NARCOLEPSY AND CATAPLEXY.

Narcolepsy was first described by Westphal in 1877 and in 1880 Gélineau recognized it as a clinical entity. The syndrome may occur also in the course of other diseases and may follow acute encephalitis. When no cause is recognized, narcolepsy is termed "idiopathic." But even the "idiopathic" form might be a sequel of undetected encephalitis. It may also occur as a symptom of tumour and of inflammatory conditions affecting the structures around the third ventricle of the brain. The disease is characterized by recurring desire to sleep without apparent cause. At the onset there is heaviness and smarting of the eyelids, then profound weariness. Sleep seems imperative, but by great effort the inclination may be checked for a time. Eventually the demand must be obeyed and the patient must lie down or he will go to sleep even standing up and then fall to the ground. Such attacks may last only a few seconds or they may persist for half an hour. The disorder may not be recognized, as the patient may not regard the syndrome as a disease.

With narcolepsy may be associated cataplexy, which manifestation may be precipitated by any emotional stress such as laughter. During the cataplectic attack there is total loss of muscular tonus and power. Consciousness is maintained, but if the patient be not supported he will fall down. Narcolepsy is resistant to treatment and may persist for years without any amelioration. Henry Devine observes that in mild cases much may be effected by directing the life of the individual so that the imperious demand for sleep may be anticipated or assuaged. Bodily activity may inhibit the attacks or prompt submission to them may shorten their duration. J. B. Doyle and L. E. Daniels have published an account of six cases. The ages of the patients varied from eleven to fifty-seven; the sexes were equally affected. The mother and brother of one patient were affected by narcolepsy. In one instance the disease had persisted for ten years. The attacks occurred up to three or even six times a day. The duration of sleep was from four or five up to thirty minutes; one patient slept for one or two hours every afternoon. Sleep seemed natural and happened while the patient was standing and talking to friends or at church or social gatherings, while playing cards or during an ordinary conversation, or while driving by day in an automobile or while standing cooking over a hot stove. In the case of a schoolboy the attacks occurred during lessons at the school. One patient had to take several naps every day and retire early at night. Lack of initiative followed the attacks in one case. Sometimes the patient could be aroused only with difficulty or not at all. One patient on awakening struck his friends without realizing what he was doing. Amongst unhappy results were two motor car accidents.

Among the cataplectic phenomena observed were a weakness of the knees causing by laughing. In another case on laughing or being surprised attacks of weakness overcame the patient, who fell to the ground. In another one on laughing or becoming excited vision became momentarily dull, the head shook and the muscles became relaxed. In another instance, while the patient was driving a motor car, laughing was followed by marked weakness of the arms and the hands dropped from the wheel. And so on.

The treatment of narcolepsy has been notoriously unsatisfactory and must remain so until the pathogenic of the disorder is elucidated. Until that has been effected, treatment can be only a groping in the dark or at best merely symptomatic. Some of the methods of treatment are amazing. When post-encephalitic, benefit has seemed to follow the administration of iodine or iodides by the intravenous route or by mouth. Lumbar puncture has seemed to benefit the idiopathic form as well as the post-encephalitic; but the apparently idiopathic attack may have followed undetected encephalitis. For the idiopathic form caffeine, with its tendency to produce wakefulness, suggests itself, but it has not been successful. Doyle and Daniels have strongly advocated ephedrine. The use of this drug was suggested by the hypothesis that the cataplectic seizures might be due to the inability of the suprarenals to deliver sufficient adrenalin quickly during periods of emotional stress. It is known that sleeplessness sometimes follows the administration of ephedrine. It has been found also that ephedrine tends to abolish the narcotic effects of "Sodium Amytal" and that it is a much more valuable antidote to morphia than is caffeine. A dose of twenty-five milligrammes (three-eighths of a grain) may be given three times a day. This may be increased to fifty or even seventy-five milligrammes three times a day. This treatment is well worth further investigation. Other methods of treatment suggested have been by pituitary gland, thyroid or thyroxin and even (with fatuous credulity) by pluriglandular preparations. In the absence of myxoedema or cretinism prolonged thyroid medication is quite unwarranted. The treatment by barbitone or "Luminal" or opium to secure nightly sleep and wakefulness by day rather strains the imagination, even when daily wakefulness is sought by administration of caffeine. The habit-forming propensity of opium should interdict its use. Strychnine has been said to relieve the headache which sometimes precedes the sleep. It may well be of use in the cataplectic phenomena.
Abstracts from Current Medical Literature.

**GYNŒCOLOGY.**

TREATMENT OF CARCINOMA OF THE CERVIX.

E. ZWEIFEL (American Journal of Obstetrics and Gynecology, November, 1930) discussing the present status of treatment of carcinoma of the cervix uteri, states that opinions as to which method of treatment yields best results are more varied today than ever before. The methods available are: (1) surgical operation by the abdominal or vaginal route, (2) irradiation by radium, X rays or the two combined, (3) irradiation plus surgical operation as (a) surgical operation and postoperative prophylactic irradiation, (b) preoperative irradiation followed by operation, or (c) preoperative irradiation followed by operation and post-operative irradiation. He also discusses the difficulty in comparing results owing to variations in methods employed, in methods of statistical computation and the fact that patients with inoperable growths are referred directly to radiation departments. The introduction of radiation therapy has complicated the picture more, because it is impossible that the diverse opinions held as to its value compared to surgery are due to the type of therapy and dosage method. Newer methods are being used by many who have reported the statistics of large series of cases have ever used the same technique. Radiation therapy still shows inadequacy of methods and technique. Proficiency in radiation is more difficult to achieve than surgical proficiency, as visual control is not possible. The rays emanating from X rays or radium can be made to destroy carcinoma cells. The superiority of radium is claimed by some, but this has not yet been settled. When radiation has resulted in failure, X ray failure, the improvement may be due to summation effect. The opposite experience has been reported. The fact that radium can frequently be placed in direct contact or in the substance of the tumour favours radium therapy. The author thinks that radiation therapy should always have a definite place in the plan of treatment, as it is certain that there is a definite improvement in results when such therapy is associated with post-operative prophylactic irradiation. The figures of many workers are quoted to substantiate this. Probably the carcinoma rests in the carcinomatous glands are disturbed in growth and function by the removal of the primary tumour or the connective tissue stimulated in its struggle with the carcinomatous tissue hindering the growth of the residual tumour. Preoperative irradiation can destroy inoperable growths. The radium irradiation sterilizes the carcinoma; the bleeding and discharge stop. The resulting physical betterment of the patient decreases primary operative mortality. Also von Schmieden found that all cases become definitely inactivated by irradiation. These factors make radium the method of choice in all inoperable cases. Stockelet, working with preoperative radium therapy followed by radical surgical operation by the vaginal route and finally post-operative irradiation, states that the method is too new to be accurately and finally judged. The great advantage of irradiation therapy alone, is that there is practically no primary mortality. Surgical operation has a minimum primary mortality of 5% to 10%. The public must be educated to the fact that cancer is curable, but success depends on the finding the cancerous mass up, the author gives the absolute percentage of cures (German workers) by radical abdominal operation 20%, radical vaginal operation 17%, and irradiation therapy only 17-7%. He thinks the combination of irradiation and operation produces better results than operation alone, on the theory that this should be combined as preoperative, post-operative or pre and post-operative irradiation, it is at present impossible to determine.

**THE ZONDEK-ASCHELM-ReACTION.**

W. BÜNGELEK AND K. EHRHARDT (Klinische Wochenschrift, March 28, 1931) describe the various reactions which occur when preparations of the anterior lobe of the pituitary gland are injected into sexually immature mice. Three grades of reaction are described. Reaction I is associated with the onset of oestrus as noted by the enlargement of the uterus and the typical cervical discharge. It is noted in the blood and urine of patients with disturbed endocrine function, in cases of tumour formation, both benign and malignant, and in cases of menstrual irregularities. Reaction II comprises the presence of haematoma of the ovarian follicles, and Reaction III the formation of corpora tuta. Reactions I and III are alone characteristic of the blood and urine of pregnant women. It is not yet certain whether these reactions are caused by one or several hormones. From various experiments given in detail the authors are of opinion that the anterior lobe hormones act on the uterus by first stimulating the ovary, which in its turn affects the growth of the uterus and produces the signs of oestrus in the vagina.

**ENDOMETRIOMA.**

Fernando R. Ruiz and Enrique Horcones (Revista Médica Latino-Americana, March, 1931), operating on a patient of twenty-three years whose condition had been diagnosed as fibromyoma, found in addition to the fibromyoma between the uterus and bladder which was an endometrioma. A subtotal hysterectomy was performed and another similar tumour discovered in the uterus. The authors prefer wide surgical excision to radiation therapy. They recall two cases in which excir-

**Age Period Changes in the Cervix Uteri.**

Nathan Freedman (American Journal of Obstetrics and Gynecology, January, 1931) has undertaken the routine examination of 124 uterine cervixes, twenty-four of which were obtained from autopsies and 100 after surgical operation. Of these seven were from females in the first decade, two from the second, 15 from the third, 49 from the fourth, 42 from the fifth, 13 from the sixth and seven from the seventh decade. The author's object was to obtain definite information as to the changes in the cervix uteri at different periods of life. He found that there is a very considerable degree of change going on in the cervix uteri at all ages, and that these changes are due to summation effect. The quamous epithelium and the columnar epithelium manifest a considerably different degree of interchangeability at all ages. They run into one another in such a way that at times it is most difficult to distinguish the actual line of demarcation. The lacerations that occur at labour would appear to be a very constant cause of endocervicitis. It is of great significance, because of the changes in the columnar lining and excessive downgrowth of the thickening of the squamous epithelium. In many of these conditions of remodeling after laceration there is a precancerous condition of the epithelium. He suggests the revival of the term "carcinoi'd" which was suggested by Borst for these conditions. In old age there is a tendency for the squamous epithelium which in many cases is probably a "precancerous" or "carcinoi'd" condition. The author strongly urges that all cervical lacerations as a means of prevention of the development of cancer in the cervix.

**Leucorrhoea.**

L. Adler (Wiener Medizinische Wochenschrift, September 27, 1930) discusses the etiology and treatment of leucorrhoea. After giving a description of the normal secretions, he states that the first step is to determine the anatomical site of the discharge next to ascertain whether it is inflammatory or otherwise. Every discharge is not due to the gonococcus. Vulvo-vaginitis may be due to some local cause, but more frequently the lesion is situated at a higher level, especially in the vagina. Vaginitis is usually of an inflammatory or gonorrhoeal or traumatic. An endogenous origin is more frequent than often suspected—hypoplasia of the genitalia and vaginal insufficiency. In the treatment of both types he prefers vaginal douches of one in 2,000 oxydiane of mercury solution followed by paint- ing of 2% solution of silver nitrate. For trichomonal infection good results follow douches of...