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A CASE OF MÉNIÈRE'S DISEASE.

BY

THE LATE SIR ROBERT M. SIMON, M.D., F.R.C.P.,
 CONSULTING PHYSICIAN, GENERAL HOSPITAL, BIRMINGHAM.

A MEDICAL man who had been overworked and disturbed, but not distressed, by unusual mental excitement in the summer of 1910 had planned to take a golfing holiday in Scotland.

On the day of departure he was summoned to a case in Gloucestershire, with the result that only after much travelling was he able to reach Edinburgh about ten o'clock at night.

He slept badly, and started early next morning, in order to reach his destination. He did so by ten o'clock, and, though very tired and unfit for exertion, played two rounds of golf that day. Next morning, about 6 o'clock, he was waked from sleep by a horrible feeling of vertigo, the pictures in the room seeming to go round, and the bed in which he lay to oscillate from side to side. He was very slightly sick, and quite unable to raise his head without extreme giddiness. He sweated profusely; gradually all symptoms disappeared, except a feeling of extreme prostration.

Not unnaturally, perhaps, he ascribed his experience to fatigue and stomach disturbance, due to over-exertion after much work and over-much travelling.

Six months previously he had had a similar experience, also about 6 a.m., which was thought to be due to a bilious attack. This soon passed off, and in the course of a few hours he was able to get up, eat breakfast, and go to work. With this exception his health had invariably been excellent and his digestion perfect. His only trouble had been increasing deafness in the right ear and a never-ceasing tinnitus, slight on the left, extreme on the right side. This he had learnt to accept as inevitable and incurable. No association between the ear symptoms and the two attacks of early morning vertigo had crossed his mind.

For three days he remained in Scotland, golfing too much; smoking, perhaps, too much, but careful in diet and quite abstemious in the matter of alcohol. Giddiness and very slight vomiting occurred each morning, but he soon recovered and became fit for the day's exercise.

After four days he had to leave hurriedly and go to Cornwall. Though he was naturally tired, he began at once to play golf, and during the first week had several recurrences of early morning vertigo and sickness. Then one night, after chatting with a friend, about 11 o'clock he left the room to go to the lavatory on the other side of the corridor.

Suddenly, while lighting the gas, he felt as though some one had hit him a terrific blow on the head. He fell prone, not losing consciousness, but feeling deadly sick and horribly giddy.

He felt his eyes oscillating violently and vomited uncontrollably. Despite the unpleasantness of this, he was unable to move; any attempt to lift his head was associated with giddiness beyond the power of words to describe. He sweated profusely and lay for perhaps half an hour in the greatest prostration. Finally, he managed to slide to the open door and call out to his friend in the room opposite. By this time he had realized what had happened—that he was suffering from Ménière's disease—so he was able to reassure his friend, and got him to pull him by the heels along the passage into the other room. He could not to save his life have raised his head or have attempted to walk. After lying on the floor for a couple of hours, he was lifted on to a sofa, and remained there sweating and prostrate until 6 o'clock. He was able then to struggle up to bed and to sleep.

Beyond great prostration and weakness no ill effects could be noted, and in a fortnight he was able to leave the west and go to Harrogate. During the fortnight he had several attacks of giddiness, but no sickness, and at no time had he any headache either before or after the severe seizure.

Very foolishly he acted on the advice to have some rather exhausting baths at Harrogate, and in three days again had a severe attack. After a good breakfast he suddenly became very giddy, slipped out of an armchair and lay on the floor vomiting and sweating for two or three hours. Again no loss of consciousness—no headache.

Very slowly he began to gain strength, but any attempt to take exercise or undergo fatigue resulted in an attack of such giddiness that he had to fall or lie down. In the course of a month he was well enough to return to active work, but had to live very quietly and subordinate everything to his duties in hospital or practice.

Once only did he fall down, and that in the street after a very fatiguing day. He frequently got the impression that he was going to be giddy and felt a curious sensation of warmth all over the body as though he were going to sweat, but if he refrained from exertion he was able to avert further trouble.

After two years' incessant watchfulness and care he regarded himself as cured. To-day the deafness of one ear and the tinnitus remain as at the onset, but he is not giddy nor is he ever sick. Two distinctive features characterized each attack—one the feeling of warmth of skin followed by sweating, and the other, when an attack occurred, a feeling as though his brain were loose inside the cranium and being dashed from side to side. For two years the condition was very distressing, on account of a terrible apprehension that he was going to be giddy.

The foregoing is typical of the worst class of cases of Ménière's symptom; there were only three absolutely uncontrollable attacks of giddiness when he fell as though poleaxed, and two or three when he had to lie down, but from 1910 to 1912 there were numerous occasions when he got the sensation of his brain being loose and when he felt warm and sweated. No specific treatment was of use—hydropyric acid upset his digestion and bromide depressed him.

I have seen a considerable number of cases during the last few years, and my experience of treatment confirms my friend's experience. All the cases have done well, and in every case the only useful treatment has consisted in the correction of imperfect digestion, of hypermetropia, of anaemia, and of any other symptomatic conditions, but chiefly in the avoidance of fatigue.

Ménière was of opinion that in certain cases haemorrhage into the labyrinth was the cause of symptoms, but it is quite certain that haemorrhage could not have occurred each time my patient was uncontrollably giddy, though it was possible there might have been some on two occasions.

Most cases occur in people of advanced middle age, and in a large proportion of those among them who have acquired gout, or are undergoing ossification of the structures of the internal ear.

Such changes might predispose to the attacks, but are almost certainly not the cause. Many things point to a vasomotor disturbance being at the root of the trouble, especially the sensation of warmth and the sweating. This suggestion would explain the analogy of somewhat similar symptoms arising from the abuse of tobacco and from sea-sickness.

It is in the highest degree important to discriminate between the vertigo of Ménière's disease and that due to gastric causes, aortic disease, and arterial sclerosis. So many people are unaware that they are deaf on one side that the examination of the ear should be a routine procedure in every case of vertigo.

It has been said that deafness follows Ménière's disease; it might if haemorrhages occurred, but it is infinitely more common to find deafness, slowly and hopelessly progressing, preceding it.

THE late Major Edwin Bedford Steel, who died of wounds on November 23rd, 1914, left estate of the gross value of £1,192, with net personalty £1,176.