OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF SLEEPING SICKNESS AND THE NURSING POINTS IN CARING FOR A CASE OF THIS DISEASE?

We have pleasure in awarding the prize this week to Miss Rachel Dodd, 123, Eglington Road, Plumstead, S.E.18.

PRIZE PAPER.

Sleeping sickness (*Encephalitis Lethargica*) is an acute specific fever, due to the infection of groups of nerve cells in the brain or spinal cord by a micro-organism or its toxins.

It is characterised by acute febrile disturbance, followed by paralysis of certain groups of muscles, and due to inflammation of those cells in the central nervous system which normally direct their function. Several names have been given to this disease, due to the variation of the local symptoms.

At one time it was chiefly confined to Central and West Africa and the upper Nile basin, when it was found that the trypanosoma gambiense was conveyed to man by the bite of the *Glossina palpalis* species of tsetse fly.

The infection is conveyed from person to person. The disease is most infectious in the first three days, after which the liability rapidly diminishes.

The channel of infection is thought to be the respiratory tract in most cases, and is probably due to Rosenow's coccus.

The lesion is an inflammation of blood vessels, and the nerve cells are functionally affected from restriction of their blood supply.

The incubation period is from two to eight days.

Invasion.—The onset is sudden, with pyrexia and rapidly developing prostration, and pains in limbs and back. In the cerebral type there is stupor usually from the first. There is loss of appetite, general weakness, atrophy of muscles affected, and emaciation; enlargement of lymphatic glands, especially those of the neck.

Coma invariably sets in during first three days, which usually proves fatal.

This disease is often mistaken for influenza.

In persons who survive, localising symptoms then develop, according to the situation of the lesion. There are three types of this disease.

(*a*) *Spinal.*—There is paralysis of muscles supplied by the large nerve cells situated in the anterior cornu. Symptoms are those of polio-myelitis.

(*b*) *Cerebral.*—Characterised by drowsiness, deepening into coma lasting many days or weeks. It is usually fatal. If patients recover, mental weakness is common, with organic alteration. In children it has been noticed that after an attack their behaviour and character changes.

(*c*) *Bulbar.*—Here there is difficulty in speech and swallowing, squints and facial paralysis. When fatal it is due to paralysis of respiratory muscles, causing apnœa.

Insomnia after all types is very common, and tic frequently occurs for some considerable time after convalescence. Sedatives have but very little effect in the majority of cases.

Nursing Care.—The patient must be strictly isolated, particularly at onset, in order to avoid the spread of the disease. Fæces, vomit, urine, and linen of patient should be thoroughly disinfected. Absolute rest and quiet is most essential. The room should be darkened and well ventilated. Temperature, pulse, and respiration should be recorded every four hours, particular attention given to type and character of respirations. Urine should be measured, and retention guarded against. The temperature is controlled by tepid sponging, and cold applications applied to head or cold douches to spine.

The foot of the bed should be raised, to avoid œdema of the lungs from weakness of the respiratory muscles. If limbs are paralysed they should be wrapped in cotton-wool or flannel, and well supported, the bedclothes being raised by a cradle. All pressure points must be rubbed with spirit and powdered every four hours, and the patient's position changed frequently. A water cushion or bed may be necessary. The mouth, teeth, and nose must have special care, and sometimes spraying of the throat with a mild disinfectant may be ordered.

In the acute stage milk should be given, and as much water as the patient can take.

In the bulbar type nasal-feeding is usually necessary. Great care in the feeding of all types is needed. Rectal-feeding often has to be resorted to.

The bowels are well regulated by aperients if possible.

After the acute stage massage and electrical treatment are useful.

Surgical measures are necessary if deformity results.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss P. Thomson, Miss M. McGregor, Miss Jane Ellis.

QUESTION FOR NEXT WEEK.

What are the causes of digestive disturbances among infants, and what steps would you take in such cases?