



The Commission
The Members of the Influenza Epidemic Commission
Front Row (left to right): Senator E. R. Groshart, J. H. Nicholson, P. D. Cluver (chairman), Sir Arnold Theiler, S. Evans
Back Row (left to right): Unknown, M. G. Nicholson, A. Stuart (secretary), Colonel A. J. Orenstein, A. F. Williams, Commandant J. L. Hanman, M.L.A.,
Dr. H. Smith

(I am grateful to Dr. P. F. Cluver and Mrs. E. Page for copies of the original of this illustration).

ministered to the coloured community in the hour of its need."¹⁴⁹ Several hoped that relations would go from strength to strength after this experience,¹⁵⁰ an example of the wishful thinking common in the wake of the twin trials of the war and the epidemic.

In the prevailing climate of goodwill, many Whites recalled with equal satisfaction how the common danger posed by the 'flu had caused their own sectional barriers to be transcended too:¹⁵¹ in these selective memories, English-speakers had not hesitated to help Afrikaners and vice versa, while even Afrikaners in opposite political camps had buried the hatchet and co-operated. "Nat en Sap werk saam soos broers vanouds", ran a typical report in this vein. "Moge uit die ramp weer 'n verenigde Afrikaner volk gebore worde."¹⁵² It was precisely to this co-operation between Afrikaners against the epidemic that the Moderator of the OFS DRC appealed in his attempt to heal the rift in the Church dating back to the Rebellion of 1914:

"Wij zijn toch één . . . Ja! wij zijn één. Als wij dit in de laatste jaren niet gevoeld hebben, zoals het behoort, dan heeft de hand van God ons in de laatste weken gedwongen dit te beseffen. . . . Wij waren ons van onze eenheid wonderbaarlijk bewust. God wilde dit. Hij heeft het bedoeld in deze ontzettende plaag en dood om ons te doen stilstaan en nadenken."¹⁵³

There is little indication as to how effective this particular call was in healing the breach, for other factors were already working to the same end.¹⁵⁴ However, at least one divided congregation was said to have been brought together "toen men tezamen moest staan bij het ziekbed, bij het sterfbed, en rondom het geopende graf."¹⁵⁵

Other Afrikaners drew the same lesson from the joint struggle against the 'flu, but in political terms. Calling for the "hereniging" of Afrikaners, a reader of *De Burger* deplored the fact that the National Party and the South African Party would be opposing one another at forthcoming by-elections: "waarom dan in een tijd als deze een verkiezing", he asked;

"ons volk heeft toch zo prachtig saamgewerkt gedurende de epidemie. . . . Dierbaren, zovelen ontnomen door de kille hand des doods, in menig geval was daar nog verwijdering en verbittering. De wonden zijn nog zo vers, en nie al weer een elektiestrijd tussen de twee Afrikaner-partijen?"¹⁵⁶

149. *Cape Times*, 24/12/1918, p. 8. For similar sentiments, see ch. 2, pp 25–27; ch. 3, p. 49; *Ilanga lase Natal*, 14/2/1919 (Letter from Location Advisory Board); *De Huisvriend*, 8/12/1918, p. 142; *The Friend*, 9/1/1919, p. 4 (Letter from J. A. M. Zwane and others); Central Archives: MPB 1/1/26, pp. 14–15, Letter from Residents, Native Location Pietersburg attached to Minutes of Special Pietersburg Town Council Meeting, 24/1/1919; N. D. Southey: "A Period of Transition", pp. 212–213; Collier Collection: Letter from Mrs. J. Benyon (née Greer), 15/7/1972.
150. *De Burger*, 18/11/1918, p. 3 (Letter from F. N. van Niekerk); *Cape Times*, 16/11/1918, p. 10 (Letter from J. C. Baugaard).
151. *Daily Dispatch*, 9/11/1918, p. 5; *The Friend*, 18/10/1918, p. 4; 26/10/1918, p. 4; 21/11/1918, p. 4; 20/2/1919, Editorial; *De Burger*, 16/11/1918, p. 3; 19/11/1918, p. 5; *Church Chronicle*, 7/11/1918, p. 415.
152. *De Volksstem*, 8/11/1918, p. 5. For further examples of how the crisis of "Black October" overcame "broedertwis", see *De Burger*, 26/10/1918, p. 3; SADF Archives: DC 364, file 40177, Report by Commandant F. R. Cronje, Winburg to District Staff Officer, Kroonstad, 24/1/1919; Cape Archives: A 1953 (ACVV Versameling), vol. 3/1/1, *Algemeen Beknopt Verslag van . . . de ACVV voor het Jaar 1918*, pp. 7–8; *De Koningsbode*, February 1919, p. 26; *De Vriend des Volks*, 16/12/1918 (Fouriesburg report).
153. *De Kerkbode*, 31/10/1918, pp. 1033–1034.
154. S. P. Jordaan: "J. D. Kestell – Sy Lewe en Werk 1912–1941", ch. 4.
155. *De Kerkbode*, 13/3/1919, p. 261.
156. *De Burger*, 5/12/1918, p. 3 (Letter from W. H. Lategan). For similar sentiments, see *De Burger*, 19/11/1918, p. 6 (Letter from "Een Petrusviller").

A full-scale Hereniging Movement did indeed get off the ground in 1919, but there is little evidence that memories of Afrikaner co-operation during the 'flu played more than a minor role in this.

Nor did the gratitude and goodwill mentioned above dominate behaviour for long. Within a few months (like much of the post-epidemic zeal for social reform)¹⁵⁷, they had begun to fade under pressure of ordinary conditions. Old attitudes, prejudices and modes of conduct re-asserted themselves in what Barton calls "the decline of post-disaster utopia."¹⁵⁸ As early as February 1919, the Archbishop of Cape Town was recalling how, "The common calamity of the epidemic helped us in overcoming at any rate for a time much of this prejudice."¹⁵⁹

Since then, co-operation across all barriers during the epidemic has become a happy memory tucked away at the back of individuals' minds, a brief exception to the norm of everyday experience before and since. In 1978, recalling the generous assistance by Whites sixty years earlier, an old "Coloured" labourer declared tellingly, "Hulle was nie die witmense van nou nie."¹⁶⁰ With similar warm memories of the "lovely feeling of brotherhood" which had existed between Blacks and Whites in Waaihoek Location during the epidemic, 94 year-old Selby Msimang mused wistfully a few months before his death in 1982, "In these days with all their uncertainty, perhaps such an epidemic would create a new spirit."¹⁶¹

157. See ch. 2, p. 37; ch. 3, p. 55; ch. 4, p. 72; ch. 11, p. 216.

158. A. H. Barton: *Communities in Disaster*, p. 301.

159. *Cape Times*, 7/2/1919, p. 10.

160. Interview with Mr. J. Granger.

161. Interview with Mr. H. S. Msimang.

CHAPTER 11

PREVENTING A SECOND "BLACK OCTOBER": THE CONSEQUENCES OF THE SPANISH INFLUENZA EPIDEMIC

No sooner had the epidemic faded in South Africa than medical authorities were warning that it would return within a year.¹ The Government realised that if another calamity was to be avoided then, it would rapidly have to establish what had happened during the recent visitation and discover why the country had been so severely affected. Only then could effective preventive measures be framed (or at least sound defensive steps taken) and the many shortcomings so starkly revealed in the public health system remedied. If "Black October" was to provide lessons against a second visitation, these had first to be comprehensively identified.

The Government believed that the best way to accomplish this was to appoint that increasingly common aid to government in the Union, a commission of inquiry. Not only would it answer these needs, but it would also meet the widespread public clamour for an investigation to settle hotly-debated questions such as how many people had died and what degree of blame could be attached to the Government. The Public Health Department was "on trial", Sir Thomas Watt was to tell the opening session of the Commission's hearings, "and he confidently expected the Commission to give a frank and free decision, irrespective of persons, according to the facts laid before them".²

The Commission was appointed by the Governor-General on 4 December 1918 to "enquire into matters concerning the Influenza Epidemic in the Union". More specifically, it was asked to report on the introduction of the epidemic, its incidence and spread, the measures taken to combat it and to recommend what should be done to "safeguard against or deal with any outbreak in future".³

Not all of the men initially asked by the Government to serve on the Commission were willing to do so,⁴ but Watt was satisfied that its final composition made it "a strong one".⁵ Its members were: Chairman – P. D. Cluver (social worker, mayor of Stellenbosch and chairman of the Cape Municipal Association); S. Evans (chairman of Crown Mines and a pioneer of health and hygiene reforms on the gold mines); Senator E. R. Grobler and Commandant J. L. Hamman MLA (representing the OFS and Transvaal rural areas respectively); J. H. Nicolson (former mayor of Durban and a member of the Natal Municipal Association); M. G. Nicolson (chairman of Pretoria's municipal sub-committee on health and immediate past president of the Transvaal Municipal Association); Colonel A. J. Orenstein (Acting Director of Medical Services, UDF, and in peace-time MOH of Rand Mines); Dr. H. Smith (a prominent Cape Town physician); Sir Arnold Theiler (a distinguished bacteriologist and veterinarian) and A. F. Williams (General Man-

1. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 35 of 1918 from Department of Public Health, 11/12/1918.

2. *Diamond Fields Advertiser*, 10/12/1918, p. 5.

3. Union of South Africa: *Report of the Influenza Epidemic Commission*, UG 15-19, p. 1.

4. *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times*, vol. 4, p. 17, col. 3; p. 128, cols. 2 and 3. The original choice included Sir Evelyn Wallers (President of the Chamber of Mines) as chairman or, failing him, Ross Frames of Premier Mine; Senator Brebner or Senator Marais (both National Party senators from the OFS); and D. Sanders (Chairman of the Natal Municipal Associations). None of these was willing to serve (South African Library MSS. Department: MSC 15 (Merriman Collection), Letter 594, Watt to Merriman, 20/11/1918.

5. South African Library MSS. Department: MSC 15, Letter 631, Watt to Merriman, 5/12/1918.

ager of De Beers Consolidated Mines). The Secretary was A. Stuart, Sir Thomas Watt's Private Secretary and Secretary of the recent Public Health Conference in Bloemfontein.⁶

These ten members were drawn from all four provinces. If Orenstein's dual attachment, to the medical profession and to the mining industry, is taken into account, these two groups and the municipalities all had equal representation on the Commission. The two politicians represented only the South African Party; the Opposition National⁷ and Labour⁸ Parties had no specific representatives. The Commission's racial, sexual and class exclusiveness is not unexpected, given the Government's prejudices, but it should also be noted that no member of the Commission had personal experience of the epidemic in the predominantly Black rural areas, where it had taken its highest toll.⁹

The Commission began its sittings in Pretoria on 6 December and heard its last witness on 4 February 1919 in Cape Town. Between these dates it also visited Johannesburg, Durban, Pietermaritzburg, East London, Bloemfontein and Kimberley. Its hearings were given extensive press coverage. Altogether it heard 192 witnesses and received a number of memoranda from people who did not appear before it. 188 of the witnesses were male, four female. Of the 188 men, five were Black, three Indian and one Japanese. All the female witnesses were White. Doctors predominated among the witnesses: five from the Department of Public Health, two Port Health Officers, six military doctors and 50 others (including private practitioners, Medical Officers of Health, District Surgeons and Hospital Superintendents). Six bacteriologists also gave evidence.¹⁰ Municipalities, with their experience in the forefront of the battle against the epidemic, were especially requested to send representatives to testify.¹¹ Many did so.

The Commission worked quickly and had its report ready by the second week of February 1919.¹² Within days lengthy summaries were appearing in the press. In general, the Commission's conclusions were sympathetic towards the problems which the epidemic had posed for the Department of Public Health and the Government: they were exculpated from blame for allowing the disease into the country, since, the Commission concluded, 'flu had been coming into the country for some time before the arrival of the *Jaroslav* and *Veronej*, while reasonable precautions had been taken to ensure that the troops on board did not entrain while

6. UG 15-'19, p. 1. Biographical information on members is drawn from: *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 17, col. 3; *The Friend*, 7/12/1918, p. 4; *Dictionary of South African Biography*, vol. II, pp. 733-737; vol. III, pp. 281-282; vol. IV, pp. 201-202, 784; *Standard Encyclopaedia of South Africa*, vol. 5, pp. 358-359; vol. 12, pp. 112-113; J. H. Louw: *In the Shadow of Table Mountain*, p. 116 n. 8; Transvaal Archives: Inventory T45 (M. G. Nicolson Collection); South African Library MSS. Department: MSC 15, Letters 594 and 631, Watt to Merriman, 20/11/1918 and 5/12/1918; Collier Collection: Letter from Mr. A. Stuart, 18/5/1972; Letter to author from Mrs. E. Page, 10/2/1983; Interview with Dr. P. F. Cluver.
7. The two National Party Senators approached to serve, Brehner and Marais, had declined to do so (South African Library MSS. Department: MSC 15, Letters 594 and 631, Watt to Merriman, 20/11/1918 and 5/12/1918). See too *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 128, cols. 2, 3.
8. However, Watt believed M. G. Nicolson was "a Labour man" (South African Library MSS. Department: MSC 15, Letter 594, Watt to Merriman, 20/11/1918).
9. For a critical, but informed, opinion of the Commission's membership see South African Library MSS. Department: MSC 15, Letter 608, Dr. C. L. Leipoldt to Merriman, 26/11/1918; and UCT Library, MSS. Department: BC 94 (Leipoldt Collection), A4.8, Diary Entry for 22/11/1918.
10. UG 15-'19, pp. 2-5.
11. OFS Archives: MBL 4/3/1/40, file 101/1/17, P. D. Cluver to Mayor of Bloemfontein, 12/12/1918.
12. The finished Report was handed to the Government on 10 February 1919 (*Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 50, col. 2) and tabled on 18 February 1919 (*Cape Times*, 19/2/1919, p. 8).

still ill.¹³ Almost certainly, the Commission concluded, "infection from the outside was a deciding factor in precipitating the epidemic, but it is impossible to determine the exact manner in which introductions from outside sources operated and it is impossible to fix on any route or vehicle".¹⁴ Nor was the Commission convinced that the institution of maritime quarantine would have been an effective preventive against "a disease of the nature of Epidemic Influenza".¹⁵

The Commission acknowledged that the spread of the epidemic in South Africa "was facilitated and accelerated by the railways",¹⁶ but it did not feel that censure was justified. "Practically insurmountable obstacles are attendant upon all really effective measures to prevent the spread of the disease by travellers on the railways", it pointed out, while "at various centres of the mining industry . . . it was impossible to prevent what was practically a stampede of natives to their homes."¹⁷ As for the much-criticised tardiness and inadequacy of the Public Health Department's assistance, the Commission was again sympathetic in its judgment: "In view of all the circumstances and of the inadequacy of the Department as it existed at the time, the Commission realises that it was almost an impossibility to deal with the outbreak at its inception in a more satisfactory manner."¹⁸

In short, the Report pointed to errors and omissions in curbing the epidemic, but did not seek to allocate the blame for them explicitly. All the Report left the *Cape Times* with, the newspaper explained was "an uneasy feeling that they [the Public Health Department] failed to make the fullest use of the opportunity of public service which was given to them".¹⁹ The only substantial criticism which the Commission made of the Department was that there had been no careful investigation into the aetiology of the disease early in the course of the epidemic.²⁰

After reviewing what had happened, the Report went on to detail measures which it believed should be taken to prevent another such calamity. In doing so, it did not limit itself to short-term defensive measures against another extraordinary epidemic, but stressed the need for comprehensive public health reforms, both curative and preventive. Most of these were practical and utilitarian and in many cases gave authoritative weight to medical and social ideas which had been canvassed for some time. Probably, by emphasising these, the Influenza Epidemic Commission made its most valuable contribution in the long term. Later sections of this chapter will examine how far these ideas were actually implemented.

In the short term the Report produced much dissatisfaction in those wide circles which sought to lay the blame squarely upon the shoulders of one person or group. The *South African Medical Record* commented haughtily, but not altogether inaccurately:

"The lay mind always insists that every disease and every other scourge should be met with an infallible or nearly infallible defensive piece of machinery, and if the technical people concerned cannot produce that machinery or something that looks like it, there and then, the good public cry out for somebody's blood, or, at least, for somebody's relegation to the limbo of blasted reputations . . . [A]ny sort of a phantom of machinery, so long as it looks like energy, and diffuses money amongst the local communities, acts like balm to

13. UG 15-19, paras. 24, 36, 43.

14. *Ibid.*, para. 23.

15. *Ibid.*, para. 45.

16. *Ibid.*, para. 58.

17. *Ibid.*, para. 117.

18. *Ibid.*, para. 77.

19. *Cape Times*, 20/2/1919, Editorial.

20. UG 15-19, para. 18.

Existing legislative provision for public health in South Africa was rudimentary. As the South Africa Act had almost completely overlooked this subject,³¹ public health after 1910 was still largely³² governed by such pre-Union health legislation as did exist. In the main, however, this was "obsolete or inadequate", Sir Thomas Watt explained,³³ "conflicting in their provisions and difficult to administer and reconcile".³⁴ Very little central control of public health was legally possible and no provision was made for dealing with disease on a national scale. After Union, a Public Health branch had been created within the Department of the Interior with this duty, but even when it was elevated to a full sub-department at the end of 1917, its scope and functions remained vague, undefined and uncertain and its staff small in number.³⁵

Two attempts had been made in 1911 and 1912 to enact very limited Public Health Bills, but these had met with such opposition from local and medical interests that they had been dropped. Thereafter, a comprehensive bill was drafted and widely circulated for comments; most of these called for significant changes.³⁶ Finally, in 1918 it was decided to put the amended draft before a broadly representative Public Health Conference, to try to reach agreement on the general principles of the bill before proceeding with it. With dramatic irony, this conference met at Bloemfontein between 16 and 18 September, just as (unbeknown to it) the first signs of the Spanish 'flu were appearing in South Africa. This conference unexpectedly reconciled many of the divergent views held by the delegates and at the close, Dr. J. A. Mitchell of the Public Health Department was asked to embody these conclusions in a new draft bill which would be presented to Parliament as soon as possible.³⁷

However, Mitchell did not get very far before the 'flu epidemic burst around him and it was not until well into November that he was able to turn his mind to the bill again. By this time the need for comprehensive public health legislation had been made undeniably clear by the gross failure of the existing organisation to deal with the epidemic. Throughout the country the demand for rapid and concrete action in this direction was clamorous. *The Friend* was one of several newspapers to express this sentiment, pointing out that the calamity of the 'flu "affords as terrible an object lesson of the need of a Public Health Act administered in the main by a central authority as Nature in her most maleficent mood could have devised".³⁸

31. E. H. Cluver: *Public Health in South Africa*, p. 337.

32. Provincial Councils were empowered to legislate on hospitals and school medical inspection, while they had to approve all local health measures passed by local authorities.

33. Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein - Report, p. 1.

34. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 23, col. 2.

35. See ch. 6, p. 101.

36. Union of South Africa: *Report of the Select Committee on the Public Health Bill*, SC 3-'19, p. 216; Union of South Africa: *Annual Departmental Reports (Abridged)*, no. 1, 1920-1: *Department of Public Health*, UG 8-'22, p. 132; Union of South Africa: *Report of the National Health Services Commission*, UG 30-1944, p. 19, para. 18; *Diamond Fields Advertiser*, 9/11/1918, p. 5; M. O'Reagain: *The Hospital Services of Natal*, pp. 38-39; Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein - Report, pp. 3, 10; Kimberley Public Library: Kimberley City Council Unnumbered file, dossier 676; OFS Archives: PAS 837, file 3199, Batch 1.

37. On the Bloemfontein Conference, see Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein; SADF Archives: DC 1305, file M4570, Agenda and Documents on Public Health Conference; *Medical Journal of South Africa*, September 1918, pp. 256-257; *Municipal Journal of South Africa*, September 1918, p. 3; January 1919, pp. 41-43; UG 8-'22, p. 132; UG 30-1944, pp. 19-20, paras. 19-22; *Cape Times*, 24/9/1918, p. 8; 26/9/1918, p. 5; 27/9/1918, Editorial; M. O'Reagain: *The Hospital Services of Natal*, p. 39; E. H. Cluver: *Medical Health and Legislation in the Union of South Africa*, p. 5.

38. *The Friend*, 22/10/1918, Editorial. For similar opinions see editorials in *Diamond Fields Advertiser*, 9/11/1918 and in *De Volkstem*, 19/11/1918.

"It is a pity that Parliament was not in session at the time, so that our legislators could have been brought face to face as a body with the consequences of their past neglect . . .," remarked *The People's Weekly* trenchantly.³⁹ The Governor-General certainly thought that it was

"essential . . . (and it would be almost criminal to lose this golden opportunity) to deal with the question, and pass a Public Health Bill . . . next Session [which] . . . though bristling with difficulties could, in the present state of public opinion . . . if handled tactfully and courageously, be carried with general support and approval."⁴⁰

In the light of these demands, the severe criticism levelled at the Public Health Department and the fear of a return by the 'flu, Watt offered Dr. Mitchell every assistance to complete drafting the new bill as quickly as possible. Working long hours undisturbed at home,⁴¹ Mitchell was able to do so and the bill was published in the *Government Gazette* on 6 January 1919.⁴² "Very sorry the Bill had to be prepared so hurriedly, allowing no time to consult several – including yourself [*sic*] – whom I should very much like to have consulted at the early stage," wrote Mitchell apologetically to the Transvaal Medical Inspector of Schools soon after the bill had appeared.⁴³

The new bill was substantially different from the earlier draft.⁴⁴ It provided for a completely separate Department of Public Health under its own Minister and spelt out its functions and powers as the overarching public health authority in the country in some detail.⁴⁵ While the Minister and his Department would hold ultimate authority for health matters, great care was taken not to infringe on Provincial or local spheres of jurisdiction. In this regard, the experience of the epidemic had merely strengthened the opinion of the Bloemfontein Conference that a single, centralised health authority was both impracticable and unwelcome. The responsibilities of local authorities were therefore carefully enumerated in the bill; significantly, they covered a far wider range of areas than the original draft bill had. "The influence and lessons of the recent epidemic are writ largely over the whole face of the Bill," commented *The Friend*.⁴⁶

In legal terms, the bill was a typical example of the growing body of interventionist social legislation and administrative law then developing in Europe and the USA,⁴⁷ though it was characterised by extensive decentralisation in favour of Provincial and local authorities. For its time and place, it was "an outstanding piece of legislation," admitted the National Health Services Commission 25 years later, as it provided "an excellent legislative code for the control of infectious diseases and environmental sanitation . . . [and] placed specific *primary* responsibility for

39. *The People's Weekly*, 12/10/1918, Editorial.

40. Central Archives: A1 (Smuts Collection), vol. 203, Buxton to Smuts, 5/11/1918.

41. Interview with Dr. F. K. Mitchell.

42. *Union of South Africa Government Gazette Extraordinary*, vol. XXXV, no. 938, 6/1/1919, pp. ii–xix.

43. UCT Library, MSS. Department: BC 94 (Leipoldt Collection), A9.166, J. A. Mitchell to Dr. C. L. Leipoldt, 16/1/1919.

44. A copy of this draft bill is in Transvaal Archives: TPS 53, file 9907, "Bill To Make Provision for the Public Health" [C.490-(1)-17].

45. However, the bill fell far short of the Labour Party's ideal of a state medical service. Though the Party was able to have the Transvaal Provincial Council carry a motion in favour of the establishment of such a service in the wake of the 'flu (*The Star*, 1/5/1919), the House of Assembly voted down the proposal in 1920 (*Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 5, p. 213, cols. 1, 2).

46. *The Friend*, 11/1/1919, Editorial.

47. M. Nathan and E. N. Thornton: *The Public Health, Housing and Slums Act of the Union of South Africa*, p. 48.

the public health of any area upon the local authority of that area, . . ."⁴⁸ Its creation of a central Ministry of Health was, in the opinion of the Commission's chairman, "indeed a 'revolutionary' measure in its day".⁴⁹ As a piece of broad social legislation, it was a pioneering Act in the Union.

Contemporary reaction to it was not enthusiastic, however: it was criticised as being "un-South African"⁵⁰ (it drew extensively on British and New Zealand Acts), too autocratic,⁵¹ a threat to local initiative,⁵² superficial⁵³ and dated and amateurish in many of its provisions.⁵⁴ "Opposition is, of course, to be anticipated," predicted Mitchell, as he braced himself for a protracted struggle.⁵⁵ Yet, so sharp was the memory of the epidemic that circumstances for its enactment were unusually propitious. The *South African Medical Record* believed:

"That the Bill will meet with much opposition of the parish pump order we have no doubt, but we indulge the hope that the fact of the recent influenza epidemic being still fresh in the memories of our legislators of the more obtuse type will give it a better chance of a passage without material mutilation than would have been the case otherwise."⁵⁶

The *Cape Times* agreed that the urgent need for public health to be placed on a "sound and efficient basis" had never been "more clearly demonstrated than in October last,"⁵⁷ while *The Friend* believed that with such an object lesson as the epidemic, "there is little doubt that . . . representatives in Parliament will not hesitate to adopt proposals which, even under normal circumstances, would have stood little hope of acceptance".⁵⁸ The "need of some Public Health Act is so urgent that the passage of the measure in its present form is to be preferred to further delay", concluded the *Medical Journal of South Africa*.⁵⁹

These forecasts proved correct when the bill came before Parliament. Always in the background as the bill made its way through both houses and a Select Committee was the Spanish 'flu epidemic. It "induced a spirit of compromise both in and out of Parliament", noted the Government Law Adviser, "a spirit which it is doubtful would have existed except for the remembrance of what the public suffered in the epidemic".⁶⁰

When opposition to particular clauses threatened to hold up progress interminably, the memory of the 'flu forced MLAs to accept provisions for which they did not care so Watt might press on with the bill.⁶¹ On at least two occasions, municipal

48. UG 30-1944, p. 20, para. 23.

49. Union of South Africa: *Debates of the House of Assembly*, vol. 51 (1945), col. 818.

50. *De Volkstem*, 17/1/1919, Editorial; 4/3/1919, p. 9; 7/3/1919, Editorial; *De Burger*, 1/5/1919, p. 4; 2/5/1919, p. 2.

51. *South African Medical Record*, 8/2/1919, pp. 43-45; 8/3/1919, pp. 75-77; 12/4/1919, p. 101; *Medical Journal of South Africa*, December 1918, pp. 320-321; *Johannesburg Municipality: Council Minutes*, January-June 1919, Minutes 369th Meeting, 28/1/1919, p. 22; SC 3-19, pp. 180-188.

52. Cape Archives: 4/CT, vol. 1/1/1/22, p. 53; *Johannesburg Municipality: Council Minutes*, January-June 1919, Minutes Special Meeting, 15/2/1919, p. 60 (Annexure A).

53. *South African Review*, 31/1/1919, p. 7; 14/2/1919, p. 21.

54. *Medical Journal of South Africa*, December 1918, pp. 319-321; March 1919, pp. 387-388; June-July 1919, pp. 469-471.

55. UCT Library, MSS. Department: BC 94 (Leipoldt Collection), A9.166, Mitchell to Dr. C. L. Leipoldt, 16/1/1919.

56. *South African Medical Record*, 11/1/1919, p. 3.

57. *Cape Times*, 16/1/1919, Editorial.

58. *The Friend*, 11/1/1919, Editorial.

59. *Medical Journal of South Africa*, March 1919, p. 388.

60. Central Archives: PM 1/1/449, file PM 1/30/10/19, Report on the Public Health Act 1919 by E. L. Matthews, Law Adviser, 29/7/1919, p. 4.

61. For example, see *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 295, col. 1.

associations were so anxious about the bill's fate, that they made special representations to their MLAs: early in March, when it seemed as if the Select Committee was spinning out its deliberations unduly, P. D. Cluver, president of the Association of Municipal Corporations of the Cape Province and chairman of the Influenza Epidemic Commission, wrote to several Cape mayors requesting them to urge their MLAs to expedite the bill's passage. He pointed out:

"There is considerable danger of the Public Health Bill being shelved for this Session which would indeed be calamitous as during next Session Parliament is not likely to deal with the matter especially when the fear for the Epidemic has evaporated [sic]."⁶²

To a similar request by the United Municipal Association of South Africa in May,⁶³ a Unionist MLA replied reassuringly that

"the Government are practically committed to passing it, and a very substantial majority is prepared to assist them to do so . . . The best aid most members can give to the passage of the bill is to remain silent and vote straight".⁶⁴

The bill was finally passed in June 1919, though with several significant additions to it.⁶⁵ In its final form, the Public Health Act "may be said to be the product of the Influenza Epidemic", summed up the *Cape Times*,⁶⁶ while Cape Town's MOH was firmly of the opinion that, "Had it not been for the compelling forces of the dreadful and disastrous epidemic of influenza it is doubtful whether such a measure would have been passed, or at any rate it would only have been passed in a very emasculated form".⁶⁷

The Act itself, though amended on 21 occasions during the next half-century,⁶⁸ remained South Africa's basic public health measure until 1977, when it was superseded by a new Public Health Act. "It is amazing how well this [1919] Act has stood the test of time", declared the Opposition spokesman on Health during the debate on the new bill.⁶⁹ "If the 1919 Act can serve as an example of how legislation can last if it is done thoroughly, this Bill, which we regard as a much better piece of legislation than the 1919 Act, should do the same."⁷⁰

In terms of the 1919 Act, the new Department of Public Health came into being on 1 July 1919, with Dr. Mitchell as Secretary and Sir Thomas Watt as Minister of Public Health.⁷¹ Dr. Arnold retired on pension.⁷²

If a second dose of the dreaded 'flu epidemic was to be avoided, however, the

62. Kimberley Public Library: Kimberley City Council Unnumbered file, dossier 676, P. D. Cluver to J. Orr, 12/3/1919. Already at the Epidemic Expenditure Conference in January 1919 the Executive Committee of this Association had been "instructed to watch the progress of the Public Health Bill" (Cape Archives: 3/CT, vol. ADD. 62, p. 413).

63. At this time, National Party objections were threatening to delay the passage of the bill (*Debates of the House of Assembly* . . . as reported in the *Cape Times*, vol. 4, p. 279).

64. OFS Archives: MBL 4/3/181, file 172/22, H. F. Blaine to Mayor of Bloemfontein, 7/5/1919.

65. *Statutes of the Union of South Africa, 1919*: Act to make Provision for the Public Health, No. 36 of 1919. This should be compared with the draft bill in the *Government Gazette Extraordinary*, vol. XXXV, no. 938, 6/1/1919, pp. ii-xlix.

66. *Cape Times*, 23/6/1919, Editorial.

67. *Child Welfare Conference: Report of Proceedings of Third Annual Conference, 1919*, p. 40.

68. Republic of South Africa: *House of Assembly Debates*, 1977, col. 3137.

69. *Ibid.*, col. 3151.

70. *Ibid.*, col. 4630.

71. *Union of South Africa Government Gazette Extraordinary*, vol. XXXVI, no. 979, 24/6/1919, p. iv. Government Notices 822, 823; *Union of South Africa Government Gazette*, vol. XXXVII, no. 983, 4/7/1919, p. 3. Government Notice 876. In 1920, in accordance with a recommendation by the Influenza Epidemic Commission (UG 15-'19, para. 39 and p. 32), it was decided that one of the Department of Public Health's two Assistant MOHs in Pretoria would also fill the position of Director of Medical Services in the UDF in peacetime (SADF Archives: DC 1293, file 1652, Annual Reports of Medical Services Section, 15/7/1921 and 30/6/1923; DC 1928, file 300, Documents 1-7; UG 8-'22, p. 157).

72. *Medical Journal of South Africa*, June-July 1919, p. 493.

existing Public Health Department could not wait for the Public Health Bill to be enacted and to come into full operation.⁷³ Every possible omission which had allowed the calamity of "Black October" to occur had to be rectified as quickly as possible.

As a first step, the Department had to be aware of the prevalence of epidemics in countries with which South Africa had regular intercourse. Even before the Influenza Epidemic Commission had made a recommendation to this effect,⁷⁴ the Public Health Department had taken action: in January 1919 the Union asked Britain and the Dominions to telegraph this information to it in return for similar reports that it would send them⁷⁵ – over the next two years it expanded its epidemic notification network to neighbouring countries and other parts of the Empire.⁷⁶ To gain knowledge of outbreaks in other countries, in 1920 it joined the International Bureau of Public Health in Paris, which issued monthly bulletins by post on outbreaks of epidemics all over the world.⁷⁷

Nor was the Union Public Health Department content to rely solely on other governments for notification of epidemics. From March 1919, all South Africa-bound ships fitted with radio were requested to report outbreaks of infectious diseases on board to the naval wireless stations at Port Nolloth or Durban.⁷⁸ Subsequently, this information was radioed directly to the appropriate Port Health Officer.⁷⁹

It was at South Africa's ports, the points of actual contact with the overseas world, that the strictest precautions had to be taken. With the outcry over the *Jaroslav* and *Veronej* fresh in mind, port health officers became extra vigilant for 'flu and the UDF decidedly overcautious: for instance, in the middle of October 1918 all patients aboard a newly-arrived hospital ship which had reported 'flu were quarantined on Durban's Salisbury Island,⁸⁰ while early in November the same port's police patrolled the quay to make sure no-one disembarked from a 'flu-infected Australian troopship en route for England.⁸¹ Even the repatriation of South African troops from Tanganyika was questioned, lest 'flu break out on the voyage. A senior officer asked, "Unless the ship has proper & adequate medical officers & arrangements are we not risking a scandal by bringing troops on them now?"⁸² Because of this possibility, the return of these troops was temporarily halted.⁸³

73. The Public Health Act as a whole came into operation only on 1 January 1920 (Cape Archives: 3/UIT 28, vol. 4, Circular no. 35 of 1919 from Department of Public Health, 30/12/1919).

74. UG 15–19, para. 83.

75. Central Archives: GG 925, file 33/1082, Ministers' Minute no. 128 to Governor-General, 29/1/1919; *Debates of the House of Assembly* . . . as reported in the *Cape Times*, vol. 4, p. 128, col. 2; UG 8–22, p. 134.

76. Central Archives: GG 926, file 33/1146, Ministers' Minute to Governor-General, 15/10/1919; file 33/1150, Mauritius Agreement; file 33/1177, Ministers' Minute no. 38 to Governor-General, 13/1/1920; file 33/1205, Governor Nyasaland to Governor-General Union of South Africa, 26/5/1920; GG 927, file 33/1124, Milner to Connaught, 30/11/1920.

77. UG 8–22, p. 134; *Medical Journal of South Africa*, December 1920, p. 94.

78. Central Archives: GG 1050, file 43/538, C-in-C Africa Station to Governor-General, 30/9/1919; GG 930, file 33/1449, "8th Report by British Delegate to Session of Office Internationale d'Hygiene Publique May 1923", Appendix 2, p. 29; UG 8–22, p. 134.

79. Central Archives: GG 930, file 33/1449, "8th Report . . . May 1923", Appendix 2, p. 29.

80. SADF Archives: DC 1303, file 4003, ADMS Durban to DMS, 16/10/1918; "Report on Influenza Epidemic in Durban Military Area" by ADMS Durban, 29/11/1918, sections 9–11; *The Nongqai*, November 1918, p. 525.

81. *The Nongqai*, December 1918, p. 577.

82. SADF Archives: WW1 ISD 24, file 685, Note by Lt. Col. Tait (?) to CGS on telegram from Adminstaff, Dar-es-Salaam to Uneca, 19/10/1918.

83. SADF Archives: WW1 ISD 24, file 685, Telegram from Uneca to Adminstaff, Dar-es-Salaam, 21/10/1918.

At the end of November the Public Health Department formulated more stringent port health measures for ships on which 'flu had occurred. Contact between ships and shore was to be restricted and existing or suspected cases were to be effectively isolated on board or ashore.⁸⁴ In addition, local authorities were to be notified of any passengers who had disembarked and were proceeding to their districts – in fact, in 1919 the Public Health Bill was amended to make such notification obligatory on port health officers.⁸⁵ At the request of the Influenza Epidemic Commission⁸⁶ and the Municipality of Cape Town⁸⁷ they were also to inform the local authority of the district in which the port lay of the presence of infectious diseases on arriving ships.⁸⁸ Explaining the need for this, the Town Clerk of Cape Town referred to the *Jaroslav* episode and pointed out that “No notification was given to the Municipal authority of any infectious disease on board of this ship”. The Council believed that “the City authority should be made aware of all cases of disease arriving at the Port”.⁸⁹

With the 'flu continuing in Europe, over the next few months the tighter port health regulations were applied to several ships which arrived with 'flu on board.⁹⁰ It was fully intended to follow this procedure too in the case of the *Kenilworth Castle* which reported that, since leaving Madeira, 29 cases of influenza had occurred aboard, with two deaths. However, this particular case was raised in Parliament in an emergency debate on 5 March 1919, letting loose a flood of panic and alarm among MLAs lest the epidemic be re-introduced through the non-application of full quarantine measures.⁹¹ Little store was set by the Influenza Epidemic Commission's conclusion on the inefficacy of maritime quarantine. “We had gone through an experience [in 1918] which we could not face again,” declared a Government MLA who was also a doctor, “and we should leave nothing undone which was humanly possible to close the door to the danger which was threatening us . . . The Government should err on the side of severity and quarantine absolutely.”⁹² If the Government “failed to quarantine the ship and the disease was as a result reintroduced,” predicted another MLA, this would raise “a terrible storm throughout South Africa”.⁹³

In the face of this pressure (and in response to a plea from the Mayor of Cape Town, not to allow anyone to land from the *Kenilworth Castle*)⁹⁴ the Government proclaimed epidemic influenza a quarantinable disease⁹⁵ and took appropriate steps: those aboard the ship who had suffered from influenza or were still laid up with it were landed and sent to the City Isolation Hospital,⁹⁶ while emergency preparations were made to isolate all passengers wanting to disembark in Cape

84. UG 15-19, Appendix H.

85. Act 36 of 1919, section 81(2).

86. UG 15-19, para. 133.

87. SC 3-19, pp. 66-67; Cape Archives: 3/CT, vol. 1/1/1/75, p. 314; vol. 1/4/7/1/1/10, pp. 109, 113, 170.

88. Act 36 of 1919, section 74.

89. SC 3-19, pp. 66.

90. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 129, col. 3; *Cape Times*, 2/11/1918, p. 8.

91. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, pp. 128-129. For a detailed account of this incident see H. Phillips: “Cape Town and the *Kenilworth Castle* Episode of 1919” in *Cabo*, vol. 3, no. 3 (1984), pp. 28-32.

92. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 129, col. 1.

93. *Ibid.*, p. 129, col. 2.

94. Cape Archives: 3/CT, vol. 1/4/7/1/1/10, pp. 147, 149.

95. *Union of South Africa Government Gazette Extraordinary*, vol. XXXV, no. 953, 6/3/1919, Proclamation by Governor-General, 6/3/1919.

96. *Cape Times*, 7/3/1919, p. 7.

Town at a temporary isolation centre at the Alexandra Hospital.⁹⁷ The ship itself was put under five days' quarantine in Table Bay,⁹⁸ but as no new cases developed on board during this period, Cape Town-bound passengers were thereafter permitted to land.⁹⁹ All luggage¹⁰⁰ and mail¹⁰¹ landed from the steamer were thoroughly fumigated as they were brought ashore. Fear of a second "Black October" demanded nothing less.

Chastened, the Government immediately tried to ensure that in future all passengers entering the Union from Britain would be medically examined prior to embarkation and that every ship was provided with adequate isolation accommodation to isolate any 'flu cases on the voyage effectively.¹⁰² "You will remember the terrible influenza epidemic which raged in South Africa; also the outbreak on the *Kenilworth Castle*," wrote the Secretary of the South African High Commission in London to the Controller of Shipping. "No step which it is humanly possible to take should be left untaken to guard against the slightest chance of a recurrence of an outbreak on board ship."¹⁰³ These representations were in vain, as shipping companies declared themselves unable to accede to the Union Government's requests.¹⁰⁴ On the other hand, the UDF was able to demand and obtain adequate isolation and disinfection facilities on the troopships carrying its troops home. Furthermore, these soldiers were medically examined for signs of 'flu and inoculated before boarding.¹⁰⁵

The Public Health Department was determined that from a quite different source there should be no re-infection either. It strongly advised the OFS Provincial Administration that the period before a corpse could be exhumed for re-burial elsewhere should be extended from 18 months (the usual period in cases of death from an infectious disease) to two years in the case of Spanish 'flu victims. Even after this period, it warned,

"the coffin should be placed in a stout metal case, which should then be hermetically soldered up. The work of handling the coffin and sealing up the metal case should be carried out entirely by the Undertakers; a supply of disinfectant solution should be provided and freely used by them".¹⁰⁶

Presumably, the other provinces were similarly advised.

It was a similar fear of infection from corpses at the height of the epidemic which subsequently prompted several local authorities to give favourable consideration to the arguments of those who called for the establishment of crematoria. "The ghastly scenes so recently enacted at Maitland Cemetery have apparently awakened some of the public to the necessity for such a beneficial change", pointed out

97. SADF Archives: DC 424, file 51768, Acting Secretary for Defence to Dr. J. A. Mitchell, 7/3/1919.

98. *Cape Times*, 6/3/1919, p. 7.

99. *Cape Times*, 11/3/1919, p. 7.

100. *Cape Times*, 12/3/1919, p. 7.

101. *South African Postal and Telegraph Herald*, April 1919, p. 131.

102. Central Archives: GG 925, file 33/1092, Ministers' Minute no. 358 to Governor-General, 8/3/1919; SADF Archives: DC 1304, file M/4501 vol. 5, Telegram from W. P. Schreiner to Sir Thomas Watt, 16/4/1919.

103. SADF Archives: DC 1304, file M/4501 vol. 5, Secretary South African High Commission to Controller of Shipping, 28/4/1919.

104. SADF Archives: DC 1304, file M/4501 vol. 5, Secretary Union-Castle Mail Steamship Company Ltd. to Secretary, High Commissioner for the Union of South Africa, 17/4/1919; Central Archives: PM 1/1/238, file 110/35/1917, General Manager United Kingdom Chamber of Shipping to Assistant Secretary (Marine Department), Board of Trade, 10/6/1919.

105. SADF Archives: DC 1304, file M/4501 vol 5, DDMS South African Contingent, London to Secretary, High Commissioner for the Union of South Africa, 21/4/1919.

106. OFS Archives: PAS 555, file 1274/2 no. 3, Secretary for Public Health to Provincial Secretary, Bloemfontein, 30/1/1920.

one pro-cremation journal.¹⁰⁷ The 1919 Congress of the Association of Municipal Corporations of the Cape actually passed a resolution requesting the enactment of the necessary legislation,¹⁰⁸ but it was not until 1926 that an ordinance for the regulation of crematoria was passed in the Cape.¹⁰⁹ Cape Town's first officially-built crematorium was opened in 1934;¹¹⁰ by then Durban and Johannesburg were already operating their own.¹¹¹ Despite the delay, it is clear that the 'flu epidemic gave a decided thrust to the cremationist movement in South Africa.

If all these preventive measures failed and the 'flu did re-appear in epidemic form, the Public Health Department was adamant that the Union should at least be better prepared to meet it than in 1918. Its role in this was to forearm the country by spreading advice on prevention and treatment, alerting the population if a recurrence threatened, prompting local authorities to draw up contingency plans and trying to improve the underlying bases of good health. Especially in the two years after 1918, the Department worked hard at these functions, as several times in this period a fresh outbreak was anticipated. Taken together with the preventive strategy outlined above, these measures, though directed specifically at a recurrence of the 'flu epidemic, brought into being for the first time in South Africa, a framework for combating infectious diseases on a national scale.

The Department's first task after "Black October" was to gather what information it could on the disease and how best to treat it. The British Local Government Board¹¹² and the United States Army Surgeon-General¹¹³ were approached for their advice, while efforts were made to carry out the Influenza Epidemic Commission's strong recommendation that research into influenza should continue apace.¹¹⁴ "Whatever it is possible to do we have told the Institute of Medical Research to carry on and we shall foot the bill", Sir Thomas Watt told Parliament grandly.¹¹⁵ Perhaps not quite to this extent, but ungrudgingly nonetheless, this promise was honoured and, as indicated earlier,¹¹⁶ influenza research by the South African Institute for Medical Research continued all through the next decade, with financial and practical support from the Government. The same was true elsewhere in the world. In 1919 the Institute reported:

"The disastrous pandemic of 1918 arrested the attention of peoples and governments to a degree unparalleled [*sic*] in the history of any disease hitherto experienced in our times. On no previous occasion have so many workers of experience and great repute simultaneously investigated a single disease in a world-wide field."¹¹⁷

107. *Insurance*, 1/11/1918, p. 2932. See too IEC, vol. 2, file 8, part 2: Evidence of Mrs. M. S. Walsh, p. 1; OFS Archives: MBL 4/3/1/43, file 101/5/4, Circular letter from Theosophical Society in South Africa; Cape Archives: 3/CT, vol. 1/4/7/1/1/10, p. 67; *Municipal Journal of South Africa*, July 1919, pp. 58-59; *Corporation of the City of Cape Town: Minute of the Mayor for Year Ending 4/9/1919*, p. 33; *Cape Times*, 26/10/1918, p. 8; *Cape Argus*, 29/10/1918, p. 3 (Letter from F. Z. S. Peregrino); *Diamond Fields Advertiser*, 15/11/1918, p. 8 (Letter from "Enquirer").

108. *Daily Dispatch*, 14/6/1919, p. 7. The Public Health Department gave its approval to this resolution (Cape Archives: 3/CT, vol. ADD 1/1, pp. 298-299).

109. *Cape Times*, 28/7/1926. See Ordinance no. 6 of 1926.

110. *Cape Times*, 9/10/1934. This was not the first crematorium in the city, however; the local Hindu community had built a simple crematorium next to Maitland Cemetery in 1903 (*Cape Times*, 22/9/1921).

111. *Cape Times*, 26/8/1929, Editorial; *Standard Encyclopaedia of South Africa*, vol. 3, p. 477.

112. Central Archives: GG 925, files 33/1073 A and 33/1082 B contain memoranda sent by the Local Government Board.

113. Central Archives: GG 924, file 33/1064, Telegram from Governor-General to H. M. Ambassador, Washington, 19/12/1918.

114. UG 15-19, paras. 98-103, 125.

115. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 247, col. 3.

116. See ch. 6, p. 120.

117. *South African Institute for Medical Research: Annual Report for 1919*, p. 22.

Yet, merely gathering fresh information and advice was not enough – it had to be sifted and then passed on to the public. This the Department did, mainly through circulars, leaflets and notices in the press.¹¹⁸ It even obtained a copy of a new British film on the treatment of ‘flu and arranged for it to be screened in the main towns.¹¹⁹

As important, in the light of what had happened in 1918, was that the Department should not be caught napping by a fresh outbreak of ‘flu in the Union. “Wire immediately particulars recrudescence or new outbreak influenza occurring your district,” magistrates were instructed in January 1919¹²⁰ and in the next two years the Department repeated this peremptory call often.¹²¹ For such notification to be as prompt as possible, it was necessary that not only the Minister of Health, but also local authorities (as the Influenza Epidemic Commission pointed out)¹²² should be able to have epidemic influenza declared notifiable. This was provided for in the new Public Health Act.¹²³ Insofar as alerting the rest of the country of any re-appearance of the disease, the Department relied on its circulars and its bulletins which appeared in the *Government Gazette* and in the press.

“Black October” had also taught the Department how valuable it was to have doctors, nurses and equipment under its authority, to allocate as it deemed best. A majority on the Influenza Epidemic Commission had recommended “requisitioning the services” of doctors in times of epidemics,¹²⁴ but this had provoked such a furore from the medical profession¹²⁵ that the clauses in the Public Health Bill authorising this¹²⁶ had been dropped.¹²⁷ As a result, in July 1919, when the many cases of influenza in the country again gave cause for concern, the Public Health Department tried to arrange for the UDF to retain medical¹²⁸ and nursing staff and equipment for its use.¹²⁹ The UDF would not guarantee to provide the personnel, but it promised to give whatever help it was able to should an emergency arise.¹³⁰ Equipment it made available almost at once, however, and the Public Health Department made provision for this to be stored at its depot at Sterkstroom.¹³¹ At

118. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Department of Public Health, 11/12/1918 and 10/3/1919; MMG 4/1/2, file 13, Circular no. 11 of 1920 from Department of Public Health, 9/4/1920; Central Archives: SAS 885, file G18/12, Circular no. 21 of 1919 from Department of Public Health, 22/7/1919.

119. Central Archives: SAS 885, file G18/12, Circular no. 21 of 1919 from Department of Public Health, 22/7/1919.

120. Cape Archives: 1/CAA 9, file 17 vol. 6, Telegram from Department of Public Health to Magistrate Cala, 14/1/1919.

121. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 12 of 1919 from Department of Public Health, 10/3/1919; Magistrate Ventersdorp 6/13/3 vol. 1, file 2/6/18, Circular no. 20 of 1919 from Department of Public Health, 15/7/1919; Town Clerk Krugersdorp, Packet 598, Circular no. 5 of 1920 from Department of Public Health, 3/2/1920.

122. UG 15-’19, paras. 119-121.

123. Act 36 of 1919, section 18 (2d).

124. UG 15-’19, para. 97 and p. 18.

125. SC 3-’19, pp. 158-165, 180-188; *South African Medical Record*, 8/2/1919, pp. 33-36, 43-45; 8/3/1919, pp. 66-67, 75-76; 22/3/1919, pp. 82-83; 12/4/1919, pp. 101-102; *Medical Journal of South Africa*, December 1918, pp. 320-321; February 1919, p. 366; March 1919, p. 387.

126. Clauses 36 and 44(2) of the draft Public Health Bill of 1919 (printed in *Government Gazette Extraordinary*, 6/1/1919).

127. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 271, cols. 2, 3.

128. On this occasion, the Department of Public Health specified that the doctors allocated “must know colloquial Dutch” (SADF Archives: DC 357, file 40170, Chief Health Officer to Secretary for Defence, 3/7/1919). See ch. 6, pp. 109-110.

129. SADF Archives: DC 357, file 40170, Chief Health Officer to Secretary for Defence, 3/7/1919.

130. SADF Archives: DC 357, file 40170, Acting Secretary for Defence to Chief Health Officer, 8/7/1919. It may have been this less than complete assistance from the UDF which prompted the appointment of a Public Health Department Assistant MOH as the UDF’s Director of Medical Services the following year (see note 71 above).

131. SADF Archives: DC 357, file 40170, Secretary for Public Health to Secretary for Defence, 9/7/1919.

the same time, the Department arranged for adequate supplies of vaccine and petrol to be available if needed.¹³²

Despite these preparations of its own, the Public Health Department knew that in any epidemic local authorities would once again constitute the front line of battle. "If an epidemic wave of the disease were to sweep over the Union within the space of two or three weeks – as happened in 1918", it warned, "Local Authorities would have to rely mainly on their own local resources".¹³³ It therefore saw as of prime importance the need to ensure that towns and villages prepared themselves in accordance with what the Influenza Epidemic Commission had termed "mobilisation plans".¹³⁴ Month in and month out the Department cajoled and prodded each local authority to draft a "skeleton plan of campaign to be brought into operation at the 'touch of the Council's button'";¹³⁵ local emergency committees should be nominated, suitable buildings designated for use as temporary hospitals, a shadow system of relief prepared, all volunteers registered, supplies earmarked and medical and nursing personnel secured.¹³⁶ "To postpone preparation and organization until the emergency arises might be disastrous", warned the Department gravely. "The Government, on its part, will give every assistance in its power, but to expect it to achieve impossibilities at the eleventh hour can only lead to disappointment".¹³⁷

Most of the bigger towns in the Union, especially those which had felt the heavy hand of "Black October", needed little prodding to frame contingency plans and to make preliminary preparations along the lines suggested by the Public Health Department. Their state of readiness fluctuated, in accordance with their fears of a recurrence, but as late as 1929 Cape Town, for instance, was still relying on an updated version of its original plan to meet any new wave of influenza.¹³⁸

Not every local authority was convinced that such schemes offered the best means of defence. Several small country towns put their faith in isolating themselves as completely as possible. When a recurrence of 'flu threatened in 1919, Riversdale forbade entry to anyone who did not possess a medical certificate stating that he or she was neither a 'flu sufferer nor a 'flu contact,¹³⁹ while Humansdorp imposed a ten-day quarantine on all visitors from infected areas.¹⁴⁰ In Ladybrand the town council was so anxious that its ban on indoor public gatherings should be upheld to prevent the spread of 'flu in the town, that it had a summons issued against the local DRC Kerkraad for holding its service indoors on Good Friday.¹⁴¹ The Attorney-General of the OFS declined to prosecute.¹⁴²

Government Departments other than the Public Health Department showed that they too had learnt the need for a change in policy with regard to what they had

132. Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept. of Public Health, 22/7/1919.

133. Transvaal Archives: MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept. of Public Health, 9/4/1920.

134. UG 15-'19, para. 92.

135. Cape Archives: 4/CT, vol. 1/2/1/1/26, p. 256.

136. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and 12 of 1919 from Dept. of Public Health, 11/12/1918 and 10/1/1919; MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept. of Public Health, 9/4/1920; Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept. of Public Health, 22/7/1919; Cape Archives: 1/CT, 15/4, Circular no. 13 of 1919 from Dept. of Public Health, 10/3/1919.

137. Transvaal Archives: MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept. of Public Health, 9/4/1920.

138. *Cape Times*, 30/1/1929.

139. *Daily Dispatch*, 17/7/1919, p. 5.

140. *Daily Dispatch*, 21/6/1919, p. 7. See ch. 7 for 1918 precedents.

141. DRC Archives, Bloemfontein: Notule van die Ladybrand Kerkraad 1913–1928, pp. 259–260; *Diamond Fields Advertiser*, 26/4/1919, p. 5; J. A. Bosch: *Ladybrand 1867–1967*, pp. 65–66.

142. *Diamond Fields Advertiser*, 20/6/1919, p. 7; J. A. Bosch: *Ladybrand*, p. 66.

done or not done in 1918. Emboldened by the Influenza Epidemic Commission's recommendation¹⁴³ and the authorizing clauses in the Public Health Bill then before Parliament,¹⁴⁴ the SAR & H reversed its previous decision not to bar passengers who might be infected. In response to a request from the Public Health Department in April 1919,¹⁴⁵ it refused to allow Black passengers on trains to or from Jagersfontein where 'flu had broken out. Only those Blacks who had permission from the local magistrate were exempted.¹⁴⁶

Provincial Education Departments also changed their stance. The arguments of school medical inspectors such as Dr. C. L. Leipoldt against the closing of schools in times of an epidemic¹⁴⁷ were much strengthened by the experience of 1918 and, as a result, Education Departments adopted a tougher line on this issue. Closure, explained the Cape Education Department after consulting Leipoldt, "is highly objectionable from the public health point of view, as it tends to prevent the supervision of school-going children". It made little sense unless all other places of assembly were closed too and children were kept strictly at home.¹⁴⁸ Particularly in towns, contended Leipoldt, "closure is useless, a waste of money and of educational facilities, an interruption of the normal routine of the child's life and a sure means of engendering panic among the public and promoting a scare".¹⁴⁹

In trying to implement this change in policy educational authorities had to struggle against deep-seated beliefs and customs – in some places schools had to be ordered to re-open.¹⁵⁰ Overall, however, from 1919 onwards there was a considerable reduction in the number of schools closed because of local 'flu outbreaks¹⁵¹ and the new principle of non-closure in the face of infectious diseases began to take root slowly. This is a typical example of how safety-measures, framed specifically against a recurrence of the 'flu epidemic, became standard procedure against outbreaks of all infectious diseases.

Not only institutions but individuals too took precautions to avert a repeat of "Black October" and its unhappy consequences. Apart from those who altered their diet¹⁵² or way of life,¹⁵³ statistics show that in the months after the Spanish 'flu epidemic there was a consequent and unprecedented rise, both in the number of new life insurance policies taken out and old ones extended. In 1919 new life business alone was estimated as worth £20 million, easily a South African record.¹⁵⁴ The Chairman of the Southern Life Association commented insensitively in his annual report:

143. UG 15-'19, para. 117.

144. Clauses 32, 36(a) and (n) and 44(1e) of the draft Public Health Bill (printed in *Government Gazette Extraordinary*, 6/1/1919).

145. Central Archives: SAS 719, file G 119/5, Telegram from Dept. of Public Health to General Manager SAR, 17/4/1919.

146. Central Archives: SAS 719, file G 119/5, Telegrams from Railways G to All Stations, 19/4/1919, and from SAR to Dept. of Native Affairs, 19/4/1919.

147. IEC, vol. 1, file 1: Evidence of Dr. C. L. Leipoldt, pp. 27–28; *Transvaal Education Department: Report on the Medical Inspection of Schools for 1918*, TP 4-'19, pp. 9–31; C. L. Leipoldt and P. Elias: *Skoolgesondheid*, p. 75.

148. *Daily Dispatch*, 14/7/1919, p. 6.

149. *Cape Times*, 28/7/1919, p. 10.

150. *Diamond Fields Advertiser*, 28/7/1919, p. 8; *Education Department, OFS: Report for 1921*, p. 60.

151. *Education Department, OFS: Report for 1920*, pp. 66–68; *Report for 1921*, p. 58.

152. See ch. 5, p. 92.

153. *Ibid.*, pp. 92–93.

154. *Insurance*, 2/2/1920, p. 3443. For the new business figures of some leading companies, see *Cape Times*, 13/4/1920, p. 8 (Southern Life); 28/6/1920, p. 5 (Norwich Union); 12/10/1920, p. 7 (Old Mutual); *Insurance*, 1/3/1920, p. 3473 (African Life); *De Burger*, 24/12/1919, p. 5 (Sanlam).

"It is, in our opinion, all to the good that the public should have been impressed by the lesson of this severe experience to the extent of making provision as never before against the risks of death. It is possible that we may have to face visitations in the future of a similar nature, . . ."155

The large number of young families left destitute by the death of their breadwinner had driven home the need for life insurance with extraordinary sharpness. Insurance companies had not been slow to exploit this new awareness. For instance, an Old Mutual advertisement pointed out:

"The Aftermath of a Great Scourge.

The anguish and suffering from the toll of lives in Black October (1918) are reflected in the hundreds of widows and orphans left almost helpless in our city.

REASON. Life Assurance neglected – No Endowments fixed for children – In one word, 'Moneyless' and stranded. What a scathing indictment! 129,000 lives sacrificed and untold misery to the living for years to come. Can any Husband or Father hesitate to-day?"156

A novel element in this campaign for new business was the screening of a series of cinema advertisements, jointly sponsored by all the country's insurance firms. The message conveyed by the sketch of a 'flu widow and her orphans, left destitute by the death of her uninsured husband could not be mistaken.¹⁵⁷

These advertisements, pointed out the local journal, *Insurance*, would

"prove an educative and effective aid to the life agents who are out to induce the uninsured and those who are insufficiently insured to take advantage of the benefits offered and so to prepare for any future visitation of the epidemic . . ."

As they would be seen all over South Africa,

"we believe that numbers who as yet hardly know the meaning of life insurance will read, mark, learn and inwardly digest the truths in question with the wished-for result that they will be ready and willing to sign the application when put before them by the agent . . ."158

The result surely did not disappoint the insurance industry and there is no doubt that it was more than able to recoup what it had paid out through the deaths of policyholders in the 1918 epidemic.¹⁵⁹

The fledgling funeral assurance movement in South Africa was also given a substantial boost by the experience of the 'flu epidemic and, in the years after 1918, it gained support rapidly.¹⁶⁰ For instance, in 1921 AVBOB was established in Bloemfontein on the foundation of a burial society which had been set up in 1919 with the support of the local Afrikaanse Verbond, "wys soos hy geword het deur sy ervaring in die griep".¹⁶¹ Its own tiny burial fund had been utterly overwhelmed by the demands made on it as the result of 'flu deaths among its members.¹⁶²

To be sure, the visitation of Spanish 'flu had demonstrated how poorly prepared South Africa was to combat epidemics, but this was not all that it had revealed. It had shown up very clearly too, how neglected health matters were in general and

155. *Cape Times*, 13/4/1920, p. 8.

156. *The Cape*, 7/2/1919, p. 14.

157. One of these is reproduced opposite p. 216.

158. *Insurance*, 1/5/1919, p. 3129.

159. See ch. 10, p. 195.

160. *Standard Encyclopaedia of South Africa*, vol. 1, pp. 205, 579; Union of South Africa: *Report of Select Committee on Insurance Amendment Bill*, SC 8-'37, p. 11; *Report of Select Committee on Subject of Insurance Bill*, SC 4-'43, pp. 132, 138.

161. E. Buys: *Triomf van 'n Reddingsdaad – AVBOB en Van Rooijen*, p. 17.

162. *Ibid.*, p. 16.

what a grave danger this negligence posed to the health of all, irrespective of race or class. Referring to the health of Blacks, *Ilanga lase Natal* observed that the epidemic had made it "perfectly obvious that a danger threatening them, threatens also the white population through them",¹⁶³ *Industrial South Africa* noted how, "From the slums, the disease [had] spread to the best and healthiest quarters", with appalling results.¹⁶⁴ Insofar as health was concerned, no man was an island.

As they visited the dwellings of the sick of all groups, middle-class Whites had been deeply shocked by their face-to-face encounters with congested and insanitary living conditions, inadequate medical facilities and personnel and widespread ignorance of hygiene, first-aid and basic health. Newspapers gave prominence to these "discoveries" in exposés such as "City's Rookeries",¹⁶⁵ "Life in Our Super-Slum"¹⁶⁶ and "Dirt, Disease and Death – The Town's Cesspools",¹⁶⁷ while leading citizens expressed astonishment to find "that our fine residences and stately buildings covered in a hotbed of disease that would weaken the physical frame of the strongest and prove a fruitful source of contamination to the healthiest".¹⁶⁸ Though medical opinion argued that such conditions had not produced the epidemic,¹⁶⁹ there was no doubt that they had materially assisted in its dissemination. Moreover, the very existence of such conditions pointed to a more fundamental problem, and this the epidemic had only served to underscore: government at all levels, dominated as it was by *laissez faire*, self-help ideas, had not seriously accepted that it had a substantial obligation towards the health of its citizens. The "responsibility of the State towards the people of the State . . . is one of those things that the Government does not recognise", explained one doctor who had experienced this indifference to health issues.¹⁷⁰ Another put it more bluntly: "The Government had been too prodigal of human life in the past", he told the Influenza Epidemic Commission.¹⁷¹

Inevitably, in the atmosphere of heightened awareness of health after the epidemic (probably never equalled in South Africa before or since) calls for comprehensive reforms and improvements were legion. The pressing need for these formed the subject of many a speech, article and sermon and health and welfare schemes were put forward at all levels.

"There has never been a time in the history of South Africa when public opinion has been more strongly impressed by the urgency of any social movement than it has been during the past few weeks on the questions of housing, sanitation and the public health", observed the *Diamond Fields Advertiser* optimistically.

"The epidemic has done more than years of agitation could have accomplished. Never has there been a greater certainty of securing popular approval and sanction for practicable improvements in these respect".¹⁷²

The Bishop of Pretoria went as far as declaring that, after the revelations of the epidemic, "the more he saw of the present social system generally, the more

163. *Ilanga lase Natal*, 25/10/1918, Editorial.

164. *Industrial South Africa*, November 1918, p. 520.

165. *Cape Times*, 23/10/1918, p. 6.

166. *Rand Daily Mail*, 19/10/1918.

167. *The Star*, 11/11/1918.

168. *Municipal Journal of South Africa*, November 1919, p. 77.

169. *South African Medical Record*, 9/11/1918, p. 320; Witwatersrand University Library, Historical and Literary Papers Division: A 67 (Laidler Collection), Dr. E. Hill to P. D. Cluver, n.d.

170. *Medical Journal of South Africa*, April 1919, p. 429.

171. IEC, vol. 1, file 4: Evidence of Dr. P. Gautsma, p. 1.

172. *Diamond Fields Advertiser*, 28/10/1918, Editorial.

convinced he became that it had got to be radically altered",¹⁷³ while *The Woman's Outlook* identified "cheap labour" (which was poorly fed and housed) as the underlying cause of the high toll in the epidemic. It hoped that when this became known, "a wave of public indignation will force improvement after improvement upon those who are responsible for the welfare of the people."¹⁷⁴ All these sentiments A. H. Barton would see as examples of an "amplified rebound" from disaster, a penultimate stage in the collective response to disaster.¹⁷⁵

This reformist zeal had shallow roots, however.¹⁷⁶ The International Socialist League's *The International* commented cynically:

"These reactionaries, sentimental and otherwise, are flooding the literary market, the press, platform and pulpit with ameliorative schemes and social reforms galore to stay the disease that will end in the dissolution of the system; quack remedies that will be as effective as a porous plaster on a volcano to stay its activities . . . 'Garden cities,' 'municipal bands,' 'better housing for the poor,' and the other fossilised fads have never worked, and never will work. They are but the emotional ravings of surface skimmers on the one hand and the deliberate schemings on the other of interested persons of the possessing class who see their economic power menaced by the social storm that is brewing."¹⁷⁷

In less than a year after "Black October", the aroused reformist fervour had faded; in the words of the Native Affairs Department, "that interest [had] quickly evaporated".¹⁷⁸ The "shock of discovery has become dulled", lamented Bloemfontein's go-ahead, socially aware Town Clerk, "and the lowered intensity of feeling has ceased to have the driving force of a year ago".¹⁷⁹ Political and economic issues, industrial and other unrest and a host of post-war problems had pushed the need for health reforms into the background,¹⁸⁰ particularly as the 'flu had not returned with the same all-revealing virulence of 1918. In April 1920 the leader of the Labour Party drew attention to this neglect in a speech in Parliament, declaring,

"Eighteen months ago, during the influenza epidemic, it would be remembered what tremendous resolutions were formed, in view of the awful mortality in consequence of overcrowding, to see that reform was brought about and proper housing accommodation was supplied to the people. That was all forgotten now".¹⁸¹

Yet, it would be an error to dismiss all post-flu pressure for social reform as of no consequence. In several cases where little had hitherto been done to tackle a problem of long standing, post-epidemic reformism finally tipped the balance

173. *Rand Daily Mail*, 9/11/1918.

174. *Woman's Outlook*, November 1918, p. 6.

175. A. H. Barton: *Communities in Disaster - A Sociological Analysis of Collective Stress Situations*, p. 279. See too S. Garb and E. Eng: *Disaster Handbook*, p. 17.

176. On the transient nature of this post-flu spirit, see ch. 10, p. 198.

177. *The International*, 6/12/1918, p. 2.

178. Union of South Africa: *Report of the Native Affairs Department for 1919-1921*, UG 34-22, p. 19.

179. *Municipal Journal of South Africa*, November 1919, p. 77.

180. The *Cape Times* provides clear examples of this process taking place. In January 1919 it spoke of the need "to be on our guard against an epidemic more infectious, more destructive, and vastly more costly in life and treasure than the influenza". This it identified as Bolshevism which, "properly regarded, is a preventable disease" (*Cape Times*, 18/1/1919, Editorial). The second example came in the wake of the *Kenilworth Castle* episode when the newspaper attacked a plan to use the Alexandra Hospital as an isolation camp for future 'flu contacts instead of as a demobilization base for returning troops. "The interests of our returning troops and their families and friends should take preference over every other consideration", it asserted rightly (*Cape Times*, 20/3/1919, Editorial).

181. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 5, p. 33, col. 1.

towards concrete action, especially if, thereby, influential groups might gain greater safety against a disease which seemed to know no barriers. Half a century earlier Engels had recognized a similar attitude among the dominant classes in Britain's towns, especially after an epidemic of cholera. He observed:

"Capitalist rule cannot allow itself the pleasure of creating epidemic diseases among the working class with impunity; the consequences fall back on it and the angel of death rages in its ranks as ruthlessly as in the ranks of the workers. As soon as this fact had been scientifically established the philanthropic bourgeoisie began to compete with one another in noble efforts on behalf of the health of their workers. Societies were founded, books were written, proposals drawn up, laws debated and passed, in order to close the sources of the ever-recurring epidemics. The housing conditions of the workers were examined and attempts were made to remedy the most crying evils . . . Government Commissions were appointed to inquire into the hygienic conditions of the working classes."¹⁸²

In the post-flu Union a comparable pattern can be discerned, usually characterized by high initial promise but limited ultimate achievement. Only a longer perspective enables one to see that together, all these limited achievements were part of a larger, gradual movement towards an interventionist, White welfare state in South Africa. Significantly, the philosophy underlying this trend was spelt out very clearly in the wake of the 'flu epidemic. Colour-blind as a result of the recent lesson in the indivisibility of the population's health, a Government Committee appointed in 1919 to examine the wretched housing conditions highlighted by the 'flu, proclaimed:

" . . . there is an undeniable duty upon the State to ensure that all members of the community are healthy and useful citizens, and that no section of the community is allowed to sink to such depths of discontent, depravity, or disease, as to become a menace to the wellbeing of the rest"¹⁸³

Official measures fell into two closely-linked categories, curative and preventive. The provision of curative services was primarily aimed at remedying the shortage of medical facilities and the dearth of trained personnel in the rural areas, a situation to which the Influenza Epidemic Commission had drawn urgent attention.¹⁸⁴

In trying to meet this need after the epidemic, little was done to improve the position among rural Blacks.¹⁸⁵ (It is not irrelevant to note that these people posed the least threat of infection to Whites; urban Blacks, in far closer contact with Whites, were perceived as a far greater health hazard and treated accordingly¹⁸⁶). The health of rural Whites enjoyed considerable attention, however. In the Transvaal an attempt was made (in accordance with an Influenza Epidemic Commission proposal¹⁸⁷) to establish a Cape-style system of divisional councils to assume responsibility for public health in country districts, but the scheme was defeated by a single vote in the Transvaal Provincial Council.¹⁸⁸ Three years later

182. F. Engels: *The Housing Question* (1872) as quoted in D. Harvey: *Social Justice and the City*, p. 142.

183. Union of South Africa: *Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill*, UG 4-20, para. 101.

184. UG 15-19, paras. 104-105, 108-111, 128-131, 139.

185. See ch. 5, pp. 89-91.

186. See pp. 226-228.

187. UG 15-19, para. 139.

188. *Province of the Transvaal: Votes and Proceedings of Provincial Council*, vol. III, 3rd Session 3rd Council 1919, p. 215; *The Star*, 3/7/1919.

a similar suggestion by the Transvaal Local Government Commission was also rejected.¹⁸⁹ Only in 1943, with the establishment of the Peri-Urban Areas Health Board, was some provision made for the separate administration of health in the rural areas of the Transvaal.

To provide better medical service in the country districts of the Union, new, more generous terms for the employment of district surgeons were introduced,¹⁹⁰ in keeping with the Influenza Epidemic Commission's recommendations of "holding out special monetary inducements for medical men to settle in rural communities".¹⁹¹ This had the desired effect (at least in the short term) and by the end of 1920 nearly every District Surgeony in the country was filled on a full-time or part-time basis.¹⁹²

"Black October" also prompted many country towns to give serious consideration to the need for a local hospital. In some cases the experience of the epidemic provided a necessary boost to longstanding campaigns for a hospital, which had made little headway over the years;¹⁹³ in others it exposed this need dramatically.¹⁹⁴ "The public feeling is agitated regarding this matter on account of the possibility of the recurrence of epidemic influenza", the Transvaal Municipal Association pointed out in March 1919,¹⁹⁵ while the Transvaal Provincial Council even passed an unopposed motion calling for a hospital to be built in every town and village in the province.¹⁹⁶ Enormous costs stood in the way, however, and implementation of even part of the scheme was much delayed.¹⁹⁷

The inadequacies of existing hospitals were also underlined by the epidemic, but improvements were slow to take place.¹⁹⁸ Even in the sphere of isolation accommodation (which would be essential in any anti-epidemic defence) progress was leisurely. The Influenza Epidemic Commission had made it clear that it believed that the separation of isolation hospitals from general hospitals was "a relic of mediaeval ignorance, productive of inefficiency and waste of public funds", which perpetuated "the stigma attaching to and fear of such institutions, with consequent great harm to the health and life of the community".¹⁹⁹ It saw no risk in attaching isolation blocks to general hospitals. Yet not all medical opinion was convinced²⁰⁰ and few local authorities were keen to incur the expense involved, be it for separate or attached institutions.²⁰¹ Six years later the

189. *Province of the Transvaal: Report of the Transvaal Local Government Commission*, TP 1-1922, para. 402.

190. *Medical Journal of South Africa*, December 1919, p. 112; UG 8-22, p. 138.

191. UG 15-19, para. 105.

192. UG 8-22, p. 139.

193. R. J. Lombard: *Ermelo 1880-1980*, p. 175; *Matatiele Mail*, 5/12/1918, 30/1/1919, 6/2/1919, 13/3/1919.

194. OFS Archives: PAS 921, file 3682/3, Stadsclerk Clocolan to Provinsiale Sekretaris, 21/4/1919; PAS 923, file 3688 Parts 1 and 2, Secretary Hospital Committee Frankfort to Provincial Secretary, 31/5/1919; Cape Archives: 4/CT, vol. 1/2/1/1/26, p. 351; 3/ADE 1/1/1/4, Municipal Council Adelaide Minutes, 14/2/1919; *Cape Hospital Board: Annual Report for 1918-1919*, p. 4; *De Burger*, 29/11/1918, p. 3; *Het Noord Westen*, 10/12/1918, p. 5; *Dictionary of South African Biography*, vol. III, p. 700; D. F. Erasmus: *Heilbron 1873-1973*, p. 50.

195. *Municipal Magazine*, May 1919, p. 15.

196. *Province of the Transvaal: Votes and Proceedings of Provincial Council*, vol. III, 2nd Session 3rd Council, 21/11/1918, p. 6; 3rd Session 3rd Council, 1919, pp. 116, 147, 195.

197. *Province of the Transvaal: Votes and Proceedings of Provincial Council*, vol. III, 3rd Session 3rd Council, 1919, p. 29; *Votes and Proceedings of Provincial Council*, vol. IV, 1st Session 4th Council, 1920-1922, pp. 30, 73, 122, 143, 176; *De Volkstem*, 22/11/1918, p. 7; *The Star*, 4/6/1919.

198. Union of South Africa: *Report of Committee of Inquiry re: Public Hospitals and Kindred Institutions*, UG 30-25, chs. 6, 7, 10.

199. UG 15-19, para. 114.

200. SC 3-19, pp. 122, 222-223.

201. *Daily Dispatch*, 7/11/1919, p. 5; *Municipal Magazine*, May 1919, p. 15.

Committee of Inquiry into Public Hospitals lamented:

"What little has been done recently in the matter of providing special accommodation for infectious diseases was largely due to the public conscience being stirred by the outbreak of influenza in 1918, but the question has not been dealt with as it should be, . . ."202

Only over the question of who should pay for the hospitalization of a patient with a notifiable infectious disease did the 'flu epidemic produce a quick and pioneering answer. The draft Public Health Bill was amended by Parliament so as to place this responsibility firmly on the local authority of the patient's district of domicile.²⁰³ The radical departure from the State's traditional philosophy that this amendment entailed, in making the local authority and not the patient responsible for payment in all circumstances, is well illustrated in the following extracts from the Assembly debate on the matter:

"Mr. JAGGER²⁰⁴ said he was opposed to the new section, and he wished to revert to the original section. A new principle was introduced which ran through the Bill . . . It was not the principle in all other Bills . . . He asked why people should be pauperised in this fashion. The next thing would be free doctoring all round. The principle was very unsound and very unjust . . .

Mr. MADELEY²⁰⁵ welcomed the attitude of the Government, even though it imported a new principle that the State had to recognise its responsibilities. Where the health of the State was at stake no question of expense should be allowed to enter into consideration . . ."206

Later, when the clause came up for reconsideration, Jagger's viewpoint found little support:

'Lieut.-Col. FAWCUS²⁰⁷ feared that it was a terrible sign of the times that only one member supported Mr. Jagger. (Laughter.) The House was following a vicious course in undermining the independence of the people of South Africa. Mr. Jagger had appealed to the House on the ground of self-help. . . . Surely if a man fell ill and could afford to pay for his treatment, why should he not do so?'²⁰⁸

Other examples of the State's changing attitude to responsibility for its citizens' health and welfare as a result of the impact of the 'flu have already been mentioned: the special emergency poor relief and £1 for £1 subsidies to charities in the Cape²⁰⁹ and the introduction of mother-and-child pensions in 1921.²¹⁰ In this atmosphere private welfare organizations also received greater support from both the authorities and the public; in particular, the large number of 'flu orphans throughout the country focussed much attention on child welfare²¹¹ and in 1920 it was decided to merge existing provincial bodies into a national Council for Child Welfare.²¹² In 1920 too, "na die slagting wat deur die griep epidemie veroorsaak is",²¹³ the OFS

202. UG 30-'25, para. 464.

203. Cf. clause 26 of the draft Public Health Bill with section 26 of the final Public Health Act.

204. Unionist Party MLA for Cape Town Central and a very prominent merchant and free trader.

205. Labour Party MLA for Benoni.

206. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 271, col. 1.

207. South African Party MLA for Umlazi.

208. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 304, col. 3.

209. See ch. 10, pp. 187-188 and ch. 2, p. 35.

210. See ch. 10, p. 187.

211. *Municipal Journal of South Africa*, April 1920, p. 114; *Child Welfare Conference: Report of Proceedings of 3rd Annual Conference, 1919*, pp. iv, 3-4.

212. J. A. v. d. Walt: "'n Historiese-sosiologiese ondersoek van die ontwikkeling van die beleidsrigtings t.o.v. die kinderbeskerming en kinderontwikkeling in die Unie van Suid-Afrika vanaf 1910 tot 1950", p. 89; Union of South Africa: *Official Year Book of the Union*, No. 4-1921, p. 375.

213. J. H. du Toit: "Die Grondlegging en Ontwikkeling van Provinsiale, Primêre en Sekondêre Onderwys vir Blankes in die OVS gedurende die tydperk 1910-1926", p. 66.

came into line with the other provinces and appointed its first Medical Inspector of Schools.²¹⁴ The authorities in the Cape used the favourable climate too, to gain approval for an expansion of their fledgling school health service.²¹⁵

Both in town and country the epidemic revealed a widespread public ignorance of the rudiments of how to treat the sick at home. Many believed that this had increased the number of deaths significantly. The epidemic had "elicited one outstanding fact," pointed out *The Friend*, "and that is the deplorable ignorance that prevails regarding the commonest principles of nursing". It concluded that, "Neither lack of doctors, lack of medicines nor even lack of the elements of sanitation so conduced to the incidence of mortality as the lack of nurses. . . . It is in the appalling ignorance of the multitude wherein lies the chief danger. . . ."²¹⁶ No scheme would ever be able to train enough professional nurses to meet such an emergency; the solution lay in extensive instruction in home nursing and first-aid. With the encouragement and support of the Influenza Epidemic Commission,²¹⁷ the Public Health Department,²¹⁸ local authorities²¹⁹ and private welfare bodies,²²⁰ organizations such as the St. John Ambulance Association ran public courses in elementary nursing and first-aid.²²¹ Similar instruction was given at schools (to older girls in particular), but the Influenza Epidemic Commission's recommendation that this be made compulsory²²² does not seem to have been adopted.²²³

Hand in glove with knowledge of such curative measures went the need to teach the public how to prevent disease in the first place. Here too the epidemic had shown sick-visitors how little most people knew of elementary hygiene, physiology and health-care. "The ignorance of such matters among the so-called educated woman during the epidemic was appalling", a social worker told the Influenza Epidemic Commission.²²⁴ In the same vein, at the height of "Black October" a columnist in *De Burger* lamented:

"Is het dan niet treurig dat in zo'n tijd als die wij tans doormaken wij de mensheid eerst moeten leren wat de waarde is van frisse lucht? Wat de waarde is van reinheid en van honderd en een andere dingen, dat ieder mens toch behoort te weten!"²²⁵

214. Education Department, *OFS: Report for 1920*, p. 48.

215. Cape of Good Hope: *Report of the Superintendent-General of Education for 1918*, CP 5-'19, p. 8; *Report of the Superintendent-General of Education for 1919*, CP 4-'20, p. 2; *Daily Dispatch*, 23/11/1918, p. 8; 3/2/1919, p. 6.

216. *The Friend*, 14/1/1919, Editorial.

217. UG 15-'19, paras. 94, 96, 113.

218. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Dept. of Public Health, 11/12/1918 and 10/3/1919; Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept. of Public Health, 22/7/1919; Cape Archives: 1/CT 15/4, Circular no. 13 of 1919 from Dept. of Public Health, 10/3/1919.

219. Cape Archives: 4/CT, vol. 1/1/1/23, p. 363; *Cape Times*, 21/12/1918, p. 8; *De Volkstem*, 13/2/1918, p. 7.

220. Transvaal Archives: Accession W160 (S.-A. Vroue-Federasie Collection), vol. 2, Hoofbestuursnotule 1915-1919, List between pp. 158 and 159, Bijlage A - Beskrywingspunte vir 13de Kongres, Ermelo, 1919, points 7 and 8; *South African Nursing Record*, October 1919, pp. 243-244; *The Cape*, 22/11/1918, p. 26; *Die Huisgenoot*, March 1919, p. 676; *Cape Times*, 7/11/1918, p. 7.

221. *St. John Ambulance Association, Cape Town Centre: 28th Annual Report for 1919*, p. 9; *Cape Hospital Board: Annual Report for 1918-1919*, p. 17; *Transvaal Education Department: Report on School Medical Inspection for 1918*, TP 4-'20, p. 6; Cape Archives: 4/CT, vol. 1/1/1/23, p. 403; *De Burger*, 15/11/1918, p. 2; 16/11/1918, Editorial; 25/3/1919, Editorial; *New True Templar*, November 1918, p. 4; *Cape Times*, 4/6/1924; Collier Collection: Letter from Miss H. G. Gray, May 1972. See too ch. 2, pp. 34-35.

222. UG 15-'19, para. 96.

223. Transvaal Archives: Accession W160 (S.-A. Vroue-Federasie Collection), vol. 16, Jaarverslag 1921, p. 17, point 35; *St. John Ambulance Association, Cape Town: 31st Annual Report for 1922*, p. 5.

224. IEC, vol. 2, file 8, part 2: Evidence of Mrs. M. S. Walsh, p. 1.

225. *De Burger*, 24/10/1918, p. 2.

While the Public Health Department did what it could to publicize the benefits of cleanliness, fresh air and nutritious and well-prepared food in the wake of the epidemic,²²⁶ schools showed themselves no readier to give greater emphasis to subjects such as hygiene and physiology in their curricula.²²⁷ Even in the OFS, where from 1920 the syllabus assigned a certain percentage of marks in final examinations to hygiene,²²⁸ the Education Department complained in 1927: "Generally speaking, the subject still occupies a very inferior position in the scheme of things in our schools".²²⁹

Especially among Afrikaners, the need for some knowledge of these basic curative and preventive skills was seen to be essential. A tiny "volk", whose number had been sharply reduced by war less than two decades earlier, could not afford another "Black October", in which so many of its younger generation had died through ignorance and negligence. It was not enough to ensure that Afrikaner 'flu orphans remained Afrikaners; action had to be taken quickly "om die verwoesting te herstel en die smarte te versorg", as one journal pointed out.²³⁰ *Ons Vaderland* made the position very clear: "Ons toekomstige krag lê in onse aantal".²³¹ For this to be kept up, Afrikaners had to be taught how to care for their health. Early in 1919 an Afrikaanse Christelike Vrouevereniging (ACVV) report noted:

"Daar is nie 'n plek in ons land waar ons nie gedurende die laaste drie maande van verlede jaar uitvind het dat ons baie onhandig en onkundig is in tije van siekte. En as ons 'n bietjie wil nadink, sal ons sien dat dit 'n saak is waaraan ons al jare gelede moes gedink het. . . . Nou het die griep ons eindelik wakker geskud, en ons het meteens almaal uitvind hoe dom ons in 'n siekkamer is".²³²

Many blamed the existing school syllabuses, with their heavy concentration on academic subjects which provided what the principal of a Domestic Science School called, "ballast-kennis".²³³

"Ons dogters groei op, gaan naar skool en word geleer in alle moontlike vakke van wetenskap en vermaak behalwe die vernaamste vereiste: hoe om gesond te blij en in geval van siekte hoe om te verpleeg", complained one reader to *Die Boerevrou*.²³⁴

Instruction in such subjects, so vital to the well-being of the "volk", could not be left to others. Afrikaners had to help themselves. "Daar moet 'n alomvattende helpmekeer-beweging kom," urged *De Volkstem*, "wat sal insien hoe die huisgesin en die huiselike lewe, die grondslae van maatskappij, godsdiens en staat, moet

226. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Dept. of Public Health, 11/12/1918 and 10/3/1919; Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept. of Public Health, 22/7/1919; Cape Archives: 1/CT, 15/4, Circular no. 13 of 1919 from Dept. of Public Health, 10/3/1919. In 1981 Dr. Henry Gluckman, Chairman of the momentous National Health Services Commission of 1942-1944 and a freshly qualified doctor in 1918, wrote, "Perhaps it was my experiences in dealing with the 'flu epidemic . . . which inter alia led me to advocate Health Promotion in the National Health Services Commission Report of 1944. In the fourth section of the report, I strongly advocated adequate nutrition and recreation" (Letter to author from Dr. the Hon. H. Gluckman, 17/9/1981).

227. CP 4-20, p. 44; *De Unie*, 1/2/1919, p. 222; Union of South Africa: *Report of the Cape Coloured Commission*, UG 54-1937, p. 97, para. 556.

228. J. P. J. Bruwer: "Education in the OFS - An Historical Survey and Suggestions for Future Development", p. 172.

229. *Education Department, OFS: Report for 1927*, p. 84.

230. *Die Boerevrou*, January 1920, Editorial.

231. *Ons Vaderland*, 31/1/1919, Editorial.

232. *Die Huisgenoot*, March 1919, p. 676. For similar sentiments see *De Burger*, 22/10/1918, Editorial; 7/11/1918, p. 3; 30/11/1918, p. 3; *De Vriend des Volks*, 7/11/1918; *Die Boerevrou*, May 1919, p. 6.

233. *Die Boerevrou*, January 1920, p. 10.

234. *Die Boerevrou*, November 1919, p. 3.

opgehef en opgebou word naar liggaam, siel en gees".²³⁵ Organizations such as the ACVV,²³⁶ the Suid-Afrikaanse Vroue-Federasie²³⁷ and the Oranje-Vrouevereniging²³⁸ organized lectures and demonstrations and made representations to the authorities on health and nursing matters, while popular magazines like *Die Huisgenoot*²³⁹ and *Die Boerevrou*²⁴⁰ began regular columns on basic aspects of "volksgeondheid". The ACVV started a series of inexpensive "Gesondheidspublikasies"²⁴¹ and simple medical manuals were written in Afrikaans/Dutch and widely distributed – in 1919 alone, three such books were published in Cape Town, two by medical men and one by a nurse.²⁴² One of these hoped "dat die boekie . . . sal bijdra om ons en ons kinders gesond en sterk te maak, sodat ons die stryd om ons bestaan kan wen";²⁴³ the preface to another, *Ziekeverpleging in Huis*, pointed out that

"De pas afgelopen Grieppepidemie heeft elk denkend mens tot het besef gebracht van de dringende noodzakelijkheid voor iedere huisvrouw en huisdochter om 'n degelijke kennis van minstens de grondbeginselen van ziekeverpleging te hebben. Hoe vele duizende nuttige, ja, onmisbare levens zijn opgeofferd in deze epidemie aan de algemene onkunde in zake ziekeverpleging".

The book would be of particular value for schools, it believed

'met het oog op die vele stemmen die er in de laatste tijd zijn opgegaan om, vooral op de meisjescholen, de leerlingen bekend te maken met de beginselen van ziekeverpleging'.²⁴⁴

With the same hope in mind, no doubt, Dr. C. L. Leipoldt added a chapter on "Gesondheidsleer als Onderwijsvak" to the 1919 edition of his primer on "Skoolgesondheid".²⁴⁵ At the same time he campaigned vigorously for schools to become centres of health education in the community. *Die Huisgenoot* (for which, along with *Die Boerevrou*, he wrote many medical articles) took up this argument: "Die heil van die volksgeondheid", it reasoned,

"lê daarin dat die mediese beroep demokraties moet word. Elke skool of skoolsentrum behoort sijn mediese onderwyser sowel as sijn mediese inspekteur te hê . . . Vang die Staat die kind en krij sijn ondersteuning en medewerking as hij volwasse is, sal die volksgeondheid op 'n baie hegte basis te staan kom".²⁴⁶

Undoubtedly, it was the ravages of the 'flu which had triggered this sudden attention to the health of the "volk". It had made it devastatingly clear that if Afrikaners were to survive as a "volk", they first had to learn to survive as healthy human beings. This had to be a priority in any movement to uplift the "volk" if they were to have a future.

235. *De Volkstem*, 6/12/1918, Editorial.

236. *Die Huisgenoot*, July 1919, p. 90; November 1919, p. 211.

237. Transvaal Archives: Accession W160 (S.-A. Vroue-Federasie Collection), vol. 2, Hoofbestuursnotule 1915-1919, List between pp. 158 and 159, Bijlage A-Beskrywingspunte vir 13de Kongres, Ermelo, 1919, point 7; vol. 16, Verslag van die 13de Kongres, 1919, p. 25; Bijlage A-Verslag van die Hoofbestuur, Item 11.

238. *The Friend*, 13/2/1919, p. 7.

239. See issues from July 1919 onwards.

240. See issues from March 1919 onwards.

241. For instance, A. J. Stals: *Die Griep of Influenza*.

242. J. van Schalkwijk: *Raad in Tijd van Siekte*; J. J. Hoffman: *De Weg tot Gezondheid*; C. M. J. Aarts de Vries: *Ziekeverpleging in Huis*.

243. J. van Schalkwijk: *Raad in Tijd van Siekte*, Introduction.

244. C. M. J. Aarts de Vries: *Ziekeverpleging in Huis*, Preface.

245. C. L. Leipoldt and P. Elias: *Skoolgesondheid*, ch. XV.

246. *Die Huisgenoot*, June 1919, p. 30.

Of all the fields in which "Black October" produced action by the State, it was over living conditions in urban areas that the Central Government made its greatest break with laissez faire principles. The 'flu had shown that in towns the threat of infection across all barriers was sharpest; here improvements were necessary, "not only as an act of humanity," explained a judge and former director of De Beers, "but as a safeguard for their own homes, so that if any epidemics and plagues of that kind came again they would not have to pay the toll of death in their own families for the lack of sanitary conditions appertaining to others".²⁴⁷ While the Influenza Epidemic Commission had not been satisfied that "the virulence of the disease had any definite correlation with poor sanitary conditions," it had nevertheless confirmed what many sick-visitors had concluded on the basis of their own experience, that "bad housing, congestion and insanitary conditions facilitated the spread of the disease, and tended to increase mortality".²⁴⁸ "The epidemic has proved beyond doubt that the comfortable classes cannot afford to allow disease incubators to remain in their midst," concluded one progressive-minded journal confidently.²⁴⁹

In the months after the epidemic, town councils,²⁵⁰ trade unions,²⁵¹ the private sector,²⁵² churches²⁵³ and the Railways²⁵⁴ jostled with one another to undertake investigations into housing, to make representations and to debate the merits of various schemes.

The Government too recognized that action was imperative. "The late Influenza Epidemic has brought it home to us more than ever before the importance of having people in healthy surroundings", the Acting Prime Minister told a delegation in December 1918.²⁵⁵ Humanitarianism, concern for upholding "moral standards", the need for a fit workforce able to reproduce itself, health-preserving self-interest and fears of social unrest made this essential. Housing must be provided urgently, insisted the *Cape Argus*,

"because as we were reminded by the recent calamitous influenza epidemic, dirt and overcrowding constitute a terrible and perpetual menace to the safety of the entire community. And what is hardly less significant, nothing conduces more to the spread of wild and subversive doctrines and to the accentuation of the spirit of social unrest generally than the miserable domestic conditions

247. *Daily Dispatch*, 28/10/1918, p. 7.

248. UG 15-'19, para. 134.

249. *Woman's Outlook*, December 1918, p. 3.

250. See ch. 2, p. 37, ch. 3, p. 55 and ch. 4, pp. 71-73. *Daily Dispatch*, 21/11/1918, p. 6; 22/11/1918, p. 5; 30/11/1918, p. 7; 14/1/1919, p. 5; 11/4/1919, Editorial; *Kokstad Advertiser*, 13/12/1918.

251. *Rand Daily Mail*, 3/1/1919; *Diamond Fields Advertiser*, 4/1/1919, Editorial; *Cape Times*, 18/6/1919, p. 8.

252. See ch. 2, p. 36; *The Star*, 17/1/1919; *Rand Daily Mail*, 18/6/1919; *Cape Argus*, 16/1/1919, pp. 5, 6; *Cape Times*, 18/6/1919, p. 8; *Official Report of 2nd Annual Convention of the South African Federated Chamber of Industries, June 1919*, pp. 48-50.

253. *The Star*, 13/2/1919; *The Friend*, 20/5/1919, p. 6; *Cape Times*, 10/2/1919, p. 8; 12/2/1919, p. 10; 18/6/1919, p. 8; 25/12/1919, p. 8; *Church of the Province of South Africa: Acts and Resolutions of 9th Provincial Synod, 1919*, p. 42, Item 23; *Church of the Province of South Africa, Diocese of Cape Town: Acts and Resolutions of 19th Synod, February 1919*, pp. 16-17; *Minutes of 37th Annual Conference of Wesleyan Methodist Church of South Africa, 1919*, p. 135; *Presbyterian Church of South Africa: Proceedings of 20th General Assembly, 1919*, pp. 49-50; Central Archives: PM 1/1/450, file 1/30/17/19, Lay Secretary of 19th Synod of Diocese of Cape Town of CPISA to Private Secretary to Acting Prime Minister, 11/2/1919.

254. *SAR & H Magazine*, March 1919, p. 135.

255. Central Archives: NA 85, file 527/16/F 164, Notes of Meeting between Acting Minister of Native Affairs and Deputation of Representative Natives on the Reef, 12/12/1918.

which fall to the lot of certain classes of the people. . . . [T]here is overwhelming evidence to show that bad housing has a disastrous effect on the public health and on national physique, . . .”²⁵⁶

Not only would the construction of houses promote health, declared a senior member of the Cape Provincial Council, but it also “afforded the best antidote to unrest and Bolshevism”.²⁵⁷

The first step by the Central Government came in the new Public Health Bill. Chapter VIII permitted the authorities to take action against insanitary or overcrowded conditions, even to the extent of demolishing dilapidated buildings,²⁵⁸ and laid down minimum requirements for all new housing. The final Act incorporated all these sections and, in addition, made limited provision for the control of town planning in South Africa.²⁵⁹ (This section, South Africa’s first “town-planning charter”,²⁶⁰ was included only as a result of intense lobbying by the Town Councils of Cape Town and Johannesburg,²⁶¹ by local architects²⁶² and by the new Transvaal Town Planning Association which had been set up in the wake of the epidemic²⁶³.) The only housing-related clause in the draft Bill which the final Act excluded was what one MLA labelled a “socialistic” clause²⁶⁴ to compel landlords to keep accommodation they leased out reasonably fit for human habitation at all times. This was excluded from the Act after protracted discussion.²⁶⁵

A bill to supplement these powers and at the same time to tackle the acute shortage of houses by allowing municipalities to undertake “improvement schemes” was also tabled during 1919,²⁶⁶ but it was shelved when it was realized that far more generous assistance was required if local authorities were to help provide new houses in any number. “Unless the State helped[,] the demand for houses was not going to be met”, argued one progressive MLA,²⁶⁷ while later in the year the organ of the Association of Municipal Corporations of the Cape demanded that Parliament “shake itself free from the *laissez faire* traditions of the past and see that . . . our generation and the generations yet to come shall be housed according to their decent needs. . . .”²⁶⁸

256. *Cape Argus*, 17/1/1919, Editorial.

257. *Cape Times*, 5/9/1919, p. 8. For similar opinions in Britain at the same time see M. Swenarton:

Homes fit for Heroes – The Politics and Architecture of Early State Housing in Britain, ch. 4; J. Mellings (ed.): *Housing, Social Policy and the State*, pp. 24, 102–103; E. Gauddie: *Cruel Habitations – A History of Working-Class Housing 1780–1918*, p. 307.

258. Act 36 of 1919, section 129. The Town Clerk of Cape Town, J. R. Finch, seems to have played a major part in formulating this clause (Cape Archives: 3/CT, vol. ADD 6/2, p. 360).

259. Act 36 of 1919, section 132(1)(h).

260. Transvaal Town Planning Association: *Town Planning*, p. 14.

261. Cape Archives: 3/CT, vol. 1/1/1/75, p. 310; vol. 1/4/7/1/1/10, pp. 113–115.

262. *Cape Times*, 22/11/1918, p. 3; *Cape Argus*, 29/10/1918, p. 7; *Architect, Builder and Engineer*, December 1918, p. 11; *Building*, December 1918, p. 204.

263. *The Star*, 27/2/1919; *Rand Daily Mail*, 3/3/1919; Transvaal Town Planning Association: *Town Planning*, p. 3.

264. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 294, col. 3. The speaker was L. Geldenhuys, South African Party MLA for Vrededorp and a large property-owner in Johannesburg (*Standard Encyclopaedia of South Africa*, vol. 5, p. 133).

265. Draft Public Health Bill, 1919 (printed in *Government Gazette Extraordinary*, 6/1/1919), clause 130. By the Committee Stage of the bill, an earlier amendment had made this clause 131. For the discussion see *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 294, cols. 2, 3; p. 295, col. 1; p. 305, cols. 2, 3.

266. Unhealthy Areas Improvement Schemes Bill, 1919 (printed in *Union of South Africa Government Gazette Extraordinary*, vol. XXXV, no. 941, 22/1/1919, pp. iii–xv).

267. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 299, col. 2. For criticism by individual municipalities, see Cape Archives: 3/CT, vol. ADD. 6/2, pp. 420–421; 3/CT, vol. 1/4/7/1/1/10, pp. 115, 121.

268. *Municipal Planning of South Africa*, November 1919, p. 64.

The Government decided to refer the bill to a Committee of Inquiry to consider how far it should help in providing housing in urban areas.²⁶⁹ Meanwhile, it urged municipalities to act against overcrowding; the circulars which it sent out with this message quoted the findings of the Influenza Epidemic Commission on this, to emphasize the importance of the matter.²⁷⁰

Most of the Committee's recommendations²⁷¹ were included in the Housing Bill of 1920, which sought to provide means to overcome the shortage of houses. To this end, Provincial Housing Loans Funds, financed by the Central Government, were to be set up and from these, advances would be made for housing construction by local authorities. To facilitate actual building and reduce the reluctance of local authorities to embark on such schemes, a battery of enabling clauses was also included: for instance, the power to expropriate land, to purchase stocks of building materials, to give priority to the construction of houses over other buildings and to forbid the demolition of dilapidated dwellings which could be renovated.²⁷² As in the debates on the Public Health Bill in 1919, objections were once again raised that this legislation was "on the fringe of extreme Socialism and nationalisation".²⁷³ However, in a new Parliament in which the governing party was in a minority and the Labour Party strongly represented,²⁷⁴ these were somewhat muted. It is a mark of how effective "Black October" had been in overcoming such objections previously, that when delays did arise over an amendment to give property-owners a greater say, a Labour MLA expressed regret "that this Bill was not introduced in 1918, when, after the influenza epidemic, every member would have been only too ready to vote for it".²⁷⁵

The Housing Act was promulgated in August 1920. It was, in the words of the new Central Housing Board, primarily an attempt to ameliorate the wretched "housing conditions of the poorer classes [which had] . . . been more vividly brought to light . . . partly by the late influenza epidemic".²⁷⁶ This pioneering bid by the central state to deal with the housing question on a national scale initially raised high hopes among the larger municipalities, but very soon, because of the deepening post-war recession, the Government cut back on the funds it was willing to make available. Finally, it decided to defer temporarily consideration of all applications for advances received after 31 May 1921.²⁷⁷

It is clear that the urgency of the immediate post-flu period was no more. The Housing Committee of Inquiry had recognized the transience of this climate of opinion only too well when it had warned in December 1919:

"There is only too much reason to fear that much of the feeling has been awakened by the personal inconvenience which those who are able to make themselves heard are at present suffering, and that when that personal inconvenience disappears the interest in the problem will subside".²⁷⁸

269. *Union of South Africa Government Gazette*, vol. XXXVII, no. 988, 1/8/1919, p. 203, Government Notice 976.

270. Cape Archives: 3/UIT 28, vol. 5, Circular no. 17 from Provincial Secretary, 4/7/1919; OFS Archives: PAS 140, file 310/8/10, MOH Union to Provincial Secretary, Bloemfontein, 18/6/1919; *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 407, col. 1.

271. UG 4-20, *passim*.

272. Housing Bill, 1920 (printed in *Union of South Africa Government Gazette Extraordinary*, vol. XL, no. 1061, 9/6/1920, pp. iii-x).

273. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 5, p. 185, col. 2.

274. D. W. Krüger: *The Making of a Nation - A History of the Union of South Africa, 1910-1961*, p. 114; W. K. Hancock: *Smuts - The Fields of Force 1919-1950*, pp. 30-31.

275. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 5, p. 301, col. 3.

276. Union of South Africa: *Report of the Central Housing Board for 1920*, UG 25-21, p. 10 (Annexure C).

277. Union of South Africa: *Report of the Central Housing Board for 1921*, UG 13-22, para. 8.

278. UG 4-20, para. 101.

Some of the more energetic municipalities such as Bloemfontein²⁷⁹ and Cape Town²⁸⁰ had applied for funds soon after the creation of the Central Housing Board, and were able to embark on schemes in 1921, but, generally, in its first years of operation, the Housing Act provided advances far short of the £7,085,000 which the Housing Committee of Inquiry had considered necessary to meet merely the most urgent and pressing housing needs.²⁸¹ By the end of 1925 the Government had allocated only £2,581,000.²⁸²

Through its revelation of the appalling living conditions of the half-million urban Blacks and the widespread belief that these had seriously exacerbated the epidemic, "Black October" renewed White concern that such conditions had to be remedied, if only to protect the latter's own health. The "gravity of the [Black housing] position has been realised since the outbreak of the influenza epidemic", reported a delegation from Johannesburg in September 1919, after returning from a tour of the main cities of the Union,²⁸³ while in Parliament Sir Thomas Watt made it clear that, "Coloured people and natives must live under healthy conditions if the other members of the community are to remain healthy".²⁸⁴ The Native Affairs Department was under no misconception: the motive for "preventive action in future is a selfish one", it admitted.²⁸⁵ The "dread of being poisoned by . . . germs scares swelled-headed [sic] arrogance, and so to save themselves they save their poor neighbours", sneered *Ilanga lase Natal*.²⁸⁶

However, the 'flu epidemic did more than merely re-emphasize the urgency of bettering conditions in existing Black locations where, the Influenza Epidemic Commission believed, security of tenure should be assured via long leases, "so as to encourage the building of a better type of dwelling".²⁸⁷ It also strengthened the belief of many Whites that their greatest safeguard against infection from Blacks in towns lay in physical distance, i.e. compulsory segregation. This view was most clearly articulated in towns with substantial "mixed areas" – for instance, in the wake of the epidemic, Kimberley's City Sanitary Inspector recommended "the entire elimination of the native element from private dwellings in the Malay Camp . . . [and] native quarters or a compound on proper lines . . .".²⁸⁸ Opinion in small towns which did not have locations was equally decided. A newspaper in Victoria West, for example, hoped that in the light of what the epidemic had revealed, steps would be taken "met het doel de lage type van gekleurden en naturellen uit de dorpen te verwyderen",²⁸⁹ while a group of White users of the post-office in Berlin went as far as protesting that,

279. See ch. 4, p. 73.

280. See ch. 2, p. 37.

281. UG 4–'20, para. 143.

282. Union of South Africa: *Report of the Central Housing Board for 1925*, UG 19–'26, para. 47.

283. *Johannesburg Municipality: Council Minutes*, July–December, 1919, p. 566 (Report of Delegation re Native Housing). See too M. Lacey: *Working for Boroko – The Origins of a Coercive Labour System in South Africa*, p. 250.

284. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 23, col. 2.

285. UG 34–'22, p. 19.

286. *Ilanga lase Natal*, 29/11/1918, Editorial.

287. UG 15–'19, p. 135.

288. *Kimberley Board of Health: Report by A. F. Williams, dated 28th November, 1918, on the Epidemic of Spanish Influenza in Kimberley*, p. 41. For more such opinions in Kimberley, see *ibid.*, p. 36; *Diamond Fields Advertiser*, 25/6/1919, p. 7; Cape Archives: Kimberley City Council Minute Book 18, p. 116 (on segregation of Indians). See too UG 4–'20, pp. 24, 35; and ch. 2, pp. 39–40.

289. *De Noord-Westelyke Nationalist*, 22/11/1918, Editorial.

"the present quarters are inadequate, and in consequence Europeans have to rub shoulders with red-blanketed natives in their endeavours to get their post, which was most detrimental to all concerned in times of epidemics".²⁹⁰

Although some have suggested a direct cause-effect link between the Spanish 'flu epidemic and the passage of the Natives (Urban Areas) Act in 1923,²⁹¹ the connection between them was more complex. Pressure for a uniform policy of segregation towards urban Blacks had been present for more than a decade before 1918.²⁹² In the eight years since Union bills to regulate their position had been discussed twice, but eventually shelved because of their limited scope.²⁹³ What the experience of "Black October" did was to make action in this field a priority, crystallizing the ideas which had been under discussion for some time. By the way in which it underlined the vulnerability of even middle-class Whites in salubrious suburbs to a fatal disease (believed to have been carried there by Blacks residing in the town itself),²⁹⁴ the 'flu epidemic added weight and urgency to demands for a comprehensive national policy to enforce residential segregation in South Africa's towns. In the immediate wake of "Black October", infectious disease created very real fears among middle-class Whites for their lives. The manner in which this threat was tackled was not merely an adjunct to a "'native policy' appropriate to the conditions of capitalist industrialization".²⁹⁵ It arose in a post-'flu climate of heightened awareness of the danger of infection. In this atmosphere disease was more than a societal metaphor²⁹⁶ to "mystify and legitimize a new system of class relationships".²⁹⁷ It was a distinct motive for action in its own right. It was perhaps more than coincidence that the young academic, Edgar Brookes, writing in support of segregation in 1923, expressed his opinion thus: "No disease exists without a nostrum. For the difficulties of Native policy, that miraculous medicine is segregation".²⁹⁸ Winding up the Second Reading debate on the Natives (Urban Areas) Bill of 1923 which laid down the principle of residential segregation, the Prime Minister, General Smuts, said:

290. *Daily Dispatch*, 20/9/1919, p. 10.

291. Z. K. Matthews: *Freedom for My People*, p. 61; S. van der Horst: *Native Labour in South Africa*, p. 270; C. W. de Kiewiet: *A History of South Africa - Social & Economic*, p. 231.

292. J. W. Cell: *The Highest Stage of White Supremacy - The Origins of Segregation in South Africa and the American South*, pp. 213-216; G. M. Fredrickson: *White Supremacy - A Comparative Study in American and South African History*, pp. 237-239; T. R. H. Davenport: *South Africa: A Modern History*, p. 340; M. Legassick: "The Making of South African 'Native Policy', 1903-1923: The Origins of 'Segregation'", pp. 6-8. In Bloemfontein such a policy had been in force already before Union (see ch. 4, p. 77) and was highly regarded by the Government's Native Affairs Commission (Union of South Africa: *Report of the Native Affairs Commission for 1921*), UG 15-22, p. 28).

293. UG 15-22, p. 25.

294. See ch. 2, pp. 39-40, ch. 3, p. 56, ch. 4, pp. 75-76. Chapter 2, pp. 38-39 refers to developing beliefs of this sort about "Coloureds" in Cape Town.

295. M. Legassick: "The Making of South African 'Native Policy'", p. 10.

296. M. W. Swanson has argued that metaphors of "infectious disease" and "public health" were themselves "active motives or forces tending to shape perceptions, perspectives and behavior in those who ruled". (M. W. Swanson: "The Asiatic Menace: Changing Segregation in Durban, 1870-1900" in *International Journal of African Historical Studies*, vol. 16 (1983), p. 402. See too his "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909" in *Journal of African History*, vol. 18 (1977), p. 387). If this was so before the terrible experience of "Black October", how much more potent must it have been immediately after 1918.

297. J. W. Cell: *The Highest Stage of White Supremacy*, p. 57.

298. E. H. Brookes: *The History of Native Policy in South Africa 1830 to the Present Day*, p. 5. For a contemporary work which saw the 'flu experience as pointing up the need for the territorial segregation of Blacks, see J. Kirk: *The Economic Aspects of Native Segregation in South Africa*, p. 79.

"If the principles of that Bill . . . were fairly applied in South Africa, we should remove what was to-day a grievance and a menace to health and decent living in this country".²⁹⁹

Coming as they did when the foundations of the Union of South Africa were still being laid and its character moulded, the measures aimed at preventing a second "Black October" helped to impress distinctive features on the new state and its people: an interventionist Central Government with an exaggerated concern for the welfare of Whites (usually at the expense of other races), triply divided responsibility for public health and a growing movement towards statutory racial segregation. The entrenchment of fundamental characteristics of this sort more than justifies an assessment of the Spanish 'flu epidemic as a watershed in South African medical, social and administrative history.

299. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 8, p. 67, col. 3. The "security of tenure" provision recommended by the Influenza Epidemic Commission was not included in the final Act (see M. Legassick: "The Making of South African 'Native Policy'", p. 8; T. R. H. Davenport: *The Beginnings of Urban Segregation in South Africa: The Natives (Urban Areas) Act of 1923 and its Background*, pp. 16-23).

CHAPTER 12

CONCLUSION: THE SIGNIFICANCE OF THE SPANISH 'FLU EPIDEMIC
IN SOUTH AFRICAN HISTORY

"[T]he best studies of l'histoire événementielle . . . are precisely those which, in order to gauge the impact of any given event, seek to locate it firmly within its context, looking both backward and more especially forward in time, to find out whether the event in question really 'made any difference' or not."

(Emmanuel Le Roy Ladurie)¹

Academic training inclines historians to play down the effects of natural disasters on the course of history. Assessments, such as E. P. Cheyney's conclusion that the effects of the Black Death, "like other catastrophic occurrences in history, . . . were less important, than the workings of more silent and persistent forces",² are the rule³ and it would be perverse to ignore these well-considered opinions in trying to gauge the significance of the Spanish 'flu epidemic.

In numerous instances the effect of the epidemic was to intensify pre-existing trends, often to such a degree that they culminated in concrete measures in its aftermath, rather than a decade or two later. "Many questions are brought by this epidemic to a point where their solution is imperative if similar scourges are to be minimised in the future," observed a clergyman acutely in November 1918.⁴ Cholera epidemics often had a similar effect in Europe in the 19th Century, playing "a central role in crystallizing sentiment in favor of public health and environmental reform".⁵

In South Africa the passing of the Public Health Act in 1919 is an analogous case, but the preceding chapters provide other examples of this type – at a municipal level, the creation of Pinelands, Cape Town's large-scale involvement in public-funded housing schemes and Kimberley's introduction of water-borne sewerage;⁶ amongst Blacks, the increased integration of rural areas and their inhabitants into the metropolitan economy and culture, the growing resort to independent churches and orthodox Christianity and their statutory segregation in urban areas;⁷ in matters of health, the wider acceptance of cremationism, the construction of long-promised hospitals, the boost to popular health education, the new policy of not closing schools during epidemics and the extension of the medical inspection service for their pupils.⁸

In other situations, the experience of "Black October" added a new dimension to processes already under way. For instance, some leading Afrikaners became convinced that good health was fundamental to any meaningful progress by the "volk",⁹ while public health officials recognised the urgent need to plug the serious

1. E. Le Roy Ladurie: *The Mind and Method of the Historian*, p. 2.

2. E. P. Cheyney: *The Dawn of a New Era 1250-1453*, p. 35.

3. See for instance, M. McKisack: *The 14th Century*, p. 338; D. Waley: *Later Medieval Europe*, p. 103; D. Hay: *The Medieval Centuries*, p. 124; G. O. Sayles: *The Medieval Foundations of England*, p. 436; M. Prestwich: *The Three Edwards*, p. 264; J. K. Hyde: *Society and Politics in Medieval Italy*, pp. 179, 181; W. M. Bowsky (ed.): *The Black Death*, pp. 39, 48, 57, 108; R. S. Gottfried: *The Black Death*, pp. xiv-xv.

4. *The News-letter*, November 1918, p. 314.

5. C. Rosenberg: "Cholera in Nineteenth-Century Europe: A Tool for Social and Economic Analysis" in *Comparative Studies in Society and History*, vol. 8 (1965-66), p. 455.

6. See ch. 2, pp. 36-38 and ch. 3, pp. 56-57.

7. See ch. 5, p. 98 and ch. 11, pp. 227-228.

8. See ch. 11, pp. 210, 213, 218-221.

9. See ch. 11, pp. 221-223.

gaps in the Union's growing defences against infectious diseases which the 'flu had exposed, notably in regard to epidemic notification and quarantine regulations.¹⁰ Likewise, the epidemic revealed important omissions in the draft Public Health Bill and several clauses were added during the Committee Stage in the House of Assembly to repair these.¹¹ As a result, a crude but comprehensive framework to safeguard the country against the introduction of epidemics from overseas was brought into being.

Yet, to conclude that the effect of the 'flu epidemic was merely to hasten or extend what was already pending is to see only part of the picture. In some areas "Black October" produced results which were barely anticipated and almost without a precedent in pre-'flu South Africa. In these fields it was a seminal event which added distinctive and novel features to South African life. The clearest example of this is its demographic impact.¹² Almost at a stroke it radically altered the composition of the Union's population with regard to size, age-structure and ratio between the sexes. It was the most important episode in the country's demographic history, shaping the structure of the South African population fundamentally for the rest of the century.

In other areas its impact was almost as momentous. Often it raised barely-existent features onto completely new planes - for instance, in the provision made for White orphans,¹³ in the involvement of the Central Government in public housing,¹⁴ in the Cape's adoption of a new system of poor relief,¹⁵ in Bloemfontein's commitment to a comprehensive social welfare programme,¹⁶ in its stimulus to the life- and funeral insurance industries¹⁷ and, at an individual level, in the mass grief it caused and the physical after-effects it left in its wake¹⁸ to dog many a 'flu survivor for the rest of his or her life.¹⁹

The brief answer to Le Roy Ladurie's implied question at the head of this chapter is that, at a variety of levels of South African society, the Spanish 'flu epidemic did make a considerable difference. Not only was it the culmination of what Joseph Miller has labelled, "the epidemiological, epizootic, and subsistence crises of 1880-1920" in the sub-continent,²⁰ but directly or indirectly, it exercised an important moulding influence itself on social, medical and administrative policies at what has rightly been identified as a "formative time in the development of modern South Africa".²¹ It forced central and local authorities to become involved in social welfare to an unprecedented extent and was thus an important milestone in the development of an interventionist, White welfare state in South Africa.

However, the significance of the 'flu epidemic for the historian does not end there. As was noted in the Introduction,²² its course and the responses it evoked shed light on numerous aspects of contemporary South African life and thought not readily apparent under normal conditions. As Lawrence Stone has observed, "a

10. See ch. 11, pp. 206-208.

11. See ch. 11, pp. 206-208.

12. See ch. 9.

13. See ch. 10, pp. 183-185.

14. See ch. 11, pp. 224-226.

15. See ch. 2, p. 35 and ch. 10, p. 187-188.

16. See ch. 4, pp. 71-72.

17. See ch. 11, pp. 213-214.

18. See ch. 9, pp. 175-176 and ch. 10, pp. 189-191.

19. Might one add too the establishment of the ICU as an accidental result? The Spanish 'flu brought Kadalie into contact with A. F. Batty via a chance encounter, supposedly as a result of the 'flu. (C. Kadalie: *My Life and the ICU*, pp. 39-40).

20. J. C. Miller: "Demographic History Revisited - Review Article" in *Journal of African History*, vol. 25, no. 1 (1984), p. 96.

21. F. A. Johnstone: *Class, Race and Gold*, p. 3.

22. See Introduction, p. xiii.

whole social system and set of values can be brilliantly illuminated by the searchlight method of recording in elaborate detail a single event, . . ."²³

Firstly, the speed with which the two highly infectious but short-lived waves of the Spanish 'flu epidemic were carried through South Africa graphically illustrates how thoroughly the mineral and transport revolutions had united the sub-continent and linked it to the wider world-economy. No longer did these links end at its ports, as in earlier times; by 1918, they extended to the remotest village and kraal via the railway network, the migrant labourer and the military recruit. Compared to the rest of Africa, the pathway of the epidemic into the interior from the coast was swiftest in Southern Africa.²⁴ By 1918 the integration of this region into the "modern world-system" was far advanced and, in the difficult task of "mapping the geographical extent of the world-economy",²⁵ the influenza pandemic is as vivid an indicator to the historian as a barium meal is to a radiologist.

The extraordinary conditions of World War I certainly intensified this process, but the impact of the war went much further than this in daily life in South Africa, a little recognised fact emphasised by "Black October" – for instance, in the frequency with which the war featured in popular explanations of the calamity;²⁶ in the social and bio-medical effects it produced by concentrating large numbers of soldiers on ships, trains and in camps;²⁷ in the extent to which it drained civilian life of skilled and professional men and women, such as doctors and nurses;²⁸ and in the way it militarised South African society through recruiting drives, special war fêtes and campaigns for war-funds and intensive newspaper coverage, all of which the 'flu temporarily disrupted.²⁹ The impact of World War I on South African society clearly extended well beyond the political, economic and military spheres usually examined by historians.

The 'flu epidemic also underlined distinctive features of the new central state set up in 1910: its laissez faire attitude to social welfare (which the revelations of "Black October" helped to alter), its readiness to borrow legislation from other parts of the British Empire,³⁰ its sensitivity (rather than servility) to the labour needs of the mines³¹ and White agriculture,³² its strict approach to financial relations with local authorities,³³ its bitter intra-White political clashes, marked by acrimonious rhetoric³⁴ and its growing secularism.³⁵ Several of these features reflect the special concern for the interests of imperial mining capital which some historians have identified as characteristic of the South African state in this period.³⁶

23. L. Stone: "The Revival of Narrative" in *Past and Present*, no. 85 (November 1979), pp. 13–14.

24. K. D. Patterson and G. F. Pyle: "The Diffusion of Influenza in Sub-Saharan Africa During the 1918–1919 Pandemic" in *Social Science and Medicine*, vol. 17, no. 17 (1983), pp. 1304–1305.

25. T. K. Hopkins and I. Wallerstein: "Patterns of Development of the Modern World-System: Research Proposal" in *Review*, vol. 1, no. 2 (Fall 1977), p. 141.

26. See ch. 8, pp. 149–150.

27. See ch. 2, pp. 8–10; ch. 3, pp. 50; ch. 5, pp. 79–80; ch. 6, p. 102.

28. See ch. 2, p. 13; ch. 3, p. 44, note 36; ch. 6, p. 108.

29. See ch. 2, pp. 13–14 and ch. 5, p. 83.

30. See ch. 11, pp. 205, 224.

31. See ch. 1, pp. 3–5, ch. 5, pp. 96–97.

32. See ch. 10, pp. 191–192.

33. See ch. 10, pp. 193–194.

34. See ch. 6, pp. 121–122 and ch. 11, p. 202.

35. See ch. 8, pp. 143–146.

36. For instance, R. H. Davies: *Capital, State and White Labour in South Africa 1900–1960*, p. 34; B. Bozzoli: *The Political Nature of a Ruling Class – Capital and Ideology in South Africa 1890–1933*, p. 142; D. E. Kaplan: "Class Conflict, Capital Accumulation and the State – An Historical Analysis of the State in Twentieth Century South Africa", p. 35.

In their relations with this central state local authorities, led by the larger municipalities, demonstrated a significant degree of autonomy, asserting their interests with vigour.³⁷ The fledgling Municipal Associations appeared to be developing distinctive and influential voices of their own which were recognised as such by the Central Government, as seen in the composition of the Influenza Epidemic Commission and the provision made for extensive devolution of authority in the Public Health Act.

Particularly revealing is the way in which towns and their inhabitants coped with the immediate crisis of "Black October". A comparison of their responses to this severe test delineates their peculiar characters with considerable accuracy. However, allowance must be made for the varying intensity of the epidemic in each town in characterising their responses.

Even so, the Bloemfontein Municipality's self-reliance and its energetic but autocratic measures were entirely in keeping with the town's interwar claim to be South Africa's Birmingham, while Kimberley's near collapse when De Beers was crippled by the epidemic emphasises the town's heavy reliance on that company. As one resident put it, "If De Beers were affected, then Kimberley was in trouble".³⁸ De Beers' dominance in Kimberley is apparent in its unilateral decision to bury its workers on its own land, in the appointment of Alpheus Williams as Orenstein's successor, in the fact that in the wake of the epidemic he was the one who framed the reforms deemed necessary for the town and in the retention of the anomalous Board of Health as the local Health authority, despite the Municipality's opposition. In nearly every sphere the Municipality of Kimberley was a junior partner to De Beers in governing the town.

Cape Town was almost as badly affected as Kimberley, but the City Council was gradually able to take the initiative, relying on extensive municipal resources, a tradition of voluntary help and contributions by a significant number of affluent, civic-minded men. As a seaport, capital city and military headquarters it was never in danger of running short of willing hands, medicine or provisions.

These characterisations of three leading towns in the Union must remain provisional, however, since urban history is as yet a poorly developed field in South Africa. It may well be that they reflect appearance more than reality; only further research can tell.

What needs little additional confirmation is the widespread existence of congested slums in the Union's town, which the epidemic highlighted. Not only the shocked reports of middle-class relief-workers, but the statistics of differential mortality in adjoining parts of the same city³⁹ convey this fact dramatically. In this respect the Spanish 'flu was akin to a thorough, country-wide survey of health and living conditions at an early stage of South Africa's industrial revolution. Detailed maps of where deaths occurred would pinpoint overcrowded areas with no little accuracy, lending some support to Louis Chevalier's contention that epidemics do not create abnormal situations, but intensify the normal aspects of abnormal situations.⁴⁰ How people die can reveal much about how they lived.

Not only did such revelations about the high death-rate in overcrowded, predominantly Black and "Coloured" districts strengthen many middle-class Whites in their belief that Blacks and even "Coloureds" were especially prone to disease, biologically and culturally, but they also reinforced their anxieties about

37. See ch. 10, pp. 193-194 and ch. 11, pp. 205-206.

38. Interview with Mr. W. S. O'Brien.

39. See ch. 2, p. 32; ch. 3, p. 53; ch. 4, p. 70.

40. Quoted in R. E. McGrew: *Russia and the Cholera, 1823-1832*, p. 11.

the threat of infection across all "natural" barriers. Never before in their experience had disease ignored these barriers so widely or with such deadly effect. Like the bubonic plague of 1901, but far more powerfully, the Spanish 'flu heightened existing anxieties about the unrestrained spread of infection and "focussed them sensorially".⁴¹

If the 'flu epidemic underlines the degree to which Blacks and "Coloureds" were perceived as a threat to the health of middle-class Whites, yet were still wanted by them in towns, it also explains this paradox – the labour needs of industry, the state and ordinary households. Whether it was in the concern to see that workers did not leave Kimberley or the Rand,⁴² the anger when they did not return to work quickly enough in Cape Town or Bloemfontein,⁴³ the continuation of labour recruiting in the Transkei, even after military recruiting had been suspended because of the 'flu,⁴⁴ the Central Government's efforts to secure labour for the mines and White agriculture⁴⁵ or its fear that a lack of medical facilities might impede the reproduction of labour in the Transkei,⁴⁶ the need for labour stands out as an overriding concern of the dominant classes in 1918. Moreover, "Black October" allows the workings of the migrant labour system to be traced in detail, from the failure of crops to the embarkation for the mines⁴⁷ and, in so doing, emphasises the increasingly dependent position of the Black rural areas in the political economy of South Africa. If the millenarian response to this process and associated crises among Blacks is not unknown to historians,⁴⁸ the existence of Johanna Brandt's millenarianism among rank and file Afrikaners is.⁴⁹ A comparison of the sources of anxiety among these two groups, their common feelings of deprivation and dispossession, their wariness of Western medicine and its institutions and their consequent actions would be most illuminating.

One of the reasons for many Afrikaners feeling excluded is also hinted at by the 'flu: the haughty and superior attitude towards them by the English-speaking elite who dominated industry, commerce, culture, the professions, the civil service and the army. Despite co-operation and ready assistance across lines of language, examples of English-Afrikaans rancour did surface during "Black October",⁵⁰ signalling that the prevailing spirit of comradeship was likely to be of short duration.

This spirit of comradeship is an example of the ideal modes of behaviour which the 'flu crisis called forth, particularly in middle-class English-speaking circles. It provided an opportunity for men and women, filled with wartime ideals of sacrifice, "doing one's bit" and helping others, to act according to what were deemed to be the highest principles of dutiful humanity. In this code the role of women was clearly prescribed. The lyrical praise for their unselfish work as nurses, relief-

41. M. W. Swanson: "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909" in *Journal of African History*, vol. 18, no. 3 (1977), p. 393.

42. See ch. 3, p. 52-53 and ch. 1, p. 2.

43. See ch. 2, p. 27 and ch. 4, pp. 65-66.

44. See ch. 5, p. 83.

45. See ch. 5, pp. 96-97 and ch. 10, pp. 191-192.

46. See ch. 5, p. 89.

47. See ch. 1, p. 5 and ch. 5, pp. 94-97.

48. See ch. 8, p. 143.

49. See ch. 8, pp. 142-143. Irving Hexham has included Johanna Brandt and her ideas in his recent study of "little tradition" religion among Afrikaners (see I. Hexham: "Modernity or Reaction in South Africa: The case of Afrikaner religion").

50. See ch. 4, p. 67; ch. 6, p. 123 and ch. 11, p. 202.

workers and sick-visitors⁵¹ and the numerous calls for them to be trained in home-nursing and domestic science⁵² emphasise the supportive role envisaged for them. The absence of any women from membership of the Influenza Epidemic Commission neatly defines the limits of this role.⁵³

The experience of "Black October" also illuminates the position of another key group in the counter-offensive against the 'flu, namely doctors. That they already formed an articulate, self-aware and tightly-knit profession, enjoying high status in society, is clear from the pages of the two local medical journals.⁵⁴ Dissent from accepted viewpoints was not encouraged⁵⁵ and they were especially sensitive to any form of coercion by laymen, being almost contemptuous of popular opinion on medical matters. Their overreaction to the possibility of being commandeered in times of crisis⁵⁶ was entirely in character. The division of Kimberley into medical districts⁵⁷ was only possible because of Orenstein's standing and the desperate straits of the few doctors who remained on their feet. Even then, one local practitioner refused to co-operate.⁵⁸

If the public's behaviour during "Black October" is any indication, popular feelings towards scientific medicine in 1918 spanned a wide range of attitudes, from blind faith to outright hostility. Traditional, non-scientific beliefs as to the origin and treatment of disease were still strong⁵⁹ and even where the public knew about germs, their understanding was often crude.⁶⁰ The popular outcry against the Department of Public Health was directed more against its administrative ineptitude than against its specifically medical failings. Outside of a White urban minority, the medicalisation of South African society was barely under way in 1918.

Similarly, the emergence of a new, "20th Century" attitude to death (designated "invisible death" by Ariès)⁶¹ was confined to this small segment of the population. Outside of this "enlightened" and influential circle, cremation – as a recoil from the ubiquity of death and corpses during "Black October" – gained few adherents.⁶² The majority of South Africans, perhaps because they were more accustomed to death in their daily lives, seem to have been more perturbed by the widespread replacement of traditional funeral practices by burial without coffins in mass graves.⁶³ Their reaction to the sudden proliferation of corpses was not repugnance; rather, they felt a necessity for traditional funeral customs to be made more efficient so that they could cope with overwhelming numbers – hence the campaign

51. *The Cape*, 11/10/1918, p. 3 and 1/11/1918, p. 24; *S.A. Nursing Record*, November 1918, p. 22; *Cape Times*, 19/10/1918, p. 4 ("Our Women in the Epidemic"); *Daily Dispatch*, 22/11/1918, p. 6 ("The Pestilence and the Neighbour Nurse"); *New True Templar*, November 1918, p. 3; *The Nongqai*, November 1918, p. 541; *The Labour World*, 25/10/1918, p. 2.

52. See ch. 2, p. 35 and ch. 11, pp. 219–221.

53. A few women columnists used the major role played by women in the campaign against the 'flu to argue in favour of their having more say in local and national affairs (*The Cape*, 1/11/1918, p. 26; *The Nongqai*, March 1919, p. 156; *Woman's Outlook*, November 1918, p. 4; and December 1918, p. 19).

54. See ch. 11, pp. 201–203.

55. See ch. 6, p. 108 and ch. 7, p. 130.

56. See ch. 11, p. 203.

57. See ch. 3, p. 48.

58. *South African Medical Record*, 11/1/1919, p. 7.

59. See ch. 6, p. 118; ch. 7, pp. 133–135 and ch. 8, passim.

60. See ch. 7, pp. 128–129 and ch. 8, p. 150.

61. P. Ariès (translated by H. Weaver): *The Hour of Our Death*, p. 594.

62. See ch. 11, p. 209–210; J. J. Schmidt: *Die Houwing van die Stedelike Swartman teenoor Verassing, die Deel en Hergebruik van Grafte en die Begrafnis van Dooies in die Tuistande*, p. 75; P. W. Grobbelaar et al: *Boerewysheid*, ch. 7. Linda Bryder suggests that in New Zealand the experience of the 'flu played a greater part in changing attitudes to death (L. Bryder: "Lessons" of the 1918 Influenza Epidemic in Auckland" in *New Zealand Journal of History*, vol. 16 (1982), pp. 119–120).

63. See, for instance, ch. 2, pp. 24, 27.

to centralise burials in large cemeteries in Black rural areas⁶⁴ and the growth in support for funeral insurance which guaranteed an individual plot and a coffin.⁶⁵ In the absence of any study of changing attitudes to death in South Africa, one might even suggest that by familiarising many White town-dwellers with death, the Spanish 'flu actually delayed the development of the "invisible death" syndrome. "Before that [the 'flu epidemic] happened, I'd run miles from a corpse," recalled one Cape Town survivor years later, "but . . . after that . . . I just didn't worry about it. Death . . . was just one of those things that one has to reach one day. One . . . became hardened . . . It completely changed my outlook on life."⁶⁶

If medical and funerary innovations met resistance at a popular level, "Black October" showed that certain technical inventions had already won considerable official acceptance. Motor vehicles were already in such wide use in 1918 that special arrangements had to be made to ensure that petrol was available for running essential services during the epidemic.⁶⁷ In a different sphere, the valuable role which the wireless could play in giving warning of epidemics aboard incoming ships was recognised and in 1919 it was put to this use for the first time.⁶⁸ The 'flu also hastened appreciation of the value of the cinema in educating the public in matters other than wartime patriotism.⁶⁹

Despite the dramatic episodes and significant results outlined in the preceding chapters, the paradox remains that the worst natural disaster experienced by South Africa has little place in its written history or official memory.

Almost all histories of the period overlook it,⁷⁰ few novelists or poets have written of it⁷¹ and most South Africans under forty are unaware of it. Apart from a few monuments tucked away out of public sight,⁷² popular knowledge of the 'flu epidemic depends on the memories of a rapidly diminishing number of survivors, brief chapters in popular works,⁷³ occasional references in biographies and local histories and newspaper and periodical articles occasioned by anniversaries of "Black October" or new outbreaks of 'flu.⁷⁴ The generation of Black South

64. See ch. 5, p. 90.

65. See ch. 11, p. 214.

66. Interview with Mr. S. Stone. For similar sentiments, see Collier Collection: Letter from Mr. N. A. Reinbach, 13/10/1972.

67. See ch. 6, p. 112.

68. See ch. 11, p. 207.

69. See ch. 11, p. 211; and T. Gutsche: *The History and Social Significance of Motion Pictures in South Africa 1895-1940*, p. 372.

70. See Introduction, p. xiv.

71. I have been able to find only four South African literary works in which the Spanish 'flu features prominently: C. J. Langenhoven: *Mof en Sy Mense*; Mary Byron: "Klas" in her collection *Dawn and Dusk in the High Veld*; Uys Krige: "Swart Oktober" in his *Ballade van die Groot Begeer en Ander Gedigte*; Morkel van Tonder: *Halfkroon op die oë*. A fifth work, A. S. Cripps: *Africans All* (London, 1928), used the 'flu as a background to a story set in Southern Rhodesia. Two contemporary songs have also survived, but only in the memories of people who learnt them at the time (see interviews with Mrs. G. Kumalo and Mr. C. G. Mullins). I subsequently discovered that the song sung by Mrs. Kumalo is R. T. Caluza's "Influenza" of which a copy exists in the Lovedale Archives in Cory Library, Rhodes University (MS 16, 378). The texts of both songs have been included as Appendices 1 and 2, p. 237.

72. Those I know of are in Maitland Cemetery, Cape Town; in the grounds of the De Beers Dynamite Factory, Somerset West; in the Public Library, Port Elizabeth; in the courtyard of the Nurses' Residence at Kimberley Hospital; in Alexandra Avenue, Bloemfontein and on the Louis Trichardt road outside Pietersburg.

73. See Introduction, p. xiv.

74. For instance, see *Cape Argus*, 2/10/1965, 5/10/1968, 28/3/1969; *Cape Times*, 16/9/1950, 22/6/1968, 24/10/1978; *Eastern Province Herald*, 12/11/1968; *Evening Post*, 7/8/1965, 14/8/1965, 28/8/1965; *Die Oosertig*, 20/9/1968; *Beeld*, 6/10/1968; *Die Burger*, 22/5/1973; *Die Vaderland*, 8/12/1972; *The Star*, 8/10/1958; *The Friend*, 8/2/1967; *South African Medical Journal*, 1/1/1955, p. 7; 3/8/1957, p. 769; 28/9/1957, p. 984; 7/9/1968, p. 881.

Africans who date events according to "years before" or "years after" the 'flu⁷⁵ is vanishing and Ora Pro Nobis Terblanche,⁷⁶ like other 'flu babies,⁷⁷ is now 72.

One can only speculate on the reasons for this lacuna in the national memory, a quirk not limited to South Africa.⁷⁸ Its short duration, its coincidence with Armistice and serious postwar unrest, the fact that it did not return after 1919 and that the label "influenza" lacked the frightening connotations of a term like "plague" must all have played some part.

At an individual level, many wished to put out of their minds their personal losses or the horrific scenes which they had witnessed during "Black October": "It was a little bit too much for anyone to even think about any more," recalled one man who lived through it. "We just wanted to forget about it."⁷⁹ Others felt increasingly reluctant to talk about it over the years "as I am sure no one would believe me," explained an elderly survivor.⁸⁰ As Biraben and Le Goff have argued about an earlier pandemic in Europe, "Once the phenomenon had disappeared, the people were incapable of grasping it in its past dimension."⁸¹

As for historians' failure to give attention to the course and effects of the Spanish flu epidemic, part of the explanation lies in their heavy concentration until quite recently on political and economic issues, almost to the exclusion of social history. A preoccupation with nationalism, race relations, the development of capitalism and the class struggle allowed little room for day-to-day matters such as how people lived and died. Among "Coloureds", Blacks and Afrikaners, where popular memory of the epidemic was sharpest because of its severity among them, historians have either been too few or too concerned with political history to deem tales of the 'flu heard from elders as worthy subjects for scholarly investigation. If they had, they would have recognised the significance of a topic of which a 79-year old former resident of Kimberley said:

"I don't hope for anything like that again . . . That's worse than a war."⁸²

75. See ch. 5, pp. 97-98.

76. Mrs. Ora Pro Nobis ("Pray for Us") Terblanche of Hobhouse was born during the 'flu epidemic "and her grandmother insisted on the name as the baby was to be a blessing to the family" (Letter to author from Mrs. Janet Hodgson, 7/9/1982). For a similar, though less striking, example (that of Myra Viljoen - Myra means "lament"), see P. J. Viljoen: *Ek Kyk Terug*, pp. 124-125.

77. Children born during "Black October" were commonly referred to as "'flu babies" (Letter to author from Mrs. D. Campion, 27/10/1978).

78. A. W. Crosby: *Epidemic and Peace, 1918*, pp. 311-325; W. M. McNeill: "The Plague of Plagues" in *New York Review of Books*, 21/7/1983, p. 28.

79. Interview with Dr. H. F. Kamp, 18/7/1979. See too interview with Mrs. J. Stern, 14/11/1978 and Collier Collection: Letter from Mr. F. J. van der Merwe, 2/4/1973. An unexpected reason for not mentioning the Spanish 'flu is referred to in the Foreword to Graves' popular account, *Invasion by Virus. Can it Happen Again?* The book was scheduled for publication in 1958, but the outbreak of the Asian 'flu epidemic in 1957 "made the book's appearance completely impossible. No publisher in his senses would have dared to face charges of frightening the public still further than it had already been by the newspaper reports." As a result, publication was delayed until 1969. "Even then," admitted Graves philosophically, "I had to wait until it was completely certain that A2/Hong Kong/1968 was no real killer before bringing *Invasion by Virus* up to date."

80. Collier Collection: Letter from Mrs. W. Hopper (née Estment), 17/5/1972.

81. J.-N. Biraben and J. Le Goff: "The Plague in the Early Middle Ages" in R. Forster and O. Ranum (eds.): *Biology of Man in History - Selections from the Annales*, p. 49.

82. Interview with Mrs. M. Jones, 14/6/1978.