

## Medical Matters.

### SLEEPING SICKNESS.

At a recent meeting of the Royal Society at which Sir Archibald Geikie presided, two reports were received from Colonel Sir D. Bruce, director of the Royal Society's Commission for the Investigation of Sleeping Sickness at Uganda, describing the results of experiments to ascertain if the antelope and domestic fowl of Uganda acted as reservoirs of the virus of sleeping sickness (*Trypanosoma gambiense*).

The first paper stated that the tsetse flies (*Glossina palpalis*) around the northern shores of the Victoria Nyanza still retain their infectivity for sleeping sickness, in spite of the fact that the native population was removed from the lake shore some three years ago. A series of experiments was, therefore, carried out to ascertain if the antelope, which were fairly common along the uninhabited shores of the lake, were capable of acting as hosts of the parasite of sleeping sickness. Eleven antelope of the waterbuck, bushbuck, and reedbuck species were obtained from a district where tsetse flies and sleeping sickness did not exist. Blood from these animals was first inoculated into monkeys to ascertain if they were already naturally infected with trypanosome disease. They proved to be healthy in this respect. Tsetse flies that were known to be infected with the virus of sleeping sickness were then fed upon each of the 11 antelope. After about eight days the blood of these animals was again inoculated into susceptible animals, with the result that the latter became infected with *Trypanosoma gambiense* in every case. In 8 out of the 11 buck under experiment *Trypanosoma gambiense* appeared in their blood for a few days only (some 7 to 12 days) after they had been bitten by infected flies.

Flies that were hatched out in the laboratory, and had never fed before, were now fed upon the infected antelope, and subsequently upon monkeys. After an interval of about 30 days, required for the development of trypanosomes within the fly, monkeys were infected with sleeping sickness from the antelope by the agency of *Glossina palpalis* in 16 out of 24 experiments. Nine of these antelope infected with *Trypanosoma gambiense* were under daily observation for over four months. They remained in perfect health.

The second paper stated there was evidence that tsetse flies fed on the blood of birds as well as that of mammals inhabiting the shores of Victoria Nyanza. But the conclusion derived from a series of 21 experiments with domestic fowls was that these birds could not act as a reservoir of the virus of sleeping sickness.

## The Nursing of Gonorrhoeal Ophthalmia.\*

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This paper is prepared from the accumulation of experience gained in private duty and later as a post-graduate and head nurse in the Gardner Building of the Massachusetts Charitable Eye and Ear Infirmary.

The cause of this disease and its clinical picture are too well known to go into detail concerning them here.

There are several things, all of equal importance, to be considered in the nursing of cases of this sort: first, the prevention of infection of the nurse, then the prevention of infection of the family and the general public, the protection of the patient's other eye if only one is involved, and the economic feature of as speedy a recovery as possible.

So far as I have been able to ascertain, the average duration of gonorrhoeal ophthalmia, under treatment, has been from ten days to two weeks.

In over fifty cases treated during the past summer at the infirmary, by far the greater number have been off treatment by the fifth day, which has its economic value to an individual as well as to an institution. It also lessens the drain upon the patient's vitality, which is sometimes considerable.

To touch briefly upon each point: first to prevent infection to herself the nurse must have her solutions for her hands ready before commencing treatment. Two bowls large enough to hold several pints of water each should be provided, one of plain water with a medium stiff brush and the other containing a solution of lysol of the ordinary strength for hand solutions. The nails are trimmed straight across and as close as possible for comfort. After touching the patient the hands are scrubbed first in the lysol and rinsed in the plain water. The solutions need not be changed until cold.

Secondly to prevent infection to any member of the family or the general public, the patient should be isolated so far as possible. In the case of a nursing baby, where so ordered by the doctor, it is perfectly safe to put it on modified milk for the four or five days necessary for a cure, and have the mother pump her breasts regularly to keep up the supply. At the end of the period of isolation nursing may be recommenced with no trouble.

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