

No. 15306

SUBJECT

C0533/379

*Sensus of bases of Sleeping
Sickness.*

see J. Engel's report.

Previous

✓

Subsequent

Governor Gregg 343. 222 June 1928.

Enc. a copy of a report by Dr. Engel on the conclusion of a survey of the population around the shore of the Victoria Nyanga for the purpose of making a census of cases of Sleeping Sickness and treating all such cases.

D. Stanton.

May we have your orders, please. Presumably copies shd. go to the Bureau of Hygiene & Tropical Medicine & also to the Tsetse Fly Subcommittee; if we might ask for any orders.

And in the meantime ask that copies be referred to those bodies, and (if you agree) concern that Dr. Engel's work shd be complimented on his work, & that Dr. G. is being so informed.

And inform him accordingly. ~~and~~ a copy of his letter (sent) on the file. (He is on leave until 16 Aug)

W. Steel
18/7

We might also suggest to Gov. that if it has not already been done, a copy shd. be sent to O.A.S. Uganda for the use of the Director of the Institute of Trypanosomiasis Research at Entebbe.

x
Yes: this was mentioned by Stanton at last Friday's Postscript Sub-Committee meeting. see 2094.

Yes
H.S.
19/7

Copy of the slip. in reply shd also go to B.H.T.M. & T.F.S.C. see

H. Hamilton
19/7/28
80
18/10

I agree in principle - you will
write to me.

Jeffrey 20.7.28

Acc. Carman

20.7.28

Nearly all the places are marked
on the 1:1,000,000 map which
I have.

a good piece of work.

C.C.R. 21.7.28.

~~DESTROYED UNDER STATUTE~~

~~DESTROYED UNDER STATUTE~~ Bureau of Hygiene & Inf. Dis. 10 Aug 1928

~~DESTROYED UNDER STATUTE~~ Typhoid & Cholera Com. 14.8.28

~~DESTROYED UNDER STATUTE~~ 5. In. Sub. 1 ans. of copy 2

~~DESTROYED UNDER STATUTE~~ Bureau of Hygiene and Inf. Diseases 10 Aug.

Will be delay of few weeks before
Dr. Burghaw has opportunity of reading
Dr. King's report

Wait for further letter from
Dr. King or Mr.

Rec'd. 6 weeks before
received. then received.

~~DESTROYED UNDER STATUTE~~

Committee of Civil Research 11 Aug 1928
Acknowledges host which will be considered at 3
next meeting of Committee of Civil Research to
the Typhoid Sub-Committee

Mr. Ashworth

? put by

Allforden

16.8.28.

H.T. Ashworth

17/8/28

at once.

Mr. Parkynson

Rec'd. vide min. of 14 Aug.

Nothing far from Bureau of Hygiene
& Inf. Diseases or Typhoid & Cholera Com.

Abbott (K.R.)

28/9/28.

J.F.S.C. of C.C.R. will no longer

consider this at their meeting
on 11 Oct. - so we can wait.

No need to remind B.H. & D.

ALLP

28.9.28

above

Mr. Parkynson,

Please see above minutes. Nothing

further yet received. - ? remind file.

Allforden

29.10.28

This was considered at our recent
meeting of the Sub-Com.

... be ... comm. from ...

C.O. 533 379
THE
LONDON

8 Committee of Civil Research 2 Nov. 28.
States that Tsetse Fly Sub. Cite. consider
that Dr. Enzer's report would have been of
still greater value if it had been possible
to obtain statistics more nearly comparable
with those of previous observers.

? had ~~sent~~ write to Gov. ref's
no 5 saying that the S. of I. has
now learnt that the Tsetse fly sub.
cite have ~~been~~ compared Dr. Enzer's
report & after full discussion
recommended in para 2 &
ask to be inf. whether a remark
can be made a ~~para~~ (1)
& copy to C.R. 7

6/11/28.

Remind Bureau of
4 years ago Bureau ref. 6. at
the same time (in 1925) for their info
copy of 879 saying that ~~subject to~~
~~be done~~. It would propose to
communicate with the Gov. in the
sense of the fly sub. cite's
recommendations but before writing
with await the receipt of any
advice the Bureau may have to offer.

D. Straton
will be sent little

2/11/28

6/11/28.

copy 7/11/28

412
4
DELETED UNDER STATUTE
(w copy no 8)

10. BUREAU OF HYGIENE & TROPICAL DISEASES. 23 Nov. 1928.
Submits observations on Dr. Enzer's report and hopes
that Dr. E. will be available to re-investigate the
same area in a few years' time. Doubts whether Dr. E.
will be able to furnish the comparable statistics
asked for.

? now send dep. to Gov. in
H. 2

(11
20)

2 send copy of 7 10 11 6
C. E. R. 27
Tsetse fly sub. cite for ~~Bureau~~ chair
inf. & copy of no 11 6
to Bureau of H. 2 27

Eastwood
29.11.28

I think will may incorporate the
Bagshaw's paras 3 & 4 into the dep.
without consulting the Tsetse Fly Sub. cite
Para 2 hardly seems intended to be
passed on

6/11/28

no seal

2 of per mean no paras 3 and 4. omitting

To Gov 879 -

DEC 1928

13
C. E. R. (w copy of w copy) 7
12/11/28
Tsetse Fly Sub. cite (w copy 18) 16

I am not sure that this should
not have been a general file
(as transportation is a general
subject), but I wouldn't
alter it now. Copies of the
principal letters should
however go on the general
file about trip. investigation
in fact could no doubt
easily obtain copies already
made for the C.C.R.

50826/28
Jed.

HR
28/1/27

Jeffrey's
12.12.28
Ames

- Mr. Seel 179. 11.
- Mr. Stanton 30. 11. 28
- Mr. Parkinson 30 pp.
- Mr. Bottomley.
- Sir E. Harding.
- Sir J. Shuckburgh
- Sir G. Grindle.
- Sir C. Davis.
- Sir S. Wilson.
- Mr. Ormsby-Gore.
- Lord Lovat.
- Mr. Amery.

X.15306/26 Kenya

RECEIVED
 2 DEC 1928

Downing Street.

2 December, 1928.

STB

DRAFT.

Sir,

In continuation of my despatch

KENYA

NO. 879

Gov. Brigg.

(5)

No. 566 of the 6th of August. I have

the honour to inform you that the

Tsetse Fly Sub-Committee of the

state that the

Committee of Civil Research to whom

have received with interest a

copy of Dr. J. Enzer's Report on

Enzer's valuable Report on

Sleeping Sickness on the shores of

Lake Victoria. The Sub-Committee

have suggested that parts of the

Report would have been of still

greater value if it had been possible

to obtain statistics more nearly

comparable with those of previous

observers. (The

6
 60/11/28
 6 DEC 1928
 Copy to Gov. Brigg

LFF required

2 copies of 9. 10 & 11
 for C. C. R. ref &
 a copy of this for District.
 B. H. & P. M. ref.

~~X~~ The Committee of Civil

Research have accordingly en-
quired whether it ~~will~~ ^{would} be

possible for the statistics

in Dr. Enzer's report to be

re-examined from this point

of view. ³ I understand it to

be the view of the Director

of the Bureau of Hygiene and

Tropical Diseases (who, as

you are aware, is a member of

the Tsetse Fly Sub-Committee

but who was ~~not~~ ^{unable to be} present at the

meeting when Dr. Enzer's

report was considered) that

it is doubtful whether such

comparable statistics could be
furnished, since no observer ^{so far as he is aware,} has

hitherto systematically exam-
ined even a large proportion

of the natives in ...

Victoria area, whereas Dr. Enzer's figures exceed 200,000; and that, indeed, in this respect the value of his work is much greater than that of any of his predecessors. I shall, however, be glad if you will cause the matter to be considered with a view to comparison with previous statistics being established if possible.

3. The Director of the Bureau of Hygiene and Tropical Diseases has also expressed the hope that Dr. Enzer will be available to investigate this area again in a few years' time, since re-investigation by the same observer of a disease of this kind, in the recognition of which the personality ^{of the investigator} as well as the acumen, account for much, is of decidedly greater value than any fresh enquiry is likely to be.

4. You will no doubt arrange

for the ~~views expressed in this~~

~~despatch to be communicated to~~

~~the Director of the Institute~~

~~of Human~~
~~of Trypanosomiasis Research~~

~~at Entebbe for his information.~~

I have, etc..

to be kept informed of any
further work which may
be undertaken as a result
of this despatch in
connection with ~~my~~'s
observation

Signed: J. AMERY

Director:
A. G. BAGSHAW, F.M.G., M.B., D.P.H.
Assistant Director:
J. F. C. HANHAM, M.C., M.D., D.P.H.,
M.R.C.P.E.
Secretary and Librarian:
B. L. SHEPPARD.

10
BUREAU OF HYGIENE AND TROPICAL DISEASES
(Formerly TROPICAL DISEASES BUREAU)

7
23, ENDSLEIGH GARDENS,

LONDON, W.C.1.

Telephone No.
MUSEUM: 3326.

RECEIVED
NOV 1928

23rd November, 1928

Sir,

No. 3.
No. 9.
I have the honour to acknowledge the receipt of your letters of August 8 and November 13 (15306/28) on the subject of the Report of Dr. A.J. Enzer on the investigation of the sleeping sickness position on the Kenya shores of Lake Victoria, and to express regret for the late date of my reply.

2. I have looked up the past records of trypanosomiasis in this area from Dr. Christy's Reports of 1902 and 1903 onwards, with a view to seeing whether any conclusions could be usefully drawn as to the natural history of the disease in an area in which, for various reasons, preventive measures have never been systematically applied; but partly for the reason given in the recommendations of the Tsetse Fly Subcommittee, and partly from the want of detail in the records one cannot come to any useful conclusion.

3. I hope Dr. Enzer will be available to investigate this area again in a few years' time, since reinvestigation by the same observer of a disease of this kind, in the recognition

REC'D

Nov 6 1928

of which the personality as well as the acumen count for much is of decidedly greater value than any fresh enquiry is likely to be.

4. I doubt whether Dr. Enzer will be able to furnish the comparable statistics asked for, because no-one, as far as I am aware, has systematically examined even a large proportion of the natives in this area, whereas his figures exceed 200,000. The value of his work in this respect is much greater than that of any of his predecessors.

I have the honour to be,

Sir,

Your obedient servant,

Arthur G. Bayliss

Any further communication on this subject should be addressed to

THE SECRETARY.

COMMITTEE OF CIVIL RESEARCH,

2, WHITEHALL GARDENS, S.W.1,

and the following number quoted.

COMMITTEE OF CIVIL RESEARCH,

2, WHITEHALL GARDENS,

LONDON, S.W.1.

H./G./12.

2nd November 1928.

COL. G

Sir,

I am directed by the Committee of Civil Research to request you to inform Mr. Secretary Amery that at their meeting held on October 11th, 1928, the Tsetse Fly Sub-Committee had before them your letter of August 8th, 1928, (15306/28) transmitting copies of correspondence with the Governor of Kenya in regard to a Report by Dr. A.J. Enzer, Medical Officer, on an investigation of the position as regards sleeping sickness on the shores of Lake Victoria.

2. After full discussion the Sub-Committee agreed to recommend:-

- (a) That the Committee of Civil Research should inform the Secretary of State for the Colonies
 - (i) that they had received with interest Dr. Enzer's valuable Report on the position in regard to sleeping sickness on the shores of Lake Vidoria;
 - (ii) that they considered that parts of this Report would have been of still greater value if it had been possible to obtain statistics more nearly comparable with those of previous observers;
- (b) That the Committee of Civil Research should suggest to the Secretary of State for the Colonies that he should inquire from the Governor of Kenya whether it would be possible for the statistics in Dr. Enzer's Report to be re-examined from the point of view of recommendation (a)(ii) above.

3. Lord Balfour concurs in the recommendation of the Sub-Committee, and I am to express his Lordship's hope that the Secretary of State will communicate with the Governor of Kenya in regard to the point dealt with in recommendation (a)(ii) above of the Sub-Committee.

I am, Sir,
Your obedient Servant,

Thomas Jones

Secretary,
Committee of Civil Research.

Copy to Bureau of Hyg & Inf Dis
4
1928

Mr. Eastwood 31/7

Mr. ~~Alford~~ 31.7.28

Mr.

Mr. Bottomley

Sir E. Harding

Sir J. Shuckburgh

Sir G. Grindle

Sir C. Davis

Sir S. Wilson

Mr. Ormsby-Gore

Lord Lovat

Mr. Amery

DRAFT.

KENYA

No. 568

Gov. Grigg.

To Dr Enzer. (afterwards)
8.8.28
3 of 3

copy to Bureau of Hygiene & Infect. Med. & Tsetse Fly Lab. Committee

Downing Street.

8 August, 1928.

8 AUG 1928

Sir,

I have etc., to acknowledge the receipt of your despatch No. 343 of the 22nd June transmitting a copy of a report by Dr. J. Enzer on ^{A.} ~~an~~ ~~election~~ ~~sickness~~ investigation of the ~~the~~ position as regards sleeping sickness population on the shores of Lake Victoria. ~~Response~~ ^{for the purpose of sleep sickness} 2 Copies of Dr. Enzer's report ~~are~~ ^{have been} referred to the ^{Director} of the Bureau of Hygiene and Tropical Medicine and to the Tsetse Fly Subcommittee of the Committee of Civil Research for their ^{consideration.} ~~observations.~~ I ~~should~~ ^{would} also be glad, ~~if~~ ^{suggest that, if} this has not already been done, ~~a~~ ^{the} copy could be sent to the C.A.C. of Uganda for the information of the Director of

the

the Institute of Trypanosomiasis

Research at Entebbe.

3. ^{may add that}
I have read ~~the~~ report

with great interest, and ^{that} I concur

in your ^{view} suggestion that Dr. Enzer's

work deserves an expression of approbation.

~~A letter has been sent to him~~
which I have accordingly caused to

~~Dr. Enzer has been so informed as a~~
~~be conveyed to him.~~

~~letter which has been sent to him by my direction.~~
~~I have, etc.,~~

of which I enclose a copy for your information.

(Signed) S. A.

KENYA.

No. 343



GOVERNMENT HOUSE,
NAIROBI,
KENYA

2c

JUN 1928

22nd June 1928

JUN 1928

Am 2568-

*Copy to Bureau of Hygiene and Lab. Medicine
State Hy. Lab. Coll., Care of Genl. Secy.*

Sir,

I have the honour to transmit herewith, for information, a copy of a report furnished by Dr. J. Enzer on the conclusion of a survey of the population around the shore of the Victoria Nyanza for the purpose of making a census of cases of Sleeping Sickness and treating all such cases.

2. The report is of considerable interest and value. For the first time a correct appreciation can be made of the position with regard to Sleeping Sickness in the Colony.

3. In regard to the most seriously affected areas the measures advocated with regard to Keniadoto have been put into force while attempts are being made to carry out the procedure indicated for Seme and Uyoma. As opportunity occurs further inspections will take place.

4. I consider that Dr. Enzer has performed a most creditable piece of work which, from the nature of the country, had to be carried out under conditions of considerable personal discomfort. The results could only have been attained by the

-exercise-

THE RIGHT HONOURABLE

LIEUTENANT COLONEL L.C.M.S. AMERY, P.C., M.P.

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W.1

-2-

exercise of considerable organizing capacity combined with a faculty for dealing with natives and obtaining their confidence. Due credit is given in the report to the assistance rendered by the administrative officers in whose districts the work was carried out.

5. I would suggest that Dr. Knzer's work deserves an expression of approbation from yourself.

I have the honour to be,

Sir,

Your most obedient, humble servant,

Edward Gigg.

GOVERNOR

REPORT ON A SLEEPING SICKNESS INVESTIGATION
IN KENYA.

1926 - 1927

Object.

To carry out a census of the lake shore and riparian population with a view to ascertaining the present position as regards sleeping sickness in the infected areas.

The census was commenced in July 1926 and completed in November 1927 and a total number of 209,528 examined.

the following locations were visited and a census carried out:-

Central Kavirondo.

Samya)	
Kadimu)	
Sakwa)	
Uyoma)	
Asembo)	Population examined 128,147
Seme)	Trypanosomiasis 253
Alego (certain areas))	
Kibigori)	
Kano Plains)	
Nyakatch)	

North Kavirondo.

Bunyori (certain areas)	Population examined	2,934
	Trypanosomiasis	1

South Kavirondo.

K _a rachonya)	
Kochia)	
K _a niada)	
K _a niadoto)	
K _a bwoch)	
K _a bwai)	
K _a niamoi (certain areas))	
K _a niamkago)	Population examined 7847
Mohoru)	trypanosomiasis 134
Kadem)	
Sunu)	
Gwasai)	
Kasogunga)	
Kaksingiri)	

Method of Carrying Out of Census.

At first each village was written down with the total number of men, women and children, as ascertained by interrogation of the people themselves, and as each individual came along to be examined his village was turned up in the list and marked off. This proved too laborious and uncertain as many of the people were not possessed of sufficient intelligence to know the name of their own village.

The method eventually used was to make each mnypara bring all his people on one day, together with a list of those left behind to guard villages and cattle or those away from the locations. By checking these figures with the administration's hut tax census remarkable accurate results were obtained. A final discrepancy of 8.10% was noticed, this being due to men engaged in work outside their location. Approximately 92% of the population were examined.

Methods of Investigation.

The people were drawn up in long lines and examined by neck palpation and in some locations axillary palpation, and any with enlarged glands selected for microscopic examination irrespective as to whether the glands were those typical of trypanosomiasis. Again any cases with typical facies or those complaining of persistent headaches were selected.

At first thick films stained with a fresh mixture of Azur II and Eosin were used but this method proved too laborious and uncertain.

Afterwards examination of fresh gland juice, followed by centrifuged citrated blood in negative cases and by lumbar puncture and subsequent examination of the cerebro spinal fluid was found to be both rapid and accurate.

In over 80% of positive cases trypanosomes were found in the fresh gland juice at the first examination, and in under ten minutes search.

The examination of centrifuged blood does not appear very reliable as a method of investigation as compared with fresh gland juice. In many cases where trypanosomes were easily demonstrable in the gland juice they were not found in the centrifuged blood.

Palpation of axillary glands is labour in vain. In nearly every native palpable axillary glands are present as a result of injuries, scabies, etc., and in those natives in which trypanosomes were found in cervical glands, axillary glands were not always palpable and in one were they pronounced or typical.

Cerebro spinal fluid cell counts were carried out for all cases to ascertain the progress of the disease and
- to estimate -

estimate the effects of treatment.

Cerebro spinal fluid cell counts of 200 or over have been regarded as diagnostic of sleeping sickness in a sleeping sickness area even where trypanosomes have not been demonstrated in blood or glands. Other diseases producing a high cell count having been eliminated.

The following figures give some idea of the number of people examined microscopically as compared with the number of cases.

Karachonya	101	suspicious cases examined	6	positive
Kaniadote	188	" " "	109	"
Kabwoch	42	" " "	2	"
Bunyori	83	" " "	None	"

The present position in the various locations as revealed by the Census.

Samya. 50 cases found. These are scattered along the whole coast line. The infection is relatively unimportant except for its proximity to the Uganda border. Nothing can be done by bushclearing as the operation would entail an enormous amount of work and with so few cases not worth while. census at intervals with subsequent treatment would appear the best way of dealing with the disease here.

Kadimu. 13 cases found. This location can be disregarded as cases are so few and bush so scattered.

Sakwa. 11 cases found. The infection is negligible. The few cases appearing to come from any and every part of the coast line and Yala River.

Uyem. 113 cases found. This is the most highly infected location in Central Kavirondo. Cases were for the most

most part recently infected and the chief states about one hundred people die yearly from the disease. Much can be done by cutting waterways, etc. A census should be taken at intervals followed by treatment of cases.

Asembo. 2 cases found. These apparently contracted the disease in Uyoma. Nothing need be done here.

Seme. 38 cases found. The infection in this location is confined to a very small area in which however the infection is intense. Half the cases found were in an advanced stage and had had the infection to their knowledge from varying periods of 6 months to two years. The disease appears to be mild in this location. Twenty people are stated to die yearly. This appears an exaggeration.

The disease can be eliminated by bush clearing.

Alego. 19 cases found. These were contracted on the Yala River over a large area. Can be disregarded.

Kibigori. 4 cases found. Contracted on branch of the Nyando River. Negligible.

Kamo Plains. No cases found.

Nyakatch. 3 cases found. The natives state the disease has died out. On the other side of the Miriu River a totally different opinion exists. Probably through the constant influx of experts sleeping sickness is so firmly established in the native mind that nearly all diseases from scabies to pneumonia are regarded as being due to trypanosomiasis. Steps have already been taken to eradicate the disease by clearing the Miriu River. Active cultivation of the cleared areas is present.

North Kavirondo. 1 case discovered. The disease was contracted at Seme, Central Kavirondo.

South Kavirondo.

Karachonya. 6 cases discovered. As the coast line in this location is over 40 miles in extent and bush exists for a very large part, with so few cases the location may be disregarded.

Kochia. 3 cases discovered. All contracted at Aloach River. Of the three cases only one showed trypanosomes. The other two were doubtful, showing clinical symptoms and an increased cerebro spinal cell count.

As only ten villages lie in close proximity to the river this location may be ignored.

Kaniada. 1 case found. This patient came from Kaniadoto and contracted the disease there.

Chief states no sleeping sickness since the epidemic.

Kaniadoto. 109 cases found. These all came from Kaniakela, a subdivision of this location with a total population seen of 845. In addition nearly all the other cases found in South Kavirondo contracted the disease here either by passing through on safari or by cutting timber in the bush.

This is the only location in South Kavirondo that merits attention. Bush clearing is impracticable owing to the enormous extent of the bush and to the scarcity of population.

Arrangements have been made with the Administration to evacuate the area.

The local myypara states that fifty people die

-yearly-

yearly in his subdivision of sleeping sickness.

Of the 109 cases found only 29 showed any variation from normal in the cerebro spinal fluid, thus suggesting they were recently infected and that the old cases are dying quickly.

Kabwoch. 2 cases found - both contracted the disease in Kaniadoto.

Kabwai. 3 cases. ~~found~~ Two contracted disease at Kaniadoto and 1 at Kasigunga.

Maniamwa. 4 cases. All contracted at Kaniadoti.

Kaniamkago. No cases discovered. Case reported by Dr. Madgewick, Gendia Mission, said possibly to have contracted disease in this location. Case diagnosed on clinical grounds.

Mohoru. No cases.

Kadin. No cases.

Sunu. No cases.

Gwassi. No cases.

Kasigunga. 6 cases discovered. Population so small and contact with fly so loose that no steps need be taken other than treating existing cases.

Kaksingiri. No cases.

From evidence obtained from the natives ;
from reports of various Medical Officers in the past, although

records of exact microscopical findings are unfortunately not available and from observations during the investigation, it is evident that sleeping sickness is becoming less and less a menace to the maintenance of health ~~and~~ in the native reserves.

Even now, provided a few elementary precautions are taken and kept up, it may be regarded as a comparatively negligible factor and there seems no reason to doubt that in a few years time, if prophylactic measures are carried out, it will be a matter of considerable difficulty to find even one case of sleeping sickness.

Virulence of the Disease.

The type of disease met with in Kenya is undoubtedly mild. Generally speaking with the exception of cases at ~~Maniadoto~~ the disease appears to persist for a year to eighteen months before it invades the cerebro spinal system as shewn by the increased cell count and even when this has occurred another year elapses before the patients are unable to fend for themselves.

The advanced cases linger on for months before death.

Treatment.

At first treatment was of a very haphazard order, due to two factors, an attempt to run treatment in one location concurrently with the census in another, and to the supplies of Bayer 205 and tryparsamide being irregular.

The line of treatment adopted was 1 gm Bayer 205 given intravenously on the first, eight and thirtieth days followed by three weekly injections of 2gms tryparsamide,

Actually owing to irregular treatment many of the

patients received a far greater number of injections than this. Eventually on the completion of the census in Central Kavirondo a tour of treatment was made and all patients received the full course.

In South Kavirondo owing to lack of time the cases have so far only received a sterilising dose of Bayer 205. Arrangements have been made to ensure their obtaining the full treatment.

With such a disease treatment in a hospital is impossible. The natives refuse to stay in for the two or three months necessary for cure as they in many cases feel perfectly well. It is essential to visit them in their locations.

Prophylaxis.

In most places in Kenya the recognised methods, i.e. bush clearing, cutting of waterways and evacuation of areas are not feasible propositions, as the disease is so scattered that it would mean clearing the whole coast line from the Uganda to the Tanganyika border and secondly the percentage of infection is so small that it would be mere waste of time and money.

In three places however these methods should be adopted:-

At Seme where bush clearing would effectually eradicate the disease.

At Uyoma where the cutting of waterways would materially lessen the chances of infection, and

At Kaniadoto where evacuation of the area concerned would stamp out the infection.

Apart from these prophylactic measures a Medical

Officer should tour the infected locations every eighteen months and carry out a rapid census. Treatment of the few cases found could easily be carried out by a trained dresser. This would establish a twofold object - diminish the risk of infection by eliminating the human carrier of the trypanosome and prevent any possible recurrence of the epidemic by obtaining timely warning.

Sleeping sickness in Kenya does not merit the full time work of a Medical Officer. Two to three months every eighteen months would be ample time to devote to this disease.

Administration.

Great assistance has been rendered by Mr. Charles Tomkinson, District Commissioner, Central Kavirondo, and Mr. S.O.V.Hodge, District Commissioner, South Kavirondo, in the carrying out of the census.

General Disease.

During the progress of the census general diseases were treated in a tent used as a dispensary. 52,074 patients received treatment including 16,400 injections for yaws and syphilis.
