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COMPLIMENTS OF
THE AUTHOR.

A CASE OF SO-CALLED LARYNGEAL VERTIGO
OR LARYNGEAL EPILEPSY.

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After May First,
350 Madison Avenue



presented by the author

FROM
THE MEDICAL NEWS.

March 19, 1892.

**A CASE OF SO-CALLED LARYNGEAL VERTIGO
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OF the various neuroses of the larynx none is so rare or so unique in characteristics as that described as "laryngeal vertigo," "laryngeal epilepsy," and "complete glottic spasm in adults." So few cases of the affection have been reported that it would seem to be the duty of observers to report such cases as may come under their care, and for this reason I take occasion to add another history to the list.

Lennox Browne is the first to mention the disease in any work on *Diseases of the Throat*, but it was first described in 1876 by Charcot.² Since that time cases have been reported by Gasquet,³ Krishaber,⁴ Grey,⁵ Lef-ferts,⁶ McBride,⁷ Russell,⁸ Massei,⁹ Thermes,¹⁰ Knight,¹¹

¹ Read before the New York Academy of Medicine, February 18, 1892.

² Comptes-rendus de la Société de Biologie, p. 336. Paris, 1876. Le Progrès Méd., 1879, xvii, p. 317.

³ Practitioner, August, 1878.

⁴ Ann. des Mal. de l'Oreille et du Larynx, 1882, p. 182.

⁵ Amer. Journ. Neurol. and Psych., November, 1882.

⁶ Archives of Laryngology, vol. iii, p. 165. New York, 1883.

⁷ Edinburgh Med. Journ., March, 1884.

⁸ Birmingham Med. Review, August, 1884.

⁹ Giorn. Internat. delle Sci. Med., Anno vi.

¹⁰ Journ. de Méd. de Paris, 1887, p. 936.

¹¹ Transactions Amer. Laryng. Assoc., 1886, p. 34.



Gleitsmann,¹ Dauvan,² Lenox Browne,³ Armstrong,⁴ and recently a case has been reported by Adler.⁵ About twenty-five cases in all have been reported.

The history of my case is as follows: W. J. R., aged fifty years, an Englishman, manufacturer of confectioners' supplies; has resided in America ten years. His family history is good; his father and mother are still living and free from neuroses, and five brothers are all in good health. His complexion is florid and his appearance robust. He has never had venereal disease, and careful examination reveals no symptoms of syphilis, either inherited or acquired. He is of nervous temperament but has never developed any neurotic characteristics, but says his friends call him excitable. For ten years he has been under severe mental strain, from business worryment. One year ago he had articular rheumatism for four days, this being his only attack. He has never had muscular rheumatism or gout. He never has used tobacco or snuff in any form, but takes ale or beer in moderation with his meals.

In July, 1891, on entering a shop, he stepped into an open trap-doorway and struck on his hip. He was badly stunned, but did not lose consciousness. He was in bed only eight days, but refers all his suffering to the hip, and says that though he was very nervous he had no disturbance referable to the head and spine during that time. Aside from this, he has never had any fright or sudden shock of any kind; neither has he had convulsions or fits. He has never had vertigo in any form, but has had what he calls bronchial catarrh for several winters. His eyesight and hearing are normal, and he has never had aural vertigo. He has had head-

¹ *Med. Monatschr.*, i, p. 510.

² *Journ. de Méd. de Paris*, August 17, 1887.

³ *Diseases of the Nose and Throat*, 3d ed., p. 526.

⁴ *THE MEDICAL NEWS*, June 8, 1889.

⁵ *New York Med. Journ.*, January 30, 1892, p. 128.

aches quite frequently during his life, but less so now than formally, and has never been annoyed by hebetude or mental confusion. His attacks of coughing have always been accompanied by a profuse discharge of frothy mucus, which was on one occasion tinged with blood. Physical examination reveals very little, except coarse râles, but his heart is slightly hypertrophied and its action weak.

He first came under my notice December 20, 1891. Three weeks previously he had taken a cold that had followed about the course of those of previous years, until one week ago, when the cough became more violent and paroxysmal. He remarked to me that it was "like whooping-cough, because it was so strangling." Two days before I saw him, during a paroxysm of coughing, without premonition of any kind, he fell suddenly to the floor upon his back, entirely losing consciousness. The attack lasted but a few seconds; he arose from the floor feeling perfectly well, with no pain or unpleasant feeling of any kind, and with no vertigo either before or following the attack. The sensation was exceedingly pleasurable, and upon being asked how he felt after an attack, exclaimed "I felt as though I had been in heaven."

Following the first attack he had one nearly every day for four days; they sometimes occurred while he was in bed. As a rule, he stood up when coughing and leaned forward with his hands upon a chair or some other object for support, but he invariably fell upon his back during the attack. On one occasion he fell upon the street, but was up again before anyone reached him. In every instance the loss of consciousness came on during a paroxysm of coughing, but he had many paroxysms of cough which were not followed by loss of consciousness. He had had four when I first saw him, and loss of consciousness was complete in all, and the sensation that gave rise to the cough was the same as he

had experienced in former years. He did not bite his tongue, foam at the mouth, or groan or shriek; but on several occasions his mouth twitched convulsively during the attack, and his eyes remained open. He had, in all, twenty fits, and on one day he had five fits between 3 and 9 P.M. In every instance there was complete loss of consciousness. I instructed his wife to watch him carefully during the attacks; she reported that his face became very blue, and that unconsciousness would terminate in from five to fifteen seconds, when he would arise and walk as steadily as before. On two occasions he complained of a sensation of pressure in the arms and in the region of the deltoid muscle, and, again, of what he termed "smarting of the brain." The patellar reflexes were normal.

Examination of the upper air-passages revealed a general hyperemic condition with no specially sensitive areas. There is polypoid degeneration of the middle turbinated bones, an exostosis on the septum, on the right side, with a posterior hypertrophy on the right inferior turbinated bone. There is no varix at the base of the tongue and only slight hypertrophies. His uvula was amputated thirteen years ago on account of its relaxed condition, which caused cough. The larynx, aside from a subacute inflammation, is normal in appearance. The vocal cords are congested at the edges, but approximate perfectly. There are no signs of paralysis.

After about ten days' treatment these attacks disappeared entirely, and have not recurred up to this time (February 18th). His diet was carefully regulated, his bowels opened with a brisk cathartic, and he was given fifteen grains of bromide of sodium, three times a day, in conjunction with five-minim capsules of eucalyptol, four times a day. The eucalyptol relieved both the cough and the profuse discharge in a very few days, and he has made a good recovery. He had no other medicine except a general tonic.

Lefferts's paper, published in 1883, closes with this suggestive statement: "Have I not said enough concerning this rare and curious affection to show, first, what a field for speculation, thought, and investigation lies practically before us; and, second, should not this thought stimulate us to the task?" Nearly a decade has passed, during which careful observers have published cases that have come under their care, and all have noted the same general run of symptoms, viz: Paroxysms of cough, cut short by sudden loss of consciousness of short duration, occurring always in adults, and without premonition, leaving the patient as well as before the attack. In most cases there was a neurotic predisposition.

These symptoms could hardly be associated with any disease—so that the diagnosis is easy. But observers vary greatly as to the name that this disease should receive. So far, the consensus of opinion favors epilepsy.

Grey says: "The term vertigo seems to me to be a misnomer for these cases, in all of which consciousness was entirely lost, and in many of which there were convulsive movements. They are notably unlike the vertigo of Menière." This is exactly opposite to the views held by Charcot. Others, including McBride, Russell, Knight, and Gleitsmann believe it to be due to disturbance of the circulation of the brain. Lennox Browne inclines to Grey's opinion that the attacks "are more in common with the milder forms of epilepsy than with simple vertigo." McBride gave it the name "complete spasm of the glottis in adults." Thus, different observers have seen fit to give this condition different names, but no name has yet been suggested that conforms to the opinions of all observers. It would seem to me that the absence of vertigo in so many of the cases would preclude the use of the word as a name for this condition—while epilepsy would more nearly fill the requirements. Laryngeal syncope might be suggested,

inasmuch as the condition is a "sudden loss of motion and sensation," with a certain amount of disturbance of the circulation and cessation of respiration. On the other hand, the pleasurable sensations experienced by so many of the patients might be accounted for by asphyxia on the same principle as that produced by laughing gas—a thought suggested to me by a prominent neurologist.

A word as to treatment. I have regretted that I did not confine my treatment to eucalyptol, so that I might have demonstrated its effects in a case of this kind. Its well-known influence upon cases of chronic bronchitis, both for the reduction of cough and diminution of expectoration, would seem to give us a remedy that will strike at the root of the disease. I cannot say too much for this remedy, given internally, for all cases of nasal, laryngeal, and bronchial affections when accompanied by free discharge. Its superiority over the eucalyptus oil can easily be demonstrated.

The Medical News.

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