THE MAJI MAJI WAR AND THE PREVALANCE OF DISEASES IN SOUTH-EASTERN TANZANIA, 1905-1910

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Abstract

The paper explores the role of Maji Maji War in creating conditions conducive to the emergence and spread of diseases in the South-eastern part of German East Africa (the present day Tanzania mainland) from 1905 to 1910. It has been found out that the war resulted in non-burial of the dead, movements of people, famine, depopulation, and the breakdown of traditional healing institutions. These conditions, in turn, exacerbated the spread and vulnerability of the residents of the region to diseases such as small pox, sexually transmitted diseases, diarrhoea, sleeping sickness and parasites such as jiggers. In reconstructing this history, secondary sources were used namely historical books, thesis, research papers and journal articles. In addition to the sources, ethnographic surveys and electronic sources were consulted. This study is significant in that it contributes to the growing body of works on wars and epidemics.

INTRODUCTION

> [The people] encrusted more thickly than usual with dirt, emaciated to skeletons, suffering from skin diseases of various kinds, with inflamed eyes- and exhaling nauseous effluvium…The whole length of the road from Nyangao to Masasi has been divided between four pairs of lions , each of which patrols its own section, on the lookout for human victims.[1]

The above quoted narratives from Captain Karl Weule, a German soldier in charge of a military expedition in Matumbi in 1906, illustrate, among other issues, the relationship between the Maji Maji War and diseases. This connection, however, is not peculiar to the Maji Maji War, but applies to other past wars in human history as well. For example, France's King Charles VIII mercenary soldiers, who served and contracted syphilis in Italy in the 15th century, spread syphilis to the rest of Europe and the world, following their disband from

[1] K. Weule cited in G. Gwassa, "The Outbreak and Development of Maji Maji war: 1905-1907" (PhD Thesis, University of Dar es Salaam, 1973) p. 372.

the campaign.[2] In the 20th century colonial Tanzania, the First World War soldiers and carrier corps played a pivot role in spreading diseases such as influenza, measles, dysentery, small pox, chicken pox, mumps, sexually transmitted diseases, and so forth to host communities they came into contact with. Moreover, it is said that a great number of soldiers and carrier corps died not from military action but from diseases.[3] In the post colonial Tanzania, the Tanzania-Uganda War of 1978/9 was very instrumental in spreading HIV/AIDS in Kagera region in the early 1980s as the war brought a large number of soldiers who moved in and out of the region while having sexual liaisons with the local people.[4] These sexual interactions increased the risk of HIV transmission.

Despite the above demonstrated link between wars and diseases in human history, the historiography of the Maji Maji War has largely ignored diseases. It has instead focused on other dimensions of the war: economic, political, religious, and so forth.[5] Therefore, this paper seeks to add the dimension of diseases to the Maji Maji War historiography. It does this by exploring conditions which facilitated the emergence and prevalence of diseases among Africans from 1905 to 1910 in the South-eastern part of Tanzania especially in Rufiji (Matumbi), Songea, Kilosa and Ubena areas. The paper tries to reconstruct this historiography by synthesizing and drawing data from historical books, ethnological surveys, electronic sources, theses and researched papers.

This paper is divided into four parts. The first section gives a background to the war. The second part examines the disease situation of African societies from the last quarter of the

[2] D. Hayden, *Pox: Genius, Madness and the Mysteries of Syphilis* (New York: Basics, 2003) p.23
[3] J. Gewald, *Colonial Warfare: Hehe and World War One, the War besides Maji Maji in South-western Tanzania*, Leiden: Working Paper 6/2005: Leiden: The Netherlands, 2005, accessed on line via Google search on 12/ 06/ 2007. In this work, the author reports that around 400 carrier corps died per month from diseases during the First World War.
[4] F. Kaijage, "AIDS Control and the Burden of History in Northwestern of Tanzania" in *Population and Environment: A Journal of Interdisciplinary Studies*, Vol. 14 No 3 (January 1993) p. 298
[5] For more details on political, economic and religious dimensions of the war see J. Illife, *Tanganyika under Colonial Rule 1905-1912* (Nairobi: Eastern African Publishing House 1969) pp 26, 50. *A Modern History of Tanganyika*, London (Cambridge: Cambridge University Press, 1979) pp 200-201

19th century to 1905. The third part explores conditions conducive to the prevalence of diseases during and after the war. The last part is a conclusion.

THE ORIGIN OF THE MAJI MAJI WAR

The Maji Maji war broke out in July 1905 in Matumbi Hills in Rufiji, spread to many parts of South-eastern Tanzania[6] and ended in 1907 following the Germans` brutal suppression of it. The war covered a total area of 100,000 square miles (259,000 square kilometres) south of the Central Railway and east of a line drawn from Kilosa to Lake Nyasa[7]. The map below shows the battle areas and ethnic groups that participated in the war.

[6] A.J.Temu, "Tanzania Societies and Colonial Invasion 1875-1907" in M.Y. Kaniki (ed) *Tanzania Under Colonial Rule* (London: Longman 1980) p.116

[7] R.M.Bell, " The Maji Maji Rebellion in Liwale District" *Tanzania Notes and Records* (hereafter *TNR*) 1950 p.50

Map 1: Ethnic Groups and MajiMaji Areas

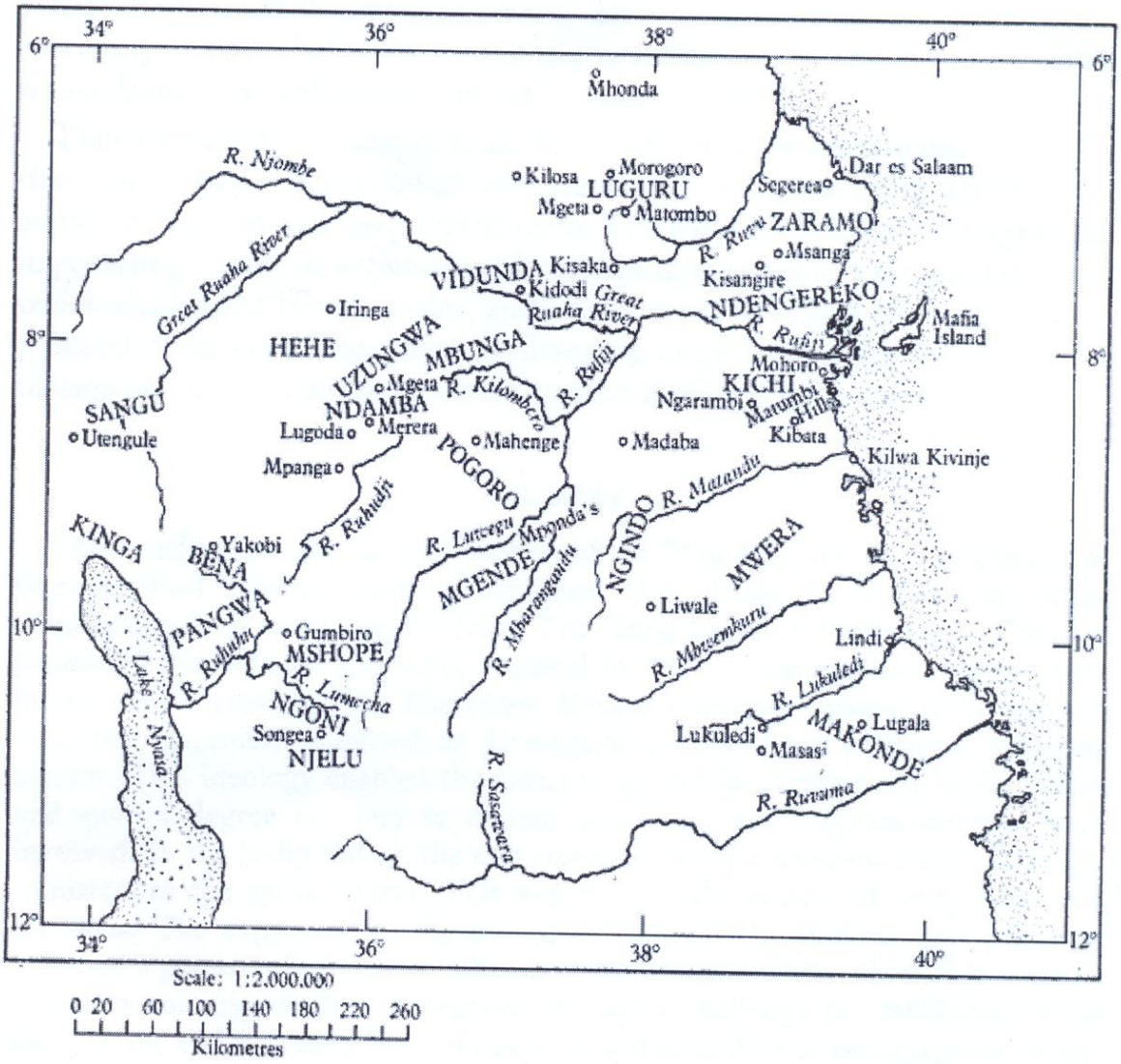


Fig. 1

Source: J. Iliffe`s Article in the *Journal of African History* vol VIII 3(1967), 496

The war pitted Africans against the Germans and their allies: *Akidas* (African administrators) *Askaris* (African soldiers), missionaries, and Arab and Indian traders. Africans were united to fight the Germans under a belief that the medicinal water they took would turn enemy`s bullets into water (Maji); hence, they would not be killed. Although it was soon realized that

enemy bullets never changed into water, this ideology continued to serve the purpose of unifying Africans to their cause namely redressing the problems they faced following the Germans` intrusion and oppression. The Maji gave Africans faith in victory and those who took it never questioned its effectiveness.[8]

There are a number of theories why Africans revolted against the Germans. These theories can be categorized into conspiratorial, economic and administrative ones. According to the conspiracy theory, which is also the official version of the war, the war was conceived and planned by few individual medicine-men and chiefs in Kilwa, Songea , Mohoro and Mahenge. For example, in Liwale district Omari Kinjalla and Kapololo were named as ring leaders of the conspiracy. Conspirators, according to the theory, exhorted law-abiding citizens to join them to fight against the authority.[9] While it is true that medicine men gave the war its Maji ideology, the conspiracy theory has a number of weaknesses. First, there is no evidence to indicate that there was a conspiracy.[10] Second and more importantly, the theory does not tell us why the war had a mass support. The popularity of the war, it is argued in this paper, could be explained by looking into the economic and administrative grievances Africans had against the German rule.

One economic factor which precipitated the war was the establishment of cotton farms in coastal and southern parts of Tanzania. The farms were established by the German textile manufacturers who were keen to replace the most expensive cotton obtained from America with the cheapest cotton from Africa. Africans were forced to give up their land for the farms. They were also coerced to provide their labour on these farms under harsh treatment. In addition to this forced labour on cotton farms, Africans were obliged to pay taxes which were introduced in the colony in 1898 and by 1905 defaulters were jailed and imprisoned.[11]

[8] Temu, *op.cit*., p118
[9] Bell, *op.cit*. p 39
[10] *ibid*
[11] Temu *op.cit* p.116

The war was also caused by the ruthlessness of the colonial administration. German administrators and tax collectors were renowned for mistreating Africans in various ways including caning. Twenty-five strokes of a cane, *hamsa wa ishirini*, were common even for petty civil cases reported to the *boma (*government*)* such as ones failure to pay on time a debt to one another.[12]

Leaving aside the causes, the war had many adverse effects; one of them being diseases which resulted in many deaths. In order to appreciate the prevalence of diseases during and after the war, one needs to explore diseases situation before the war.

AETIOLOGY AND DISEASE CONDITIONS OF THE REGION FROM THE LATE 19TH CENTURY TO 1905

Like many other parts of Africa, the late 19th century south-eastern Tanzania had diseases, some of which were introduced during the slave trade and colonisation of the continent. Some of the diseases included smallpox, syphilis, dysentery, jiggers, and sleeping sickness which although indigenous became severe during the colonisation process.

Smallpox

Smallpox had been in existence since humans began to live in agricultural settlements at which time the virulent human smallpox evolved from harmless poxes of domesticated animals.[13] In other words, the disease has a long history dating back from the Neolithic revolution, but in Sub-Saharan Africa the most recent recorded cases were in South Africa in 1713 at the Cape. In turn, it is claimed that the disease was introduced in South Africa from India. By the late 18th century smallpox was reported in other parts of Africa including along the East African coast and ports, and by the early and late 19th century there were numerous

[12] S. Nyagava, "A History of the Bena to 1908", (PhD Thesis, University of Dar-es Salaam, 1988) pp 241-242., R.M. Bell *op.cit* .
[13] D. Hopkins, *The Greatest Killer: Smallpox in History*: Chicago, University of Chicago Press, 2002 p13

episodes of the disease along the East African coast.[14] For example, between 1897 and 1898, the diseases wreaked havoc in Kilwa, and Lake Nyasa area.[15] This disease spread from the coast to other parts of the interior of Tanzania mainly by traders and porters.[16]

Smallpox was caused by a *variola* virus. There were two kinds of smallpox: *variola* major, which was the common type with a mortality rate of between 25% and 30%, and *variola* minor strain, which had a mortality rate of 1%. Smallpox was transmitted from an infected person to a healthy one through airborne droplets which entered the respiratory tract. It was also transmitted from a patient to a healthy person through washing clothes and beddings of the patient. Corpses of smallpox victims were also dangerous sources of the virus.[17] The diseases had no cure but vaccination. At the moment (in the 2000s) the world is free from the disease, following concerted world programs of vaccination. Except for the viruses stored in American and European laboratories, the last natural occurrence of the disease was in Somalia in 1977.[18]

The symptoms of the disease started by high fever, headache, back and muscle pains, and in severe cases haemorrhaging into skin, lungs and other organs. The haemorrhaging resulted in a sudden death. In non-haemorrhaging cases, the earlier symptoms turned to rashes which appeared more extensively on the face, palms and soles than on the trunk. The rashes later turned to pustules which in turn became scabs. The scabs eventfully fell off leaving the victim with scared/ pocked face, blindness or, for the case of male victims, infertile. After this phase any survived victim acquired lifelong immunity from the disease.[19]

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[14] J. Koponen " War, Famine and Pestilence in late Pre-colonial Tanzania: A Case for Heightened Mortality" in *International Journal of African Historical Studies* , vol 21 No 4 (1988) pp 663, 665 accessed at www.jstor.org on 16/06/ 07

[15] H. Kjekshus, *Ecology, Control and Economic Development in East African History: the Case of Tanganyika 1850-1950*,(Dar-es Salaam: Mkuki na Nyota 1996) pp 133-4

[16] Koponen , *op.cit.*

[17] K.F. Kiple (ed) *The Cambridge Historical Dictionary of Disease* (Cambridge: Cambridge University Press 2003) pp. 300-301, Hopkins, *op.cit.* pp 3-4

[18] *Ibid.*

[19] *ibid*

Sleeping Sickness

The history of sleeping sickness is, up to this moment, unknown. The little history we know about the disease is that it was initially confined to specific locations in West Africa and the Congo basin; and by the end of the 19th century it had spread to many parts of Africa including Tanzania.[20]

The disease is caused by protozoa, trypanosomes, whose vector is a tsetse fly of the genus *glossina.* The trypanosomes are transmitted to humans through tsetse fly bites. The tsetse flies usually feed on the blood of wild animals such as bush pigs, warthogs, antelopes, and buffaloes. Thus, the disease occurs in specific ecological settings such as bushy areas which are favourable to wild animals. The symptoms of sleeping sickness include inflammation (chancre) on a part of the body which has received a bite. Thereafter, the pathogen moves in the blood, body tissues and finally to all organs. After this stage the victim dies.[21]

Although this disease is deadly, the inhabitants of pre colonial Tanzania developed strategies to control the vectors; hence, minimal deaths resulted from the disease. The residents cleared bushes which were near their settlements, thus keeping away tsetse flies and wild animals from human contact. However, from the late 19th and early 20th century, there was an end to wild life control as the colonial wild life policy let wild animals to roam freely. As interactions between human beings and the loose animals increased, so did sleeping sickness. This lack of control of the ecology was also attributed to human depopulation and the disruption during colonialism of traditional political systems which were important for keeping tsetse flies away from humans. The colonial economy also played a great role in the

[20] J.Koponen , *Development for Exploitation : German Policies in Mainland Tanzania 1884-1914* (Finish Historical Society 49 Helsinki, 1994) p. 475

[21] Kjekshus *op.cit*. p 70, Kiple *op.cit*.p 8

spread of vector insects as people migrated to other areas in search of money to pay taxes, leaving un-cultivated land which became conducive to tsetse flies and the disease.[22]

Intestinal Diseases

The common diseases under this category included diarrhoea, dysentery and cholera. These diseases were common in the late 19th century. For example, cholera which was introduced in Zanzibar from India between 1836 and 1837 spread to mainland ports and to the interior of Tanzania along the caravan route.[23]

Dysentery, diarrhoea and cholera are caused by microbes (protozoa, bacteria and rotavirus). The general symptoms of the diseases include the sudden onset of passage of greater and more watery stool than normal, greater frequency of defecating, abdominal pains, nausea and vomiting.

The diseases thrive in an environment of scarcity of water, plenty of uncollected refuse and lack of personal and food hygiene. Under these conditions flies play a greater part in transmitting these enteric diseases.[24]

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) especially syphilis and gonorrhoea were introduced to East Africa coastal ports by sailors and merchants from Europe and other Indian Ocean ports during the Portuguese voyages in the 15th century. STDs spread into the interior from the coast by traders along the trade caravan routes. By 1903 syphilis and gonorrhoea were reported as being common and wider spread in the interior of Tanzania.[25]

Syphilis and gonorrhoea, like other STDs, are transmitted from an infected person to another through sexual activity. Both diseases are caused by bacteria: T. *Pallidum* for

[22] Kjekshus, *op.cit*, p79, J. Giblin, "The Pre-colonial Politics of Disease Control in the Lowlands of Northern Tanzania" in G.Maddox et. al.(eds*) Custodians of the Land* (Dar-es Salaam: Mkuku na Nyotat, 1996) pp 136-137.
[23] D.E.Ferguson, "The Political Economy of Health and Medicine in Colonial Tanzania" in M.Y. Kaniki (ed) *Tanzania Under Colonial Rule* (London: Longman 1980) p.308
[24] Kiple (ed) (2003) *op.cit* pp. 92-93, K. Kiple, (ed) *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993) pp 676-677
[25] Ferguson , *op.cit* p.308, Koponen, (1994) *op.cit*. p. 493

syphilis and *N. gonorrhoea* for gonorrhoea. A patient suffering from gonorrhoea would have the following symptoms: yellowish, whitish or greenish discharges from the sexual organs; inflammation of the sexual organs, and pains when urinating.[26] The symptoms show up between one and fourteen days after exposure.

A syphilis patient shows different symptoms depending on the stage of the disease. During the initial stage of the disease, twenty-one days after the exposure, painless sores appear on the part of the sexual organs where the bacteria entered the body. If untreated, the disease enters the second stage. This stage sets in between three and six weeks after the sores. The symptoms for this stage include: a non-itch rash all over or in parts of the body, flat warty-looking growths on parts of sexual organs, swollen Lymph-nodes, patch hair loss, fever, muscle ache, headache and joint pains.[27] If untreated, syphilis leads to death while gonorrhoea is non fatal ailment, but causes infertility.

Jiggers

Jiggers were common to the 19th century Tanzanian societies. Jiggers were introduced in Africa from Brazil by a British ship, the *Thomas Mitchell* which called on an Angolan port in 1872. From Angola jiggers spread to the rest of the continent through the trade caravans.[28]

Jiggers are caused by sand flea larvae. The larvae enter into the feet of the victim. Left un-extracted in the early stages, the larvae grow to a size of a pea and finally break into sores. The large number of sores causes blood poisoning leading to death.[29]

In summary, the 19th century Tanzania, like other parts of Africa, witnessed an increase of infectious diseases that were transmitted to the interior from the coast along trade

[26] http://www.avert.org/chlamydia.htm accessed on June 26th, 2007
[27] http://www.avert accessed on 26/06/2007
[28] .Kjekshus, *op.cit* p.135
[29] *ibid.*

routes. The diseases were, among others, smallpox, sexually transmitted diseases, cholera and other intestinal ailments.[30] These diseases, however, did not lead to drastic mortality as people developed both biological and social defences against the ailments.[31]The high mortality from diseases in South-eastern Tanzania came during and after the war.

DISEASES DURING AND AFTER THE WAR

One of the effects of the Maji Maji War was high mortality rate among Africans. Scholars estimate between 250, 000 and 300, 000[32]African deaths happened because of the war. This death rate represents 7.5% of the colony's African population which was estimated at the time to be 4 millions.[33] This high death rate has led to some scholars to even term the war as "a holocaust to natives."[34] In sharp contrast to this high Africans` mortality rate, the death rate for whites and their African allies was low: fifteen Europeans, seventy-three *askaris* and 316 auxiliaries.[35]

It should, however, be noted that many of the African deaths were associated with famine and diseases or the combination of both. Although it is difficult to establish the exact number of deaths resulting from diseases, the war created conditions which were conducive to the outbreak and the spread of diseases. Some of the common diseases which became severe under the war conditions included smallpox, diarrhoea and jiggers.[36]

War Conditions Conducive to the Prevalence of Diseases

The war created conditions which favoured the outbreak and severity of diseases in South-eastern Tanzania. These circumstances included non-burial of the dead, famine, migration, depopulation and the breakdown of traditional healing systems.

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[30] Ferguson *op.cit*. p.308, T. Zeleza, *A Modern Economic History of Africa vol. I the Nineteenth Century* (Dakar: Codesria, 1993) p41.
[31] Koponen, (1988) *op. cit.* p. 676
[32] Gwassa, *op.cit.* p.389.
[33] Illife, (1969) *op.cit* p.9..
[34] Bell, *op.cit.* p.53
[35] *Ibid*
[36] Gwasa , *op.cit.* p.373.

Non-burial of the Dead

During the war, the dead from diseases and casualties were not buried. In Matumbi corpses of those who died from diseases were left strewn on compounds to be scavenged by wild animals such as lions, as illustrated by a quotation at the beginning of this paper. The dead could not be buried because the surviving people were either too weak to dig graves (due to diseases and famine) or they lacked tools for digging up the graves. The consequence of not burying the dead was the prevalence of diseases.[37] Among the diseases which were common in the area included: smallpox and diarrhoea. It is likely that smallpox became prevalent as the unburied smallpox corpses became reservoirs and transmitters of the virus to healthy individuals. Moreover, corpses offered environment conducive to the breeding of microbes responsible for diarrhoea. These pathogens were possibly transmitted by flies from the corpses to healthy humans and from one human being to another.

Famine

The war famine provided conditions conducive to the prevalence of diseases in South-eastern Tanzania. Although there were incidences of famines in pre-Maji Maji war period (the late 19th century), the famines did not cause high mortality because societies devised different strategies to cope with food shortages. Some of the strategies included intercropping, food storage and even resorting to hunting and gathering way of life during time of famines.[38] Except for the few incidences of famines, the region had generally plenty of food prior to the war. H.M.Stanely, who visited Matumbi in 1874 noted this fact. He reported:

> The resources of the country around us, of Jumbe (Stanley's guide) and the neighbouring tribes, were manifold, according to native report. Jumbe himself could sell me if I required it, three times as much rice as would fill the Wave.

[37] i*bid* p.373
[38] Koponen (1988), *op.cit.* p.644, R.W. Crosse-upcott, "Ngindo Famine Subsistence" in *Tanzania Notes and Records* 50 (1958) p.1

> The people round about possessed abundance of this grain. On the entire Rufiji Plain, between Matumbi and the sea, I might collect as much rice, Indian corn, chickens and eggs as I needed or could take away cheap.[39]

This abundance of food was not found only in Matumbi, but in other areas of the region as well. For example, the Vidunda ethnic group of Kilosa had plenty of maize and other food crops.[40]

The advent of the war, however, led to food scarcity and its resultant famine in the region. The famine was because of German army's war strategy (Scorched Earth Policy) of indiscriminately burning of food crops, farms and villages. Additionally, the army confiscated food from Africans. According to a 1906 report, the Rufiji valley villagers "are particularly badly struck by famine in the areas where troops had taken their food stocks in Oct and Nov 1905."[41] Because of the food confiscation and the policy, many deaths caused by famines were reported in Matumbi, Uvidunda, Songea and Southern Ubena.[42] It was reported that famines killed more Africans than bullets.[43]

In addition to Africans dying from famines, it should also be noted that famines made Africans to fall prey to diseases. Famines and diseases are inextricably linked. Famine weakens body's immunity hence the body becomes susceptible to diseases. According to Kiple, malnutrition which is caused by famine, and other factors, reduces gastric acid, thus diminishing intestinal immunity to pathogens which cause diarrhoea.[44] Therefore, it is no wonder that intestinal diseases such as diarrhoea were rampant in Matumbi, an area severely hit by famine. It was also because of the compromised nutrition and body immunity against

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[39] H.M.Stanely, " Mr. Stanley's Third Letter: Undeveloped Commerce of the Rufiji" which appeared in the NewYork Herald December 4, 1874 and in *Explorations in Central Africa* accessed at www.jstor.org on 13/06/07.
[40] T. Beidelman , "Notes on the Vidunda of Eastern Tanzania: An Ethnographic Survey" *TanzniaNotes and Records 5* March (1966).
[41] Tanzania National Archive hereafter TNA G4/81 cited from *Sources in the Maji Maji war* , History Department, University of Dar-es Salaam, July 12-13 2004 p. 4
[42] Beidelman, *op.cit.* p.79 G.Gwassa, op.cit. p.376, O.B. Mapunda, " Maji Maji War in Ungoni" in J.Illife (ed) Maji Maji Research Project 1968, 6/68/4/1 History Department, University of Dar-es Salaam 1969, p.15
[43] *Ibid*
[44] Kiple (1993) op.cit. p. 678.

diseases that jiggers, which in normal circumstances, are not life threatening became fatal. Captain Weule reported that jiggers killed many in Lindi district in 1909.[45]

Migration

The peoples` movements caused by the war provided an enabling environment for the spread of diseases. Despite the fact that Africans had been migrating during pre Maji Maji war on account of wars, famines, wild animals, slave trade, and so forth, the Maji Maji War caused large scale movements of people. A large number of people from Songea and other south-eastern parts of Tanzania moved to Mozambique. Additionally, there were internal movements of people within the region. For example a large number of the Ngoni moved to the shores of Lake Nyasa. The Bena of Southern Ubena moved in large number to Uhehe. The Sagara and the Vidunda of kilosa migrated en-mass to Morogroro town and some even to Tanga.[46] In addition to these African movements, German soldiers moved from one place to another within the region.

These movements provided fertile grounds for the spread of diseases such as smallpox and STDs. For example syphilis became prevalent in Uhehe after the German soldiers introduced it during the war.[47] It is also likely that the disease was introduced by soldiers in Ubena during the war, as the area was a battlefield. The Bena could also have introduced it in their land after contracting it from Uhehe during their movements to Uhehe and back to their home-land at the period of and after the war.[48]

Depopulation

The depopulation caused by the war was a catalyst to the widespread of diseases in the region. Although it is difficult to estimate the population of the region before the war, the war led to

[45] Kjekshus *op.cit* pp. 135-.36.
[46] Mapunda, *op.cit* p.18, Beidleman, *op.cit.* p 79, Nyagava, *op.cit*. p 279, D. Chipindulla, "The Maji Maji Rising in Kilosa town" in J. Illife (ed) *op.cit* p.7
[47] Ferguson, *op.cit*. p308
[48] J.Makweta, "Maji Maji in Ubena" in Illife (ed) *op.cit* .no 4/68/1/1 the author shows that such movements were common.

the drastic decrease of population of the region. It is reckoned that the war reduced by half the population of Ungoni and Uvidunda. It also reduced substantially the population of Southern Ubena and Matumbi.[49] The consequence of this demographic decline was that people were too few to control their ecology. Thus, wild animals and bushes became common. This environment favoured tsetse flies, the vectors for sleeping sickness. For example, tsetse flies appeared in 1910 in Matumbi; and sleeping sickness flared up at a border between Lindi and Songea districts along the River Ruvuma. The outbreak of the disease at the border was caused by woodland tsetse flies.[50]

The Breakdown of Traditional Healing Systems

It can be inferred that the prevalence of diseases in the region was also because of the breakdown of traditional medical practices. Until the war, traditional medical doctors played an important role in treating diseases such as diarrhoea and STDs, to name but a few. Although there is no concrete evidence to indicate how the war disrupted the hitherto traditional medical practises, it can be inferred from many African deaths that the dead included experts in traditional medicine. It can also be inferred that the war resulted in the fleeing of the experts to other areas thus leaving their patients at the mercy of diseases. Granted that the disruption happened, health conditions of many local populations would have been adversely affected because the alternative option to traditional medicine namely biomedicine was at the time very limited not only in terms of the facilities but also with regard to staff. For example, it was estimated that in 1909 one doctor served approximately 120,000 Africans.[51]

[49] Mapunda, *op.cit*. p.17, Illife, (1979) *op.cit* pp.199, 202, S.Nyagava, *op.cit* p.279.
[50] Illife (1979) *op.cit.* p.202, J. Koponen (1994) *op.cit*. p483
[51] A.Beck," Medicine and Society in Tanganyika 1890-1930" in *Transaction of the American Philosophical Society* vol 67 part 13 1977 p12 accessed at www.jstor.org on 29/06/07

CONCLUSION

As Feirman points out diseases do not happen in a vacuum but embedded in the social contexts[52] of a given society and period. This lucid observation is as relevant to the South-eastern part of Tanzania during the Maji Maji War as it is to other parts of Africa and the world at large. In this region of Tanzania, the war destabilised the hitherto social conditions thus resulting in depopulation, non-burial of the dead, movements of people, famine and destruction of traditional healing systems. The destabilisation, in turn, led to the spread and increased vulnerability of residents to diseases such as small pox, sleeping sickness, diarrhoea, sexually transmitted diseases and even parasites like jiggers.

This paper is a general survey of the conditions for the prevalence of diseases in the region; it therefore lacks detailed analysis and discussion of the prevalence of diseases in specific local areas and among German soldiers. Thus, these unexplored areas remain open for future research.

[52] S. Feirman, "Strugles for Control: the Social Roots of Health and Healing in Modern Africa" *African Studies Review*, Vol. 28 No.2/3 June/ September 1982