

Veterinary medicine in its socio-historical context

Karen Brown, *Mad Dogs and Meerkats: A History of Re-surgent Rabies in Southern Africa*

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Academics working on any aspect of veterinary medicine in southern Africa frequently lament the paucity of relevant literature. Covering the whole of southern Africa, Karen Brown's account of the epidemiology of rabies, a first of its kind, will certainly lessen this burden. There is much to recommend in this book. Brown circumvents a number of methodological challenges to come up with a very interesting and informative account, which is useful for a number of fields including anthropology, history, veterinary medicine and public health. Taking a chronological approach, this book, which commences in 1800, deals with five main themes in seven well-

written chapters. These include: human-animal relationships and the impact of rabies on developments in science and on public health policies; the cultural impact of rabies on how South Africans have viewed wildlife; the socio-economic impact of colonialism on the distribution of rabies; the evolution of Western knowledge about rabies; the role of the state in rabies control; and how rabies brought social anxieties into the limelight.

Brown explores the recorded debates surrounding the existence of rabies in South Africa prior to 1893, and considers how they influenced ideas about Africa's disease environment. While acknowledging the difficulties in penetrating the lived experiences of Africans, she uses evidence from European adventurers and explorers to aver that there was no rabies in South Africa before 1893. Although she appreciates the existence of reports suggesting that people may have died of hydrophobia in the 1820s, Brown utilises memoirs by John Barrow, William Burchell, David Livingstone and James Martin to develop a not totally convincing argument that there was no rabies in South Africa before the 1893 Port Elizabeth outbreak. She reaches this conclusion by depending, as she says, on "the narratives provided by those who stayed longer in Africa than accounts given by travellers whose residence in a given place was far more transitory" (p 36). Indeed, the 1893 outbreak, as Brown argues, was the first definite confirmation of rabies by sub-inoculation, but this conclusion is problematic because the ideas of black Africans, who had stayed in the territory much longer than European explorers, were not captured. In fact, P.S. Snyman's study of rabies shows that Africans had known the genet to have been responsible for rabies outbreaks since 1885.¹

Nevertheless, Brown's discussion of the social, medical and political history of the 1893 rabies epidemic in Port Elizabeth is intriguing. In this discussion, she grapples with the fact that scientists in South Africa did not always have the respect comparable to that practised in Europe (p 50). She reveals that the relationship between the metropole and

1. See P.S. Snyman, "The Study and Control of Vectors of Rabies in South Africa", *Onderstepoort Journal of Veterinary Science*, 15, 12, 1940, pp 9–140.

colonies was not unilinear because there were many inter-exchanges of scientific ideas. Like Lance van Sittert,² she argues persuasively that the application of regulations was racial in nature because there was stricter enforcement of regulations in African townships (p 59). However, unlike van Sittert, whose main interest was what the epidemic reveals of race and class relations in the late nineteenth-century Cape Colony, Brown explains why rabies has become both an emergent and resurgent disease in twentieth-century South Africa. Furthermore, she demonstrates that in some South African colonies veterinary policy was influenced by the belief that Africans played a major role in spreading the disease. Rabies control policies evoked many emotions among both blacks and whites. Her discussion of the 1893 Port Elizabeth and 1902–1913 Southern Rhodesian outbreaks vividly illustrates public defiance to policing (p 68). However, defiance to veterinary measures in southern Africa was not limited to rabies.³

Brown argues that in South Africa the rabies virus had a wide range of potential hosts. In so doing, she demonstrates that veterinary scientists were oblivious to certain things that were already known to white settlers and blacks. Her discussion of the 1928 Transvaal rabies case involving two schoolboys, reveals that there was another rabies variant indigenous to South Africa caused by the yellow mongoose. Although this surprised veterinarians, both black and white farmers, Brown demonstrates, knew “about rabies and associated it with a number of species, in particular mongooses and wildcats, such as the genet” (p 83).

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2. L. van Sittert, “Class and Canicide in Little Bess: The 1893 Port Elizabeth Rabies Epidemic”, *South African Historical Journal*, 48, 2003, pp 207–234.
 3. See D. Gilfoyle, “The Heartwater Mystery: Veterinary and Popular Ideas about Tick-Borne Animal Diseases at the Cape, c. 1877–1910”, *Kronos*, 29, 2003; C. Bundy, “We Don’t Want your Rain, We Won’t Dip: Popular Opposition, Collaboration and Social Control in the Anti-Dipping Movement, 1908–16”, in W. Beinart and C. Bundy (eds), *Hidden Struggles in Rural South Africa* (James Currey, London, 1987); W. Mwatwara, “‘The Tick was not Slow to Take Advantage’: Conflicts in the Struggle against East Coast Fever in Southern Rhodesia (1901–1920)”, *South African Historical Journal* (in press 2012).

With the exception of her discussion of the Rhodesian outbreak and how it affected South Africa, Karen Brown only begins to place rabies in its sub-regional context in chapter 5. Drawing extensively on scientific literature to elucidate the epidemiological situation in the region, Brown examines the debates about, and the impact of the southward migration of canine rabies in the mid-twentieth century. She makes an interesting connection between rabies outbreaks and the increase in labour migrancy from areas that were already badly affected by the disease. The timing, she argues, coincided with particularly severe outbreaks in Northern Rhodesia and Bechuanaland which spread into Mozambique, South Africa and Zimbabwe (pp 115, 143). She explains the spread of rabies across Southern Rhodesia by transport networks which enabled people from as far as Nyasaland and Northern Rhodesia to move easily with their dogs over long distances, in the process “providing thoroughfares for animals and viruses” and enabling rabies to escape from its pre-colonial canine north of the Zambezi River (pp 114, 115). Just as in Northern Rhodesia, outbreaks in Bechuanaland increased in the 1947–1948 season. In that same time, rabies made inroads from Angola into South West Africa. Brown does, however, acknowledge that Africans in all these areas knew about this disease dating back to pre-colonial period.

Furthermore, Brown links the escalation of rabies outbreaks during the 1960s in KwaZulu-Natal to rapid urbanisation, and the expansion of shanty towns and informal settlements. However, she posits that these were not the only factors because the destabilisation policy pursued by the Nationalist Party in Zimbabwe and Mozambique from the 1970s also played an important part. Mozambicans migrated into KwaZulu-Natal in large numbers and often brought diseases across the border (p 154). The activities of the apartheid regime, the author argues, inadvertently undermined the ability of South Africa’s veterinary and health services to manage rabies at home. In her last chapter, Brown analyses the link between HIV/AIDS and rabies, arguing that dog owners who died from AIDS have led to “an alarming increase in the feral dog population because there are not enough individuals willing or able to take on abandoned dogs, as

had been the custom in the past” (p 167). This is hardly convincing, given that no evidence is adduced to demonstrate how the pandemic has affected laws of inheritance among black Africans in KwaZulu-Natal. She also argues, without providing any evidence, that the deterioration of Zimbabwean veterinary and medical infrastructure resulted in rabies outbreaks along the South African border between 2005 and 2007. She avers that many Zimbabwean refugees during this period crossed the border with dogs, a point unsupported by any documentary evidence (p 168). A recent, in-depth study of the Zimbabwe crisis and migration by J. Crush and D. Tevera does not mention this at all.⁴ An interview held with the National Field Technical Superintendent (Division of Veterinary Field Services, Zimbabwe), Simbarashe Choga, suggests that the Veterinary Services Department did not collapse, as argued by Brown, because, unlike other sectors, it retained its financial and technical support from Western countries.⁵

Brown’s study is not without its flaws. Its problem is not semantic in nature but lies in Brown’s synecdochic approach to the subject. The book exposes a bigger historiographical problem in southern African historical studies: that is, the tendency to draw from South African experiences to portray the southern African situation. Its bias towards South Africa, in general, and how the rabies epidemic has affected South Africa in particular, is clear (p 108). Although the title of the book portrays Brown’s intention to cover the whole region, very little (if anything) is said about how other countries (Mozambique, Namibia, Lesotho, Botswana, Swaziland, Malawi and Angola) reacted to such outbreaks, either local ones or those across their borders. Angola is only mentioned in its role as the source of the Namibian outbreak (pp 115–116).

Wesley Mwatwara

Stellenbosch University

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4. J. Crush and D. Tevera (eds), *Zimbabwe’s Exodus: Crisis, Migration, Survival* (SAMP, Cape Town, 2010).
 5. Interview by Wesley Mwatwara with Simbarashe Choga, Mushumbi Pools, Zimbabwe, 14 March 2012.