

fluence; their intelligence was of a different kind.

Dr. Shrubsall then explained Professor Binney's tests for intelligence for children from three to twelve years of age. At the finish Dr. Shrubsall submitted one of the tests to the nurses—two articles, one considerably larger than the other, and asked them which was the heavier. Only one nurse judged correctly, viz., that the articles were of equal weight. Much amusement was caused when Dr. Shrubsall said it had been judged correctly by an imbecile, a chairman of the L.C.C. and a Cabinet Minister.

R. B. D.

### HOW SLEEPING SICKNESS IS CONVEYED TO MAN.

Dr. Sandwich gave his second lecture on Sleeping Sickness on Wednesday, Feb. 14, the subject being "How Sleeping Sickness is conveyed to Man." He said that ten years ago trypanosome fever in natives was considered a mild disease. None were very ill, and its relation to sleeping sickness was not suspected. All diseases are much alike to the native mind, they are all believed to be due to evil spirits, and it is only when hard pressed that natives apply to the white man. It subsequently became known that trypanosomes, which are always present in the blood in cases of sleeping sickness in the first stages, did not always affect health; but when they passed from the blood into the cerebro-spinal fluid, the symptoms always become serious.

An early symptom of the disease is enlarged glands of the neck, and in 1904 an easy and sure method of diagnosis was discovered. By puncturing these glands with a needle, trypanosomes in large numbers were always to be found.

The onset of the disease is insidious. Trypanosomes may be present for a year in the blood before entering the cerebro-spinal fluid. The parasite enters the blood by the lymphatic system. Sometimes the incubation is short.

In negroes little or no discomfort is felt in the first stage beyond swelling of the cervical glands, which can be felt by the fingers. White people are more affected. Intermittent fever, local swelling, eruption, headache and anæmia may be present. Some cases end fatally in a comparatively short period; some may last several years, with even occasional good health.

In the second stage, when the trypanosomes enter the cerebro-spinal fluid, the patient is doomed, though death may be postponed.

The native becomes morose and apathetic. He sleeps, and at this stage eats abnormally. Often he is only lethargic, with tremors and uncertain, staggering gait. He may fall asleep in any attitude or while eating, and he can only be roused for a minute. The skin loses its lustre, tremors become great, bedsores form, and he gradually sinks into an unconscious condition from which he cannot be roused. In individuals these symptoms differ, and cases have been examined where drowsiness is absent.

Nine Europeans, all from the Congo, who were under observation in Paris, were ill from one to three years. They all showed advanced disease of the nervous system in some form. Paralysis, epilepsy, incomplete loss of memory, loss of speech, laughed and cried without reason. One, a missionary, could not repeat the Lord's Prayer.

Hyperæsthesia is also a symptom. A knock causes more or less sharp pain, which extorts a cry. The patient comes to avoid sharp corners. The pain does not immediately follow the knock, but occurs about five minutes after. This symptom is peculiar to trypanosomes.

The majority of cases where sleepiness is recorded are fatal. The treatment is to alleviate suffering. There is at present no evidence that people can be rendered immune. Happily this disease is no longer incurable if the treatment is begun early. A combination of drugs is often successful where one fails.

Combined arsenic and antimony are effective. This disease never spreads away from the water districts where alone the tsetse fly is to be found. Isolated cases away from the area of the fly never infect others. Research has solved the mystery. Trypanosomes can only be conveyed by intermediary carriers. Where there are no tsetse to act as carriers, there is no infection.

"No tsetse, no sleeping sickness."

### THE QUEEN TO VISIT MIDDLESEX HOSPITAL.

The Queen will inspect on March 27th the Barnato Joel Charity and Cancer Research Institution in connection with the Middlesex Hospital. It is understood that it is Her Majesty's desire that the visit should be regarded as being of an informal character.

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