

# Epidemics in African History: A Historiographical Approach

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In some respects ... this pestilence ... has favoured our enterprise. Powerful and warlike as the Maasai are, their pride has been humbled and our progress facilitated by this awful visitation.—Frederick Lugard, *Dual Mandate* (1922)

## Introduction

Epidemics have been a periodic feature of human history and Africa has not been exempted from their devastating effects (Foege, Millar and Henderson 1998). The continent's diverse and complex sociocultural contexts and unique geographic and environmental factors have significantly influenced the bearing of infectious diseases (Lindahl and Grace 2015). It is now well established that epidemics and pandemics result in significant loss of life and, more crucially, social disruption (Wolfe, Dunavan and Diamond 2007). There are records of where and when a virus occurred, how it mutated and how contemporaries reacted, and of ancient unresolved difficulties. The appearance of COVID-19 has prompted the investigation of numerous health themes, such as medicine, public health, plagues and pandemics, social distancing techniques, the cultural origins of dread, the nature of monetary health and many other issues.

The study of epidemics aids the comprehension of politics, social processes and human connections. Their occurrence on the African

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continent can be traced back hundreds of years, and there is evidence that they have had a major impact on human history, demographically, culturally, politically, economically and medically. Even the spiritual realm has been affected—historically, outbreaks or calamities raised questions about humanity's relationship with God (Kaminsky 2023; Wiredu 1998). Cholera epidemics demonstrated how wars and disruptions create environments conducive to contagious disease transmission among vulnerable populations and the consequences of this. The global influenza epidemic, which struck so fast and so viciously between 1918 and 1920, eluding treatment and defying control, spurred a worldwide wave of panic and fear (Ranger and Slack 1992). The literature on African medical history is now quite impressive and wide-ranging, although the precolonial period is not as well

covered as the twentieth century (see, for example, Feierman 1979; Cohen 1983; Packard 1989; Echenberg 2002; Langwick 2011; Bigon 2016).

Paul Tiyambe Zeleza (1993) argues that the link between climate, pandemics, and history is a close but complicated one. He identifies three approaches to understanding the impact of African epidemics. The first is that Africa has always been unhealthy compared to Western Europe over the last 1,000 years. This raises insoluble data problems (Richards 1983: 15) but is also based on the assumption that since the early Europeans in Africa suffered greatly in an alien disease environment, Africa had always been an unhealthy place to live for its inhabitants (Turshen 1986: 9). During the late nineteenth century, disease was used as a way to criticise Africans for being backward, just as medicine was used as a mark of racial pride and technological assurance that underpinned the new imperialism. Indeed, imperialist intervention was increasingly justified in the name of spreading the benefits of Western medicine.

The second approach states that Africa's disease environment deteriorated due to heightened communication with the rest of the world, particularly Europe, from the era of the slave trade. Major epidemics of smallpox, venereal diseases, influenza and cholera, were brought by Europeans and spread into the interior along the trade routes, a process which was made worse by colonialism. Thus colonialism, in Arnold's (1996: 4) damning words, was itself 'a major health hazard for indigenous peoples. The success of Western medicine, if apparent at all', either 'arrived late in the colonial era', or benefited only a fraction of the population. According to Hartwig and Patterson (1978: 4), the period between 1890 and 1930 was, beyond doubt the unhealthiest period in African history. It was Africa's equivalent of the Black Death, the cataclysmic pandemic that ravaged Europe in the fourteenth century.

The third approach, in some ways a refinement of the second, emphasises the dynamic interactions between environments, peoples and pathogens. According to this view, pandemics occur when a community's biological and cultural adaptation to the disease environment is disrupted by the intrusion of a new disease, population shifts caused by war or famine, adoption of new productive activities, and increased contact with foreigners. The foreigners may bring with them new diseases, or because of their lack of immunity to local endemic diseases they fall victim to a disease, and if the rate of infection is high enough, the traditional therapeutic systems become overstretched and the endemic disease suddenly erupts into an epidemic (Richards 1983: 19–22).

### Precolonial Accounts

Historical accounts of African epidemics were often recorded in oral tradition, travellers' narratives and colonial documents. These sources provide crucial insights into the perceptions and experiences of diseases such as smallpox, cholera and influenza before the advent of modern scientific research. The relative absence of written historical records from precolonial Africa poses a significant challenge to studying the epidemics of this period. Unlike more documented regions, such as Europe or Asia, in Africa precolonial societies relied heavily on oral tradition for transmitting knowledge. This has led scholars to employ multi-disciplinary approaches, combining archaeological evidence, linguistics, comparative studies and ethnographic accounts to reconstruct the impact of epidemics on ancient African societies.

The study of epidemics in precolonial Africa is an almost entirely unexplored field, but a few hints do exist. Philip Curtin's study of the effects of infectious diseases on the South Atlantic economic system, 'Epidemiology and the Slave Trade' (1968: 190–216) shows the impacts that the migration of peoples among the different disease environments of Europe, Africa and the Americas had. His suggestion that African populations suffered from epidemics as their isolation was broken down seems valid for early trade contacts as well as for the early stages of colonial expansion. Alfred W. Crosby treats the interchange of pathogens and crops in *The Columbian Exchange: Biological and Cultural Consequences of 1492* (1972).

Archaeologists have identified markers of diseases such as

tuberculosis, leprosy and malaria in ancient remains, shedding light on the prevalence and impact of disease on communities' health. Comparative studies with other regions and cultures have offered valuable insights into how these and other diseases may have affected precolonial African societies. By examining trade networks, migration patterns, and cultural exchanges, researchers have traced potential pathways for disease transmission.

For example, archaeologists have helped us understand how diseases contributed to the abandonment of settlements in Akrokrowa, Ghana, in the early fourteenth century. And at an abandoned community in South Africa's Limpopo Valley, now administratively part of the Mapungubwe World Heritage site, approximately seventy-six burial sites containing juveniles suggest that a devastating contagion afflicted the residents after AD 1000 (Chirikure 2020). Archaeological and historical study also shows societies' responses to epidemics.

Additionally, oral tradition and folklore have preserved memories of past disease outbreaks, providing glimpses into societal responses and coping mechanisms. A key theme which emerges from the historiography of precolonial pandemics is the role of disease outbreaks as catalysts for societal change. Researchers like David Quammen, in his book *Spill Over: Animal infections and the Next Human Pandemic* (2012), argue that pandemics have driven shifts in settlement patterns, trade routes and political structures. This approach challenges the notion of precolonial African societies as static and isolated, highlighting their resilience and adaptability in the face of health crises. David Quammen tracks this subject around the world.

East Africa suffered catastrophic epidemics in the nineteenth century, particularly towards the end of the century. Through long-distance trade, foreign diseases entered the interior, where they usually erupted into epidemics since the locals lacked immunity against them. Trade caravans also served as an effective mechanism for transmitting indigenous diseases (Hartwig 1975: 63, 68). The most lethal among the new or newly reappearing epidemics in East Africa at this time were cholera and smallpox. Cholera was first recorded in East Africa in 1821. Three severe cholera epidemics struck Zanzibar and the mainland in 1836–1837, 1858–59 and 1869–70. The last epidemic apparently reached deep into the interior. The epidemics arrived in East Africa via the Arabian Peninsula through the coastal ports and by land through Ethiopia (Koponen 1988: 661). The cholera epidemics were offshoots of wider pandemics, which originated in India and engulfed the rest of Asia, Europe and Africa. On the Mediterranean coast there were outbreaks of cholera: thousands of people perished in Morocco in 1835, 1848, 1855, 1865, 1868, and 1878–9; Egypt was first struck by a cholera epidemic in 1831, and there were six more outbreaks between 1850 and 1902, which claimed tens of thousands of victims (Panzac 1987).

The worst smallpox epidemics, in South Africa occurred in the eighteenth century. The country was afflicted by a virulent strain, which was brought by ships coming from India. Three major epidemics broke out in 1713, 1755 and 1767, which killed many of the Indigenous Khoisan people, who had no immunity, and seriously disrupted Cape colonial society (Ross, Elphick and Giliomee 1989).

Farther north in Angola, smallpox epidemics broke out at periodic five- to ten-year intervals in the nineteenth century, where they were provoked especially by Portuguese troop movements during campaigns of conquest (Dias 1981: 359).

The historiography of precolonial disease outbreaks is not without its debates and challenges. The limited written records necessitate caution in interpreting archaeological evidence because diseases can leave ambiguous traces. Additionally, ethical considerations arise when exploring oral tradition, since the narratives may be sensitive or misinterpreted over time. The historiography of epidemics in precolonial Africa has evolved from an initially elusive field to a multidisciplinary endeavour, which draws on archaeology, anthropology, linguistics and comparative studies. Although challenges persist, scholars have unearthed valuable insights into the impact of disease outbreaks on ancient African societies. Historians contribute to a more nuanced understanding of Africa's history and its enduring interactions with diseases by recognising the resilience, adaptability and societal changes prompted by precolonial epidemics.

### **Colonial Perspectives and Medical Encounters**

The link between colonialism and the emergence and spread of disease in Africa is a complex and often overlooked aspect of history. The unintended consequences of colonial policies, exploitation and cultural disruption created conditions conducive to disease outbreaks. Recognising this historical interplay sheds light on the enduring impact of colonial rule on Africa's health landscape. As

we grapple with the lessons of the past, it is essential to acknowledge the vulnerabilities that arose from introduced diseases and strive to build a more equitable and resilient future for the continent.

During the colonial period, European conquerors increased their documentation of illness. Diseases such as yellow fever, malaria and sleeping sickness were identified as a result of contact between European doctors and indigenous healers. This type of historical research allows us to focus on the various ethical issues that have arisen as a result of historical power imbalances—between people, professions, nations and institutions—that continue to influence the structure of international health systems. These power discrepancies have arisen as a result of historical differences in power between individuals, professions, states and institutions.

Despite the record, European attempts to improve imperial subjects' health were frequently paradoxical, as illness loads increased and health conditions were more difficult and became more challenging to control than authorities had anticipated. Conquest was brutal and disruptive, resulting in what the medical practitioner Patrick Manson appropriately described as a 'pathological revolution' in tropical Africa in 1902 (Manson-Bahr 1962). Manson referred to specific epidemics such as rinderpest, which ravaged eastern and southern Africa in the 1890s, devastating cattle herds and causing major social and economic disturbances (Manson-Bahr 1962). He was especially concerned about an outbreak of sleeping sickness caused by African trypanosomiasis. This disease is fatal if not treated,

and it had recently spread to the nations bordering Lake Victoria, including the Congo, Uganda, Sudan and Tanzania (Manson-Bahr 1962: 62).

The idea that European colonists had a divinely sanctioned superiority over the peoples they met and conquered was propagated via several programmes implemented by European nations. The colonists' assumptions of superiority, which empowered them to kill, enslave and assimilate others, led to the formation of hierarchical societies that dehumanised people and tolerated pervasive inherent inequality. Beliefs in superiority legitimised the invasion and enslavement of others by whatever means necessary, including using deceptive methods that had existed for ages to engender a substantial amount of distrust and division.

Epidemics were an essential component of colonisation, helping to break down indigenous resistance while also contributing to the deaths of millions of people during the Columbian Exchange. Colonial hierarchies encouraged rivalry and conflict between individuals and between individuals and groups, intending to serve the self-interests of the privileged at the expense of others. A materialistic worldview based on the acquisition of property, resources and riches from others is another defining characteristic of colonialism.

P. F. Nayenga has argued that in Uganda the famine and sleeping sickness epidemic between 1898 and 1911 had serious socioeconomic and political repercussions on the people of the Busoga district (Nayenga 1977). The drought between 1898 and 1899, the great dependence of the Busoga on banana crops, and the

Sudanese Mutiny between 1897 and 1898 were interrelated factors in bringing about the famine of 1898–1901. Nayenga notes that the government's preoccupation with many other problems at the beginning of the colonial period made it difficult for officials to attend immediately to the famine, resulting in many people dying from starvation (Nayenga, 1977: 150). The outbreak of sleeping sickness and another famine further contributed to reducing the Busoga population.

Epidemics had a profound effect on social structure. During the great rinderpest epidemics of the 1890s in East Africa, existing social differences were accentuated in many areas. This was the case, for example, 'among the Wahehe where the surviving children became concentrated in the hands of chiefs and headmen only' (Kjekshus 1977a: 131). In some places there was an increase in 'servitude' or 'domestic slavery' as powerful societies, lineages and households incorporated poor people to replenish their demographic losses or to extend patronage networks (Hartwig and Patterson 1978).

The pestilences not only facilitated conquest but also played an important role in the construction of the ideologies of European imperialism and African resistance. To the invading Europeans, the devastation (for which they did not recognise any responsibility) was proof of the inherent 'barbaric misery' of Africa, from which Africans could be saved by only Europe's magnanimous civilising mission. To the Africans, on the other hand, these miseries coincided with the coming of the Europeans, who they determined were responsible for any catastrophe at that time.

Mutual understanding was almost total. Out of this incomprehension emerged the contradictory ideologies of imperial arrogance and anticolonial resistance.

### Postcolonial Historiography

As African nations gained independence, there was a shift in historiography. Scholars from the continent began to reclaim the narrative, seeking to understand the broader socioeconomic and political implications of disease outbreaks, which have continued to play a significant role in shaping the trajectory of postcolonial Africa. The historiography of epidemics in this context reflects the complex interplay between health, politics, society and governance. This section delves into the evolving scholarship on epidemics in postcolonial Africa, highlighting key themes, approaches and debates that have shaped our understanding of the impact of diseases on the continent.

As the historiography evolved, scholars began to explore the broader sociocultural contexts within which epidemics unfolded. Works like Nancy Rose Hunt's *A Colonial Lexicon* (1999) and Paul Farmer's *Infections and Inequalities* (1999) explored how colonial legacies, urbanisation, poverty and gender dynamics contributed to disease vulnerability. These studies emphasised the interconnectedness of health, politics and societal structures, revealing how epidemics exposed existing disparities and power imbalances.

In the 1990s and early 2000s, two significant strands of research emerged and grew to dominate the production of knowledge on health, disease and recovery in postcolonial Africa: discourse

analyses and sociocultural histories. Discourse analysis histories were interested in a textual analysis of the politics of clinical understanding manufacturing as well as pharmacological concepts, meanings, and practices. Another aspect was the examination of political and governance responses to outbreaks. Studies like Howard Phillips's 'Fevered Measures' and Adam Ashforth's 'AIDS, Sovereignty, and the Politics of Survival' analyse how governments and international actors navigated public health crises. These works highlight the tension between state control, global health interventions and local community agency in epidemic management.

In *The African AIDS Epidemic: A History* (2006), John Iliffe lays out the origin and sequence of development of the AIDS epidemic. He claims that Africa was worst hit by the disease because it had a large population, and the disease had spread before anyone knew the disease existed. HIV evolved with extraordinary speed and complexity under the eyes of modern medical research scientists. Iliffe was able to write a history of the virus that is probably unique among the descriptions of human epidemics. He incorporates medical, epidemiological, social and economic information into a 'holistic' framework to discuss the development and effect of the HIV/AIDS epidemic.

Ebola virus disease (EVD) started a little earlier as a mild infection in the Democratic Republic of Congo in 1976, and has since spread to many other parts of Africa (Bourgarel and Liégeois 2019; Kawuki, Musa and Yu 2021; Wenham et al. 2021). For more than forty years, Ebola was considered an African disease, called a fever and known by other

names where occurrences have been frequent. EVD was declared a global public health threat by the World Health Organization in 2014. By 31 December 2014, Ebola had infected more than 23,500 people in West Africa and killed more than 9,500, nearly all of them in the three worst-affected countries of Guinea, Liberia and Sierra Leone (Bedson et al., 2020; Miller et al., 2018; Roess et al. 2017).

The historiography of epidemics in postcolonial Africa has evolved from a narrow focus on medical aspects to a multidisciplinary exploration of the complex intersections between health, politics, society and memory. Historians have illuminated the broader impacts of disease outbreaks on the continent by examining the sociocultural, political and economic contexts of epidemics. The field continues to develop, emphasising the importance of incorporating local narratives, acknowledging historical agency and understanding epidemics as historical events and going challenges.

## Conclusion

The evolution of the historiography of disease outbreaks in Africa reflects shifting paradigms in historical research and global health. This paper emphasised the significance of incorporating diverse perspectives and interdisciplinary approaches to construct a comprehensive understanding of the impact of epidemics on the continent. The history of epidemics illustrates the significant expertise and experience of researchers, caregivers and ordinary people. In addition, the experience of crises, especially health crises, has been much stronger in Africa than in Western countries. Historians can better

inform contemporary responses to African infectious disease outbreaks by recognising historical legacies and employing a nuanced strategy. History and anthropology show the value of communication and mutual consultation among groups, professionals in the social sciences, and researchers, as well as the need to trust local knowledge and tactics.

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