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African Ecology and Imperial Power: Politics of Disease Control in Colonial Uganda, 1894–1962

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Abstract

The relationship between political economy and public health has long shaped the trajectory of diseases in African societies, particularly under colonial rule. This paper examines how British colonial economic priorities in Uganda during the nineteenth and twentieth centuries contributed to the emergence, spread, and management of major epidemics. Driven by the imperative to secure revenue, ensure self-sufficiency, and sustain the imperial economy, the colonial administration prioritized cash-crop production, taxation, and infrastructure expansion over the health needs of local populations. These policies disrupted subsistence systems, intensified ecological exposure, accelerated mobility and urbanization, and altered social structures, conditions that heightened vulnerability to infectious diseases. Yet, when epidemics began to threaten economic productivity and administrative stability, the colonial government introduced a range of both coercive and non-coercive interventions, including sanitation campaigns, forced

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evacuations, and mass public-health sensitization. The paper argues that colonial economic policies disrupted the traditional set up and created fertile ground for epidemics to unfold, while the subsequent disease-control measures though some often authoritarian played a role in curbing their spread. Situating epidemics within broader historical and economic transformations, the study examines the importance of integrating community engagement and attention to social determinants of health in contemporary public health strategies in Uganda. This paper makes a significant contribution to the historiography of colonial medicine, environmental history, and public health in Uganda and Africa generally from 1894 to 1962.

Key Words: Colonial Medicine, Control, Diseases, Ecology, Economy, Imperialism, , , public health policy, Spread.

Ecology: Theoretical Framework

The study uses both the ecology theory or epidemiological transition theory and ecological imperialism theory to discuss the ways through which colonial activities intensified the recurrent waves of epidemics in colonial Uganda 1850-1962. The ecology theory was developed by Abdel R 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 habitants. Hence pathogens are harbored by man they cause diseases.[4]

On the other hand, the study also adopted the ecological imperialism theory as 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, causing destructions to the natural ecological set up that enhanced the pace at which diseases were spread. Alfred Crossby 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

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

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.[5]

Uganda had a rich ecological system that harbored the pathogens that caused diseases. Major has many water bodies like the Lake Victoria and the Mpologoma River, Kyoga and swamps that created an ample environment, a friendly tropical climate, a savanna woodland vegetation and forests like Mabira in which the many pathogens survived. The above theories are used in this study to show how colonial policies caused disruptions to Uganda's ecology which contributed to the emergency and spread of diseases in Uganda. Yet when diseases emergency they threaten the colonial stability and economic production prompting the British to quickly come up with measures to curb them.

Introduction

Africanist historians like Helger and John Lllith argue that while Africans had experience and knowledge on how to handle diseases locally using traditional approaches such as inoculations, engaging with traditional healers to curb diseases and using local herbs among others.The coming of foreigners such as Arabs and Europeans did not only bring new diseases but their activities intensified the pace at which diseases spread in Uganda turning many into epidemics. To the Eurocentric scholars however Africa as a continent was filled up with diseases and regarded as a white man's grave and thus their coming contributed to managing the diseases and liberating the continent from harsh conditions. Various famous poems such as 'The white man's grave' was thus composed to show how hard life was in Africa where it says:

> The white Man's Grave, The Sun, a fiery, cruel decree, Beats down on sands of history. A land of beauty, wild and free, But fat's harsh whisper, "Be not here." The fever whispers, chills the bone, A silent death, a chilling zone, full of diseases. The white man's grave, a whispered groan. Where dreams and hopes are overthrown. The sun-scorched plains, the jungle deep, where vibrant life and dangers sleep. The white man's grave, where warriors weep, and secrets hidden, futures sleep. The palm trees sway, a mournful dance, to echoes of a fading chance. The white man's grave, a tragic glance. At Life's harsh curve, a cruel expanse. But history's sands, they tell of more than just the white man's painful lore. A tapestry, elected on the shore of lives entwined, forever more.[6]

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

[6] Philip D Curtins, "White Man's Grave, Images and Realities," *Journal of British Studies*, Vol 1, No.1 (1961): 98.

In another poem written by Rudyard Kipling 'The white man's burden' it was observed that:

> Take up the white man's burden- send forth the best ye breed go send your sons to exile. To serve your captives need to wait in heavy harness…Take up the white man's burden-In patience to a bide. To veil the threat of terror and check the show of pride. By open speech and simple, and hundred times made plain. To seek another's profit, and work another's gain. Take up the White Man's burden-The savage wars of peace- Fill full the mouth of famine. And bid the sickness cease; and when your goal is nearest The end for others sought. Watch sloth and heathen folly. Bring all your hopes to nought….[7]

With the establishment of colonial rule in Uganda through the famous 1900 Buganda agreement and extension of colonial rule to other areas around the protectorate, similar agreements were signed like the 1895 & 1914 Busoga agreement, 1901 Ankole agreement etc. The Baganda sub imperialists under the leadership of Semei Kakungulu were sent to Busoga and Nuwa Mbaguta to the Western region which soon brought these places under British rule.[8] Colonial activities such as taxation, forced labor, agriculture and transportation were subsequently introduced into the protectorate some of which directly impacted and disturbed the environmental set up which in turn disrupted the ecological set up. This made the various pathogens to look for new hosts in humans and caused diseases like sleeping sickness, smallpox,plague etc.[9]

With guidelines from the earlier Berlin conference the British set out to make its colonies 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 which indirectly contributed to the emergency and spread of diseases. Cotton farms were established and labor on the farms was provided by the local population. To ensure a constant and reliable labor supply, cash taxes were introduced, those unable to pay were compelled to provide labor as an alternative.[10] The coffee and cotton that was grown across the protectorate 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 natives to offer

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[7] Rudyard Kipling and James Thomas Wise, "The White Man's Burden." (1899) Cited in Wells H.G. Kiplings The White Mans Burben and its Afterlives." *Taming Cannibals: Race and Victorians* (2011): 203.

[8] Michael Twaddle , " *Kakungulu and the Creation Of Uganda, 1868-1928*," (Kampala: Fountain Publishers, 1993), 48.

[9] Ibid

[10] Ibid

human portage and as they moved they got into contact with high ecological systems and pathogens where they got infested with the various diseases.[11]

To further simplify transportation the Uganda railway was extended from Turbo in Kenya to Tororo then to Mbulamiti in Busoga and late was connected to other parts across the protectorate. During the construction natural environmental and geographical set up were disrupted which forced various disease pathogens to further look for new hosts in Humans and animals causing diseases. Besides, the construction of the railway also facilitated the movement of pathogens like the plagued black rat to various places in and around the Uganda protectorate.[12]

Given the above, it's clear that European colonial activities intensified the pace at which diseases spread since they altered ecological systems that exposed masses to pathogens that caused diseases. To protect the colonial economic interests, the British imperialists came up with solutions to handle epidemics as presented in the discussion below.[13]

Discussion

Colonial policies and Epidemics in Uganda From 1895 to 1919

The first major sleeping sickness epidemics broke out in Southern Busoga and Buganda Islands of Buvuma and Sesse in 1895. At this time, many Basoga local natives believed that the disease was as a result of a curse emanating from the murder of Bishop Hannington in 1885 that had occurred in their area. To Buvuma and Sesse Islanders, the disease had been brought in by the British colonialists to drive them away from their fertile land so that they would occupy it and use it to fulfill their economic interests.[14] To help in the containment of the disease, the British sent a medical team from the London school of Hygiene and Liverpool school of tropical medicine under the leadership of Robert Koch to do investigations on the affected areas. The team settled at Sesse Island where they examined the patients and observed that the disease was spread through human contact with the sleeping sickness pathogen (Tsetse fly). Thus they

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[11] Peter F.B. Nayenga, "Commercial Cotton Growing in Busoga District, Uganda 1905-1923," *African Economic History*, no.10 (1981) : 185.

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

[13] "Annual Medical Report for the Year Ended 31 December 1924,Entebbe Archives, Uganda. Government Printer, A47,ugo/001.

[14] Harvey G. Soff," A History of Sleeping Sickness in Uganda: Administrative Response 1900-1970," (Phd. Dis., Syracuse University, 1971), 2.

advised that the masses on the island had to vacate.[15] To effectively remove people from the affected areas, the British needed to work with local leaders to convince them since the masses had strong attachment to their ancestral land. The sleeping sickness epidemic deprived society of their strong and energetic men who engaged in agriculture and other viable colonial economic activities. This resulted into food shortages and starvation which forced people to go into the bushes and forests to catch game for survival that exposed them to high ecological systems and pathogens that caused diseases.[16]

Shortly in 1897 various parts around the protectorate experienced serious cases of the syphilis epidemics which threaten the possible colonial labor force that would have engaged into economic productivity. To safeguard their economic interests further, the British once again sent another medical team under the leadership of F.J. Lambkin to study the situation in the affected areas. These worked with Albert Cook of the Church Missionary Society and after their investigations they noted that syphilis was more serious than sleeping sickness in Buganda, Busoga and Bunyoro. They further observed that it required immediate attention to curb the disease before it caused more devastations. In regard to this Lambkin observed that:

> …investigations with regard to syphilis in that part of the world. The consequence was that syphilitic disease gained a firm footing in the protectorate, and, being left to its self, caused devastation everywhere among its inhabitants… in fact, as things stand at present of syphilis, the entire population stands a good chance of being exterminated in a very few years …[17]

In 1899, there was a smallpox outbreak in Buganda as noted by Albert Cook during the dry seasons. The disease spread widely resulting into cases of death and famine in the kingdom.[18] At the same time it was reported that over 500 porters from Buganda who were traveling from Kikulu drank dirty river water had been infested with dysentery and 150 died on their way back.[19]

Earlier on in 1899 as a measure to control syphilis, the British and the Lukiiko which was Buganda's legislative body had been passed a law under Article 17 that refrained women from

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[15] Daniel R. Headrick , "Sleeping sickness epidemics and colonial responses in East and Central Africa." *PLoS neglected tropical diseases* 8.4 (2014): e2772.
[16] Ibid
[17] Ibid
[18] Albert Cook to his Mother, 19 April 1899, Albert Cook Papers, A78/Box 1, Entebbe Archives, Uganda.
[19] Grant to Ternan, 16 June 1899. FO 2/202, PRO; Hanlon to Henry, 10 July 1899, UGA/2/E/1/ MHM, Uganda Archives (UGA).

visiting Arab dwellings. This was intended to reduce infidelity and adultery which had been singled out as the prime cause in the spread of syphilis in Buganda.[20] In the same law it was made a must for all prostitutes to undergo medical examinations for STD's and treatment if found sick. The article noted:

> When any person is known to be a prostitute, and the Gombolola chief has reason to believe that she may be an infected person, she shall send her forthwith to the nearest medical officer to be examined, and if it is found that she is quite free from Venereal disease she shall go free, but if she is found to be infected person she shall be liable to be kept in the Venereal treatment Centre… for the cure of her disease.[21]

In 1900 with the signing of the Buganda agreement by Henry Johnson, Daudi Chwa and the three legends, land was divided into crown and mailo which disrupted the indigenous land tenure system. Local Baganda had to vacate the crown for the British and relocate to the latter. At the mailo land the lower Baganda class the *Bakopi* did not own land but were compelled to offer labour on the chief owned plantations and farms. On the other hand as the locals left the crownland, leaving their farms and ancestral lands unattended to, it gave room to the growth of bushes and disease that became suitable habitants for pathogens. To the mailo land much as the *bakopi* cultivated on the chief owned land, it took time for their crops to grow and harvest. Since food was scarce and natives would rarely find food to feed, their immunity went low making them extremely weak and prone to diseases.[22]

To further generate revenue and meet the administrative costs locally, in the agreement a 3 rupees tax was introduced to every hut or house payable in cash. This added financial burden to the local Ugandans. To dodge taxes people resorted to hiding into jungles whenever it was time for tax collection where they encountered high ecological systems which exposed them to pathogen such as the tsetse fly that caused diseases. Others left their homelands to distant places for example many people from Buddu went to Tanganika, those from Sesse went deep into the villages of kyagwe.[23] To reduce the tax burden of paying for more huts, local masses

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[20] "Buganda : Miscellaneous Laws enacted with the Lukiko," September 4, 1899, UNA, A45/194 (SMP 991 /091)

[21] Michael Tuck, *Syphilis, Sexuality and Social Control: A History of Venereal disease in colonial Uganda,* (Northwestern University,1997),196.

[22] Ibid

[23] Memorandum by Tomkins, 9 Aug. 1900. A8/1/UNA; Letter to Acting Deputy Commissioner, 14 Aug. 1900. A8/1/UNA; Annual letter by H.T.C. Weatherhead, 30 Oct. 1902. C.M.S. annual letters 1902, 171, CMS; Leakey to Sub-Commissioner, 7 Sept. 1903. A8/3/UNA.

demolished most of their huts leaving only one or a few in which they congested to live. This also increased poor hygiene and transmission of STD's such as syphilis and other diseases especially the contagious ones like plague and smallpox as observed by Bishop Alfred James Tucker of the church missionary society a critic to colonial policies who noted that:

> It is pointed out that many native hygienic customs, which are most valuable in preventing the spread of diseases, are disintegrating under the spread of civilization. Hut tax, for instance, tends to reduce the number of huts occupied by a family, and [i]t also reduces the practice adopted by many tribes of erecting a separate hut for the isolation of a sick person.[24]

Those that failed to pay taxes, were compelled to offer labor on the British projects like farms and infrastructures in what was localized as 'kasanvu and luwalo'.[25] With this in place people were collected from all over the protectorate and tasked to provide labor in distant places like Buganda the center of British colonial activities. Since transport was still poor, many footed to such places and during the journey they encountered with harsh ecological systems that exposed them to pathogens where they contracted diseases.

Although it appeared that these people were forced to work since they failed to pay taxes and therefore they offered their labor as a compensation, in reality the protectorate government needed this kind of labor if production was to continue on the farms, and to accomplish work on road and public work construction.[26] Conditions at the labor camps were miserable which made natives prone to diseases as evidenced later by James Scott the protectorate labor commissioner who observed that:

> I have found men sleeping in the open at night, as the huts allotted to them were so infested with ticks, jiggers and fleas as to be uninhabitable. I have found men sleeping in tattered grass hovels which afford practically no protection from the weather. I have found men who after the day's work had to go two miles for water in which to cook the evening meal and have also had to hunt about in the surrounding country for firewood. I have found in the labour camps men employed on quite hard work, old men who should have been brought away from their homes. I have found men with no food and no means of getting any, and also men being fed on utterly unsuitable, even injurious food. I have found men employed on tasks quite in excess of the maximum which any native can reasonably be expected to perform as his daily work [a] month.[27]

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[24] Edward Barton Worthington, *Science in Africa*, (London: Oxford University Press, 1938), 543-4 .
[25] Leakey to Sub-Commissioner, 7 Sept. 1903. A8/3/UNA; Sub-Commissioner, Unyoro, to H.M. Deputy Commissioner, 20 May 1908. Secretariat Minute Paper, A43/222/UNA.
[26] Circular No. 23 of 1906 by Tomkins, 26 Nov. 1906. Secretariat Minute Paper, A42/246/UNA.
[27] Scott to Chief Secretary, 6 Aug. 1921 as cited in the Secretariat Minute Paper, A46/2230/UNA.

In 1901 February 13th, there was another outbreak of sleeping sickness in Busoga to which Albert Cook quickly communicated to the sub commissioner of Busoga asking for permission to examine the patients. Recalling on how devastating the earlier outbreak was, the two had to act first to put the situation in control before it would go out of hand. In his report the sub commissioner noted that:

> The disease is most prevalent in the Busoga 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. On going round in that direction, the country appeared to be a vast burying ground, anything as the grave. Here and there people who suffered from 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…[28]

The Jinja medical personnel Aubrey Hodges was told to study the situation and provide possible remedies to curb the disease. After his investigation he noted that the disease had spread to around twenty five miles on Lake Victoria which he labeled as dangerous and not fit for human settlement. Additionally he said the disease is spread by a bite from the Tsetse fly on humans and advocated that such contact should be avoided by relocating masses who occupied the dangerous zones.[29] More teams under the leadership of Van Hoof of the sleeping sickness commission were sent to further investigate the affected areas where they observed that the disease was spread by the tsetse fly and that these were found mainly around the shores of Lake Victoria and surrounding bushes.[30] With force the British protectorate government relocated people occupying the danger zones in order to disinfect the affected areas and clear bushes. Such areas being traditional homes to the natives led to resistance and protest against the relocation. In the vacated areas the farms filled with banana plantations that were left unattended too which led to wild weeds and bushes that grew with time. The forced evictions also disrupted the natives economic activities such as agriculture. They did not have land to cultivate which resulted into food shortages and starvation reducing their immunities and making them prone to diseases. Besides

[28] Willian Grant, " Sleeping Sickness in Busoga ", District Report for November , 1901
[29] E.S.A., A27/16/1902, Aubrey D Hodges, Report on Sleeping Sickness", 1April, 1902.
[30] Ibid

some of the evicted masses were sent into concentration camps where conditions of life were extremely difficult and thus they easily got diseases.[31]

On the other hand it should be noted that for the colonial regime outbreak of diseases threatened their economic interests since it disrupted trade, weakened their African labor force and revenue. Thus they always remained vigilant for any disease outbreak and quickly responded to it to protect their economic interests. The protectorate government invested heavily to investigate and come up with an informed scientific decision on the sleeping sickness epidemic that had resulted into demographic loss that deprived them of their labor force.[32]

Amidst the ongoing sleeping sickness in Busoga and around Lake Victoria areas of Buganda, there was an outbreak of the plague in Buddu and Bikira which was a mission station in Masaka in Buganda sub region. The outbreak was attributed to cotton production and its poor storage close to native huts which attracted the plague infected rats that transmitted the disease to natives. The missionaries who lived in the area called upon the British asking them to find a possible remedy for the disease before it would go out of hand. They reported about how serious the disease was in the area, the increasing number of human and rat death due to the plague in the area. Soon the disease was also reported in Kampala which put the colonial government at panic since this was their administrative hub. They sent a doctor from Kampala to Masaka to investigate more about the plague and in his report he emphasized the seriousness of the disease, he recommended the urgent need to vacate the affected areas. Hence as a result in 1902, the mission station at Bikira was closed.[33]

In April 1902, again over 20,000 people were reported to have died of sleeping sickness in Busoga. This prompted the colonial regime to send doctors such as George C Low and Aldo Castellani to Busoga to work together with those already on ground to investigate the situation further. The new team was however rejected by those on ground and due to financial problems nothing much was done to solve the problem. At this very time the disease was also noticeable in

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[31] Christy Cuthbert, "Sleeping Sickness," *Journal of the royal African Society* , 3 (1906): 6.
[32] kirk Arden Hoppe,"Lords of the fly: Colonial Visions and Revisions of the African Sleeping-sickness environments on Uganda lake Victoria, 1906-61," *Journal of the international African institute* 67, no.1 (1997):87.
[33] Christy Cuthbert, "Bubonic plague (Kaumpuli) in Central East Africa," *The British Medical Journal*, 2, No. 2237(1903): 1268.

Buvuma an Island at Lake Victoria killing 200 people. An article was published in the New Times in England in 23rd August of that year that showed how terrible the disease was and it was observed that:

> 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. More medical experts should be sent to investigate about the disease.[34]

To deal with the recurrent outbreak of the Plague in Uganda, Christy Cuthbert a member of the Liverpool School of tropical medicine, an expert of the Indian Plague came to Uganda to study the plague further. During his stay in Uganda he visited most of the plague infected places like Budu, Bikira and Sesse and interacted with missionaries like Father Ramond and Father Essier who had lived in the area for some time. In their discussion they reported to him the symptoms that most patients experienced which included among others extreme body pain, high fever, sores and stomach upsets. Christy Cuthbert together with other medics recommended that infested areas should be vacated and disinfested which was instantly effected by the colonial regime. Thus by the end of the year there was significant drop in the number of the plague cases.[35]

With the arrival and further investigation of David Bruce a Scottish doctor in 1903, it was noted that the specific sleeping sickness variant in Uganda was a protozoa which was harbored mainly in woody bushes and vegetation on Lake Victoria and that it was transmitted to humans by the tsetse fly. In this year Albert Cook and George Bond who was the colonial Administrator visited Southern Busoga where they observed that the area had been severely depopulated because of sleeping sickness. Albert Cook 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.[36]

In this year the estimated number of death was estimated to be 90,000. In Busoga to keep record of the death, one stick was put aside for each dead person and in a day Albert Cook observed

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[34] Ecclesiastical Intelligence, Times 23 August 1902 P.5. The Times Archives.
[35] Christy Cuthbert, "Bubonic plague (Kaumpuli) in Central East Africa," *The British Medical Journal*, 2, No. 2237(1903): 1268.
[36] Alfred Robert & Alfred Tucker, *Eighteen Years In Uganda & East Africa*, (London: Edward Armold,1911),315.

11,000 sticks that had been collected which indicated great demographic loses caused by the plague.[37]

During a Lukiiko session in this year Cook reported about the rampant spread of syphilis in Buganda which he attributed to fornication and adultery vices which were against Christianity. This was amplified by other protestant missionaries in the kingdom where they noted the existence of immorality and noted that:

> There is a great wave of Immorality among the Christians in Uganda, and a consequent falling away, while drinking is on the increase- a sort of recklessness and worse sins … Amongst the baptized chiefs…. drunkenness and worse sins are the rule with few exceptions, and what the chief is the people are terribly liable to become … let us eat and drink, for tomorrow we will die.[38]

With the introduction of Christianity, natives who had converted to Christianity resisted polygamy, divorced most of their wives and embraced monogamy. This forced some women who would not control their sexual desires to resort to other means of getting fulfilled including prostitution from which they contracted STD's mainly syphilis. To this Roscoe noted that:

> Introduction of monogamous restrictions unfortunately caused a state of disorder in Buganda. In making this statement iam not desirous of passing censure upon those who introduced the rule, indeed I my self was involved in bringing about the evil to which I allude, and I do not yet know how the question could best have been treated without disloyalty to the Church of England. There was a surplus of women and when chiefs and wealthy men, on becoming Christians cast off their many wives, these deposed wives were exposed to temptations greater than they were able to withstand.[39]

Additionally with the introduction of British rule and foreign influence the patriarchal power of men was weakened and relaxed. Women attained more freedom and rights and they no longer required any permission to travel and with such changes in the social set up diseases spread further. This was confirmed by Roscoe who observed that:

> Among the tribes especially the Baganda, up to above ten years ago a custom came of keeping women belonging to it under strict confinement and surveillance , in fact so strictly was this adhered to that they were more like prisoners than anything else hence immorality and promiscuous intercourse would not exist. About the time of the outbreak of syphilis, the chiefs of

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[37] Daniel Headrick , "Sleeping Sick ness Epidemics and Colonial Responses in East and Central Africa 1900-1940 ,"*Plos Neglected tropical diseases* 8,no.4 (2014): 2780.

[38] Nsambya Diary, 27 April 1903. UGA/9/11/MHM; Albert Cook to his mother, 30 April 1903. A154/Box 1/PP/COO/WTL.

[39] John Roscoe, "Uganda and some of its problems: Part 1," *Journal of the Royal African Society, African Affairs*,22 , no.86(1923): 99.

> the Baganda tribes, the majority of whom had become Christians decided to remove some of these restrictions as being contrary to Christian teachings and to set the women free. This they called out and from hence the women were released to roam wherever they would and do as they liked. Other Christian converts followed the example of the Baganda. The result of the removal of these restrictions was exactly as would have been expected promiscuous sexual intercourses and immorality.[40]

In the next three years Mengo Hospital which was the first and oldest hospital that had been built in 1897 recorded significant increase in the cases of syphilis. In 1904 reported cases were 152, in 1905 cases had increased to 180, then 204 for 1906 as showed in the annual report for the year 1909. [41]

To attain the British economic interest of providing raw materials for their industries back at home, various cash crops were introduced a move that indirectly contributed to the spread of diseases. Around the same period a taxation policy by cash was introduced to facilitate the British administrative costs and financial stability. Natives would not afford to pay the taxes and thus they were drawn into providing compulsory labor as discussed earlier. Instead of the colonialist balancing time spent on the compulsory labor such that natives would cultivate food, most of their time was spent on the colonial projects such as construction of infrastructures and at the cash crop plantations which caused starvation that in the long-run reduced native immunities and made them prone to diseases. Western Buganda clearly demonstrated this in a report where it was noted that:

> At present there is a good deal of discontent, owing to the amount of work they are called to do, the produce scheme is looked on by many as an extra taxation. They say they have to work for a month or produce 3 rupees every year for the government, then they have to work for a month or provide 2 rupees for the chiefs, then they have to cultivate a patch of ground for the government, and all times they are called on to make roads, bridges and swamps. There is an amount of truth in this, and I have come across cases where the complaint was justifiable and even their banana plantations had not been attended to.[42]

By 1904 a sizeable number of natives had vacated areas frequented by tax collectors and inspectors into distant places some of which were disease infected areas. People from Bunyoro

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[40] Roscoe as quoted in Lambkins report , 5-6. Sir Hesketh Bell, "*Glimpses of a Governors life*". (Sampsons Law and Marston & Co, 1964),201.

[41] A.D.P, Annual Report by the Principal Medical Officer, Uganda Protectorate (Entebbe Government Printer, 1909, 14. (B47/60/UNA.)

[42] Report by Mr.Tomkins on a tour through the Western and Southern Portions of the Kingdom of Buganda, enclosed in Sadler to Lansdowne, 30 Nov 1903. A42/283/UNA.

took refuge to Lango and those in Buganda moved further inland.[43] Amidst all this, sleeping sickness once again broke out in Busoga. Aubrey Hodges visited the affected areas where he observed many tsetse flies although this time round most natives did not wish to open up about the cases since they feared to be evicted and to be sent to the treatment camps where conditions were unfavorable.[44] To escape further from paying tax, residents of Buyaya, Buwekula and Bugangayizi left their areas to hide far away from the collectors making the area sparely populated. In the early days of British rule in Uganda natives were allowed to offer an equivalent of animals, agricultural harvests instead of cash for tax but this had stopped by 1908. Everyone was expected to pay their tax dues in cash form which many natives would not afford making them ran into hidings.

In 1906 Robert Koch a medic was again sent to study the situation regarding sleeping sickness at Sesse Island where he reported how serious the disease was. He further affirmed that it was spread by contact between the tsetse fly and humans as had been earlier mentioned in 1901 by the Jinja medical personnel Aubrey Hodges. Robert Koch noted that if not given due attention most of the population would die in the next two years. Hence the protectorate government demarcated the tsetse flies affected areas as dangerous and illegal for human occupation since it would help to stop contact between the fly and humans.[45] Hesketh Bell who was the governor noted that:

> 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…[46]

He planned about the relocation and in the following year when he received approval from England he ordered that all masses staying on the danger zones should be evicted and he noted that:

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[43] Report on Hoima Station, August 1904. A12/5/UNA; Telegraph from Assistant Collector to Commissioner, 30 August 1904. A12/5/UNA: Migration of Banyoro into the Nile Province, s.d. Secretariat Minute Paper, A42/230/UNA; Leakey to H.M. Commissioner, 16 Feb. 1906, with enclosures. Secretariat Minute Paper, A42/57/UNA.

[44] Daniel Headrick , "Sleeping Sick ness Epidemics and Colonial Responses in East and Central Africa 1900-1940 ,"*Plos Neglected tropical diseases* 8,no.4 (2014): 2770.

[45] kirk Arden Hoppe, "Lords of the fly: Colonial Visions and Revisions of the African Sleeping-sickness environments on Uganda lake Victoria, 1906-61," *Journal of the international African institute* 67, no.1 (1997):86.

[46] William Horald Ingrams, *Uganda: A Crisis of Nationhood*, (London: HM Stationery Office, 1960),142.

> … We must withdraw from the insects the source of the infections. The whole country must be depopulated. There seems to me to be no other course than to remove everyone from the reach of the fly for an indefinite period.[47]

Following the above order the local chiefs were given a three months ultimatum to ensure that residents occupying danger zones relocate .When they informed the natives, a few willingly vacated the areas while the majority refuted the order since these were their ancestral land that they had for long lived. This prompted the colonial regime to apply force in evicting those that remained. Additionally fishing on the affected areas was also banned to further stop contact between the fly and humans and those who lived close to the danger zones were cautioned to avoid bites from the flies since the protectorate government always blamed the natives for being careless and allowing the fly to bite them as indicated in a communication between Aubrey Hodges and the Busoga District commissioner where they said:, Hodges:

> if a piece is set on fly, the natives wish to benefit by it will go or send their children 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.[48]

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.[49]

When Hodges received the District Commissioner's communication he sent him another reply where he noted that:

> 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.[50]

By this time more death cases had been recorded along the Lake side Islands of Buganda and Busoga sub region that were located in the sleeping sickness belts with the

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[47] Daniel Headrick , "Sleeping Sickness Epidemics and Colonial Responses in East and Central Africa 1900-1940 ," *Plos Neglected tropical diseases* 8,no.4 (2014): 2780.
[48] Dr. A. Hodges , Communication to the Busoga District Commissioner on Sleeping Sickness, Secretariat Minutes 874 (Entebbe: Government Printer, 1906), 874 a.
[49] Ibid
[50] Dr. A. Hodges , Communication to the Busoga District Commissioner on Sleeping Sickness, Secretariat Minutes 874 (Entebbe: Government Printer, 1906), 874 a.

highest cases recorded in Kyagwe and Busiro as indicated in the 1909 annual medical and sanitary report which analysed death cases caused by sleeping sickness from 1905 to 1908. The report indicated that over the years, the death cases were more on the lake region of Kyagwe, Busiro, Mawokota and Buddu as presented in the table labeled death cases from sleeping sickness in Buganda Lake Region and Inland from 1905 to 1908.

Death Cases from Sleeping Sickness in Buganda lake Region and Inland from 1905 to 1908

A. Lake Region Counties	1905	1906	1907	1908	Total
Busiro	1,427	1,003	72	71	2,573
Kyagwe	1,622	620	381	230	2,853
Mawokota	395	440	259	74	1,168
Buddu	368	610	322	76	1,376
B. Inlands					
Singo	25	82	13	8	128
Koki	42	112	25	14	193
Busuju	4	10	4	3	21
Bugerere	25	15	3	2	45
Gomba	25	45	7	0	77
Butambala	48	70	20	0	138

Source: Annual Medical and Sanitary Report for 1909 (Entebbe: Government Printer, 1910), 9 A39/009/UNA.

While that was the case at the Buganda lake region and Inland, there were more death cases reported at Buvuma as compared to Sesse Island as indicated in the annual report shown below:

Death from Sleeping Sickness 1900- 1909 Buvuma and Sesse Island

	Buvuma Island		**Sesse Island**	
Years	**Death by Sleeping Sickness**	**Estimated Death**	**Death by Sleeping Sickness**	**Estimated Death**
1900	**5,137**	**56,322**	**789**	**23,166**

1901	**6,874**	**51,185**	**1,048**	**22,377**
1902	**19,049**	**44,311**	**1,950**	**21,329**
1903	**5,174**	**25,262**	**2,549**	**19,379**
1904	**3,503**	**20,088**	**2,238**	**16,830**
1905	**2,585**	**16,585**	**918**	**14,596**
1906	**1,001**	**14,000**	**718**	**13,578**
1907	**1,314**	**12,981**	**678**	**12,960**
1908	**667**	**11,667**	**506**	**12,282**
1909	**258**	**11,000**	**436**	**11,776**

Source: Annual Medical and Sanitary Report for 1909 (Entebbe: Government Printer, 1910), 9 A39/009/UNA. Death from Sleeping Sickness 1900- 1909 Buvuma and Sesse Island

The Entebbe Township ordinance was issued that made it compulsory for all danger zones to be inspected and supervised occasionally, all canoe and boat owners were instructed to ensure that there were no flies on board as they moved and if an inspector found a fly all people on board had to either pay fine of 100 rupees or imprisoned for a full month.[51] Bushes around the danger zones between the Nile basin and the Lake Victoria Nyanza were cleared and movements limited in the said area. Those evicted were given a tax holiday for a year and a compensation of five shillings. Although masses vacated some always returned to the danger zones for fishing and charcoal burning as indicated by the inspectors.[52] In the later years of colonial rule in Uganda, when some areas were safe for reoccupation, the colonial regime passed new sleeping sickness ordinances that permitted settlement, economic activities such as hunting and farming in the free fly zones and encouraged masses to continuously clear bushes so that they would reduce the flies.[53]

The outbreak of diseases in many places around the protectorate coincided with famine, drought and starvation as the case was in Buddu, Kooki and Mawogola counties of Buganda. Due to food scarcity prices for food stuffs rose in Kampala and Entebbe making it difficult for natives to access them. The government sent an officer to the above affected areas where he

[51] Ibid

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

[53] kirk Arden Hoppe, "Lords of the fly: Colonial Visions and Revisions of the African Sleeping-sickness environments on Uganda lake Victoria, 1906-61," *Journal of the international African institute* 67, no.1 (1997):86.

noted that indeed there was famine in the areas although they would still access food from the neighboring Buddu and that natives would still feed on a variety of roots and herbs in the areas. Much as famine was attributed to drought by the colonialist, the native's concentration on producing cash crops rather than food crop cultivation also explained its occurrence. With little food available, the native immunities went low and also as they searched for roots and wild fruits to feed in the forests they were exposed to high ecological systems from where they contracted diseases. Roscoe demonstrates how terrible the situation was in Busoga:

> Every edible grass and root has been eaten up and the country is desolate. The famine thus made natives weak and exposed them to high risks of diseases. … on the way to Iganga one came across old men, women and children, poor creatures of nothing but skin and bone. So pitiable ... we came across bodies of those who had died on the way side…"[54]

In 1908 as sleeping sickness cases reduced, natives illegally returned to the danger zones. The colonial regime in reaction to this burnt all property, huts and farms they found on such places that belonged to the illegal occupants. They also enacted the 1907 Uganda fishing ordinance that banned the catching and selling of fish from the danger zones. Despite of this the natives continued fishing in far places away from those inspected.[55] In the same year the 1907 ordinance to depopulate everyone living within two miles near Lake Victoria was also enacted to reduce contact between the fly and humans. Although natives had been promised to gain back their land later when the epidemic reduced, some of it was turned into game and forest reserves for the British colonial interests. Four treatment camps were built at Busu, Bumangi, Buvuma and Bugala to cater for sleeping sickness patients. At first most Camps were located in unsafe places into the jungles and forests that attracted wild animals which scared natives to accept being sent to them. Later a better and small hospital was constructed in Iganga to treat sleeping sickness patients.[56]

Throughout the colonial period syphilis continued to pose a great challenge around the protectorate. Francis Joseph Lambkin a British medic was tasked to study the disease further

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[54]Rev J Rosce, A Brief Report of a Tour through Busoga and Bukedi , May and June 1908,G3/A7/O/1908/196/CMS.

[55] Ibid

[56] kirk Arden Hoppe, "Lords of the fly: Colonial Visions and Revisions of the African Sleeping-sickness environments on Uganda lake Victoria, 1906-61," *Journal of the international African institute* 67, no.1 (1997):86.

where he reported that it was sexually transmitted and that it would be treated by the intramuscular mercury injection. During a *lukiiko* session, the medics demonstrated how devastating the disease was and called upon the chiefs to cooperate with them to handle it. Thus all known patients were subjected to the injection although it caused acute pain especially for women making most of them not to complete the dose and prolonged time spent on treatment. The blame for spreading syphilis was attributed mainly to women and prostitution. Hence the 1907 Crewe Circular was passed by Robert Crewe who was the secretary of state that banned concubines, need for each prostitute to pay a tax, attain a license and a health clearance showing that she did not have any venereal disease.[57] Jack Cook a brother to Albert Cook wrote a pamphlet in which he persuaded natives to embrace modern treatment for syphilis and diseases. At the venereal clinics such as Mulago and Mengo syphilis patients were regarded as immoral, prostitutes and the male patients had to undergo circumcision which scared many to attain treatment.[58] Later in 1909 the dangerous disease ordinance was enacted that emphasized compulsory treatment for venereal disease ordinance and fines for anyone who refused to do so. They were also refused to marry or engage in sex until they completely recovered. Later the treatment was made free by passing the 1913 Venereal Diseases and Township ordinances. This made it illegal for all that were suffering from venereal diseases to work until they recovered and upon healing one was required to get a health clearance that showed that he had recovered.[59] To further deal with venereal diseases Mulago hospital was opened up where all incoming patients were subjected to compulsory venereal disease check ups.

British colonialism led to the development of urbanization in Uganda. On several occasions natives left their rural areas and flocked into towns such as Kampala, Jinja, Entebbe. They anticipated to get employed as causal workers on colonial projects such as cash crop plantations, roads, stations e.t.c. Towns were centers of social vices and

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[57] Ronald Hyam, "Concubinage and the colonial service, in the Crewe Circular ," (1909) *„Journal of Imperial and Commonwealth History* , 14 (1986): 176.

[58] George J Keane, " Report on Venereal Diseases Measures in Masaka.15 April 1911, Included in Uganda Protectorate Annual Medical and Sanitary Report, 1910, 13 and 1923, 66 A34/7/28.

[59] "Venereal Diseases Rules, Department Instructions for Guidance of Officers in charge of Venereal treatment centers." (Entebbe: Government Printer, 1913), UNA A43/689 .

behavior as they collected numerous people. These became centers of immorality with rampant prostitution and illicit sex from which natives contracted venereal diseases.[60]

The British colonialists adopted measures to force whoever they suspected to attain compulsory medical treatment. With support of the Lukiiko which was the kiganda law making and governing body, local chiefs were tasked to report whoever they suspected to have any venereal disease.[61] The Maternity Training School was later opened up in 1918 to train more females from across Uganda on motherhood and health care. During the same period, a unit called Bazira to treat more venereal diseases was opened up at Mulago hospital by George Keane a British medic. In the subsequent years across the various hospitals, like the case had been before more men enrolled for treatment unlike women. This was attributed to the fear that women had of being regarded as prostitutes whenever they went to the hospitals.[62]

Although the construction of the Uganda railway had begun earlier in 1896, it was only extended to Uganda in 1911-12 with a line connecting to Jinja Busoga to simplify the transportation of cash crops, raw materials and the colonial administrators. During the extension 3,000 natives were employed to help in the construction which involved clearing bushes where the line passed. The clearing of such places disrupted natural environmental set ups and exposed natives to high ecological systems that harbored pathogens which transmitted diseases to them. Using the line, cotton produced around the protectorate was transported. The plague black rats were also moved along the line indirectly together with cotton and they soon multiplied causing an epidemic plague outbreak and increased death around vast areas in the protectorate as indicated for the death cases in the years 1913- 1917 among others in the Uganda Colonial Report where Bukedi region registered the highest numbers followed by Buganda and Busoga as shown in the table below:

The cases and death of the plague 1913- 1917

Region	1913	1914	1915	1916	1917
Buganda	568	340	227	220	238

[60] Ibid.
[61] Ibid.
[62] Judith Walkowitz, *Prostitution and Victorian Society* (Cambridge: Cambridge University Press, 1980),56. India (see Kenneth Ballhatchet, *Race, Sex, and Class under the Raj*, (New York: St. Martin's, 1980),80.

Busoga	468	88	273	462	518
Bukedi	1,671	1,963	1,912	2,562	1,661
Teso	261	651	615	458	594
Lango	222	624	951	627	753
Bunyoro	40	4	4	17	18
Toro	NA	21	2	4	48
Ankole	NA	34	44	34	201
Total	3,230	3,725	4,028	4,384	4,031

SOURCE: Uganda Colonial Reports –Annual 1917, A 47/093/UNA.

Colonial policies and Epidemics in Uganda from the post-World War 1 period

It should be observed that as the colonialists forced natives to produce cotton, they never minded about its storage which forced many growers to keep their cotton close in their residents. This attracted rats as they feasted on the seeds they also spread the plague to humans.[63] In the 1920's the black rat was moved from Lake Port to Mjanji, then to Mbale through River Namatala spreading to North Western Busoga to Iganga and Jinja and using the Jinja-Bugungu ferry it arrived into Entebbe and Kampala port from where it spread to Masaka through the Bukakata Port.[64] To deal with the plague epidemics around the protectorate various campaigns to trap and destroy rats were performed as the 1923 rat destruction shown below:

Total Number of Rats Destroyed in 1923

Area	Rats Destruction
A.Buganda Kingdom	
Mengo District	18,988
Entebbe District	6,757
Masaka District	4,296
Mubebde	85,141
Total	115,182
B.Eastern Province	
Busoga district	775,615
Bukedi Area	10,449,438
Teso Area	656,343
Lango	982,972
total	12,864,368
C.Bunyoro District	3,440

Source: Uganda Annual Medical and Sanitary Report for 1924, 8, UNA A 44/06

At that time Bukedi was one of the highest producer of cotton; it attracted many rats and had many cases of the plague as shown in the medical report for the year 1924. A reward of two

[63] Christy Cuthbert, "Bubonic plague (Kaumpuli) in Central East Africa," *The British Medical Journal*, 2, No. 2237(1903): 1272.
[64] Annual Medical and Sanitary report 1921. UNA/ 287-236-17-8-1922.

cents for everyone rat killed by the natives was initiated. Later ginneries were put around the cotton growing areas to improve cotton storage facilities.[65] C. J. Baker who was the medical sanitary officer reported that whenever there was an out break natives were vaccinated and discouraged to visit each other, the sick were isolated and rats exterminated. He observed that;

> It has been arranged that fortnightly drives should be continued. In these drives five distinct species of rats were killed. The most common one a bristly haired brown rat with hairy ears tail shorter than body were found in houses, huts and in grass or sweet potatoes. These were found also dead of plague. A dark brown rat with very short tail length of body were seen but not found in huts and were not found infected. A bright, yellowish brown, fairly large rat with white belly, tail slightly shorter than body- not found in houses- common in sweet potatoes- not found infected. Black greyish brown- Grey belly with buff hairs on flanks-tail shorter than body-ears hairless. Found in huts and fields – also found dead of plague. Long grey rats tail longer than body not very numerous only found in huts and houses. Not found infected but was driven of an infected hut when burnt…[66]

It should be noted that before the extension of the Uganda railway to the protectorate producers of cotton and other cash crops were tasked to use human portage to carry their cash crops to Jinja where it was finally loaded on the steam boats at the Jinja port for transportation to the Kisumu cotton ginnery then later to Mombasa. The human porters moved through areas with fragile ecological systems from which they got into contact with pathogens that infested them with diseases. Such movement of cotton also indirectly led to movement of the rat which spread the plague disease further.[67] The Uganda railway opened Uganda to foreigners such as Arabs and Indians who brought alien cultures and immorality that led to the illicit sex where natives got infested with diseases.[68]

Some women prostitutes traveled through the Uganda railway to reach Mombasa and Nairobi from where they exchanged their bodies for money as indicated in the 1919 Kenya census that reported a total of 213 prostitutes 58 of whom were Ugandans. Temusewo B Mukasa published in the local news paper his frustration over this and he said:

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[65] Ibid
[66] Plague epidemics, enclosed in Wallis to the Secretary State for the Colonies 1916, A43/536/ UNA.
[67] Ibid
[68] Ibid

> …Many women now leave Buganda to become prostitutes, though in the past this was discouraged, now nothing can stop them, ladies and gentlemen; this news is not good for our beloved country, Buganda, to hear...[69]

The above was blamed on colonialism that weakened the native social system which relaxed men's control over women granting them excessive freedom as emphasized by Apollo Kagwa the Kakikiro of Buganda. With such social vices and prostitution syphilis and other venereal diseases greatly spread in the British protectorate. Throughout this time the Colonial regime blamed women for spreading Venereal diseases and hence they concentrated their efforts to force more women enrollment for medical treatment. Treatment in hospitals took long and was mainly offered by male Doctors which made many local women to detest them and seek for traditional healing methods. Besides the treatment was extremely painful for women and most of them would not endure to complete the treatment.[70]

British interests were demonstrated further during the World War periods. In the First World War, the British colonialists recruited over 190,000 from their Uganda protectorate to serve as porters and laborers to help in the battle field.[71] They deployed 150 soldiers from their King's African Rifles along the railway to defend them against any possible Germany attack in Tanganyika.[72] In the subsequent Second World War the recruitment of Uganda soldiers was made mandatory through the Compulsory Service Ordinance.[73] As porters and soldiers moved to such places of deployment, they traversed through the thick savannah forests and harsh sensitive ecological systems where they got into contact with disease pathogens such as the Tsetse fly which caused diseases to them. In the battlefield, African porters, laborers and soldiers lacked sufficient access to food and other basic necessities which made their immunities extremely weak and thus vulnerable to diseases. In East Africa alone, death related to diseases during the war amounted to 2,923 cases as opposed to the 1,377 death from war killings.[74] During the war,

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[69] Temusewo B Mukasa, " Bamalaya Abaganda eNairobi, " Ebifa mu Buganda, 12 July , 1918,3.
[70] East African Protectorate, Annual Medical and Sanitary Report for Kenya and Uganda, 1906 (Nairobi : Government Printer, 1907),23. A46/230/UNA.
[71] Page, Melvin E, " Introduction: Black Men in a White Men's War," *In Africa and the First World War*, London: Palgrave Macmillan Uk ,1987: 14.
[72] Ibid.
[73] Summers, Carol. "Ugandan Politics and World War II (1939–1949)," In *Africa and World War II*, ed Judith A. Byfield, et al, (Cambridge: Cambridge University Press, 2015), 487.
[74] Hew Strachan, *The World War In Africa* , New York: Oxford University Press, (2004): 87-8.

as the British concentrated on fighting, many efforts to control diseases in the Uganda protectorate were halted which gave room for more diseases to spread such as smallpox, plague and Influenza which was brought by returning ex war veterans.[75] Many young energetic soldiers had been recruited who would have engaged into farming. As a result famine soon set in causing severe starvation, reducing immunities and making many people prone to diseases.

Throughout the interwar period, the Ugandan protectorate witnessed recurrent waves of the plague, smallpox, influenza among others. In 1916 smallpox and plague cases broke out in Kampala, Port bell and Jinja towns leading to 270 death cases in two months.[76] In the following year the disease affected many soldiers of the Kings African Rifles in the Bombo barracks. In 1917 the disease was still noticeable in Kampala Mengo, Namirembe Hills and Entebbe. The colonial regime issued quarantine to curtail the spread of the disease, vaccinated the soldiers and a few locals against smallpox, road blocks were also put to monitor movement.[77]

To formalize the latter, "The Infectious Diseases rule" was passed where it noted that:

> These Rules may be cited as "the Infectious Diseases(Smallpox in Buganda) rules 1915," and shall apply to the area declared to be an infected place by the Notice under the above named ordinance dated 25th June, 1915, (hereinafter called the infected places. No person shall enter or leave the infected place without a written permission that has been signed by a Medical Officer, District commissioner or Assistant District Commissioner … No person shall cross the River Mayanja at the crossing of the Sentema-Nsanga Road without permit and any person committing a breach of these rules shall be liable to the punishment provided.[78]

On 23rd September 1918, Indian soldiers who were infected with Spanish Influenza arrived at Port Mombasa and moved to various places in the Kenyan colony and Ugandan protectorate to solicit support for their British masters.[79] By October, the new wave had become widely spread in Uganda especially in areas close to the Uganda railway that the Indian soldiers had used and resulted into death of 25,000 people making it the second in rank for mortality after sleeping sickness at the time.[80] Later smallpox waves that occurred in 1930, resulted into massive vaccinations around the protectorate to protect the British economic hub and labor force

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[75] Ibid.
[76] The Official Gazette of the Uganda Protectorate, 30th June 1915, A 30A/ 120/UNA
[77] Uganda Protectorate Annual Medical and Sanitation report 1931 UNA A 45/051
[78] Ibid.
[79] Hew Strachan, *The World War In Africa* , New York: Oxford University Press, (2004): 89.
[80] Uganda Annual Medical and Sanitation report, 1919. JNP Davies Microfilm, Micr Afr 609,reel 4, Rhodes House Library.

especially around Buganda that received more vaccinations, followed by Northern and the Western part of the country as evidenced in the 1931 medical and sanitation report as indicated in the table below:

The number of vaccination returns against smallpox in 1931

Province	Total	Successful	Modified	Failed
A,BUGANDA PROVINCES				
Entebbe District	5,184	1,128	341	952
Mengo District	12,195	6,040	3,397	2,473
Mubende District	4,215	1,663	501	831
Masaka Distirict	11,106	5,172	3,847	2,087
Total	33,700	14,003	8,086	6,343
B.EASTERN PROVINCE				
Busoga District	12,222	5,680	951	1,433
Bugwere District	8,000	4,680	1,862	1,433
Budama District	6,090	2,174	1,717	1,300
Teso District	5,380	1,895	1,453	1,203
Total	31,692	14,429	5,983	5,366
WESTERN PROVINCE				
Ankole District	3,922	305	50	244
Toro District	7,792	5,161	1	1,431
Kigezi District	4,591	1,440	…	1,123
Total	16,311	6,906	51	2,798
C.NORTHERN PROVINCE				
Masindi District	6,766	2,980	1,563	1,174
Hoima District	1.566	689	317	267
Chua District	5,462	2,793	699	1,329
Gulu District	2,410	1,602	398	106
Lango	4,788	2,422	687	686
Total	20,992	10,486	3,664	3,362

Source: Uganda Protectorate Annual Medical and Sanitation report 1931 UNA A 45/051.[81]

It should be noted that the wars crippled the British economy making it hard for the government to finance many health projects in the protectorate. This prompted the British to increase revenue within Uganda to raise funds that would cater for its projects.[82] From the Post-

[81] Uganda Protectorate Annual Medical and Sanitation report 1931 UNA A 45/051
[82] Ibid

World War period onwards, the British revised and revived most of the campaigns to deal with the epidemics that Uganda was facing. By this time they had realized that Sleeping Sickness would not be completely eradicated but would be controlled, they continuously closed the known danger zones, forced natives to vacate them and turning some of them into game and forest reserves.[83] However natives continuously protested against evictions and regarded them as deliberate moves for the British administrators to take away their land. for example the natives of Wairaka noted that immediately they were ordered to vacate their land, it was given to V.H & Co to grow sugar cane.[84]

To deal with recurring Syphilis women doctors like Margaret Lamont a British medic were employed to encourage local women to embrace modern medicine, pamphlets were written and translated into local language to sensitise masses about hygiene. Topics of hygiene and morality were included in the school curriculum, films and exhibitions on venereal diseases like the famous 'Mr Wise and Mr Foolish' were shown to the locals. Mulago hospital was opened for treatment of other diseases rather than venereal diseases to remove the stigma and encourage more natives to visit the facility and new health centers were built like the Nsambya Health care unit and natives were continuously vaccinated against diseases like the plague and the smallpox by issuing ordinances like the Public Health ordinance of 1935.[85]

Conclusion

This paper has demonstrated that colonial activities enhanced changes that significantly contributed to the spread of epidemics in Uganda. Such activities altered the indigenous ecological set up destructing pathogen habitants and exposed natives to fragile ecological systems that caused diseases. To this the colonial government put up measures to contain their spread in order to protect their own political and social-economic interests. The paper argues that the colonial Uganda experienced recurrent episodes of epidemics such as sleeping sickness, syphilis, smallpox, plague that threatened the colonial regimes economic interests and political

[83] Harvey G. Soff, Sleeping Sickness in the lake Victoria Region of Lake Victoria, Maxwell Graduate School of Citizenship and Publication, 1968: 8.
[84] The Busoga African local Government: Minute Paper No.Med 2. file 12. Entebbe: Government Printer A40/003/UNA
[85] Annual Report of the Medical Department for the year ended 31st December, 1936 (Entebbe : Government printer, 1936), A46/52/UNA.

stability. Hence the British colonialist devised measures to protect their interests ignoring native main concerns and some of these were coercive which resulted into inadequate natives' adherence to health policies and measures especially in the period before the First World War. However in the period after, the colonialist devised more relaxed and accommodative measures to deal with epidemics reshaping the protectorate's public health care, management and control of epidemics in Uganda. The paper emphasizes that most of the measures put in place to manage epidemics intended to facilitate economic exploitation as it addressed the British interests of making colonies self sufficient through taxation, cheap labor and provision of raw materials and cash crops to their home industries. The recurring waves of epidemics at times coincided with episodes of prolonged famines around the protectorate which further weakened native immunities making them prone to diseases.

Unlike the Eurocentric view that venereal diseases in Uganda are attributed to natives failure to control their sexual desires this paper argues that colonial policies introduced new social systems and modern transport networks. This simplified mobility and ushered in the vice of prostitution that quickly spread in colonial established urban centers and intensified the spread of venereal diseases. Conclusively it should be noted that measures adopted by the colonial regime and their legacies shaped Uganda's public health care and continued to influence how epidemics were/are managed to date. The British colonial rule in Uganda established coercive measures to control and manage epidemics in Uganda using forceful evictions, compulsory vaccinations, and quarantine among others. This continues to shape Uganda's postcolonial public health systems that rely on policing rather than community participation.

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