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WRESTLING WITH RHINOS PART 3

THE ADVENTURES OF A GLASGOW VET IN KENYA

by Dr Jerry Haigh

*In Part 2 of Old Africa's condensed version of Jerry Haigh's book **Wrestling with Rhinos**, the author learns about tropical diseases and how to communicate by radio-phone while an intern at Kabete Vet Lab. Here is part 3 where the author meets President Kenyatta and treats a cheetah. You can order the full book from the author's website www.jerryhaigh.com or from amazon.com*

1965 I had a big surprise when Paul Kinyanjui announced that one of our calls was to President Jomo Kenyatta's farm at Dandora, on the other side of Nairobi. The President had several farms.

My first view of Mzee Kenyatta, as he was known, had come at the official opening of the new veterinary faculty buildings, soon after my arrival in Kenya. As the day had drawn closer, the excitement level had risen among the staff. Sweepers searched in every nook and cranny, ferreting out bits of paper from under the prickly bougainvillea. The ingrained dark red mud stains on the walls of the older buildings had been vigorously scrubbed, then given a lick of paint. On the morning of the big day dozens of chairs were put out by a team of blue-uniformed staff in the quadrangle of the veterinary college. A table and six chairs were set up on the bank under the shade of a large pepper tree. The President was expected at 2 pm and all activity at both large and small animal clinics was suspended by 10 am.

As very junior members of staff, we interns sat well back in the crowd, and our view was somewhat obscured by the array of ladies' hats that adorned some of the important guests. My own view was somewhat restricted by the bright pink gown and skull cap of a cleric from some Christian denomination sitting right in front of me.

President Kenyatta emerged from his Mercedes limousine about 20 minutes late.

He carried his familiar fly whisk. The speeches were short and to the point. Tea and biscuits followed, but by that time the Mzee

had left. By next morning all signs of the event had disappeared, and it was back to work as usual.

Now, as we drove into President Kenyatta's farm yard in Dandora, a large number of Friesian and Friesian-cross cattle walked into the road in front of the Land Rover. Paul Kinyanjui and I had come to see a lame cow. The farm manager took us into the milking shed to deal with the patient. The cow had been lame for a few days and it was not difficult to determine that she had an advanced case of foot rot. I called for hot water and asked Paul to get the bag of Epsom salts from the Land Rover.

Paul and I managed to control the cow's leg, which we hoisted with a rope tied to an overhead beam in order to prevent her from kicking. With a hoof knife, a scrubbing brush, and lots of clean water we got to the root of the problem and cleaned out the infected area. By now the hot water had arrived and after Paul had dumped in a generous double handful of salts, and given the bucket a vigorous stir, we



President Jomo Kenyatta delivers his speech at the opening of the new veterinary facilities at Kabete in 1965. The view of the interns was obscured by the hats of guests in front of them.

gingerly lowered the foot into the solution. I prepared a good dose of penicillin.

The immediate task over, I began to ask about the overall health of the herd. At that moment a large black Mercedes drove up, a beefy uniformed man jumped out of the front passenger seat and opened a rear door and out stepped the President. He had come to inspect his herd. He had an astonishingly imposing presence. The hair on the back of my neck stood up as he greeted us. Whether this was due to the fact that I knew that he was the President, or simply something to do with the man's aura, I don't know. He was courteous and seemingly interested in the animals, but did not wish to discuss any management matters.

"Tell my manager, he will deal with it," he said firmly.

I started to write up the charges for the visit when I got back to Kabete.

"Don't waste your time," said Jimmy, smiling cynically. "No bills for the Mzee."

During a brief holiday, I joined three friends to climb up Mount Kilimanjaro with its snow-covered cone called Kibo, which rises to 19,340 feet. We climbed from the Kenya side, starting from the Outward Bound school at Oloitokitok, and crossing the Kenya-Tanzania border as we climbed. I took a shower under a stream that ran over a rocky ledge when we stopped to camp in a cave at 14,000 feet. Cold hardly describes it. I also vividly remember crawling up the final scree on the approach to the top. I was overcome by altitude sickness; my head was bursting and my breathing was becoming laboured. My companions made sure I went no further, and sent me back to Top Hut.

The new year brought a change at the school. Paul Sayer went away on a short leave, and I moved to the small animal clinic where he had built a successful practice. My inexperience was again a considerable worry to me, but I had the support of an experienced veterinary nurse, Diana Boxall, and technical assistants Lawrence Kahara and James Ngugi, both of whom had been at the college for several years.

The words of the dean of the Glasgow Veterinary School surfaced to reassure me. As my classmates and I had stood in the hall at Bearsden, in our rented graduation robes, having all sworn the veterinary version of the Hippocratic oath, Professor (later Sir William) Weipers said, in his dry Scots brogue,

"Remember, animals will usually recover in spite of what you do to them."

When it came to some of the more severe parasitic diseases seen in Kenya, this rule did not always apply. I quickly learned that if an animal of any species had a fever, a blood smear was the essential first step. Dogs especially were very prone to a different form of tick fever.

"Good morning," said the smartly dressed lady as she led a small, mostly white terrier into the clinic.

"Hello, Mrs Hughes. What seems to be the problem with Ginger this morning?" The receptionist, Mrs. Trendall, had dug out the patient's chart, and Lawrence had brought it to me. A quick glance had shown me the dog's name.

"Well, for the last two mornings he has refused his buttered toast crusts, and today he would not even look at his bacon. I think he may have tick fever."

The link was not immediately obvious to me, but I kept my mouth shut. We got him up on the table, and after letting him smell me and settle down, I looked at his gums, which were almost completely white. I took his temperature, which was a couple of degrees higher than it ought to have been. Mrs Hughes was probably right.

Lawrence was ready, without being asked, with a fine gauge needle and a couple of glass slides. I clipped the very edge of Ginger's ear and cleaned it with a swab. A moment later I had pricked the ear and a tiny drop of rather watery-looking blood had been transferred to the slide. Lawrence took it to the counter and began the staining procedure.

As we waited, I quizzed Mrs Hughes about the breakfast tidbits. She was an old Kenya hand and had far more experience than I of dogs in these conditions. Like many other observant owners, she had noted that a dog with tick fever will immediately go off fatty foods.

The slide was soon ready, and it was no challenge to see the numerous pear-shaped blue bodies inside the red blood cells. I learned a lesson on the importance of listening to experienced, if untrained, people.

As I prepared the injection, which had to be carefully measured against an accurate patient's weight because an overdose could be dangerous and an underdose might not do the job properly, Mrs Hughes and I discussed the

*Jerry Haig and three friends
climbed Mount Kilimanjaro on
a short holiday in 1965.*



need to rest the dog and ensure that he had plenty of good food over the next while. The daily breakfast of buttered toast and bacon had caused Ginger to lose the svelte shape that should go with his breed, but it had given his owner a vital, possibly life-saving, signal.

Becoming acquainted with the dog-owning public sometimes meant taking on public relations tasks. An important social activity for dog owners was the annual show at the East Africa Kennel Club show grounds at Jamhuri Park. I had been asked to provide two honorary vets for the show. Jimmy Duncan agreed to help me. I was unsure what duties and responsibilities the show might involve.

"Oh, it's nothing, really," explained the secretary, a large lady in a florid print dress. "Just check the dogs as they come in, make sure that they're not sick and that all the bits are there. Then hang around in case anything happens that needs your attention."

A couple of weeks later, early on Saturday, Jimmy and I found ourselves dressed in clean white coats, standing on either side of a table in a small office at the show grounds, as a long line-up of dogs of every imaginable breed, and their handlers, in an even greater variety of garb, snaked off around the corner out of sight.

It seemed easy enough. Check the eyes, lift the lip to check the teeth and gums, feel the coat for any obvious lumps, and feel under the belly to see if "all the bits were there." It would

never do to have a show champion, however beautiful, unable to pass on his genes due to some prior surgical intervention.

I soon discovered that "easy" is a relative term. I bent to introduce myself to a large Alsatian. He didn't like men in white coats. His flashing teeth clamped on to my coat as I threw myself back against the table. He had missed the real me by inches. Luckily the secretary was present to record the entries and hand out ring badges. She had seen the whole thing, and sent the owner and his dog home.

Next came the question of "all the bits." A boxer, smart and glossy as he should be, and slobbering a bit like all his brethren, had something missing. In non-technical terms, he was a "one-stoner." My quiet announcement of this deficit to his owner produced a torrent of scorn.

"What do you mean young man? You don't know what you are talking about. I demand that someone competent examine my dog."

Jimmy was there just across the room, and he stepped up and confirmed my findings. We offered the lady a chance to return later for a re-check if she thought it worthwhile. As the secretary politely suggested that the lady could bring the dog next time, if the situation changed, she left with an attempt to repair her dignity by saying, to all within hearing, "Well, he had two this morning."

The next Monday morning started much as

usual: a couple of dogs to vaccinate against distemper, a poodle showing much discomfort and bum-dragging due to overfull anal glands, and a dachshund with itchy skin. As I prepared to vaccinate a puppy, I glanced through the examining room window and saw a man come round the side of the building. It seemed odd to me that he was not bringing his pet into the waiting room via the usual route, but I thought no more of it. As I could only see his upper half, I didn't realize that I was about to have my next brush with something outside the usual range of domestic animal.

As the puppy left with the young couple who owned it, the man came through the door, walking a full-grown cheetah on a leash. As he stopped to chat at the reception desk, his sleek companion rubbed itself against his legs, and a loud noise started up. The cheetah was purring! In fact, one could hear him purring right across the reception area. He then jumped up on to the magazine table and stood there, looking out of the window, as pleased as Punch. Magazines, the day's newspapers, and the ashtray flew on to the floor.

From Mrs Trendall's response, I guessed that this was not the man's first visit. She greeted him with a cheery, "Good morning, Mr Bryant. Nothing more than the usual trouble, I hope?"

"Oh no, I don't think so," he replied, "but I thought I had better bring him in, just to be sure. I've brought the usual sample, so that we can run a check."

The usual sample turned out to be a small amount of faeces in a plastic bag, and Lawrence, who had also obviously seen Mr Bryant before, took it from him and disappeared into the back rooms where the laboratory was located. Taking my cue from the others, I tried to seem nonchalant as I asked Mr Bryant to bring his pet into the examining room.

"What seems to be the problem?" I asked, in what I hoped was my best professional manner.

"Oh, he's lethargic and has gone off his food. His gums looked pale when I checked them this morning."

The examining table was not designed for such a large patient. As I had by now got over my initial surprise, and the cheetah was still rubbing himself against his owner's legs and purring loudly, I bent over to check him. His gums were indeed very pale. Almost white in fact, rather than the usual healthy pink colour that one would expect.

Still a trifle unsure of myself, I asked the owner whether a check of the patient's temperature was feasible. "No problem," he said. The temperature was normal. I was not sure what else to look for. One of the first rules a young veterinary student is taught is that one must know the normal before one can deal with the abnormal. But there are no more normal cheetahs in Glasgow than there are giraffes, so I had no point of reference. The short springy hair on this fellow was unlike the fur on any tabby that I had ever seen, but Mr Bryant assured me that the speckled coat was not its usual glossy self.

About this time, Lawrence quietly slipped into the examining room and told me that the sample was ready under the microscope. In the field of view, I could see dozens of characteristic hookworm eggs. It was indeed the usual problem. Hookworms have developed a cunning strategy to make their lives complete. The adults set up shop in the intestines of a mammal and lay their eggs. The eggs are excreted in due course and then hatch on the ground. The young larvae are specially adapted to burrow through skin often, of course, through the soles of the feet. There are many species of hookworm; some live in humans, others in dogs and cats.

None of this would be too bad if it were not for the way that the worms feed, which is to puncture small vessels in the intestinal wall and use the blood as a constant food supply. If there are enough of them they can cause a serious loss of blood, which can have quite an effect upon the host. This is what was bothering the cheetah.

"Looking at his medical record, I see that this seems to happen fairly often," I said. "Why don't we get him treated with his usual tablets this time, and I'll give him an injection of iron and vitamins so that he can build up his strength quickly. Then you can take some more tablets home with you and give him routine treatments."

"How often should I treat him?"

"Well, according to his history, he seems to need a dose about every three to four months. Why don't we give you three complete doses, and you can try him at four-month intervals? You can easily bring us a fresh stool sample after, say, three months, to see how things are coming along."

To be continued...