Historical perspective on a current pandemic

Myron Echenberg, *Africa in the Time of Cholera: A History of Pandemics from 1817 to the Present*

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This book by one of the pioneering medical historians of Africa, Myron Echenberg (emeritus professor of history at McGill University in Montreal) provides a good example of how adding a historical perspective can help explain a current problem. The current problem he focuses on is why surges of cholera have become one of the top five killers per decade in sub-Saharan Africa, even though the disease is easy to prevent (using chlorine bleach) and to cure (by oral rehydration therapy). Notwithstanding such counter-measures, four years ago the disease ravaged Zimbabwe, while eight years earlier it rampaged through KwaZulu-Natal, Mpumalanga and the Eastern Cape. In fact, since 1995 more than 95 percent of the world's cholera deaths have been in Africa. But it was not ever thus.

Some 150 years ago most deaths from cholera occurred in Asia, Europe and North America, while 40 years ago Asian deaths from cholera still constituted 77 percent of all cholera deaths in the world; and those in sub-Saharan Africa made up just 22 percent of the global total. Today this situation has been completely reversed. Deaths from cholera in Asia now make up less than 2 percent of the world's total, those in sub-Saharan Africa the rest.[6]

In seeking to explain this sharp shift in the global prevalence of cholera, Echenberg does what historians do best – he applies a historical lens to the question and thereby puts it into a long, explanatory perspective which stretches back to 1817. This allows

6. N.H. Gaffga, R.V. Tauxe and E.D. Mintz, "Cholera: A New Homeland in Africa?", *American Journal of Tropical Medicine and Hygiene*, 77, 4, 2007, p 706.

him to see that the six pandemics between 1817 and 1947 which preceded the current one, had but a limited impact on sub-Saharan Africa, at least if the patchy sources available are to be believed. The parts of the continent worst hit by these pandemics were mainly those further north in closest contact with Asia and the Middle East via returning pilgrims, sailors and seaborne traders, namely North Africa, Senegambia, the Swahili Coast and islands like Mauritius, Madagascar and the Comoros. Penetration deep into the interior was unusual; this Echenberg is forced to imply by the silence of contemporary records.

By the time the current pandemic of cholera, the seventh, broke out of Indonesia in 1961, conditions congenial to its appearance in Europe and North America – insanitary water supply and poor sanitary disposal – had long been significantly curtailed there by public health initiatives. In contrast, in sub-Saharan Africa, such cholera-friendly conditions were beginning to develop on the back of accelerating urbanisation; the flight of refugees from wars and political instability; drought and famine – all circumstances which the growing prevalence of cholera highlighted clearly. Like any pathogen geared to maximizing opportunities to reproduce itself, *Vibrio cholerae* (the pathogen causing cholera) took full advantage of all these human and nature-made conditions. As Echenberg expresses it, cholera was able to spread in sub-Saharan Africa because

> *of the increased severity of risk factors, a minority of which stemmed from natural phenomena, and a majority from deteriorating social, political, and economic conditions most sub-Saharan Africans endured after the mid-1970s (p 109).*

His historically-informed solution to this is simple, if over optimistic in the recession-struck world of 2012:

> *What is required is for governments in Africa and in the West to act [to uplift the region economically and socially] out of enlightened self-interest, as did their counterparts [in the developed world] a century ago (p 183).*

At a less transnational level, the book furnishes the first continental overview of the six pre-1961 pandemics, drawing on what published material is available in English and French. On the seventh pandemic

he offers a similar continental survey, but complements this with several case studies which focus on the more serious outbreaks in countries like Senegal, the DRC, Angola, South Africa and Zimbabwe, the latter meriting a separate chapter subtitled "Portrait of Cholera in a Failed State", which argues that the benighted policies of Mugabe's government "turned a cholera outbreak … into a regional disaster" (p 180).

Heavily dependent on the World Health Organisation's *Weekly Epidemiological Report* and articles in medical and current affairs journals, these case studies are narrow in their focus and provide more an epidemiological history which tracks pathways of the disease than a holistic history of epidemics. The voices in the text are more those of doctors, scientists, policy makers and social analysts than of ordinary people stricken or threatened by cholera. Popular, religious and cultural responses are heard only very briefly. Surely it is as important for these to be included too, not only because they come from the majority of historical actors affected by the pandemic but also because it is their behaviour which ultimately must be integral to any successful bid to curtail cholera? After all, you can take a person to the bitter, chlorine-bleached water, but you cannot make them drink if they do not understand why they should.

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