

served the trypanosome in sleeping sickness, in fact he discovered the trypanosome in the cerebro spinal fluid of 20 out of 34 patients. According to Dr. Mott, the cerebro spinal fluid in sleeping sickness always contains trypanosomes, and likewise the juice of the lymphatic glands by puncture, during life. He also states (proceedings Royal Society, 1905), "the evidence of the existence of trypanosome in the blood of animals dying of trypanosome disease may vary considerably."

Thus far there is a degree of doubt as to the exact pathological condition in sleeping sickness, which only time and further researches can decide.

The disease first broke out in the Province of Basoga, where it is supposed to have been introduced by Emin Pasha's Soudanese, their wives and followers, who settled in Basoga. This disease had been epidemic in the Congo country since the supposition that a certain number were suffering from sleeping sickness in its incipient condition. In this section of country the disease assumed such a severe form that in a short time it reduced the population of Uganda to a minimum. The chief part of the nervous system influenced by it is the brain, the functions of which become gradually disturbed, so much so that the mental attitude of the patient is soon noticed by the relatives. No desire to work, but rather to rest, owing to headache and pains, more or less in the chest. This disease is quite frequent in the Foola country, and more so in the interior, than on the sea coast and, strange to say, children are seldom affected by it. Those giving evidence of the disease exhibit a somewhat ravenous appetite, eating much more than when in usual health, and gradually growing fat; this, however, lasts but a short time, as the appetite soon declines and the loss of flesh becomes quite evident. Squinting and convulsions frequently occur before death. The presence of glandular tumors in the neck are not uncommon in the incipient stage of development, and slave dealers avoid the purchase of such on that account, fearing the development of sleeping sickness. The disposition to sleep is so strong that the desire for food is not marked. The whip, searings, or even blisters fail frequently to arouse the patient from the lethargic condition, which is generally fatal in a few months.

There is usually a dull, heavy, stupid look, and a characteristic slowness in answering questions, and a well defined shuffling gait. The temperature is remarkable, rising in the evening to 101° F. and becoming subnormal in the morning. During the intervals of examination the drowsy lethargic condition steals on, and when he sits down the head nods, the eyes close, and thus he continues, until again aroused and questioned. As to the final issue, much depends on whether the disease will develop an acute or chronic form. Tremors of the tongue and arms are not uncommon, the general reflexes become lessened in intensity,