

Woakes, Edward.—*Case of Nasal Vertigo simulating Epilepsy.*
 "Lancet," August 16, 1902.

This case may be regarded as an extreme type of a class of which there are many examples; that is to say, of vertigo of nasal origin, with its varied and often curiously puzzling phenomena. Though constituting a group of disease which is *sui generis* and quite distinct from epilepsy, it sometimes simulates one or other of the forms embraced by this latter term. It has, however, these advantages over true epilepsy, the existence of a recognisable *causâ causans*—viz., ethmoidal disease—and its almost certain cessation when this disease is radically dealt with.

StClair Thomson.

LARYNX, Etc.

Courvoisier, W. (Bâle).—*Stenosis due to Amyloid Degeneration in the Larynx.* "Munchen. Med. Woch.," July 29, 1902.

The writer reports a case occurring in a woman, aged sixty-six, who, after a "cold" in 1900, remained somewhat hoarse till June, 1901, when she had a sudden suffocative attack, ultimately requiring tracheotomy. She was then admitted into the hospital, and found to be somewhat cyanotic, with swellings in the neck and distension of veins. The *alæ* of the thyroid were spread out. The pharynx was apparently normal. The vestibular parts of the larynx were only slightly congested, but below the vocals was, on each side, a rounded swelling of reddish tint and irregular surface. Between these there projected from the posterior wall a smaller outgrowth. There was diuresis without albumin. Tracheotomy was performed; but two days later the patient complained of breathlessness, due to bronchitis. Death took place in about a fortnight, and at the autopsy there were found brown atrophy and fatty degeneration of the heart, a sclerotic patch in the medulla oblongata and bilateral bronchitis. The posterior wall of the larynx corresponding to the plate of the cricoid cartilage was thickened to the extent of about a centimetre; it was of a yellowish-brown colour, granular, and somewhat transparent. The tracheal mucous membrane was reddened. On the left tonsil there was a yellowish-red thickening of the mucous membrane of the size of a hempseed.

Several references to cases published by other authors are given, including one by Schretter, in which there was an irregular, firm growth of a golden-yellow tint infiltrating the mucous membrane over the aryepiglottic folds and the left arytenoid cartilage ("Verhandl. der Deutsch. pathol. Gesellschaft. Düsseldorf," 1898. Another is described by Balser ("Virchow's Arch.," Band 91) in which the symptoms developed during nineteen years. Ziegler ("Virchow's Arch.," Band 65) gives the post-mortem account of another case. In a case of Burrow-Neumann ("Arch. für Klin. Chir.," 1875, Band 18, p. 228) amyloid degeneration took place in fibromata. (These instances of a rare—perhaps often unidentified—condition seem to merit attention. Probably some of our cases of "persistent œdema" of the larynx may be of this nature.—D. G.)

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