

**Colonial Biopolitics and Epidemiological Change: The History of Sleeping Sickness in
Busoga(Uganda):1850–1962**

By

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Abstract

Busoga has, over time, experienced recurrent waves of sleeping sickness, a phenomenon shaped by its ecological conditions and its proximity to the tsetse-infested shores of Lake Victoria. Before the diffusion of biomedical knowledge, Basoga communities interpreted the disease through cosmological and spiritual frameworks, frequently associating it with curses, witchcraft, or ancestral retribution. Using ecological theory and the concept of ecological imperialism, this article investigates the shifting epidemiological patterns of sleeping sickness in Busoga from 1850 to 1962. It interrogates the interplay between indigenous knowledge systems, environmental change, and the disruptions introduced by colonial penetration, including forced relocations, labour demands, and the restructuring of landscapes. In analysing colonial medical policies and administrative responses, the study illustrates how imperial interventions both mitigated and, at times, exacerbated disease transmission. The article demonstrates that the history of sleeping sickness in Busoga cannot be understood apart from the complex entanglement of ecology, culture, and colonial power, which collectively shaped the region's disease environment across the nineteenth and twentieth centuries.

Keywords: Epidemics, Pathogens, Environment, Imperialism, Interactions, Ecology.

Introduction

Geographically Busoga is one of the sub regions that makes up Eastern Uganda, its bordered by Lake Kyoga in its North, the Victoria Nile in the West , on its East is river Mpologoma and a number of Islands that separate it from Buganda.¹ Historically, the earliest inhabitants of the area belonged to the Reedbuck clan and were from the Kibwika lineage. These were later joined by many other clans who occupied the North Eastern parts of Lake Kagoa, Southern Busoga, and surrounding Islands of Buyaga and Nsamba among others.²

Busoga comprised of the Northern and Southern Zone and the two receive reliable rainfall with two rainy seasons one in March to August and another from August and December. The area also has a number of rivers such as River Naigombya, River Lumbuye which drew their water into lake Kyoga and thick forests such as Budondo and Kagula. Early inhabitants of Busoga occupied both the Southern and the Northern Zones both areas were filled with swamps and water bodies which are homes to the Tsetse flies which causes the sleeping sickness.

Another major group that occupied Busoga between 1382 to 1409 were the Banyoli and later Bantu clans that came from Mt.Elgon under the leadership of Kintu on their way to Buganda although some the members remained and settled in the area and members who formed part of the sub dynasties that broke off from the Lwo Banito of Bunyoro such as Bulamogi, Bugwere, Bukoli and Bugabula.

From 1700 to 1890, her neighbor Buganda in a bid to expand managed to attain Busoga as its tributary state where the later had to offer material items such as ivory, cattle to Buganda for protection. During this time there was also a formidable trade between Buganda, Bunyoro and Busoga which at times involved traders to move long distances to access the market places like the Kibiro salt market in Bunyoro which exposed them to high ecological systems and pathogens that caused diseases.³ We thus argue that Busoga is composed of various groups of people who settled in areas around the surrounding water bodies which were close to sleeping sickness pathogens and thus their activities and interaction on the environment caused the spread of the disease.

Busoga Ecology: Conceptual Framework

The study uses both the ecology theory and ecological imperialism theory to discuss the recurrent waves of the sleeping sickness epidemics in Busoga between 1850-1962. The ecology theory was developed by A Omran in 1971 and its central point of argument is that the continuous interaction between man and his environment causes diseases. It postulates that as man engages in different survival activities such as agriculture, trade, migration which brings man close to highly ecological systems, exposing him to pathogens and destructs the environment which makes species to look for alternative habitats. Hence pathogens are harbored by man they cause diseases.⁴

The ecological imperialism theory was put across by Alfred Crosby in 1986 and postulated that Europeans not only introduced new diseases in the places they controlled but also their activities such as introduction of cash crop growing, transportation among others, caused

¹ Cohen David William, *The Historical Tradition Of Busoga: Mukama and Kintu*, (California: Clarendon Press, 1972), 52.

² Ibid

³ Peter F.B Nayenga, *History of Busoga*, (Nairobi : East African Literature Bureau, 1976) , 499.

⁴ Ira Klein, "Imperialism, Ecology and disease: Cholera in India, 1850-1950," *The Indian Economic & Social History Review* 31, no.4 (1994): 498.

destructions to the natural ecological sets that enhanced the pace at which diseases were spread. Alfred Crosby argues further that imperialism was as a result of capitalism and took place when there was a high demand for raw materials due to the on going industrialism in Europe. Thus whenever they went the colonialist pushed Africans into the search for raw materials and clearing land where cash crop plantations and modern transport networks would be established which made them come into contact with high ecological environments that exposed them to disease causing pathogens such as the Tsetse fly that caused them diseases.⁵

Busoga as discussed earlier has a rich ecological system that harbored the sleeping sickness pathogen of the Tsetse flea. Boarding major water bodies like the Lake Victoria and the Mpologoma River, it also has lakes like Kagoa and swamps that created an ample environment, a friendly tropical climate, a savanna woodland vegetation and forest in which the flea survived.

With the extension of colonial rule in Busoga region through the famous signing of the Uganda-Usoga agreement on 4th December 1985 and the Baganda sub imperialist under the leadership of Semei Kakungulu, Busoga was brought under British rule.⁶ From then colonial activities such as taxation, forced labour, agriculture and transportation were introduced into the area some of which directly impacted and disturbed the environmental set up which in turn disrupted the ecological set up w form various pathogens that now started looking for new hosts. Humans were the best option and once the tsetse flea pathogens entered the human host it caused sleeping sickness.⁷

With guidelines from the earlier Berlin conference the British set out to make Busoga plus all other areas it controlled self-sufficient. This was done by establishing cash crop plantations of cotton and coffee plus introducing various taxes that would raise revenue required to run them. Cotton farms were established and labor on the farms was provided by the local population. To have a constant and reliable labor supply, cash taxes were introduced and whoever would not able to pay, had in return to sell his labor as an alternative.⁸ The coffee and cotton that was grown across the protectorate and Busoga in particular was transported through human portage to the Jinja Port along the Lake Victoria where it would be shipped to Lake Kyoga then to Kisumu and finally to England, the British employed the Basoga to offer human portage and as they moved they got into contact with high ecological systems and pathogens where they got infested with the sleeping sickness..⁹

In 1926 to further eased transportation the Uganda railway was extended from Turbo in Kenya to Tororo then into area called Mbulamiti in Busoga. During the construction natural environmental and geographical set up were further disrupted which forced the tsetse to further look for new hosts in Human and animals causing sleeping sickness. Besides the construction of the railway also facilitated the movement of the fleas to various places in and around the Uganda protectorate. These altered the natural environment set up that harbored the pathogens and caused diseases¹⁰

⁵ Alfred, Crosby. *“Ecological Imperialism: The Biological Expansion of Europe 900–1900”*. (Cambridge: Cambridge University Press, 2004), 36.

⁶ Michael Twaddle, *“Kakungulu and the Creation Of Uganda, 1868-1928,”* (Kampala: Fountain Publishers, 1993), 48.

⁷ Ibid

⁸ Ibid

⁹ Peter F.B. Nayenga, “Commercial Cotton Growing in Busoga District, Uganda 1905-1923,” *African Economic History*, no.10 (1981) : 185.

¹⁰ Harvey G. Soff, *Sleeping Sickness in the lake Victoria Region of Lake Victoria*, Maxwell Graduate School of Citizenship and Publication, 1968: 8.

The Parable of the Curse

In 1884, Bishop Hannington left Zanzibar under the CMS to embark on a journey to Buganda. He was however to connect to the kingdom through its Eastern neighbor Busoga. By this time in Buganda, the then King Mwanga had received a prophecy that he would be overthrown by a group of whites who would enter his kingdom through the East. In Buganda, the whites bragged about how Hannington and other whites who were coming to the kingdom would help to add on their strength. Basing on all this it was now clear that the idea was ripe for actualization. On hearing that Bishop Hannington had reached Busoga, Kabaka Mwanga dispatched his men to Busoga so that they would stop the advance of the whites to his kingdom and ordered them to kill whoever they would get. When they arrived into the area, chief Luba who was suspicious among the Baganda arrested them but realized them soon.¹¹

The tension and hatred for whites in Buganda continued to be surpassed by the Arabs in the kingdom who always expressed their negativity about the imperial interests of the whites who so determined to overthrow the King. Thus Left the inexperienced 17 year Mwanga with little option and tolerance to the Whites giving him confidence that he was on the right track of ordering the murder of Hannington and other whites and above all ordering many of them to vacate his kingdom.

Before the murder missionaries such as Mackay and Ashe decided to write a letter of intervention to the king where they pleaded with Mwanga to withhold his order. They noted:

“Mwanga, Kabaka Wa Buganda. Mwanga the King of Buganda. Sebbe (Sir), We the Englishmen, your guests, pray you inform us concerning our brother, the bishop, who, we hear is at Luba’s. We hear, moreover, that he is in danger. Therefore, Sir, we pray you to send a messenger to extricate him, and to protect him efficiently ...”¹²

Despite receiving the letter Mwanga continued with his determination to execute the murder order. Soon Hannington and others learnt that they were destined for murder but remained so determined not to give up on their faith and were ready to die in the way of servicing God. To this Hannington lamented that he had purchased the road to Uganda with his blood and requested those present to inform Mwanga about it. On the 29th October 1885 which was the day of the murder, Hannington and others were taken down a Valley near Luba’s Land, stripped naked and murdered in cold blood.¹³

In 1888, Busoga including areas closer to the lake were hit with an outbreak of the sleeping sickness epidemic. With the outbreak of the disease, the masses strongly believed that the strange disease was connected a curse that came with the murder of Hannington. Traditional cleansing ceremonies were held around Busoga to spell the evil associated with the killing. In the event sacrifice and many cultural rituals were held. The diviners and medicine men noted that to completely cleanse the land Hanningtons remains had to be unburied and returned to where he had come from.¹⁴ Chief Luba in whose land Hannington had been buried promised heavy rewards for whoever would led him to the homeland of the deceased Bishop. Soon two men who

¹¹ James Hannington, *The Last Journals of James Hannington: Being Narratives of a Journey through Palestine in 1884 and a Journey through Masai-land and U-Soga in 1885*, (Seeley, 1888), 108.

¹² Robert P. Ashe, *Two Kings of Uganda” Or. Life by the Shores of Victoria Nyanda*, (London: Sampson Low, Marston, Searle & Rivington, 1890), 196-197.

¹³ Ado. K. Tiberondwa, *Missionary Teacher as agents of Colonialism- a study of their activities in Uganda, 1877-1925*,” (Kenneth Kauda Foundation, 1989), 21.

¹⁴ James Hannington, *The Last Journals of James Hannington: Being Narratives of a Journey through Palestine in 1884 and a Journey through Masai-land and U-Soga in 1885*, (Seeley, 1888), 108.

had witnessed the killing indicated that they knew where Hannington had come from. A traditional ceremony to remove the remains was held and then the remains which were put in back clothe handed over to the two. The men then embarked onto a journey to Bumyasi in Kenya where Hannington's remains was finally laid to rest.¹⁵

Despite of all the above, Busoga continued to experience waves of strange diseases including the sleeping sickness and others. In 1892, a sizeable number of the population was hit with another disease of jiggers locally referred to as the Envuza and sleeping sickness which indicated that the occurrence of the diseases was neither connected nor was not due to the traditional view that diseases signed a curse over Hanningtons murder. Hence in this article we adopt the ecological theory as a valid reason for the occurrence of various epidemics in Busoga including sleeping sickness.

Discussion

At this time, the colonial government embarked on sending medical and research teams to see devise means of controlling the epidemics in Southern Busoga. Soon the London school of Hygiene and the Liverpool School of tropical Medicine set teams to investigate more about the epidemics in Busoga and Buganda especially the most affected Islands like Buvuma and Sese Island and many areas close to Lake Victoria which were affected by the disease. After their research, they recommended that if the epidemic was to properly be managed, it was necessary for the masses living on it to be relocated in order to break contact between people and the sleeping sickness tsetse flies flea and the humans.¹⁶ This we argue that this recommendation was in line with the ecological theory that emphasizes that diseases are caused of due to continuous interaction between man and highly ecological environmental systems through their activities that exposes them to disease causing pathogens. Thus by relocating to new places as suggested by the medical teams, the disease would be controlled.

In 1900, everywhere in Uganda where the British rule had been established the Hut tax which was payable by everyone who owned a hut with an amount of 3 rupees was introduced. The tax was not only considered high for the natives but highly resented and thus during the collection times, the local Basoga population ran into hidings into the nearby forests and swamps far away from the tax collectors. In places they hide, they encountered with high ecological systems that harbored the Sleeping sickness pathogens which caused the disease to them.¹⁷

In 1901 February 13th, Albert Cook a British medical doctor at Mengo hospital wrote to the then sub commissioner of Bugosa where he mentioned to him about an outbreak of the sleeping sickness epidemic in his area. He noted that he had rumors that many of the people in this area had presented signs of the disease and were dying of it. Hence he requested him to investigate more about the disease. The commissioner soon took on the task and sent medical teams to collect blood samples from the masses suspected to have the disease which upon being tested were found to be positive for the disease. In a report from the sub commissioner to the protectorate Government he showed how devastating the disease was where he noted that:

The disease is most prevalent in the Bosoga District, especially on or near the lake shore, From Lukalongo's Eastwards, the entire country is almost depopulated. 'Lukalongo' (chief) is now ill and old chiefs up to the Sio river are dead. Ongoing round in that

¹⁵ Ibid

¹⁶ Daniel R. Headrick , "Sleeping sickness epidemics and colonial responses in East and Central Africa." *PLoS neglected tropical diseases* 8.4 (2014): e2772.

¹⁷ Ibid

direction, the country appeared to be a vast burring ground, anything as the grave. Here and there people who suffered from the disease could be seen lying in the sun, insensible to all their surroundings. They were as good as dead. Others again who were in a semi-dying state did not apparently mind much. They state that there was no cure for the disease, that they would soon follow relatives who had already succumbed to the malady and gone before them...¹⁸

In response to this the Jinja Medical personnel, Aubrey Hodges was then tasked to carefully study the situation, report on the affected areas and what needed to be done to deal with the disease. After thorough investigation he noted that the most affected areas ranged to a radius of twenty five miles away from the Lake Victoria and thus advised that these should be vacated since they were dangerous to human habitants. The areas included Buvuma, Ssesse, Bukoli, Luba, Bunya, Nunyoli, Bukooli among others some of which were located in Busoga while a few on the Buganda side of Lake Victoria. In his report he also noted that sleeping sickness was caused by the Tsetse flies whenever they bite a human which further emphasizes the theory of ecology. He thus advised that to avoid contact between the fleas and humans, the latter must be relocated.¹⁹

Another investigation team under the leadership of Van Hoof of the sleeping sickness commission was dispatched to Southern Busoga to study the situation further. In the report they noted that the flea was common to places close to the water bodies affirming what the previous team had suggested and additionally recommended that people living in such areas must be relocated.²⁰ In response the protectorate government embarked on enforcing the relocation although met a lot of resistance from the locals since these were homesteads and ancestral lands to these people. By moving away it met losing their land and destruction to their economic activities. Due to pressure many of the masses were made to vacate the danger zones to new places that were disease free. The vacated areas soon were seen with unattended banana plantations some with ripe and rotten bananas and weed.²¹ The bushes in the affected areas were also cleared and then areas disinfected reducing the sleeping sickness pathogens.

As the British enforced the relocation, some locals returned to their original homelands claiming that they already had knowledge on how to deal with the sleeping sickness epidemics and had local herbs to treat the disease. On the other hand Europeans disregarded the effectiveness of the local herbs in treating the disease and thus emphasized that vacating the affected areas was the only option they had if the disease was to be contained.

In April 1902, the protectorate government was informed that the death tolls of the disease was over 20,000 causing great tension thus prompting more medics to be sent into the area. By July that year Cuthbert Christy, George C Low and Aldo Castellani arrived in Busoga to work with the team already on ground on how they would contain sleeping sickness. Although the new members were rejected with the old ones, they also faced financial constraints to accomplish their work. In the same period 200 more death cases were reported at Buvuma an Island near Luba for the sleeping sickness and many others reported to be sick.²²

The new times press in August 1902 of England published an article that indicated how horrible sleeping sickness was in the Ugandan protectorate where it noted:

¹⁸ Willian Grant, "Sleeping Sickness in Busoga", District Report for November, 1901. UNA/A34/096.

¹⁹ Ibid

²⁰ E.S.A., A27/16/1902, Aubrey D Hodges, Report on Sleeping Sickness", 1 April, 1902.

²¹ Christy Cuthbert, "Sleeping Sickness," *Journal of the royal African Society*, 3 (1906): 6.

²² Ibid

It would be difficult to exaggerate the rapidity with which this dread scourge is spreading in Uganda and no one knows how it comes, whether by Mosquito as in the case with Malaria, or in the water, food or what and no one knows a cure. This prompted the sending of more medical experts to investigate about the disease.²³

Following such publications and mounting pressure over the disease in Uganda, in 1903 David Bruce who was a member of Royal Society Commission arrived in Uganda to investigate more on sleeping sickness. When he studied the Ugandan case, he reported that the disease was only transmitted by the tsetse fly to humans and that the flea lived majorly in the woody bushes, vegetation and surround islands on Lake Victoria. In this same period Albert cook accompanied by another doctor from Mengo called Bond went to Busoga to observe the situation. They noted further how the disease had badly hit the area causing devastating effects where they observed that:

The journey was in many respects a sad one, large gardens, once the scene of busy life, we found almost deserted. houses were falling down, fences were in ruins, weeds and wild undergrowth were choking the life...²⁴

While there, they noticed increase in the death tolls to over 90,000 people since the chiefs in the affected areas were advised to keep a side a stick for each number of death that occurred in their area. Albert cook noted that in a single day over 1000 sticks were collected which indicated how severe the epidemic was in Busoga.²⁵

In the following year 1904, more death were reported which prompted the medics on ground to move village by village to search for the sick so that they would be sent to the isolation and treatment centers. Surprising in most of the homes they visited, they were told that there were no sick ones implying they had hidden them in fear of being evacuated from their ancestral homes as the case was before. Since all reports indicated that sleeping sickness only spread through a flea bit to humans, the colonial government took tough measures once again to vacate all those that lived on the labeled danger zones.

On 14th July 1904, the Lancet medical journal published an article in which they called upon the protectorate government to relocate all those on the danger zones if they were to manage the sleeping sickness scourge where they noted:

The alarming spread of sleeping sickness or human trypanosomiasis, in Africa and the apparently hopeless prognosis when infection has taken place, render the establishment of effective measures peculiarly urgent... its obvious that we are face to face with a real danger and that there is a need for some endeavor to stop the advance of the disease. The cause is now known, and the means of combating infection are apparent; it is therefore a matter for the administration of the areas in danger of infection to deal with. Neglect to carry out preventative measures must inevitably result in a loss of life among the great natives populations concerned alarming to contemplate, especially when it is recalled that the disease has practically depopulated some of the districts in which it has appeared.²⁶

This mounted pressure on the protectorate government to start thinking of possible ways of dealing with the disease. In the next two months, Sir Hesketh Bell began a process to plan on how

²³ Ecclesiastical Intelligence, Times 23 August 1902 P.5. The Times Archives.

²⁴ Alfred Robert & Alfred Tucker, *Eighteen Years In Uganda & East Africa*, (London: Edward Arnold, 1911), 315.

²⁵ Ibid

²⁶ Editorial, "The Prophylaxis of Sleeping Sickness," The Lancet Vol 2, July 14, 1906:101-102.

to relocate the locals who were living in the sleeping sickness flea zones although his plot would only be actualized with an official approval from England. He noted as indicated in his daily dated 14th September 1906:

The more I think of it the more iam convinced that the only way to stop the spread of the disease is to break one of the links in its transmission. As we cannot break the chain by the destruction of the fly we must with draw from the insects the source of their infection...we must withdraw from the insects the source of the infections.The whole country must be depopulated. These seems to me to be no other course than to remove everyone from the reach of the fly for an indefinite period...²⁷

The colonial government ordered that all people residing in the infested areas should be vacated with in a period of three months. Whilst some complied by relocating, others ignored the order claiming that the land they were being evicted from was theirs traditionally and belonged to them. To encourage relocation, the colonial government worked with the local chiefs to talk to the masses and advise them to be vigilant against flea bites since they noted that some masses were careless. To this Hodges and the Busoga District Commission said:

If a piece is set on fly, the natives wish to benefit by it will go or send their to places where the flies are most numerous and not where most harmful which at some times result in those becoming infected who would not normally come in contact with the fly.²⁸

When the Busoga District Commissioner replied that:

this is a strong point. But if the children and others are catching flies they will not often allow themselves to be bitten. At present the natives allow flies to Swarm over them and I doubt whether attempts to catch and kill the flies would cause an additional danger to the people...²⁹

On receiving the above communication, Hodges responded by noting:

Natives allow the flies to bite them with impunity but we are trying to teach them to avoid it. One of the favorite methods of capture by fly boys of the sleeping sickness commission was for one to allow themselves to be bitten so that to allow others to catch the flies while feeding when they are more easily taken.³⁰

All the above indicated and affirmed that the protectorate government blamed the masses for allowing the flies to bite them which causes sleeping sickness. Hence the colonial regime took more tough measures to control sleeping sickness. Immediately, they ordered anyone who was moving by boat or canon had to ensure that they are not bitten while on board and to this official teams were sent to do inspections and in cases where any flea was found on a boat, the owner had to pay a cash price equivalent to 100 rupes while those on board would be punished for being careless.³¹

The colonial government ordered that all bushes around the infested areas are cleared and disinfected. The clearance was to include all bushes and swamps from the Nile basin and Lake Victoria in Buganda, Busoga which was in the British protectorate, the Kenyan colony and Tanganika if the measure was to attain success. It was also necessary to limit movement especially along the Nile Congo route since this was regarded to harbor the sleeping sickness

²⁷ William Horald Ingrams, *Uganda: A Crisis of Nationhood*, (HM Stationery Office, 1960),142.

²⁸ Dr. A. Hodges , Communication to the Busoga District Commissioner on Sleeping Sickness, Secretariat Minutes 874 (Entebbe: Government Printer, 1906), 874 a.

²⁹ Ibid

³⁰ Ibid

³¹ Ibid

pathogens that had been carried with to vast areas through long distance movement. In response, a strict quarantine was issued to control and contain the spread of the disease and 800 pounds released to clear and disinfect the bushes and swamps in Busoga first then later Buganda.³²

On 11th September 1906, the Entebbe protectorate government office received a letter from the central sub commissioner of Jinja Busoga in which he was seeking permission to clear a bush suspected to harbor sleeping sickness pathogens and that he required a total of 10 pounds to so the task. Using the money at his disposal with permission from the British he accomplished the task.³³

In March 1907 due to the decreasing number of sleeping sickness cases in Busoga at the time, some people who had initially moved away began to return to the area where they engaged in various economic activities such as agriculture and fishing. As a result to discourage reoccupation the government passed, the Uganda Fishing ordinance which prohibited the selling of fish and food from the affected areas and ordered that all unoccupied huts and farms burnt.³⁴ This was met with stiff resistance from the locals, some of them moved their fishing camps to new places away from those that were known and always inspected. In the same period the ordinance to depopulate all people who were living at a radius of two miles from the lake to reduce contact between humans and the Tsetse flies was enacted.³⁵

In August 1907, four sleeping sickness camps were established to treat and cater for the sick including the Busu camp and Bugala camp in Southern Busoga where the very sick patients were sent, Bumangi camp at Buvuma. At the isolation camps, although most patients were treated, catered for some died while others were often attacked by wild animals which injured the sick who were already weak and vulnerable which refrained masses from willingly accepting to be sent to the camps.³⁶ Hesketh Bell reported about the miserable situation he saw at the camps where he observed:

“Everyone who went into them (camps) seemed to die sooner or later and it was evident that the natives placed little faith in our efforts to cure them.” ...we came to those who were in the last stages of the disease. Lying about on beds of withered leaves, they had reached a state of emaciation that was horrible to see. The unhappy creatures looked like skeletons, and only their doleful moaning indicated the presence of life.³⁷

In 1908, the colonial regime using funds from well-wishers built a small hospital in Iganga to treat sleeping sickness patients. The facility had two wards, ten bed and a treatment room for Indians and British citizens. By this time most areas around the lake at Lake Victoria had been badly affected by the disease causing death, famine and starvation. To this the British protectorate officer Wilson noted:

... on the way to Iganga one came across old men and women and children and poor creatures of nothing but skin and bone. So pitiable were the situation that it was hard to

³² Letter from the Workers and Estates department to the central Commissioner, Entebbe , 23th February 1906, Entebbe Government Printer: 1906, 293.

³³ Letter from the Deputy Commissioner Entebbe to the Sub Commissioner Central Province, Jinja 27th September 1906 , Entebbe Government Printer:1906, 293

³⁴ Uganda National Archives Secretariat minute 874. 1908 b :Entebbe, Uganda, A42/6/UNA

³⁵ Ibid

³⁶ Bell, Hesketh, Report on the Measures Adopted for the Suppression of Sleeping Sickness in Uganda, London : His Majesty's Stationary Office , 1909 p.20.

³⁷ Bell to the Secretary of State for the Colonies, Report on the Progress of Sgregation Camps and Medical Treatment of Sleeping Sickness in Uganda, December 1907-1908. UNA/Co 536/20/185.

remember that we must rush on to provide relief for hundreds of thousands out of sight, and not to give way to the temptation of the moment to deal with the visible individual sufferings. We came across bodies of those who had died of sleeping sickness and hunger on the way side, on occasions within a few hundreds of yards of relief. I learnt that on one day there had been quite a simple change position of a depot and that deaths actually occurred when walking half a mile from the old position to the new one.³⁸

In April 1909, all people leaving close to the danger zone at a radius of two miles were given an ultimatum to leave the area within two months. Only 12 people willingly vacated Sesse and 34 from Buvuma despite the wide resistance from the locals. Soon with force many were relocated to new places. Kweba a Saza chief from Ssesse and chief Mbubi from Buvuma sent by their people inquired from the British how soon they would be allowed to go back to their traditional homes. They noted:

How long shall it be before we go back to our country, if it is certain that when sleeping sickness has come to an end shall we return to the Islands? We hear that we shall be free from the payment of taxes for the payment of taxes for two years... the time should be more... three years. Where shall such people get food when they live on waste land? Shall we the Saza chiefs continue drawing our pay?³⁹

Hesketh Bell, upon receiving the above information refused to honor the request of giving them a three year tax holiday but agreed to pay whoever collaborated with them on adherence to the measures put to control sleeping sickness. In the next few months, the two chiefs embarked on convincing their people to follow the sleeping sickness measures which resulted into open confrontation in which Chief Mbubi was attacked and many others killed.⁴⁰ 200 people soon left and resettled to the mainland due to raising insecurity which followed by the protectorate government burning their farms and property they left behind.

By November 1909, many natives had already returned to their land which prompted the government to send inspectors to evict those that had illegally returned to the danger zone. This led to serious riots forcing the protectorate government to open a few of the previously closed areas like Jiba for reoccupation.⁴¹ However they set up conditions for the above areas which included an area was to be opened officially if it was considered safe, having enough number of people willing to resettle since this would help in clearing bushes and besides for any area to be opened it had to have either no or only a few fleas.⁴² Despite of this, some areas that were not officially opened were occupied illegally, by 1910 a fine was charged for anyone found in the danger zones. Soon a number of those that returned to the danger zones succumbed to sleeping sickness and silently buried in the forests as reported by the inspection teams where they noted:

It was no uncommon sight to find dead bodies in the huts half eaten to the jackets and leapards in the forests and shambs. the Bavuma only covered their dead with a little earth and a few stones so that it was very easy and stones so that it was easy for these animals

³⁸ Rev J Roscoe, A Brief Report of a Tour through Busoga and Bukedi , May and June 1908,G3/A7/O/1908/196/CMS.

³⁹ Michael Twaddle, *Kakungulu and the Creation Of Uganda*, (Columbus, Ohio State university Press:1993),89.

⁴⁰ Ibid

⁴¹ Uganda Protectorate Medical and Sanitary report, 1909, UNA, A46/321 Entebbe: Government Printer

⁴² Ibid

to dig them up and devour them... in the night they would make a hole in the walls of the huts and drag the sick into forests.⁴³

Throughout 1910-1913 sleeping sickness continued to pose a threat in Uganda and Busoga in particular. At Buvuma Island over 400 people had already returned to the danger zones as reported by Ham Mukasa was the chief saza. The protectorate government sent inspectors to the area. While on ground, they held meetings with the various heads men and advised them to encourage their people to evacuate the infested areas. Further a full year hard labor punishment was put on whoever was found occupying the stated areas.⁴⁴ A pamphlet was written, translated in both Luganda and Lusoga by Hodges explaining how sleeping sickness is caused, how to control it and what had to be done to contain the spread of the disease. It encouraged people to avoid the Tsetse flea infested areas and encouraged bush clearance around homes.⁴⁵

In this period the administrative officer of Ssesse Carpenter Hake was tasked to survey and report back about the infected areas. In his report he noted that the Tsetse was common to a radius of eight miles away from the lake and these were prone for the sleeping sickness disease. He also suggested that while those living in the safe areas would be allowed to continue staying there with maximum protection from the government through continuous monitoring and control, On the other hand he noted that those in the illegal areas, needed to be sensitized about the dangers of occupying such places and the choice to leave or stay in them would be made by an individual.⁴⁶

The period 1910 to 1913 in Uganda generally marked continuity in the spread and reoccurrence of epidemics. As the world entered 1st world war, the protectorate government halted many programs including those on health as it prepared for the war. In 1918, new approaches were adopted to deal with epidemics. This period collided with more persistent famine and drought in Buganda and Busoga making the population their prone to diseases as observed by Father Willemen a missionary who lived in Busoga noted:

By April 1917, the food scarcity was already so great here that many people left this area. Others however tried to live on roots and leaves they found in the forest. At last the rains set in and after three months there was a scanty harvest of millet. The people hoped again for the next crop, of peas but these also failed in nearly the whole area. In December they planted potatoes but these did not get sufficient rain to bear and they had to eat their leaves. By January the dryness was too much and ever thing fried again.⁴⁷

To get food, the people moved for long distances into the nearby forests such as Mabira where they would hunt. The distance and the high ecological systems in such forests made them prone to diseases, besides these were homes to trypanosomiasis pathogens which exposed them to the sleeping sickness.⁴⁸

⁴³ Uganda National Archives (1911:5 c) Secretariat Minute 1091: UNA, A46/425 Entebbe Archives ,Uganda.

⁴⁴ Ibid

⁴⁵ Ibid

⁴⁶ Hoppe Arden Kirk, "Lords of the Fly: Colonial Visions and Revisions of African Sleeping Sickness Environments on Ugandan Lake Victoria 1906-61." *Africa* 67, no.1 (1997):87.

⁴⁷ Uganda Protectorate, Famine and Drought 1917-18, UNA/8/11/35

⁴⁸ Marc Dawson, "Socio-Economic & Epidemiological Change in Kenya 1880-1925," (PhD Thesis, University of Winconsin, Madison, 1983), 167.

From 1919 onwards to 1939, with reduction on the disease in both Buganda and Busoga the previously labeled sleeping sickness zones were reduced to a radius of one mile from the lake, more island opened for settlement by the colonial government. Natives on the reopened land were provided with free boats and canoes but all boat owners were required to register, attain licenses to allow them operate and inspectors were sent to the areas for monitoring occasionally.⁴⁹

In 1939 as the world experienced the Second World War, the protectorate government in Uganda adjusted its resettlement scheme where it made it compulsory for each family living on the opened land to ensure that it planted trees and cleared bushes to help in eradicating Tsetse flies. Similarly to further prevent contact between the flea and people, special places were demarcated for fishing, collecting water and other human activities both on the Islands and lake shores. To boost the economic viability of the resettled people, the government exempted them from taxation and provided free seedlings for whoever wished to carry out agriculture.⁵⁰

Despite of all the above measures to contain the disease, in 1940 Busoga experienced yet another episode of the sleeping sickness disease that continued throughout the Second World War period in mainly places such as Jinja, Buluba Iganga and Kakira. This was attributed to the lack of proper supervision by the government to ensure that the measures were being followed that allowed natives to settle in the disease infested areas, At the Kakira sugar estates, the disease attacked many of its workers, in Jinja many people from the Northern lake shores of Victoria were admitted at Jinja hospital some of whom died a few days later.⁵¹ A treatment and an isolation camp was erected at Bugiri and by December the facility had one hundred patients, registered 1,838 cases and 209 death reported cases.

From that time to independence, more closed areas were opened up for settlement in the Busoga sub region due to the pressure that the colonial government got on the need to change the resettlement plans. This however required that anyone who was willing to settle in the opened areas had to undergo a mandatory medical checkup periodically. Masses were also not allowed to go in to the danger zones around lake victoria and the Nile river which were homes to the fleas and all bushes which were bleeding places for the sleeping sickness pathogens had to be cleared and burnt periodically. Although the above conditions were set, many masses failed to comply with them which made the recurrence of the sleeping sickness epidemic in the years that followed.⁵²

Conclusion

In Uganda, Busoga sub region was an epicenter of the sleeping sickness epidemics that caused devastating demographic loss from 1850 to 1962. The London school of Hygiene and the Liverpool School of tropical Medicine sent teams to investigate more about the epidemics in Busoga and Buganda especially the most affected areas. They reported that human contact through activities such as agriculture, farming, trade exposed people to the tsetse fly and the trypanosomiasis causing the disease. Hence it was recommended to break such contacts which support the theory of ecology that was adopted in this paper. The protectorate government from then took measures to compulsorily evacuate people that lived in the danger zones, cleared and

⁴⁹ Ibid

⁵⁰ Gerald Rex Barney, "Resettlement in the South Busoga Sleeping Sickness Area", *East African Medical Journal* 45 no. 50, (1968) :263-5.

⁵¹ Ibid

⁵² Ibid

disinfected bushes. These being traditional homelands to the natives, resistance was inevitable to the tough sleeping sickness control measures and explains why the local population always returned to them causing recurrence of the sleeping sickness epidemics throughout the colonial period..

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