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African Sleeping Sickness

The Wellcome Trust Film Unit, 1988.

Written and Narrated by Dr BI Williams.

Character voices: Dick Graham.

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Colour

Duration: 00:14:20:19

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<Opening credits>

<BI Williams narrates over various still images>

Over the centuries, certain parts of tropical Africa have suffered from the notorious African sleeping sickness which has claimed the lives of untold thousands. In this series we're going to consider the progress we've made in our understanding of the fundamental nature of the disease.

What we now know has resulted from the efforts of research workers of the past, all dedicated scientists whose imagination and hard work, often under very difficult conditions, has added to the knowledge man has built up over the years and we now turn to the continuing efforts of their successors for the solution to problems this disease still presents.

<Intertitle: Death of a Mali Emperor 1374/5 AD>

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Our story begins in medieval Africa with the illness and death of a corrupt and tyrannical emperor of Mali.

In the 14th century, the Arab empire embraced the whole of North Africa, and caravan routes across the Sahara brought Arab traders, travellers and professional men to the fertile lands south of the desert. Known to the Arabs as the Bilad al-Sudan, the Kingdom of the Black People. Now at this time, the Emperor of Mali ruled over vast areas of land which stretched from the Atlantic coast to upper Nigeria as we know it today and trade routes across the desert linked towns of North-West Africa like Marrakesh, Fez and Sijilmassa with the flourishing African city ports lying along the upper Niger – Timbuktu, Gao and Jenne the trading ports of the vast Mali empire.

A considerable number of Arabs settled in Mali where they were engaged in various activities – some were traders and shopkeepers, others held posts in such areas as teaching or the legal profession and so the influence of Islam spread through the Kingdom of the Blacks. Of course news from the South was carried back across the desert by travellers such as the inveterate Ibn Battúta who visited Mali in 1352. Tales of strange animals and strange ways of life reached the Arabs in the North, and so when the great contemporary Arab historian Ibn Khaldun met a fellow countryman who'd been living and working in Mali for some time, he listened carefully to the latest news of events in the south and recorded them in his great manuscript, *al-Kitābu l-Sībar*. This is what he wrote down:

<Dick Graham narrates, first in Arabic, then English with strong accent as Ibn Khaldun>

A trustworthy judge, Abu Abdullah Mohammad Ibn Mansur[?] a native of Sijilmassa who had settled in the land of Gago in the Sudan and had been employed in the legal profession at Manikir[?] since the year 776, gave me much information about the kings which I have written down. He told me of the Sultan Jata who had been smitten by this sleeping illness. It is this which frequently affects the inhabitants of that region, especially the chieftains who

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are prone to be affected by repeated episodes of sleep which occur at any time. Those afflicted are virtually never awake or alert or become so only rarely. He said that the illness had persisted in Jata's humour for the duration of 2 years after which, he died in the year 775.

<Williams resumes narration>

This anecdote recorded by the German historian Carl Heinrich Becker in 1910 is the first evidence we have of a sleeping sickness with the characteristics of the disease we recognise today, in the same region of West Africa.

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<Intertitle: The Sleepy Distemper, 1734 AD>

400 years after Mari Jata's death, an English naval surgeon, John Atkins, found himself on duty with the 2 ships, Swallow and Weymouth, sent out from England in 1721 to deal with piracy along the coast of Guinea. After his return to England, Atkins wrote a book he called *The Navy Surgeon*, dealing with the management of the battle injuries sustained by sailors at the time; in fact a text book for medical officers in the navy. However, he added an appendix to his book recording observations he had made while serving off the coast of Guinea, including among other things the illnesses to which the native negro and the European traders were subject. And in this appendix we find his description of what he calls 'The Sleepy Distemper', among those he finds as peculiar to the negroes.

< Graham narrates as Atkins>

The Sleepy Distemper (common among the negroes) gives no other previous notice than a want of appetite 2 or 3 days before; their sleeps are sound and sense of feeling very little; for pulling, drubbing, or whipping will scarce stir up sense and power enough to move and the moment you cease beating the smart is forgot, and down they fall again into a state of insensibility, drivelling

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constantly from the mouth as if in a deep salivation; breath slowly, but not unequally, nor snort.

Young people are more subject to it than the old and the judgment generally pronounced is death, the prognostic seldom failing. If now and then one of them recovers, he certainly loses the little reason he had, and turns idiot.

<Williams resumes narration>

John Atkins had no doubt as to the cause of the disease.

< Graham narrates as Atkins>

This deadly sleepiness in the slaves is evidently a superabundance of phlegm or serum, extravasated in the brain which obstructs the irradiation of the nerves.

<Williams resumes narration>

In John Atkins' time, phlegm was believed to be the body fluid or humour produced by the brain, normally small in amount and draining imperceptibly into the nose. When a patient caught a cold and phlegm was seen pouring down the nose, the assumption was that too much was being produced or retained by the brain. So when John Atkins observed the drivelling at the mouth and nose of the negroes, suffering from the sleepy distemper, he believed this was due to too much phlegm in the brain and suggests that when the negro catches a simple cold he lacks the ability to get rid of the phlegm produced, with the result that the normal functioning of the nerves is obstructed by the retained phlegm. He explains his reasoning thus:

< Graham narrates as Atkins>

Sadly, the natural weakness of the brain I am apt to think the principle cause of this distemper. Doubtless that part gains strength by exercise, i.e. by the employment of our rational faculties as well as the muscles and external

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fibres of the body by labour. And since the Africans are hereditarily ignorant, destitute of all art and science, or any mechanical knowledge to exercise the brain, it consequently grows weaker in its inward structure and recesses and fails, together with the judgment and passions.

<Williams resumes narration>

He admits that none of the cures available are any use.

<Graham narrates as Atkins>

The cure is attempted by whatever rouses the spirits – bleeding in the jugular, quick purges, sternutories, vesicatories, acupuncture, seton, fontanels and sudden plunges into the sea.

<Williams resumes narration>

Unfortunately, the medical profession at the time was unaware of John Atkins' account and the disease appears to have remained unknown outside Africa for many years.

<Intertitle: The Negro Lethargy, 1803 AD>

It was the best part of a century before the second account of African sleeping sickness was published in 1803. It appeared in the second volume of a book entitled, *An Account of the Native Africans in the Neighbourhood of Sierra Leone, to Which is Added an Account of the State of Medicine Among Them*. The name of the author, Thomas Masterman Winterbottom, is eternally linked with the disease for two reasons: his account was the first to reach the notice of medical and other readers and his clinical description included a reference to the enlarged glands in the neck which so commonly occur in the early stages of the disease. This led to the use of the eponymous term, Winterbottom's sign as a description of what came to be seen by some as a diagnostic feature of the disease.

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Winterbottom spent only 4 years in Sierra Leone where he made these observations on negro lethargy. The son of a successful doctor in South Shields, he returned to his home town and lived out his long life there, devoting himself to philanthropic work. His book, which is so often quoted as the first account of African sleeping sickness, was published in 2 volumes; Volume I dealing with general topics while Volume II was devoted entirely to medical matters. The description of lethargy appears at the end of chapter 2 of the second volume, under the heading 'General Diseases', and is contained in one long paragraph.

<Graham narrates as Winterbottom>

The Africans are very subject to a species of lethargy, which they are much afraid of, as it proves fatal in every instance. The Timanees call it márree or nluoi, and the Bulloms, nagónlòe or kadeera. It is called by the Soosos kee kóllee kondee, or sleepy sickness, and by the Mandingos, seenoyúnearee, a word of similar import. This disease is very frequent in the Fula country, and it is said to be much more common in the interior parts of the country than upon the sea coast. Children are very rarely, or never, affected with this complaint, nor is it more common among slaves than among free people, though it is asserted that the slaves from Benin are very subject to it.

At the commencement of the disease the patient has commonly a ravenous appetite, eating twice the quantity of food he was accustomed to take when in health, and becoming very fat. When the disease has continued some time the appetite declines and the patient gradually wastes away. Squinting occurs sometimes, though very seldom in this disease and in some very rare incidences the patient is carried off in convulsions. Small glandular tumours are sometimes observed in the neck a little before the commencement of this complaint, though probably depending rather upon accidental circumstances than upon the disease itself. Slave traders, however, appear to consider these

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tumours as a symptom indicating a disposition to lethargy and they either never buy such slaves or get quit of them as soon as they observe any such appearances.

The disposition to sleep is so strong as scarcely to leave a sufficient respite for the taking of food. Even the repeated application of a whip, a remedy which has been frequently used, is hardly sufficient to keep the poor wretch awake. The repeated application of blisters and of setons has been employed by European sergeants without avail as the disease, under every mode of treatment, usually proves fatal within 3 or 4 months.

The natives are totally at a loss to what cause this complaint ought to be attributed; sweating is the only means they make use of, or from which they hope for any success. No internal medicines are given in the complaint

<Williams resumes narration>

Winterbottom's account of African sleeping sickness, devoid of any theoretical speculation, quite simply introduced the medical profession in Europe to a new, dramatic and lethal disease which appeared to afflict exclusively the West African negro.

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