'Black October': the Impact of the Spanish Influenza Epidemic of 1918 on South Africa

H. Phillips

'BLACK OCTOBER': THE IMPACT OF THE SPANISH INFLUENZA EPIDEMIC OF 1918 ON SOUTH AFRICA

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To Juelle, Alec and the Memory of Helene

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ABBREVIATIONS

The following abbreviations have been used in the text and footnotes of all chapters:

IEC Influenza Epidemic Commission – Evidence, 1918–1919 (2 typescript

volumes in the Library of Parliament)

MLA Member of the Legislative Assembly (Parliament)

MOH Medical Officer of Health
MPC Member of the Provincial Council
SADF South African Defence Force

SAR&H South African Railways and Harbours

UDF Union Defence Force

ACKNOWLEDGEMENTS

My initial interest in the Spanish 'flu epidemic can be traced to two very different sources: a curiosity about the impact of World War. I on South African society, aroused when I was a post-graduate student at London University in 1972–1973 and, more specifically, to my father's account of his family's experiences in the epidemic in Cape Town in 1918. I hope that this study will satisfy both my former tutors at London University and my father – in other words, that it is academically

The breadth of research required for this fitnessive examination of South African society during an acute reish as been considerable. Collecting this material has left me deeply in the debt of a number of individuals and institutions and I consequently with to record my gratitude to the personnel of the numerous libraries and other memories of a terrible episode in their lives, to several people who acted as interpreters when survivors spoke neither English nor Afrikaans, to a number of strangers who were kind enough to put me in touch with 'llu survivors of their acquaintance, to Mr. Richard Collier who generously allowed photocopies to be made of the reminiscences he had gathered in 1972, to Dr. Sandra Burman for making these photocopies and to ferichs and colleagues who drew my attention to

My sincere thanks are also due to my supervisor, Professor Basil le Cordeur, whose expedition in reading chapters in draft form never dulled his sharp eye for detail, to Morna and Bea Cornell for typing a long and complex manuscript and to Ken Behr for his unmatched cartographic craftmanship.

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Collecting the material for this thesis and writing it up have occupied a major part of the last seven years of my life. I dedicate the fruit of those years to three people who supported me in countless ways along this road: my wife, my father and my late mother. They all sacrificed a great deal on my account.

H. Phillips Cape Town, July 1984. the absence of a strong central public health authority made it difficult to provide assistance to the worst-hit areas on any systematic basis.

Although the epidemic's presence was lethal, it was short-lived and by the middle of November it had virtually abated, leaving in its trail thousands of dead, many more thousands in mourning and a severely disrupted and shaken country. A third wave of the pandemic did develop and spread around the world in 1919, but it was far less severe

It is estimated that the Spanish Influenza pandemic affected some 500 million people, killing 20 million or more throughout the world in the course of 1918-1919.21 This makes it by far the worst pandemic in modern times. Nearly thirty years ago a leading epidemiologist wrote of it:

It is too recent an event to be seen in full historical perspective, and perhaps some historian of the future will be able to see that it had effects on world history comparable with those of the Justinian Plague or the Black Death,"22 This study attempts to go some way towards making such an assessment, at least in so far as South Africa is concerned

E. B. Kilbourne (ed.): The Influenza Viruses and Influenza, pp. 272–273, 275, 504; W. I. B. Beveridge: Influenza – The Last Great Plague, p. 32; J. M. Last (ed.): Maxcy-Rosenau Public Health and Preventive Medicine, p. 110. The figure of 20 million or more exceeds the total number of World War I deaths by several The figure of 20 million or more exceeds the total number of world war 1 deaths by several million (1. M. Roberts: Europe 1880–1945, pp. 351–352; P. Stearns: The European Experience Since 1815, p. 228).

22. A. H. Gale: Epidemic Diseases, pp. 48–49.

INTRODUCTION

Towards the end of September 1918 the second wave of the world-wide Spanish Influenza pandemic of 1918-1919 struck South Africa. Within a fortnight the country was overwhelmed by the worst natural disaster in its history. By the time that it abated in November, probably more than a quarter of a million South Africans had died.

The aim of this study is threefold: to trace the course of this devastating epidemic in the Union and, in so doing, to provide the first serious, full-length account of what happened during "Black October", as the episode rapidly became known locally; secondly, to ascertain its immediate and longer-term impact so as to assess its significance in the history of South Africa; finally, to use this unprecedented disaster to identify some of the underlying features of contemporary South African life and thought which it highlighted

The social history of disease, even endemic disease, can reveal much about the composition and workings of past societies, for not only is disease

"related causally to the social and economic situation of the members of a given population, but the health care received also reflects the structure of a society, particularly its stratification and class divisions."1

Like medicine,2 disease mediates social relations.

This is even more the case if a disease develops an all-threatening virulence and assumes epidemic proportions. Like wars, floods or earthquakes, serious epidemics evoke a broad cross-section of societal responses which reveal typical attitudes and assumptions more clearly than everyday activities. As Louis Chevalier has observed, epidemics sharpen behaviour patterns, betraving deeply-rooted social imbalances and illuminating latent or developing tendencies.3

Yet, historians have been slow to study them - or other natural disasters for that matter. In part they have been reluctant to tackle topics which appear to require extensive specialised knowledge: in part they have been wary of attributing too much weight to the "disease factor" in history, of treating it as an independent variable of some consequence. As William McNeill has observed.

"We all want human experience to make sense, and historians cater to this universal demand by emphasizing elements in the past that are calculable, definable, and, often, controllable as well. Epidemic disease, when it did become decisive in peace or in war, ran counter to the effort to make the past intelligible. Historians consequently played such episodes down."4

In pioneering studies such as this one it is not uncommon to ascribe too much to the "newly discovered" factor which forms the subject of the thesis. This work tries to avoid this kind of tunnel vision by keeping the impact of the epidemic within the context of the contemporary development of modern South Africa. At the same time, placing the epidemic within these broader continuities must not mask its genuinely unprecedented results. Both dimensions must be kept in mind to achieve a balanced overall assessment of its significance. To borrow Eric Hobsbawm's

^{1.} G. Rosen: "Health, History and the Social Sciences" in Social Science and Medicine, vol. 7 (1973),

p. 236.

2. K. Figlio: "The Historiography of Scientific Medicine: An Invitation to the Human Sciences" in K. Figito. "The Historography of Scientist Medicine: An Invitation to the Human Sciences" in Comparative Statistics in Society and History, vol. 19 (1977), p. 27 n. 27. See too Figito's articles. History, vol. 3 (1978) for a development of this argument.
 L. Chevaller, L'Adowing Glazase and Dangerous Classes in Paris During the First Half of the Ninetentist Century, Instructacion (III, 17) and Book III (chapter 5).
 W. H. McNeill: Flagues and Peoples, p. 12.

metaphor.5 what is seen through the microscope must not be lost from sight when viewed through the telescope.

The experience of other countries in the 'flu pandemic provides few guidelines, for there are not many serious studies by historians of its impact elsewhere in the world.6 On the other hand, recent historical works on other modern epidemics are most suggestive as to possible approaches to the topic.7

In the case of South Africa itself, there is little on the 'flu epidemic besides sections in two popular, global accounts8 and the brief chapters in Jose Burman's Disaster Struck South Africa,9 Lawrence Green's Grow Lovely, Growing Old10 and the Reader's Digest's South Africa's Yesterdays. 11 General histories of the country overlook it entirely or refer to it in a sentence or less;12 the majority of references to it in print occur in histories of towns, villages or institutions and in autobiographies or biographies, indicative perhaps of where it left its deepest mark. The two existing histories of medicine in South Africa13 do not venture into the 20th Century. Charlotte Searle virtually ignores it14 and works specifically devoted to epidemics amount to one unpublished dissertation15

- 5. E. J. Hohshawn: "The Revival of Narrative Some Comments" in Past and Present, no. 86
- 5. E. J. Hobbsom: "The Revival of Natrative Some Comments" in Past and Present, no. 86 (February 1990). A "Only Fairlines and Press 2198 (See Trailine as now to collected e.g. Co. The failler is A. W. of "Only Fairlines and Press 2198 (See Trailines and Press 2198 (See T
- 1 see manage. 4. Noutherlags: Inte Choices Years. 1 the United States in 1821, 1869 and 1869 and 1869 and see the States of the Choice of States of the States of S
- 9. J. Burman: Disaster Struck South Africa, chapter 5. Burman drew on this chapter for his article on
- J. Burman: Disaster Sinck South Africa, chapter 3. Burman drew on this chapter to fine stude on the epidemic in the Standard Interoglopated of South Africa, vol. 6, pp. 94-95.
 L. G. Green: Grow booth, Georgia Gila, chapter 19.
 L. G. G. Green: Grow booth, Georgia Gila, chapter 19.
 L. G. W. de Klewiet: A History of South Africa. Social & Economic, p. 231; T. R. H. Davenport: South Africa A Modern History, p. 340; J. S. Marsis: The Capte Coloured People 1652-1912.
 P. 28. C. C. Sunder! Historia Dictionary of South Africa, contains an entry under "History South Africa" of the Sunder! Historia Dictionary of South Africa, contains an entry under "History Enidemic". It is to be honed that this is a precedent which future general histories of South Africa will follow

- will tollow.

 3. E. H. Burrows: A History of Medicine in South Africa up to the End of the Nineteenth Century; P.

 W. Laidler and M. Celland: South Africa In Medical History 1652–1898.

 4. C. Seath: The History of the Development of Naving in South Africa 1652–1969, p. 256.

 5. A. Lombaard: "The Smallpox Epidemic of 1882 in Cape Town with some reference to the Neighbouring Suburbs".

and seven articles,16 three of which deal with epizootics or crop-blights. With justice, Richard Rathbone has remarked, "It is an odd comment on our priorities that we know more about cattle epidemics than we do about human disasters."17

From this discouraging outline, information on the Spanish 'flu in South Africa

might seem particularly scarce. This is anything but so.

Since the epidemic affected every person, authority or institution in the Union directly or indirectly, it generated extensive documentation - in every newspaper and periodical (whether medical or non-medical), in the report of the Governmentappointed Commission of Inquiry (whose two bulky volumes of unpublished evidence have been on the shelves of the Library of Parliament, unexamined, since 1919), in the archives of local authorities, Government departments, the Union Defence Force, churches, welfare organisations and private businesses and in private correspondence and diaries.

Moreover, 1918 is within living memory, Personal recollections gathered by interview and letter added substantially to the information available, not only in quantity, but also in immediacy. To talk to someone with vivid personal memories of "Black October" was to gain a dimension on the subject which was unique. It rapidly became clear that any South African who was more than a child in 1918 was a potential source, indicating once again the place of the epidemic in popular memory. Indeed, its prominence in individuals' memories of that time compares sharply with the virtual silence of historians in their accounts of the same period and gives cause for thought as to why this has been so.

The abundance of material on the epidemic produced problems too, for these sources reflect White opinion and activities out of all proportion to the extent to which Whites (as a group) were affected, an imbalance corrected only in small measure by interviews with Black, "Coloured" and Indian 'flu survivors. The difficulty of securing even these interviews is a comment on the position of a White historian in South Africa today.

The intensity and widespread prevalence of the epidemic throughout the country raised further problems: which areas to focus on in order to gain a cross-section of South Africa's experience, how to relate this to what was occurring at a national level, how to assess the impact of the epidemic adequately in an array of fields hitherto barely touched by historians (such as demography, medicine and public health, popular thought, social welfare and the histories of specific towns), how to deal with less tangible aspects such as fear, rumour, grief and attitudes to death and how far to search beyond 1918 for long-term results. Sometimes, in the course of this study, the dimensions of the subject seemed close to those of the chimerical total history.

How these problems have been tackled will become clear, partly in the contents of the chapters which follow, partly in their very organisation and titles. The first

1 (1978), p. 9.

^{16.} E. D. nos Heyringers. "Cope Town and the Pages of 1911" in C. Somolous, 18 Phillips and E. ross. Heyringers (ch. Soulier on the Hillery of Cope Town, vol. 46, A Droids: "The Received of the Malays", 5 Study of the Reactions of the Cape Mealinns to the Sanalpost Englancies of Nisoteronth Contincy Cape Town "in C. Sanaders, H. Phillips, E. van Heyringen and V. Biederich Smith (ch.): A Received of the Pages of the Pages of the Pages of Pages of the Pa

five chapters trace the course of the "flu in five specific areas, shosen either because they were the first to experience the epidemic on a significant scale (the gold mines of the Rand) or because the "flu was particularly severe in these places (Cape Town, Kimberley, Bloemfontein and the Transkei). They underline the difference in impact and counter-measures in urban and rural areas and provide vivid casestudies of communities near breaking-point as a result of the epidemic. "Moreover, it is likely that the effect of the flu and the measures taken against it elsewhere in the Union amounted to little more than variations on these experiences. Each of these five chapters also contains an examination of the local consequences of the poliomic, its more general results have been left for two later chapters. This fledgling Department of Public Health tried to do and the criticisms which these inadequate efforts incurred.

Chapters 7 and 8 explore the epidemic from the standpoint of medical science in 194 and in 1984 and examine the views of doctors and the lay public as to its nature, treatment and cause. These "medical" chapters emphasise the fact that medical history is far more than a Whiggish chronicle of doctors and their heroic battles aeainst disease.

The next chapter tries to estimate the epidemic's toll in lives, to analyse this (in 6 ar as this is possible) and to suggest why it was so high in certain parts of the country. It also tries to gauge some of its demographic consequences, but points out that statistics tell only part of this tale. Further consequences of a more general nature, both immediate and longer-term, are examined in chapters 10 and 11, as a preliminary to a final chapter which addresses the question of the overall

significance of the epidemic in South Africa's history.

It will be easier to follow the narrative chapters of this study if they are placed in chronological perspective by a brief outline of the course of the pandemic, itself an excellent example of Le Roy Ladurie's concept of "the unification of the globe by disease". 19

The pandemic is thought to have originated in Asia late in 1917 or early in 1918, moved westwards and appeared in a mild form in Europe and North America in the first half of 1918. It was this first wave which produced the label "Spanish" Influenza, as reports of its outbreak in non-belligerent Spain were not curtailed by any war-time censorshin there.²⁰

A second, more virulent wave crupted in August 1918 and was rapidly carried around the world by war-time shipping from three main foci, Brest, Boston and Freetown. Practically no part of the globe escaped. It was probably from Freetown that the deadly second wave was brought to Cape Town in mid-September; Durban was infected slightly earlier, probably by the far midder first wave of the epidemic. Transvaul infected from there).

Once established in South África's ports, the epidemic spread inland at the speed of a locomotive on the country's railway system. By the second week of October even the most remote districts had been affected. Most communities were thrown onto their own resources to cope with the crisis, as the ubiquity of the epidemic and

^{18.} These descriptions also demonstrate that South Africans no longer need to look only to the Black

Death or Great Plague of London as exemplars of devastating epidemics.

19. E. Le Roy Ladarie: The Mind and Method of the Historine, ch. 2; C. Graves: Invarion by Virux, pp. 18-20 contains a chronological table of the pandemic, with dates of first reported outbreaks. It is a useful but not wholly accurate guide.

A. W. Crosby: Epidemic and Peace, 1918, p. 26; C. Graves: Invasion by Virus, pp. 17–18; R. Collier: The Plague of the Spanish Lady, pp. 7–9.