

ing 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. Also states (proceedings Royal Society 1905) "The evidence of the existence of trypanosomes in the blood of animals dying of trypanosoma disease, may vary very 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 Sudanese and their wives and followers, settled in Basoga. This disease had been epidemic in The Congo country, hence 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 Focla 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 declines, and the loss of flesh becomes quite evident. Squinting and convulsions frequently occur before death. The presence of glandular tumours in the neck, are not uncommon in the incipient stage of development, and slave dealers avoid the purchase 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, setons, 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, in the evenings rising to 101° F. and becoming sub-normal 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, and 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, and drowsiness gradually lapses into coma, and the patient passes away in