

A Case of Broken Neck. By J. FAYRER, M.D., Bengal.—Bhootnath, a stout, healthy-looking Hindoo labourer, aged 25, was admitted into the Medical College Hospital on the 17th June 1870. Five days previously he and another man were carrying a heavy beam of wood, the ends resting on their heads. His companion suddenly let one end of the beam drop; his end then fell, and in doing so, gave his head and neck a violent wrench backwards. He fell to the ground immediately, completely paralyzed below the neck. In this condition he was carried home, where he remained until the fifth day, when he was brought to the hospital. The abdomen was tympanitic, and the bladder fully distended with urine. He says that until the fourth day he had made water, and his bowels had acted, but not since. His statements are probably not very reliable. His bowels may have acted, and urine may have dribbled from an over-distended bladder. His pulse was regular and firm, about 80. Tongue moist, but coated. Temperature apparently natural. 64 ounces of urine were removed by catheter, and an aperient draught ordered by the admitting officer. Respiration was diaphragmatic. His face wonderfully little indicated his grievous condition. There was a depression in the cervical region, but no crepitation or lateral displacement could be detected. He could move his head and neck, and spoke very clearly, describing how the accident occurred. Nearly all below the clavicles, sensation and motion were gone. The point of a sharp instrument drawn round the body, was felt across the upper part of the pectorals and deltooids in an irregular line; on the back it descended rather lower. He seemed painfully conscious of his miserable condition, and begged for relief.

Towards the evening his temperature rose to 104°. This varied from 101° to 104°, until the 22d June, when it rose to 104.5° in the morning, and 106.5° in the evening, and on the 23d, the day of his death, to 107°.

The pulse varied, but never exceeded 85. The respiration was hurried, being 36 to 40 per minute. At first a saline diaphoretic was given, and the urine was 100 to 110 oz. daily. This gradually diminished to 80 ounces daily. The saline was discontinued. Morphia was given to soothe the pain in the neck, and allay the restlessness. He took soup and other fluid nourishment, and remained quite sensible until the morning of the 21st June, when he became delirious. The breathing became more difficult from accumulating mucus in the bronchial tubes, and the upward pressure of the distended abdomen. He sank at 1.20 A.M. of the 23d June.

The urine was regularly drawn off; it remained clear, but was