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A HISTORY OF SLEEPING SICKNESS IN UGANDA:

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infected areas and although selected resettlement has occurred since 1945, by 1970 most of the lakeshore in southern Uganda remained closed to habitation. The abandoned country has reverted into a dense infested bush and jungle, and only by a concerted effort on the part of the government and the indigenous peoples can it be reclaimed. Economic difficulties coupled with local land

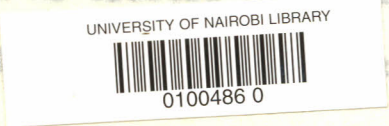
ABSTRACT OF DISSERTATION

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Approved Robert G. Gregory
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In 1908 Bell began a policy of evacuation from infected areas and although selected resettlement has occurred since 1920, in 1970 most of the lakeshore in southern Uganda remained closed to habitation. The abandoned country has reverted into tsetse infested bush and jungle, and only by a concerted effort on the part of the government and the indigenous peoples can it be reclaimed. Economic difficulties coupled with local land tenure systems have prevented most resettlement schemes from succeeding.

There is no preventive for sleeping sickness, and once the disease has entered the central nervous system it is terminal. Medical treatment is imperative in the first stages and if treated early, the patient may be cured. Local dispensaries in infected districts are

important, but the government has not appropriated sufficient funds to adequately enforce remedial programs.

ADMINISTRATIVE RESPONSE 1900-1970
 The most thorough and least expensive method of cur-

tailing sleeping sickness is to supervise concentrated settlements in fly infested areas, clear the land surrounding the new villages by selective agricultural enterprises, and maintaining periodic medical examinations. Settlement combined with clearance will alter the habitat favored by tsetse flies, and since human habitation often results in game removal, the fly will be deprived of food and shelter.

DISSERTATION

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