

KENYA
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RECEIVED
8 SEP 20

P. BUREAU OF
ENTOMOLOGY

1920

SLEEPING SICKNESS MEASURES

September
previous Paper.

Agrees now no necessity to institute any such measures against spread of the disease as were contemplated in the Anglo-German Agreement 1908. Considers however an early attempt should be made to initiate survey of areas infected with Glossina in the Colony. Returns papers.

34439

Copy to F. B. E. little sufficient
incl. to Gen. Kenney
M^o. Co Dis. n 37739/20
draw attention to

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2002
9/9/20
L. C. L.

L. C. L.

✓ Amend copy above 13 Sept 20 D/L
✓

Subsequent Paper.

The Imperial Bureau of Entomology.

251

Main Office at—

BRITISH MUSEUM (NATURAL HISTORY),

CROMWELL ROAD, LONDON, S.W.

44674
REC'D
RE. 8 SEP 20

7th September, 1920.

Sir,

all
5/4/39

I have the honour to acknowledge the receipt of your letter of 18th August (No. 37759:1920), enclosing a copy of a despatch from the Governor of Kenya Colony, covering a memorandum on measures against Sleeping Sickness.

2. I am in entire agreement with the Director of the Tropical Diseases Bureau that there is now no necessity to institute any such measures against the spread of Sleeping Sickness as were contemplated in the Anglo-German Agreement of 1908. I am of opinion, however, that, as soon as it may be feasible, some attempt should be made to initiate a survey of the areas infested by the various species of Glossina that occur within the Colony.

3. The documents referred to are returned herewith.

I have the honour to be,

Sir,

Your obedient servant,



Director

The Under Secretary of State,
Colonial Office,
Downing Street,
S. W. 1.

Copy

C O
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253

Government House,

EAST AFRICA PROTECTORATE,

Nairobi.

No. 541.

British East Africa.

21st May, 1920.

My Lord

I have the honour to acknowledge the receipt of Your Lordship's despatch No. 476 of the 31st March and to report that no rules or measures are being enforced in this Protectorate against Sleeping Sickness.

Report by
P. M. O.
14. 11. 13.

2. I attach for the information of the Director of the Tropical Diseases Bureau a report submitted to Government by the Principal Medical Officer in 1913, the terms of which apply with even greater force at the present day. It was intended to forward this memorandum to the Colonial Office and in view of its contents to recommend the denunciation of the Anglo-German Agreement of 1908 in connexion with Sleeping Sickness. This intention was abandoned, however, at the outbreak of hostilities, the effect of which, it was considered, was to abrogate any such agreements between the belligerents.

3. Dr Milne's review gives a brief historical account of the disease in the East Africa Protectorate

The Right Honourable

Viceroy Milner, F.R.S., G.C.S.I., G.C.M.G., etc., etc.

Secretary of State for the Colonies,

Downing Street, London, S.W.

Protectorate as well as of the attitude of this Administration towards combative measures and I am of opinion that it will be of interest to any expert or body of experts, who are studying the course of Sleeping Sickness in Central Africa.

I have, etc.,

(Signed) C.C. BOWRING.

Acting Governor.

In Despatch No. 541 of 21.5.1920.

48/79/15.

MEMORANDUM

On the Anglo-German Sleeping Sickness Agreement, of 1899, and the desirability of withdrawing from it.

1 Put briefly, the results of the action taken by this Protectorate in the observance of the Treaty, compared with what has been done in the Uganda Protectorate, and the German Colony between which it is sandwiched, has been but slight, and has effected very little in giving practical effect to its provisions.

Position of affairs prior to the promulgation of the Agreement - from 1899 to 1902.

2. In 1899, when the existence of Sleeping sickness first became notorious on the shores of the Nyanza, the whole of the English lake littoral was then under the administration of the Uganda Protectorate. At that time I was Acting Principal Medical Officer of Uganda in Entebbe, and it fell on me to initiate the first measures towards the investigation of the disease. The two Provinces East and South of the lake were known as the "Eastern Provinces". In March, 1902, by order of the Secretary of State, these were transferred to the rule of the East Africa Protectorate, being there known as the "Kavirondo" (Subsequently the "Nyanza") Province, and the "Nalvdsha Province". It was only the former of these two Provinces that was concerned in the

question

question of Sleeping Sickness.

3. The attention of the scientific world was early directed to the condition of affairs obtaining in the Kingdom of Uganda, and in Busoga, where the paralysis induced by the alarming spread of the epidemic, threatened the very existence of the country. Then commenced the long series of Royal Society's Commissions, and experimental measures, which have continued down to the present time.

At that date practically nothing was known about the Kavirondo Province, except that the Uganda railway would, sooner or later, debouch on to the lake at Kisumu.

4. Some four months before the separation of the Eastern Provinces, the railway line was formally opened from Mombasa to Kisumu. From this date, April 1902, the Medical charge of the Kavirondo Province fell under Dr W.H.B. Macdonald, Principal Medical Officer of the East Africa Protectorate, an arrangement which just lasted a year. There was published in this year, the first report as to the state of matters in the East Africa Protectorate, by Dr Christy of the Royal Society's first Commission in Uganda. He drew attention to the fact that the disease was as wide spread on our shores, as in the North.

5. In April 1903, the two Medical Departments of Uganda and East Africa were joined together under Dr R.U. Moffatt, C.M.G. then Principal Medical Officer of Uganda. Thus the control of Sleeping Sickness

Sickness matters was still dominated by Uganda. Early in the year Dr Moffatt resigned his appointment, and in March 1904, Colonel (then Major) Will, R.A.M.C., was appointed Principal Medical Officer of the two Protectorates.

6. Up to this time Sleeping Sickness in Kavirondo had been little more than a vague question, hardly affecting the local administration. The country was practically in the infancy of its administration, and there was no trade. With the arrival of the railway line, began to be felt that yearly increasing pressure of the departure of large numbers of Kavirondo labourers, being employed on the line, and seeking employment elsewhere than in their Province. The great fear that dominated the minds of the Medical authorities was the risk of the 'trypanosome' infection being carried down the line by these labourers, drawn from 'glossina palpalis' infected areas, to start new foci of Sleeping Sickness in the well known fly belts through which the railway ran, near the Coast. It must be remembered that very little was known in the early years about the spread of Sleeping Sickness. These fly belts (so far as were known), did not harbour 'glossina palpalis'; but it was not certain whether the other species of tsetse fly could not receive and transmit the 'trypanosome'.

7. Hence, early in 1904, legislation was attempted. Rules under the 'Infectious Diseases Ordinance of 1903' were issued. The main idea of these

these rules was to prohibit those Kavirondo natives living within a 25 mile strip round the lake-shore, from leaving their Province, or proceeding in an Easterly direction. From the very outset these rules were a dead letter, and were doomed to be so. The country was unsurveyed - no one could say where a native came from - there was no increase of the Administrative Medical or Police Staff to enforce the rules, or control the traffic. Behind it all was the commencement of that movement and expansion (already noted) of a vast population seeking work outside the confines of its own country, a movement which the following years have amply demonstrated; and which would have required an infinitely greater force to repress than was realized at the time, or the finances of the country permitted.

8. Accordingly, from 1904 to 1908, virtually nothing was done in the way of repressive measures to control Sleeping Sickness. A gigantic series of experiments were being carried out in Uganda, the practical results of which had still to be gauged, before embarking on similar costly operation under more or less the same geographical conditions. Thus it came about, as I noted in my Report dated January 1st 1911, that this Protectorate occupied the position, by force of circumstances of being the "control" for the experiments carried out by Uganda, on the one hand, and German East Africa, on the other. It had perforce to be content to watch results in other Colonies, and progress of events within

within its own borders.

9. This state of matters lasted until 1908, when, with the proposed Anglo-German Sleeping Sickness Agreement in sight, it was incumbent on the Protectorate to take steps to meet its liabilities with specific performances. In July, the Legislative Council on the order of the Secretary of State, voted a sum of £2,000 for special measures, and a Medical Officer sent out from home, arrived in September. I returned back from leave in the end of October, to find the situation complicated by the fact that the two Medical Departments of Uganda and East Africa had once more been disjoined, into two separate entities; my predecessor, Colonel Will, had resigned, and I was Acting Principal Medical Officer.

The position of affairs from 1909 to date.

10. The position of affairs with which I was confronted was as follows:-

- (a) The Anglo-German Agreement had become law.
- (b) Beyond the small Medical staff, as already noted, there was no provision for extra Administrative or Police force to help in any of the measures.
- (c) An incomplete and provisional map of the country.
- (d) Medical Survey of the infected areas confine to information collected by Assistant and District Commissioners, and reports of isolated areas by Dr Wiggins, 1902, 1904 and 1908; Dr Bodeker 1904, and myself in 1908.

11. In January 1909, a map was published defining the area infected by Sleeping Sickness, compiled from the above reports, and very largely with the assistance of Mr John Ainsworth, C.M.S.,

Provincial

Provincial Commissioner, whose help in all matters relating to Sleeping Sickness in his Province I take this opportunity of gratefully acknowledging. Six months later the German authorities notified us of their Sleeping Sickness infected area at Shirati. Dr Baker, the special service Medical Officer, after touring round South Kavirondo, opened the Kenyankago Sleeping Sickness camp, near the German boundary. Unfortunately, after treating some 280 patients, with every promise of extending its usefulness and enabling the Protectorate to proceed with further measures in compliance with the remaining clauses of the agreement, this Officer died, and the camp had perforce to be abandoned some 3 months after its opening. A necessary 'Sleeping Sickness Ordinance, No. 15 of 1909' was introduced; but pending results, the publication of rules under it was deferred.

12. Early in 1910, two Medical Officers arrived to replace Dr Baker. In April, Dr Pugh re-opened the abandoned Kenyankago camp, a further attempt to fulfil the conditions contained in Clause IV. This attempt was a failure. The patients who had been in the first camp had all died, and the natives would have none of it. Another factor at work which was only just beginning to be realised, was that the epidemic had burnt itself out, and was on the decline. This camp dragged out a desultory existence until it was transferred to Kisii Station, finally collapsing in June 1912.

13. Dr Cherrett, the other Officer, was

detailed

detailed to make an exhaustive Medical Survey of all the infected areas, and the result of his labours was the compilation of the map submitted (together with the report by both Officers) in my No. 20 of February 1st, 1911. For the first time I was in possession of an accurate estimation of the areas infected, or which had been infected, with some reliable data as to the number of people affected by the disease.

14. Between 1908 and March 1913, a total sum of £4,871.14.2. was expended on special Sleeping Sickness measures in salaries, maintenance of camps of sick natives, bush clearing, and travelling etc. With the exception of the services of the Special Service Officers already mentioned, at only one port on the lake shores, Kiama, was there a permanent Medical Officer stationed. Here there was, and is, kept up, an inspection of all passengers proceeding by boat to German or Uganda ports, or coming from them; an inspection that was more occasioned by plague, small-pox and other exigencies, than by Sleeping Sickness; but still Sleeping Sickness was part of the examination, as the earlier sick returns show. Only at this one point, therefore was there any continued attempt to observe the provisions of the agreement.

The Anglo-German Sleeping Sickness Agreement, and the results of the efforts made to observe its conditions.

15. I shall discuss each clause seriatim, and show how far it has been complied with:-

Clause

Clause 1.

"take such steps as are practicable to
 "prevent natives of their respective territories
 "who are suffering or are suspected on reasonable
 "grounds to be suffering from sleeping sickness
 "from passing into such other territories."

16. This meant the patrolling of all the possible "land routes" across the border into German territory; the establishment of medical observation posts in connection with the patrols where all persons could be examined and detained, or permitted to proceed on a pass. No action was taken, or has been taken under this heading. There was no money to do so. The main routes were not known in 1906, at the time Dr Wiggins and I were conducting investigations in the S.W. corner of the boundary: I doubt if they are known now. This country was, in any case, sparsely inhabited, and with the exception of the Gori (or Magori) River, was free from "paludis". I understand, however, that there has always been a certain amount of cross-traffic, and that, in the early days, a number of English natives went across the border to seek treatment at the German Sleeping Sickness camp.

17. This meant also the patrolling of all the "sea routes", and the intercoastal canoe traffic from Kisumu down to Shirati, and would have required a special water service with despatch boats, registration of canoes, dhows and other legislative measures. Nothing was done to control this canoe

and

and dhow traffic. What was done, however, was an examination of all passengers proceeding by steamer or dhow traffic from Kisumu to the German and Uganda ports.

So it may be said that there was a partial compliance with the control of the sea-route from Kisumu.

Clause 2.

"Take such steps as are practicable in order that all natives coming from the territory of the one Power into that of the other, and found to be suffering from Sleeping Sickness, may be detained or segregate in the territory of that Power in which they are found in the said condition."

18. The only place where this could be done was at Kisumu; the inspection of all passengers arriving from German or Uganda ports, or, possibly, by the arrival into the Kenyanago Sleeping sickness camp of natives from across the border. I do not remember that any such cases were ever reported. The question of the diagnosis of sleeping sickness has depended, very largely, in the routine examination, on the presence of enlarged glands. Gland-puncture has been rarely indulged in; not unnaturally the Administration has been averse to its practice, in view of the one or other measures almost always in force at Kisumu for the control of plague and small-pox. Gland-puncture, added to segregation for plague or small-pox,

accompanied

accompanied by wholesale campaigns in inoculations and vaccinations, on apparently healthy individuals, was a last straw too much for the docile neck of the Kavirondo to bear.

So the examination for Sleeping Sickness was of the slightest; but with the methods available, was not forgotten.

Clause 3 (a)

"Take such steps as are practicable to prevent all natives within their respective territories from crossing from the territory of the one Power into areas of the territory of the other Power which have been declared infected."

19. No special rules were ever issued on this clause; such action as was ever taken under it must have been incidental to the other measures detailed in the foregoing. Dr Baker and Mr. Crampton, the District Commissioner who toured with him before the Kenyankago camp was selected, preached all these measures to the natives.

Clause 3 (b)

"Loss no time in notifying to each other the areas so declared infected."

20. As stated before, this was complied with within a fortnight of the promulgation of the Ordinance, at least I presume a copy of the Official Gazette was forwarded to the Imperial German Government. Again, the map of 1911 was sent, as I forwarded a copy to the Principal

Medical

Medical Officer at Dar-es-Salaam, some weeks later by favour of the then District Resident of Shirati.

Clause 4.

"As far as local circumstances permit, establish segregation camps in their respective territories at adjacent points on either side of the common boundary, for the detention and care of natives suffering or reasonably suspected of suffering from, or who have been exposed to infection from "Sleeping Sickness."

21. From what has been said in paras 11 and 12, a double attempt was made to comply with this provision. But since 1917 there has been no camp even name.

Clause 5.

"Take all such steps as are practicable for the destruction within their respective territories of crocodiles and other migratory animals which may be reasonably suspected of being a source of ailment to the 'glossina palpalis'."

22. The answer to this is simple. It was more important to bend ones energies to combat the really vital points laid down in the agreement, rather than work on the somewhat undecided side issues as to what may, or may not, act as reservoir for the trypanosome. That, and the unconsciously imbibed teaching of the Uganda School, that the crocodile does not play so much a prominent part in

the

the dissemination of Sleeping Sickness, as the German School would have us believe.

Reasons for receding from the Agreement.

23. From all the foregoing it will be seen that it was not until 1908 that the necessity of decisive action was forced upon the Protectorate; and that the attempt to carry out this action only lasted up to 1911. With the information collected by Dr Cherratt and Dr Pugh, the opinion which had been slowly growing in my own mind was confirmed, that any danger of the spread of Sleeping Sickness within our own dominions, was a thing of the past. The reports showed that there was a great subsidence in the incidence of the disease compared with, say, 1902-4. From very scanty data (in 1910) I estimated that the number of people showing 'glandular enlargement' in the infected areas, was possibly not more than 18-23 per cent. I believe that a fresh survey of these areas would reveal a diminution on these numbers.

24. The returns of Sleeping Sickness cases yearly from the hospitals have steadily gone down, till it hardly appears at all. During the last 12 years some 30 cases only have been recorded as occurring in hospitals in Nairobi, or East of Nairobi; this in spite of the annual thousands of Kavirondo who have proceeded East of that Township.

25. So far the problem of sleeping Sickness in this Protectorate has been so closely connected with the habitat of the ' Glossina palpalis ', as to make one doubt the possibility of its spread by

other local agencies; but with the knowledge of the existence of the state of affairs in Nyasaland and Rhodesia, and the discovery of the T. Rhodesiense in Uganda (1913), it were unwise to do more than note the following facts:-

- (a) the habitat of the Glossina palpalis neither increases nor decreases, i.e. there has been no extension of the fly area.
- (b) the railway does not pass through any belt of it, therefore there is no risk of the railway-carriages carrying the fly to fresh places.
- (c) the existence of the 'Glossina morsitans' has never been recorded in the Protectorate.
- (d) Laboratory experiments in Nairobi to infect the "G. long-pennis", "brevi palpis" and "Pallidipes" inhabiting the coast belts with the "T. gambiense" have all been negative.

28. There is the general testimony of Administrative Officers as to the decrease in the disease. For one thing there is a small yearly increase in the hut-tax returns from those districts which were known to have been decimated during the height of the epidemic. From being the all-absorbing topic of conversation, hardly a soul remembers Sleeping Sickness now-a-days.

29. The reason for all this, it seems to me, depended on the fortunate action, or rather inaction of the Government in letting things run a perfectly natural

natural course without interference, for the actions related before no more than touched the fringe of the population affected. Here was an epidemic that blazed through this country, strictly confined in its extent to the range of the glossina palpalis line of epidemics, it reached its maximum probably about 1902-31, then proceeded slowly to decline. This was because all the more readily accessible and susceptible population had been killed off. In the succeeding years the survivors adapted themselves to the altered condition of affairs, avoided the dwelling sites and haunts where their relatives had died, and moved away the necessary number of yards for safety, not 25 miles nor 2 miles.

28. If this is the state of matters pertaining within the Protectorate, it is obvious that the risk of conveying infection across the border must correspondingly be diminished. Segregation camps are admittedly a thing of the past, and I can see no result to be gained, either on public grounds, or on behalf of the individual, in advocating reinstitution. The camps are dead in German East Africa and in Uganda.

29. Frankly there has been no attempt by this Protectorate, to specifically carry out the provisions of the Agreement with Uganda.

30. The measures now actually carried out that do comply with the Agreement (e.g. at Kiambu) are all part of the routine work of Medical Officers, and the Sanitation Department in

particular,

particular, and the position of Sleeping Sickness now is such, that I think that any measures to deal with it, ought to be automatic by that Department, and not require special Regulations. If such are found to be desirable, they could be incorporated under the Sleeping Sickness Ordinance.

31. Before closing this memorandum there are certain aspects of the case which should not be forgotten in its consideration. I have only discussed it from the point of view of, firstly, internal administration, secondly, relationship to Germany. There is, I understand, the question of the extension of the Uganda Railway to Mumias, and beyond. I presume that the Survey of this line will be submitted to the Medical authorities, to see how far the question of Sleeping Sickness areas affect its track, and what will be the probable effect, should it tap infected areas in the sister Protectorate. Notification of infected areas in the respective territories is then almost essential.

(Signed) A. D. MILNE

Principal Medical Officer

FBE

44674/20 Kenya

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Ind

20 September 1920

Sir,

I have etc to refer to my despatch

DRAFT

(27/9/20)

No. 1126 of the 10th of August, with

Kenya

No. 1330

Geo. Murray

and to measures against the spread of sleeping sickness in Kenya

MINUTE

D/S

Mr. Lushington 9/9/20

Mr. Parkhurst 9/9/20

Mr. ...

Mr. Grindley

Sir H. Lambert

Sir H. Ross

Sir G. Fiddes

Col. Amery

Lord Milner

and to forward, for your information, the enclosed copy

of a letter on this subject, received

from the Imperial Bureau of

Entomology

of which, with attention to

the latter part of paragraph 2

of the letter, in which it is

suggested that some attempt

be made to institute

Copy to Sir Bureau of Entomology 13 Sept 20

~~S.E. Transcript (incl not present)~~

Copy to FBE LF

Of the areas infested by the various species
of Glossina that occur within the
colony.

Thurib

(Signed) MILNER