The birth of *Boererate*: women and healing during the South African war

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This article reinterprets historical works on the history of medicine in South Africa and how present-day Afrikaner home-based healing therapies engage with this history. By reinterpreting historical sources, we illustrate how Boer women in concentration camps during the South African War were waging an ideological war. We argue that there is a distinction between the creolised medicines that Boer women took into the concentration camps and the body of knowledge — what we call *Boererate* — that emerged from the camps after the women were released. The article brings archival research and interviews with interlocutors into conversation to show how a knowledge system like Boererate has persisted through time and become very popular in online forums and Facebook groups during the Covid-19 pandemic. The article is part of a wider project investigating Boererate in historical and diverse contemporary contexts.

Keywords: Afrikaner women; Boer women; healing therapies; herbal healing therapies; South African concentration camps

Introduction

The concentration camps of the South African War (1899–1902) are a controversial aspect of South African history ripe for reinterpretation. In this article we take a fresh look at Boer women in these camps and consider the role they played in forging *Boererate*, a highly adaptive and mostly herbal system of health and healing that remains synonymous with Afrikaner identity in contemporary South Africa. We argue that there is a distinction between the creolised medicines the women took *into* the concentration camps and the body of knowledge that emerged *from* the camps. Over the last two years, Blackbeard has been conducting research aimed at elucidating Boer women's everyday lives in the camps. This article expands on literature that suggests that Boer women were fighting their own ideological war in the camps whilst

Boer men were waging theirs on the front lines. It is part of a wider project investigating Boererate in historical and diverse contemporary contexts. South African medical history and Afrikaner ethnography provide a backdrop for data collected over the past four years through a mix of conventional techniques, such as interviews and participant observation, and analysis of online forums and Facebook groups to create a unique mosaic of insights. The trends we found in the data led us to integrate archival research and this enabled us to identify the themes we discuss here.

The themes raised in this article are not restricted to the realm of historical studies. Since its emergence from the camps, Boererate has survived in various forms and against the odds and continues to act as a malleable and multivocal symbolic toolkit in many contemporary Afrikaner households. By connecting contemporary experiences to a Boer past,[1] Afrikaner women are able to entrench themselves in an empowering historical narrative whilst negotiating the contours of daily life in a predominantly patriarchal society that reinforces an ideology of *ordentlikheid*, or "ethnicised respectability" (Van der Westhuizen 2017, 2). This article delves into the complex history of medicine in South Africa, from its origins up to the tumultuous period leading up to and including the South African War. It investigates how medical practices during this time created an environment conducive for the popularisation of Boererate among women living under difficult circumstances within concentration camps set up by the British forces. By centering our argument on women, their roles and their we-experiences, we focus not only on the role they played but on how many of the themes present early on in history have been drawn into contemporary experiences of medicine and illness in South Africa.

A patchwork of practices

> Raad vir Skeurbuik: Vir skeurbuik of losheid van die tande is haarlemmerolie goed. [Advice for scurvy: Haarlemensis[2] drops are good for scurvy or looseness of teeth.]
>
> —Suid-Afrikaanse Akademie vir Wetenskap en Kuns 2010

The historical trajectory of Boererate is an important starting point for our argument. The medical histories that played out in South Africa lend themselves to a series of complex narratives. The healing therapies and medical practices of settlers and indigenous peoples met and melded, resulting in the bricolage of healing systems and

traditions found in contemporary South Africa. In this section, we provide some context to the dynamics of health and healing that were at play in the seventeenth to nineteenth centuries — the early days of European (predominantly Dutch and then British) settlement and colonisation of South Africa. We provide a brief overview of the medical practices from this period as discussed in various other works (see, for example, Digby 2006; Burrows and MASA 1958; Van Heyningen 2012). We draw in particular on Jonathan Roberts (2017) who establishes connections from the medical practices at the Cape during the 1600s through to the Boer republics in the highveld in the 1800s.

Roberts (2017, 3) contends that “Western medicine” was brought to the Cape by the Dutch East India Company in 1627. Johann (Jan) van Riebeeck, employed as a ship surgeon, was charged with supervising a refuelling and rest station upon his arrival at the Cape in 1652. However, within a month of him landing at the Cape, two Dutch East India ships arrived with so many sick men on board that a tent hospital had to be erected to accommodate them (Thorn 1952). This temporary structure treated seamen afflicted in particular with scurvy. Sailors who remained ashore bartered with Khoisan people for fresh food and water to tend to their crewmates. One common remedy used at this point to treat scurvy was to steep sorrel leaves to make a vitamin-rich tea (Roberts 2017). During the 1660s the Dutch East India Company constructed a permanent hospital in the Cape; but though this was held in high regard in Europe, in reality it deteriorated quite quickly (Thorn 1952).

A new hospital was built only in 1780, though it too remained desperately understaffed and inadequate. Roberts (2017, 3) quotes historian Russel Viljoen who described this tent hospital as “a ruinous place where hopeless cases were left to die” and where “only a handful of trained physicians [were] available to staff the building.” In the absence of adequate European medical care, Khoikhoi healers nursed sick sailors to health with herbal remedies (Roberts 2017, 3). The extensive fauna and flora used in such healing practices attracted the attention of European naturalists who travelled to South Africa to study and sketch the botanical life of the Cape. The explorers collected samples of plants such as *buchu*[3] and aloe, which quickly became staples of European botanical gardens. At this time, many South African plant species were adopted into European (especially English) pharmacopeia (Deacon and Van Heyningen 2004).

Boer healing traditions were thus partly derived from a combination of early European and well-establish Khoikhoi healing systems, although the precise nodes of this fusion remain to be explored. Many early Boer healing therapies drew on seventeenth-century European medical theories and beliefs that had been shaped by the humoral philosophy of the Greeks. Though the latter were rarely articulated anymore in the eighteenth century, they had a residual impact on the way Boers treated and diagnosed ailments (Van Heyningen 2013). Another possible node of interest is the use of a *huisapotheek* [home pharmacy].[4] This is one of the most widely known early therapeutic practices attributed to Boers, and indigenous herbs that grew around homesteads steadily made their way into this body of knowledge. There is also evidence that the Boers incorporated animal parts and excreta into their early healing practices (Van Heyningen 2005), although this aspect has not been examined in as much detail as the incorporation of herbal remedies. As the snippets of Boererate that open each section of this article suggest, the early healing practices of Boer women also took on the characteristics of classical anthropological sympathetic magic (see Frazer 1922).

It could be argued that the fragmented history alluded to here and the lack of discussion regarding specific remedies is partly responsible for the extensive myth-making in contemporary framings and understandings of early Boer medical practices. Whilst this might make it difficult to construct a precise historical record, it presents an opportunity for anthropologists: these processes of myth-making can be converted into gateways of understanding how people relate to the past.

At this juncture, we must be careful not to slip into essentialisms (see, for example, Kuper 2003 and the more recent Kurzwelly et al. 2020). Partly based in the historical record, the stereotypical image of suspicious and superstitious Boers has to some extent been carried over into present-day representations. It is thus important to emphasise here that evidence suggests that where professional medical care was readily available, many Boers did make use of it. During the mid-1800s, when the Cape Colony was administered by the British, politicians began putting medical legislature and infrastructure into place. However, the two Boer Republics — the Transvaal and the Orange Free State — did not have the same impetus to drive medical reform (Van Heyningen 2005). This is largely because of the sheer distance between settlements in their areas, these points of habitation were located on the

frontier and the republics did not yet have the infrastructure to support medical reform. The likelihood of traditional or home remedies being used can then be linked to a combination of geographical isolation, lack of access to professional medical practitioners and, in all probability, financial constraints among these frontier communities.

Over the course of the 1800s the Cape Colony became home to European doctors who offered “novel” treatments to patients (Roberts 2017, 3) and went to great lengths to ensure that they differentiated themselves from the medical practitioners and medicines of the “creolized folk” (Deacon and Van Heyningen 2004, 46). Note here that European medicine was the outlier, framed as different from the more commonplace combination of alternative medicines described above — creolised medicine created by creolised folk.

After the British took over the administration of the Cape Colony in 1806, English doctors founded the Supreme Medical Committee, which was tasked with monitoring apothecary shops and registering travelling medical traders (Digby 2006). As registered pharmacies increasingly stocked British medical goods, many doctors in the colony began to lose their interest in herbal medical goods and the Cape culture of healing became relatively closed off, focusing on white doctors trained in the British tradition. This exclusionary practice drove a wedge between different groups of people and the ways in which they sought out health and healing. Whilst we can only speculate on the extent to which this was an intended outcome, it added impetus to the use of home remedies and the *huisapotheek* among Boer communities. The remedies that Boers, and eventually groups of Voortrekkers, employed can thus be thought of in terms of Van Onselen’s (1990) “cultural osmosis” as they comprised different bodies of knowledge spanning from seventeenth-century Europe to continuous and complex interactions with indigenous peoples and their well-established modalities of health and healing.

It could be argued, then, that at this time a set of parallel processes unfolded in which political forces were driving distinct groups of people apart whilst simultaneously imposing layers of influence on each other through ideas around how to heal the sick and keep people healthy. To be sure, political processes lay at the very heart of this cultural osmosis, with a white British administration protecting the interests and safety of the Cape Colony, an emerging Boer nation, and increasingly alienated indigenous

South African polities all simultaneously contributing to the development of separate but connected systems of belief.

When Boers decided to migrate into the interior of South Africa, they thus took with them a hybrid of medical practices created and adopted whilst living in the Cape. These Voortrekkers made extensive use of herbal baths, poultices and tonics to treat their various ailments incurred during their "Great Trek"[5] (Roberts 2017). The terrain of the highveld in the interior was unforgiving and the Voortrekkers were faced with having to tend to their sick and wounded amidst clashes with indigenous peoples and encounters with wildlife. Self-sufficiency and reflexive engagement with their environment were absolutely critical for survival.

One demonstration of how crucial the malleability of these healing practices was is to be found in the Voortrekkers' later adaptation to the context of containment in the concentration camps, to which we turn our attention below. The concentration camps of the British were even more unforgiving than the terrain and hardships the Voortrekkers had faced on their travels. Whilst Voortrekkers did not live especially long lives as a pioneer community, Van Heyningen (2005) has found conclusive evidence in various British censuses that the concentration camps dealt a serious blow to their life expectancy. We can thus reasonably assume that they were afflicted by heightened levels of physical and mental maladies.

We now analyse how the concentration camps of the South African War became spaces where gender and health intersected and moulded European and indigenous healing therapies into a coherent but highly flexible body of knowledge. It was in this specific context of incarceration, we argue, that what is known today as Boererate was born. In doing so, Boer women created a system of belief that not only healed the sick but represented a symbolic code of resistance. In contemporary South Africa, as we point towards in the conclusion, this very system continues to thrive.

The emergence of concentration camps

> Raad vir Wonde: Neem blare van appelliefie (pampelmoertjie), lê dit op 'n kool vuur tot dit warm is en sit op totdat pyn uit is. [Advice for wounds: Take gooseberry leaves (ground cherry), put them on a coal fire until they are warm and then apply them until the pain is gone.]
>
> —Suid-Afrikaanse Akademie vir Wetenskap en Kuns 2010

Conflict between the Boers and the British was common and resulted in two major confrontations. These were historically referred to as the First and Second Anglo-Boer Wars but have more recently been considered as part of one ongoing conflict between the two groups, captured in the overarching term “South African War” (Pretorius 2010). The first instance of conflict between the two groups has been well documented and broke out as a result of growing Boer resentment of the British annexation of the Transvaal in 1877. The Boers waged war against the British, in earnest from December 1880 to March 1881, and emerged victorious. This was followed by a short period of peace before the second phase of war broke out, to last eight years.

The causes and origins of the war were complex, but one of the major catalysts was the discovery of diamonds and gold in the territories of the two Boer states. This led to a sudden influx of large numbers of men from Britain pursuing fortune and employment. These *uitlanders* [foreigners] slowly began to outnumber the Boers in the areas of the mines, and tensions within the territories escalated.[6] To quell the rising tensions, British government officials attempted to negotiate the rights of *uitlanders* within the Boer republics and clarify the ownership of the mines. This was largely unsuccessful (Pakenham 1991). After various negotiations between President Paul Kruger of the South African Republic and agents of the British Empire, Kruger realised that the constantly rising number of *uitlanders* would soon enable the British Empire to assume control over the Boer republics. The British Empire had already assembled troops along the borders of the republics to put pressure on the latter to accept the *uitlanders*. In October 1899 Kruger thus issued an ultimatum for the withdrawal of the British troops. When the British rejected the demand, the South African Republic and the Orange Free State declared war on Britain (Pakenham 1979).

The war had many phases, and fortune often shifted between Boer and British forces. Part of the British war effort was the implementation of a scorched earth policy to leave Boer soldiers without support in the field or whilst travelling between battles. The policy of establishing camps — initiated by Lord Roberts, Supreme Commander of the British forces during the South African War, and “vigorously pursued” by Lord Kitchener, Lord Roberts’ chief of staff — was, ironically, a British attempt at extending an olive branch to the Boer fighters (Pretorius 2010). The idea, so the story goes, was that if Boers would lay down their arms, then British authorities would grant them refuge in camps. Whilst the British established these “refugee” camps to house Boer

families that had been displaced and Boer soldiers who had surrendered, British officers in the field laboured under the impression that they had the approval of their superiors to burn and destroy homesteads at will. It is important to note that Boers were not the only prisoners of the camp system: indeed, many camps were established to house black South Africans who were supporting the Boers or who were unfortunate enough to be caught by British soldiers. Black South Africans were placed in camps separate from those of the Boers and suffered immense hardship, as revealed by a death toll estimated as high as 20 000 (Van Heyningen 2013). In 1902, Lord Milner estimated that more than 30 000 Boer homesteads had been destroyed and their occupants housed in camps. Contemporary accounts described these as overcrowded and underfunded.

The sheer number of homeless Boer women and children placed a strain on the camp system. The designation of these camps shifted from “refugee” camps to “burgher” camps and, finally, to “concentration” camps (Hunter 2013, 639). The camps became instrumental in British efforts to “sweep the country bare of everything that could give sustenance to the guerrillas, including women and children” (Pakenham 1979, 493) They functioned, ultimately, to undermine the Boer war effort and were instrumental in persuading Boer soldiers to lay down their arms in the hope of being reunited with their families.

Stille waters, diepe grond **[Still waters run deep]**

> Raad vir Maanstonde wat te lank aan hou/is te sterk: Drink ’n bietjie warm brandewynwater en gaan lê. [Advice for menstruation that is persistent/too strong: Drink a little watered-down brandy and go lie down.]
>
> —Suid-Afrikaanse Akademie vir Wetenskap en Kuns 2010

But Boer women were by no means meek internees. Late in 1901, women in the Brandfort camp rallied around a Mrs Viviers and a Miss Miemie Els. The two women had confronted the camp commandant to ask for better-quality food. He refused and swore at them. They, in turn, upended his tent. Camp police[7] attempted to control the crowd, but the women attacked them so severely that one of the men had to receive medical treatment (Grobler and Grobler 2013, 84). Mrs Viviers and Miss Els were later transported to a jail in Bloemfontein where they were received by other imprisoned

women as heroes and sisters in struggle. In another instance, a woman in Orange River camp hit a commandant in the face with a piece of rotten meat in protest of the bad food the internees had received. She was locked up in what was dubbed the “bird cage,” a fenced section of the camp reserved for rebellious inmates (Grobler and Grobler 2013). Boer women also wrote letters and kept diaries that show their persistent conviction to resist the British infringement of their freedoms for as long as they needed to. As the war effort continued, British authorities in all camps faced ever more resistance to their systems. It is worth noting, though, that there were practically no reports of criminality in the camps — no murders or assaults with the intention of inflicting bodily harm, no arson nor the intentional destruction of property.

Kendall Franks, a British doctor charged by Lord Kitchener with inspecting various concentration camps, reported in a British Command paper that, whilst it had been reported to him that the “refugees” were mostly orderly, they were nevertheless “not too obedient as to the keeping of animals and some minor points of discipline” (Van Heyningen 2012, 196). Oppression and resistance in the camps were in constant flux, but not always in overt ways. Whilst there were instances of overt protest, powerful forms of resistance were expressed through everyday acts of non-cooperation. James C. Scott (1985) writes of cultural resistance and its everyday forms that often take the shape of foot-dragging, false compliance, feigned ignorance, slander and sabotage. These “weapons of the weak” are particularly prolific amongst people who perceive their structural position in society to be an unjust one — much like the Boer women in the concentration camps. Closely linked to these forms of everyday resistance are behavioural transcripts that guide ways of speaking and thinking in order to suit particular actors in specific social settings. Scott (1985, 137) argues that oppressed people often use their prescribed roles and language to resist domination and that “ideological resistance is disguised, muted and veiled for safety’s sake.”

Boer women, subscribing to the role of the *Volksmoeder* — a notion of idealised womanhood as the cornerstone of the household, but also a unifying force in the community — assumed a set of behavioural transcripts that guided the way they interacted with the British. Christi van der Westhuizen (2017, 23) proposes the term *ordentlikheid* to describe how Afrikaner women embody principles like presentability, politeness, decency, good manners and “humility with a Calvinist tenor.” Whilst her

work is based on contemporary research, the notion of a “good Afrikaans woman” stems from the Boer women’s past where many of these transcripts were cemented into popular consciousness.

Boer women in camps resisted British systems — medical and otherwise. Male British doctors were vested in their positions as the dispensers of medicine, and Boer women were rooted in their positions as caregivers and childminders. When these two approaches clashed, Boer women hid their use of Boererate by feigning ignorance, showing false compliance and applying other techniques, such as those described by Scott. By using these semi-visible strategies, they could hide their actions from the British, and though they were relatively powerless, they could initiate disruption in the camps. In this way, they never had to forsake their positions as “good Boer women” and could be considered *ordentlik*, even as they were confronting commandants and upending tents. In fact, it could be argued that they were following the rules embedded in *ordentlikheid* by doing so. It would appear from the available historical record that the more visible instances of resistance were centred around that which was in a Boer woman’s domestic realm: the quality of food they were feeding their children and the conditions under which they were being forced to live and care for their families.

Simultaneously, one of the most silent and often invisible yet potent tools for resistance under incarceration was the use of Boererate. This sentiment was evoked in an interview with Suné, one of our interlocuters. When the invisible nature and symbolic power of Boererate came up, she had this to say.

> Women play a key role, you know. Then too, but I see it now too — in myself. So I am not always shouting my ideas, opinions and instructions, but I make my wants and needs known, in other ways. Some people might look at me think, “Damn, she’s a doormat!”, but I am the one actually in control of my house, my health, my family. I do it all without even smudging my lipstick [laughs]. (Interview with Suné, June 27, 2020)

In the interviews, we spoke about the dangers of falling into a trap that many others have pointed out when writing about Boer history specifically and about Afrikaner nationalism in general. Much of Boer history, especially on Boer medical practices, is subject to substantial myth-making, and a mystique has blossomed around it. Jonathan Crewe (2017) writes of “Boer melancholia” in reference to this very

tendency by relating it to the novel *Niggie* by Ingrid Winterbach. Boer melancholia refers to the process of grieving that many Afrikaners experienced, caused by a sense of cultural loss, loss of power, loss of linguistic hegemony and loss of identity in the wake of the demise of apartheid. In the novel, Winterbach describes the South African War as a heroic time in Afrikaner history in order to reclaim the lost self-respect that indicates the injustices enacted against Afrikaners and their Boer ancestors. These kinds of texts serve to engrain a revised and romanticised version of historical events and to monumentalise them.

Whilst we advance the argument that Boer women used Boererate to resist the British, we are cautious not to fall into the aforementioned trap of monumentalising their efforts. We are mindful of Scott (1985) in accepting that the negotiation of socialised roles is often done without any conscious or explicit intent and that the political life of subordinate groups exists in a grey area between overt defiance and complete hegemonic compliance. Boererate was forged in that middle ground between resistance and compliance.

Inside the concentration camps

> Raad vir Vlooie: Laventel. Gebruik die blare in beddegoed as teenmiddel vir vlooie. [Advice for fleas: Lavender. Use the leaves in bedding to prevent fleas.]
>
> —Suid-Afrikaanse Akademie vir Wetenskap en Kuns 2010

Many of the camps were inefficient, ineffective and poorly administered, leading to high mortality rates. Between June 1901 and May 1902, almost 28 000 Boers died — 22 000 of those being children — representing about 10% of the Boer population at the time. Many camps were set up in harsh environments, due to a certain level of ignorance on the part of the British. In the rainy seasons camps would be flooded and became muddy quagmires. In the summer, camp residents were exposed to sweltering heat, in the winter, to the biting cold. These weather conditions seriously impacted the health of the women and children who, at best, slept in canvas tents. If they had not brought their own bedding, they had to sleep directly on the ground. Between the rain, heat and cold, life was miserable all year round.

In the camps, Boer women and children were exposed to diseases that they had possibly never experienced before, having lived mostly isolated lives at their

homesteads. The overcrowding and lack of proper sanitation in the camps caused considerable health problems that neither the British camp commandants nor the inexperienced medical staff had expected or were prepared for. In their plight, trying to keep themselves and their children alive and healthy, Boer women turned to tried and tested home remedies and healing practices.

Yet, as Elizabeth van Heyningen (2013) writes, the concentration camps were marked by a clash between the cultural values of the Boer women and those of the British male doctors.[8] Much of the tension stemmed from a difference in understanding as to where healing takes place. For Boer women, their homes were where most healing took place and they, the primary caregivers. For the British male doctors, in contrast, the hospital was the locus of their biomedical practice. The Boers in the camps came from a largely pre-industrial, frontier society that relied significantly on their own self-sufficiency and ingenuity when it came to matters of health. In the context of the camps, conflict between these very different cultural and gendered identities was inevitable, mapped on to and expressed through conflicting ideas of health and healing. British doctors had very little patience for the beliefs held by Boer women regarding healing practices and openly derided and abhorred the creolised medicines that the women had brought with them (Van Heyningen 2013) in their *huisapotheeke*. British doctors and nurses considered Boer home remedies to be ridiculous caricatures of medical science that in no way could not compete with biomedicine. Faced with a high level of mortality, they thus applied their medical methods to stem death.

Boer women, in turn, treated their children and fellow camp residents with mixtures of European, indigenous and invented remedies. Healing in this context was an act of community. When someone was ill, women from surrounding tents would gather in the sick room — a tent that had been closed — share their knowledge and tend to the ill person (Van Heyningen 2013). This act was heavily disparaged by the British medical staff and camp commandants; they wanted the ill to go to the camp hospital. And so, to counteract the Boers staying in their tents when they were ill, the camp superintendents banned alternative medicines. One of our interviewees spoke to memories of this as follows:

> Ek het by my tannie gehoor dat ons voorouers — die wat nou in die kampe was — het ’n warm maag van ’n pas geslagte skaap op die

> pasiënt se bors geplaas om tifus te genees. Die Engelse het natuurlik gesê dat dit alles nonsens was, maar wat anders kon daai ma's doen? Die dokters wou nie help nie en hulle het al die Nederduitse medisyne weggevat! [My aunt told me that our ancestors — those who were in the camps — used to take the warm stomach of a freshly slaughtered sheep and place it on the chest of a patient to treat typhus. The English naturally said that this was all nonsense, but what else could those mothers do? The doctors did not want to help, and they had taken away all of the Dutch medicines!] (Interview with Rita,[9] May 6, 2020)

When inmates continued to use their own home remedies, camp superintendents tended to deal with them ruthlessly: so-called perpetrators were refused adequate rations and were separated from their families in makeshift "prisons" (Grobler and Grobler 2013). There is evidence that some British doctors attempted to rally against camp superintendents to increase rations, especially for children, but their pleas largely fell on deaf ears (Van Heyningen 2013). Among the Boer women the domineering attitude of the British medical staff only served to increase the distrust they held for the British medical system being enforced in the camp hospitals. Many Boer women even suspected that the camp supervisors banned their medicines because they wanted to facilitate Boer deaths.

In addition to these issues of trust, especially in the early days of the camps, was a significant language barrier. Prior to 1901, all medical staff was English-speaking, so that communication with internees was severely constrained. Smal (1921), in one of the earliest Afrikaans-language home remedy compendiums,[10] emphasises that medical terms often do not translate to a layman and that important information is lost in translation between laymen and doctors. Effective communication in concentration camps was only slightly improved when young Boer women were trained as nurses and learnt enough English to translate between British medical staff and Boer women. Language barriers and ineffective communication exacerbated the distrust between Boer women and their British captors. The distrust would lead imprisoned mothers to hide their sick children in their tents to prevent the children being taken to the camp hospitals (Grobler and Grobler 2013). Mothers were allowed to visit their children in hospital only for short periods and often had to watch their children's lifeless bodies being carried out a few days after admission. The hot

marquee tents that served as camp hospitals were themselves a breeding ground for disease. There was a general consensus amongst women in the camps that children who were treated in the camp hospitals were more likely to die than those who were secretly nursed with whatever herbs and ingredients their mothers could scrounge together to create their own medicines to treat children themselves (Grobler and Grobler 2013).

The use of the word *create* here is intentional and central to the argument built in this article. These remedies were more than attempts to cure sick bodies. The medicines that the Boer women used in the camps had to be revised and amended because of a lack of access to trusted and familiar herbs and substances. Their approach thus became one of bricolage. The act of foraging for and creating healing therapies other than British biomedicine points us, perhaps, in the direction of earlier anthropological theories of symbolism (see, for example, Turner 1969) or the interpretative models purported by Clifford Geertz (1973) in which social actors become enmeshed in webs of meaning that are in constant flux. Herbal remedies and the way they were actively changing through the agency of imprisoned, oppressed women (see also Scott 1985) held important symbolic significance. In a well-known phrase that quite possibly originated in the camps, Boer women were "making a plan." As one woman explained in an interview:

> Ek kan dit in my eie bene voel, jy weet, hoe my ouma se mense gesukkel het. Maar, 'n boer maak 'n plan en *het* hulle toe 'n plan gemaak! [I can feel it in my own bones, you know, how my grandmother's people suffered. But a Boer makes a plan, and *how* they made a plan!] (Interview with Marianne, June 13, 2020)

By refusing British biomedical care and actively recreating their own alternatives from the environment around them, Boer women were recreating home, the locus of their healing universe and the very fabric of what had been taken away from them. They were, we suggest, reaffirming a female Boer identity, in line with an existing deep-set concern with *ordentlikheid*, which was made powerful because it reset moral compasses towards home, health, husbands and hope.[11]

Invention is the mother of necessity: the birth of Boererate

> Raad vir Masels: Tel droë bokafwerpsels op en trek dit soos tee en drink dit. [Advice for measles: Pick up goat droppings and steep them like tea and drink this.]
>
> —Suid-Afrikaanse Akademie vir Wetenskap en Kuns 2010

Distrust of British doctors and camp hospitals only grew stronger over time, and Boer women were determined to resist imperial domination (Grobler and Grobler 2013). Despite their banning in the camps, non-biomedical medicines did not disappear. On the contrary, they thrived in underground networks of subterfuge and deception. The body of knowledge that persisted in uncomfortable coexistence with British medicine now took on a different set of meanings. As countless examples from history demonstrate, secrecy is equally if not more seductive than transparency (see West and Sanders 2003). This now illicit material substance of healing became a source of counter-hegemonic power. The anthropological and historical records provide an abundance of examples where similar dynamics have unfolded. The banning of witchcraft accusations by colonial authorities in South Africa, for example, gave more power to witches, who were then accused of supporting and being protected by the colonial authorities (Niehaus 2001, Ashforth 2005). The categorisation by the apartheid state of certain music and literature as “undesirable” had the effect of *creating* a market for undesirability (McNeill 2011). Power, it would seem, is multidirectional. By banning imprisoned women’s medicine in the camps, British authorities unwittingly forged what was previously a fairly nebulous set of ideas around healing into a powerful code of resistance, from which Boererate emerged.

In this manner the self-sufficiency we saw earlier was joined by secrecy as crucial to survival. Women often conspired amongst each other to smuggle ingredients into the camps. They were permitted to leave the confines of the camps to collect resources such as firewood. At some camps, wealthy women were permitted to go to nearby towns to make purchases. Those who were not as fortunate (the vast majority) had to scavenge around the camps; their movements were strictly monitored, however. One account speaks of how women would hide tooth powder for children and other small packages in their hair (Grobler and Grobler 2013, 26). One account from D.H. van Zyl, a young, educated boy in the Bloemfontein camp, stated: “Since the *tannies* [aunties] cannot buy their beloved medicines in the camp, they are

constantly making plans to get hold of a supply of them" (Grobler and Grobler 2013, 26); note again the reference to the agency involved in *making a plan*. Whilst camp inmates were permitted to collect firewood from the surrounding bush, they were often unfamiliar with the herbs and plants growing around them and might not have known where to find the specific herbs they sought. On-site chemists, who were few and far between, offered little in the way of herbal alternatives and were often described as being drunk and incompetent (Grobler and Grobler 2013). In addition, chemists were viewed as an extension of the British medical infrastructure and were approached with significant levels of distrust. Once the women managed to smuggle medicines into the camp, they would hide bigger packages in holes dug into the floor in the middle of their tents; others would then distribute smaller amounts to fellow inmates for safekeeping and use when required.

The specific conditions in the camps, it would seem, made for an environment that leant itself easily to ingenuity and invention. British commandants praised "good" Boers for finding ingenious ways of constructing ovens and for busying themselves helping others in the camps, like by mending and washing clothes (Van Heyningen 2012). However, this creativity also created "dangerous element[s]" in the camps (Grobler and Grobler 2013, 76). Volunteer Boer nurses in the Irene camp outside of Pretoria, posted there to assist the British medical teams, were, for example, dismissed and removed when suspicions arose that they were not supporting medical protocol but advising inmates not to report to the hospital when ill and, if they had to go, not to eat the hospital food. When a British general posted at Irene camp claimed that it was the home remedies that were poisoning the women and children and that these were the real cause for the high mortality rate, the nurse Johanna Brandt (née Van Warmelo) responded as follows:

> As to the people being poisoned by these home remedies, the idea is ridiculous. They [the remedies] consist of the simplest ingredients of the chemist's art and have been used since Boers became Boers. Why they should die from these remedies the first time they were used under the English flag is inexplicable. In my five months of work in the camp I did not attend [to] or hear of any patient dying from home remedies. (Grobler and Grobler 2013, 78)

But the general's claims raised Boer women's suspicions, and questions began to circulate around the camp: Why were mothers not allowed, as is Boer custom, to care for their own children? Why were children taken away only to return dead? The perception, it would appear, grew stronger among the internees that British medicines and medical treatments were an attack on the Boer woman's very way of life. This overt attack served only to entrench home remedies as tool for survival.

As described above, the remedies used changed over time and circumstance. As such they could no longer be called European or indigenous medicines — they were neither and both. And while they had evolved under specific circumstances, they changed into something different when they entered the camps. Substitution was necessary, invention even more so. Desperation to keep themselves and their children away from British medicine drove mothers to band together and devise ways of using what they had at hand. It was in this historical moment that creolised medicines were altered, acted upon and adapted to suit this new environment — and thus emerged Boererate, a remodelled and highly flexible knowledge system that was shaped in the crucible of the camps.

Whilst Boer men were fighting a physical war on the outside, inside the camps Boer women forged Boererate as a thing in and of itself. This knowledge system had — and continues to have — agency. Colonial systems attempted to control it and, when that failed, to domesticate it, but at every turn Boererate escaped being harnessed and caged. It morphed into a knowledge system that was not only concerned with healing therapies but contained a myriad of practices to ensure prosperity and health in everyday life. The malleability of this knowledge system evokes a "plasticity" akin to arguments made by Mbembe about precolonial knowledge systems. Mbembe's ideas are instructive here. He suggests that precolonial systems of knowledge in Africa were characterised by a kind of inherent interdisciplinarity, assisting in many different spheres of experience, breaching any supposed division between material and spiritual, real or actual. In this way, Boererate has a lot in common with early ways of thinking about the world. Indeed, it could be argued that we have described the ways in which imprisoned women made Boererate whilst it made them. The line between human and object agency is blurred by this historical-ethnographic example (Mbembe 2016).

In moving towards a conclusion, we now turn briefly to consider Boererate in present-day South Africa.

Boererate revisited

> Zambuck [sic] het 2 van my man se bloeiende aambeie genees. Smeer dit aan. [Zam-Buk healed two of my husband's bleeding haemorrhoids. Smear it on.]
>
> —Boererate en Resepte, Facebook, December 20, 2021
>
> RUSTELOSE BENE — Drink half tl. Bovril in water 'n uur voor slaaptyd. [RESTLESS LEGS — Drink half a teaspoon of Bovril in water an hour before bedtime.]
>
> —BoereRate vir Kwale en Skete, Facebook, December 18, 2020
>
> Drink ook hawhthorn [sic] caps vir hartkloppings … by apteek te koop. [Drink hawthorn capsules for heart palpitations … for sale at the pharmacy.]
>
> —Boererate, Facebook, November 3, 2021

From around 2020, the network of interlocuters interviewed for research on the camps, women and medicine attested that Boererate remains a firm fixture in many peoples' lives. From word-of-mouth to a plethora of online forums, Boererate has displayed remarkable plasticity. It has evolved as a body of knowledge to become a staple of many contemporary Afrikaner homes. It blurs the lines between the "virtual" and the "real" (Carrier and Miller 1998). Online blogs, forums and Facebook groups have provided Afrikaners with a virtual meeting place where they create, update and share Boererate.

During the hard lockdown to contain the Covid-19 pandemic in South Africa in March/April 2020, the number of members of Boererate-oriented Facebook groups soared and a shift in tone became palpable. Prior to the pandemic, these groups were primarily focused on chronic ailments such as high cholesterol and hypertension as well as day-to-day issues such as bee stings. In 2020, the groups and forums became a virtual town square where Afrikaners gathered and helped each other prevent and treat an infection with Covid-19.

One group administrator of *Boere Rate* posted on December 28, 2020, that the "group [had] seen exponential growth lately" (Moor 2020).[12] In response members remarked that, in this time of isolation, fear and uncertainty, they were coming together despite the odds and distance to find support in and support other members of their community. Over the next two years, a familiar narrative developed. The consensus across the Facebook groups was that the country was in a state of disaster, as resources in shops and pharmacies were becoming ever more limited, and that Boererate healing therapies would need to be adapted.

There were also reservations about hospitals not being up to standard and able to cope with the sudden explosion of the illness. Many users reported that hospitals were underfunded, overcrowded and hopelessly understaffed and that most people who went to hospital (be it for Covid-19 or not) would surely never come out alive again. The inability to access doctors, hospitals and pharmacies drove members to turn to each other and use their ingenuity to replace some of their most trusted ingredients with what was at hand or still available in the largely emptied-out stores. Thus , bicarbonate of soda, a massively popular staple of many Boererate healing therapies, became fetishised because of its relative inaccessibility. Members offered aloe plant cuttings in exchange for ingredients they lacked. Some healing therapies even changed completely: when Bovril, required for the abovementioned remedy to treat restless legs (effective because of its high sodium and magnesium content), became scarce, it was replaced with Oxo stock cubes, and this recipe continued to be reposted even after Bovril became readily available again.

Many interviewees reflected on feeling vulnerable in the face of the Covid-19 pandemic. Many felt that they had no control over their lives and expressed nostalgia for the past. Often they perceived this past as a stable place that had provided guidance. In this context, Boererate compendiums became increasingly popular in online forums. When the rising interest was brought up in an interview with a highly active group member, she stated very plainly: "Those books have the answers we need. We might not be in a war, but those women [in the camps] figured out how to get by with so damn little. So, I'll *maar* [just] give *Tannie Maalie* [a name she made up on the spot] the credit she deserves and use her *raat* [advice] for heavy cough because God knows I can't find anything from the shop."(Interview with Anonymous, September 6, 2020)

In this context, virtual spaces provide room for reassurance and stability. Boererate provided symbolic continuity with an indefatigable, mythical but also tangible link to the past. It is a knowledge system that perhaps more than ever before creates people whilst people create it. “Everyone has their own piece that they add. It never stand [sic] still. We can always talk to each other about this and help eachother [sic]” (Facebook message from Zelmonè, October 20, 2020).

This bricolage of indigenous and early European healing systems, forged by networks of secrecy and subterfuge during a brutal and ultimately failed conflict with the British Empire, remains a symbol of perseverance in times of perceived hardship. It carries with it the historical makings of survival in the face of persecution, now taking shape not in hidden packages or holes underground but in online forums, displayed in kitchens and throughout homes. The home still constitutes an important locus of health-giving properties. This is evidenced by posts and blogs about doctors, medicines and symptoms in which group members seek reassurance and clarity.

Conclusion

This article presents a reinterpretation of the ways in which Boer women in concentration camps created and sustained a knowledge system during the South African War. Building on the work of other scholars and incorporating data from contemporary research, it sketches the story of Boererate from its beginnings in the Cape Colony to its current use and discussion in online forums. The picture that emerges is that of a highly adaptive body of knowledge. Using Mbembe’s recent work on precolonial systems of belief in Africa, the article emphasises the plasticity of Boererate and the ways in which it blurs the lines between human and object agency. As people make it, it makes them. This has been evidenced in the analysis of its remarkable ability to adapt over time under conditions of actual and perceived crisis. Much more than a means of healing bodies, Boererate would appear to have taken on the characteristics of a dynamic weapon of the weak, always available to offer new solutions to new problems in a symbiotic relationship with those who continue to incorporate it into their everyday lived experiences.

Acknowledgements

We wish to thank Johan Nel of the Voortrekker Monument and Nandor Sarkady of the Nederduitsch Hervormde Kerk van Afrika for their efforts and assistance with archival

research and access to the Voortrekker Monument's Erfenissentrum archives and Brandt collection.

Notes

1. A note on the terms "Boer" and "Afrikaner" is called for. "Boer" applies to the historical group of Dutch, German and French Huguenots who formed a community at the Cape in the seventeenth and eighteenth centuries. It was a portion of this group that broke away as the Voortrekkers and moved into the interior of the subcontinent in the 1830s. Following this, and much political goings-on that are beyond the scope of this article, there was a move for more cohesion in the community, which thus came to be known as Afrikaners. In this article, we use the term "Boer" in its historical context and that of "Afrikaner" for interlocuters who self-identified as such during the research process.
2. Haarlemensis is a tincture prepared with sulphur, arachis oil and turpentine oil.
3. The Khoisan used the word *buchu* to refer to any fragrant plant that could be dried and crushed to a powder. Today the term is generally used to refer to *Agathosma betulina* and *Agathosma crenulata*. The plants are typical for the fynbos vegetation of the Western Cape province (Moolla and Viljoen 2008, 413; Van Wyk and Gericke 2000).
4. The Dutch word *huisapotheek* was used to refer to a tin box that contained various patent medicines, dried herbs and tinctures that could be mixed according to recipes or according to one's own discretion to treat illness in the home.
5. Resulting from the culmination of tensions between Boers and the British administration of the Cape Colony, the move into the interior took place predominantly because of the British attempt to outlaw slavery, which a large group of Boers did not agree with, and the reluctance of the British to further white settlement into what at that point was Xhosa land.
6. One instance of heightened tension was the failed Jameson Raid in 1895. Dr Leander S. Jameson attempted to initiate an uprising of *uitlanders* but did not receive the support he had imagined from them. Transvaal government forces captured Jameson and his small company of men before they reached Johannesburg (Pakenham 1979).

7. Camp police largely comprised Boer men who had chosen not to fight in the war. They were considered *hensoppers* [hands uppers].
8. There were also female nurses at the camps, but male doctors were in charge of all medical practices (Van Heyningen 2013).
9. All names of participants are pseudonyms, chosen by the participants to protect their identities.
10. Many older compendiums of home remedies were written in a mix of Dutch, German and French, with "kitchen Dutch" eking its way in ever so slowly. Smal (1921) claims to be the very first home remedy compendium written in the language we now recognise as Afrikaans.
11. The aspect of *ordentlikheid* is explored in greater detail in Blackbeard's PhD thesis.
12. The same administrator posted in February 2021 that member numbers were once again soaring.

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