

## OUR PRIZE COMPETITION.

### WHAT DO YOU KNOW OF SLEEPING SICKNESS ITS TREATMENT AND NURSING CARE?

We have pleasure in awarding the prize this week to Mrs. Jepson, 22, Philbeach Gardens, S.W.5.

#### PRIZE PAPER.

Sleeping sickness (Trypanosomiasis) is endemic among the native and European inhabitants of; chiefly, West and Central Africa and the Upper Nile Basin. The cause of the disease is due to a parasite, the Trypanosoma Gambiense; these are found in the blood (they do not inhabit the red cells, but are destroyed by the leucocytes), also in the lymphatic glands and the cerebro-spinal fluid; their appearance in the latter determines the characteristic symptoms of the disease. The disease is spread in a similar manner to malaria, the parasite being inoculated into man by the bite of the tse-tse fly. The incubation period is unknown, the onset being insidious, for Trypanosomes may be present in the blood for a considerable period before entering the cerebro-spinal fluid, and give rise to the graver nervous symptoms; on the other hand the symptoms may appear in a few weeks. Trypanosomiasis may be divided into three stages, the first, consisting of attacks of fever, lasting a few hours or days, with intervals of from one to four weeks; rapid pulse and respiration; painful joints, languor and debility, patches of erythema or congested areas of the skin, œdema of feet and face, enlargement of lymph glands and spleen. The second commences when the Trypanosomes have invaded the cerebro-spinal fluid. The temperature is high of hectic type, rising nocturnally and falling in the morning; there is intense headache and degeneration of the mental condition. The lower lip is everted, becoming dry and cracked, by increased salivation, which dribbles over it. Africans become morose, apathetic, and generally isolate themselves. The patient sometimes eats abnormally, and sleeps to excess, or he is merely lethargic, and can be roused. There are tremors of the tongue and limbs, accompanied by a staggering gait; fits of an epileptic type may occur. The symptoms increase as the disease advances. The third stage shows great prostration and weakness. A papular eruption, or a scurfy condition forms on the skin, bedsores develop readily. Rapid wasting and diarrhoea occur, sleep merges into coma, the temperature falls to sub-normal, and death ensues. An early symptom peculiar to Trypanosomiasis is deep hyperæsthesia; on encountering some object,

a more or less sharp pain is experienced which, curiously, does not occur instantly, but after two or three seconds.

The prognosis is always grave. The African seldom submits himself till the symptoms are too pronounced to be cured. When energetic treatment is begun early, good results have occurred, and cure been effected. A number of drugs have been used, compounds giving better results than when a single drug has been employed. These are: compounds of arsenic, mercury and antimony, also atoxyl and soamine, given in some cases subcutaneously, and others intravenously. Salvarsan has been used beneficially, also tartar emetic intravenously. Results vary; cases apparently cured have relapsed and died; in a few, blindness has been caused through atoxyl. No patient can be said to be cured until Trypanosomes have on several occasions been proved absent from the fluids of the body. The patient should be removed from the region where infection occurred; this is difficult with the natives, who chafe at hospital confinement and return to their dwellings if they can, probably to become infected again. For Europeans the voyage home acts beneficially.

The symptoms must be treated as they arise as they are various, strict observation must always be kept. The strength must be maintained, artificial feeding must be resorted to when it is impossible to make the patient take food in the usual manner. Congestion of the lungs and pneumonia are complications to be guarded against. The patient must be gently handled on account of the hyperæsthesia. Cleanliness is essential, owing to the condition of the skin. Bedsores must be avoided, the position being frequently changed. The mouth, lips and gums must be attended to; alum mouthwashes may be given to help to control the excessive saliva.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Laura M. Dummett, Miss P. Thomson, Miss D. James.

#### QUESTION FOR NEXT WEEK.

Mention diseases which are frequently conveyed by (a) milk; (b) water. Suggest any precautions which can be taken to prevent such infection.

#### VENEREAL DISEASE REPORT.

The report of the Special Committee of the Birth Rate Commission on the Prevention of Venereal Disease will be ready for publication next week.

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