

PART 2  
THE COURSE AND THE NATIONAL  
RESPONSE

## CHAPTER 6

## THE PUBLIC HEALTH DEPARTMENT

For the Public Health Department of the new Union of South Africa, the Spanish 'flu epidemic was a very severe baptism of fire. It had existed as a separate sub-department within the Department of the Interior only since December 1917<sup>1</sup> and even then, the change from the largely advisory role which its officials had performed since 1910 was, in the words of its head, Dr. F. A. Arnold, "really very slight".<sup>2</sup> In the absence of a Union Public Health Act, its functions remained undefined, its powers unspecified and its establishment small.

Apart from Arnold himself, his deputy, Dr. J. A. Mitchell, and a third medical officer, the Department in Pretoria consisted of no more than a few clerks and administrative officials. In each of the other provinces it had a provincial Medical Officer of Health,<sup>3</sup> while all nine Port Health Officers fell under its authority.<sup>4</sup> For the rest, the Department relied on the over 200 District Surgeons throughout the country who came under its jurisdiction; however, as most of their posts were part-time appointments, these men had practices of their own too. In 1918, moreover, twenty District Surgeoncies were vacant, due to wartime service and the generally unattractive conditions of employment.<sup>5</sup> The Department had no research laboratory of its own, but the South African Institute for Medical Research (SAIMR) in Johannesburg did undertake some bacteriological research on its behalf; the three Government Laboratories which did exist (one each in Cape Town, Bloemfontein and Durban) were small and primarily engaged in routine diagnostic work.<sup>6</sup> In sum, therefore, in 1918 the Public Health Department was "still really in embryo", as Dr. Mitchell put it,<sup>7</sup> a view shared by Dr. Arnold who felt that "it remained just as inadequate from the public point of view as it had been since 1910".<sup>8</sup>

In addition to being handicapped by these structural deficiencies, the Department found that the Spanish 'flu epidemic posed peculiar problems, which meant that it was caught almost wholly unprepared. Firstly, it had little inkling that the epidemic was spreading to South Africa in the latter part of 1918, for nowhere in the world was influenza a notifiable disease. It thus received no official notice that ships coming to the Union might be carrying the disease.<sup>9</sup> Unofficially, because of the war, there was little news of the epidemic in Europe. Press reports and medical journals which did mention it suggested it was marked by high infectivity but low

1. Cape Archives: 3/BKE, file 9/1, Circular no. 62 from Dept. of Interior to All Magistrates and Local Authorities, 6/11/1917.
2. IEC, vol. 2, file 8, part 2: Evidence of Dr. F. A. Arnold, p. 7.
3. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 18.
4. IEC, vol. 1, file 1: Appendix to Evidence of Dr. Arnold, Memorandum on Medical Service, 9/12/1918, p. 1; Union of South Africa: *Report of the Influenza Epidemic Commission*, UG 15-19, Appendix H.
5. IEC, vol. 1, file 1: Evidence of Dr. Arnold, pp. 18, 20; Appendix to Evidence of Dr. Arnold, Memorandum on Medical Service, 9/12/1918, p. 1.
6. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 19; Evidence of Dr. J. A. Mitchell, pp. 76-77; vol. 2, file 8, part 2: Evidence of Dr. Arnold, p. 14; Evidence of Dr. Mitchell, p. 17.
7. IEC, vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 3.
8. IEC, vol. 2, file 8, part 2: Evidence of Dr. Arnold, p. 7.
9. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 9; Evidence of Dr. Mitchell, pp. 65, 80; vol. 2, file 6: Evidence of Dr. F. C. Willmot, pp. 2, 11. Once the epidemic had taken a serious form in the Union, the Government did try to warn countries it believed had not yet been infected (see Central Archives (hereafter CA): GG 924, file 33/1014, Telegrams from Governor-General Union of South Africa to Australia, New Zealand, Mauritius, India, Straits Settlements and Madagascar, 12/10/1918).

mortality.<sup>10</sup> Even if it did eventually spread to South Africa, reasoned Dr. Mitchell, had the last influenza pandemic of 1889–90 not proved very mild when it had finally reached the country?<sup>11</sup> Well could he tell the Influenza Epidemic Commission,

“The nett result of the information available up to the commencement of the South African outbreak was that the disease was not one in respect of which drastic and far reaching measures interfering with the commercial and general life of the country were justifiable.”<sup>12</sup>

Nor did the first manifestations of Spanish ‘flu in the country in September 1918 shake these beliefs, for, both in Durban<sup>13</sup> and on the Rand gold mines,<sup>14</sup> it took a mild form. Even its introduction to Cape Town was undramatic.<sup>15</sup> The reason that Dr. Willmot, the local MOH of the Department, ordered special precautions to be taken when the *Jaroslav* docked in Cape Town on 13 September 1918 was that he thought that there might be a link between one death on board and a number of mild cases of influenza which had occurred after the ship had called at the infected port of Freetown.<sup>16</sup> Until he was satisfied that there was no such connection, the troops which she had brought home to be demobilised were quarantined at Rosebank Camp. After two days, during which time none of them displayed symptoms of ‘flu or any other illness, they were permitted to entrain for home.

When Willmot discovered that influenza had begun to appear among camp staff and other troops at Rosebank, he telegraphed this information to his superiors in Pretoria who approved the precautions he had taken.<sup>17</sup> Reassured, he prescribed these as the measures to be followed prior to the discharge of any further military ‘flu contacts; as an added safeguard, he asked the Government Bacteriologist in Cape Town to prepare anti-influenza vaccine from cases still in hospital.<sup>18</sup> Thereafter, believing that he had taken all steps necessary to check the infectious but mild strain of ‘flu, he left for George on Departmental business.

From these actions, it is clear that the Department of Public Health’s officers had no idea that the strain of influenza they were dealing with had a capacity to become more virulent. Of a deadly influenza epidemic there was no thought. It is not surprising that their testimony to the Influenza Epidemic Commission emphasised this. Willmot explained defensively:

“He had no reason to think that the disease on the *Jaroslav* was not clinically identical with the mild cases described by the officers of the other boats . . . [H]e thought the disease would spread but he had no information at that time in any way to indicate that the disease was serious from a mortality point of view, only from a point of view of infectivity.”<sup>19</sup>

An exchange between Dr. Arnold and a member of the Commission points in the same direction:

10. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, pp. 73, 80; vol. 2, file 8, part 2: Evidence of Dr. Arnold, p. 1; C. Graves: *Invasion by Virus. Can it happen again?*, p. 16.
11. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, pp. 75, 80; vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 13.
12. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 73.
13. *Ibid.*, p. 75; IEC, vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 13.
14. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 81; vol. 2, file 8, part 2: Evidence of Dr. Mitchell, pp. 3, 13. See too Chapter 1, p. 1.
15. For a detailed account of the episode, with full references, see Chapter 2, pp. 8–11.
16. IEC, vol. 2, file 7, part 1: Written Evidence by Dr. Willmot, 29/11/1918, p. 2.
17. IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 2; vol. 2, file 7, part 1: Written Evidence by Dr. Willmot, 29/11/1918, p. 2; vol. 2, file 8, part 2: Evidence of Dr. Arnold, p. 1.
18. IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 8. Possibly his intention was to try to protect troops and staff at Rosebank against further attacks.
19. IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 2.

"Dr. Arnold: The *Jaroslav* had very mild Influenza on board and no deaths. The *Jaroslav* brought them a sample of what was happening in Sierra Leone and that sample was mild.

Mr. J. H. Nicolson: The mildness of the outbreak on the *Jaroslav* threw him off?

Dr. Arnold: It was negligible; it gave them the impression that it was only like ordinary influenza."<sup>20</sup>

Hindsight makes it easy to label such conclusions ill-founded and naïve; yet, in the light of the knowledge they possessed then and the assumptions they were making, it is possible to appreciate why more rigorous measures such as longer quarantine and stricter isolation were not seriously considered in the last week of September 1918. In any case, they lacked the powers to enforce such precautions as influenza was not a quarantinable disease. Such measures would have been "laughed at" at the time, remarked Dr. Mitchell.<sup>21</sup> Moreover, both Mitchell and Willmot believed that Sierra Leoneans were particularly vulnerable to diseases such as influenza as they were "physically the worst type of native, very subjected to Malaria and Pneumonia".<sup>22</sup> Surely the 'flu which had come from there would remain as mild as the first cases which had appeared in South Africa?

"He found it difficult now looking back upon the circumstances to take a detached pre-epidemic view [Mitchell told the Commission], but if one reads a file of the daily papers one can then realise how it was that no one really apprehended the danger. He frankly admitted that he in common with every one else was taken in."<sup>23</sup>

Although the 'flu began to spread rapidly in the last days of September, gaining in intensity as it went, the Public Health Department remained unaware that this was happening. Doctors in various towns might have found that they were treating more and more 'flu cases, but as influenza was not notifiable, they did not report the increase. Local authorities were even more unsuspecting, for they still did not know that a mild but infectious strain of influenza had appeared in the country. The Department "could not have warned local authorities without assuming a prophetic role", argued Dr. Mitchell unconvincingly, claiming that they were apt "to regard any such advice or representations as interference"; in any case, he believed, in influenza, "there was so little that could effectively be done."<sup>24</sup>

Even when disquieting news began to arrive from Kimberley on 30 September,<sup>25</sup> Dr. Mitchell (who was in charge of the Department between 26 September and 7 October while Dr. Arnold was away)<sup>26</sup> was not alarmed. Believing that this was merely another outbreak of the same mild influenza and that it would follow a similar course as in Johannesburg and Durban where the situation seemed to be improving,<sup>27</sup> he wired back on 1 October that the disease might be highly infectious "but mortality trifling. Experience Europe and here shows comparative inefficacy any practicable measures prevent spread, but cases and suspects should be isolated

20. IEC, vol. 2, file 8, part 2: Evidence of Dr. Arnold, pp. 3-4.

21. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 79. Dr. Willmot expressed a similar opinion - see IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 3.

22. IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 3. See too *ibid.*, p. 13 and IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 78, for similar views.

23. IEC, vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 13.

24. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 83.

25. UG 15-19, para. 76.

26. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 82; vol. 2, file 8, part 2: Evidence of Dr. Arnold, pp. 7-8.

27. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 75; vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 13.

far as possible and disinfected before discharge . . .”<sup>28</sup> As for news from Cape Town, all was quiet, as Dr. Willmot did not return from George until 6 October.<sup>29</sup>

It was only on that Sunday, 6 October, that it was conclusively brought home to Mitchell that the ‘flu had gone quite beyond his assessment of it. His concern had been growing steadily as he heard of the deteriorating situation in Kimberley during the first five days of the month<sup>30</sup> and he had already informed other Government departments, with a view to their officers in Kimberley giving aid.<sup>31</sup> He also had tried unsuccessfully to find medical assistance to send there.<sup>32</sup> However, when his Sunday lunch was interrupted by an urgent telephone call from the Secretary for Justice who read him three telegrams appealing for help from the Magistrate of Kimberley, he realised how desperate the situation had become.<sup>33</sup> It must have been a moment of dire realisation for him as he considered the possible implications.

That afternoon he went up to his office at the Union Buildings. He managed to arrange for an army doctor from Pretoria to be sent to Kimberley that night and, though the next day was a public holiday, he was in his office trying to devise other means of assistance.<sup>34</sup> By the end of the day the situation appeared even more ominous: news had suddenly come from Cape Town that many people there were dying of ‘flu,<sup>35</sup> while the Magistrate of Kimberley was pleading for even more medical help.<sup>36</sup>

All Mitchell’s worst fears were confirmed on Tuesday, 8 October. In the words of Dr. Arnold who returned to the Department that day, “they were simply overcome with telegrams and messages of all sorts”, which had been accumulating at the Post Office since the start of the long weekend.<sup>37</sup> They were “absolutely flooded with urgent communications from all parts of the Union”, recalled Dr. Mitchell.<sup>38</sup> All the reports told the same story: the ‘flu was spreading at a runaway pace throughout the country and was assuming a fatal character.<sup>39</sup> Magistrates and local authorities were “crying out for drugs”.<sup>40</sup> Kimberley, it seemed, was the norm, not the exception. The mild influenza of September was turning into a deadly epidemic of Spanish ‘flu.

Lacking both the manpower and the means to enter the field against the epidemic itself, the Public Health Department took up a role characterised more by the provision of advice and the co-ordination of assistance than by active leadership and participation in the campaign which was launched against the ‘flu. In military terms, one might say it tried to perform the duties of a general staff rather than a combat unit. For instance, when Dr. Mitchell suggested he might visit Kimberley and Cape Town to gain some idea of the situation in those two towns, Dr. Arnold

28. UG 15-19, para. 76.

29. IEC, vol. 2, file 6; Evidence of Dr. Willmot, p. 5.

30. UG 15-19, para. 76. See too Chapter 3, p. 44.

31. IEC, vol. 2, file 8, part 2; Evidence of Dr. Mitchell, p. 6.

32. IEC, vol. 2, file 8, part 2; Evidence of Dr. Mitchell, p. 6; Evidence of Dr. Arnold, pp. 3, 8.

33. IEC, vol. 1, file 1; Evidence of Dr. Mitchell, p. 74; vol. 2, file 8, part 2; Evidence of Dr. Mitchell, p. 6.

34. IEC, vol. 2, file 8, part 2; Evidence of Dr. Mitchell, p. 6; vol. 1, file 1; Evidence of Dr. Mitchell, p. 80.

35. IEC, vol. 1, file 1; Evidence of Dr. Mitchell, p. 72.

36. IEC, vol. 2, file 8, part 2; Evidence of Dr. Mitchell, p. 6.

37. IEC, vol. 2, file 8, part 2; Evidence of Dr. Arnold, p. 4. Subsequently, instructions were given for telegrams to be delivered at any time or telephoned through to Dr. Mitchell’s house after hours (*ibid.*, p. 8).

38. IEC, vol. 1, file 1; Evidence of Dr. Mitchell, p. 84.

39. IEC, vol. 2, file 8, part 2; Evidence of Dr. Arnold, pp. 4, 9; vol. 1, file 1; Evidence of Dr. Mitchell, p. 84.

40. OFS Archives: PAS 791, file 3042 no. 1, Minutes of 17th Annual Congress of the OFS Municipal Association 1922, p. 49. (The words are Dr. Mitchell’s).

refused, as "it was not considered desirable" that he should leave headquarters".<sup>41</sup>

On that Tuesday morning, the highest priority was to enable authorities to act against the 'flu, both legally and practically. An emergency cabinet meeting decided to proclaim "epidemic influenza" a "contagious or infectious disease" within the meaning of existing legislation, thereby granting authority for a wide range of anti-'flu measures to be taken.<sup>42</sup> All local authorities were requested to do "everything reasonably possible" to cope with the epidemic; one-half of the expenditure incurred would be refunded by the Government.<sup>43</sup> To muster medical assistance, magistrates were wired<sup>44</sup> and advertisements placed in the press, offering generous rates of pay to doctors and nurses for "influenza epidemic duty".<sup>45</sup>

Next day, the Public Health Department clarified its own position. In two memoranda<sup>46</sup> it made it clear that its role in combating the 'flu would be limited and mainly supervisory in nature. It had the Department of Native Affairs remind employers that it was their duty under the Masters' and Servants' Acts to care for any of their servants who fell ill,<sup>47</sup> while in its notice in the press giving advice on the nature, spread, symptoms, treatment and prevention of the 'flu,<sup>48</sup> it stated: "The duty of dealing with outbreaks of Influenza in areas where there is a municipality or other local health authority rests upon that authority, but the Department of Public Health will assist and co-operate with Local Authorities."<sup>49</sup> This assertion let loose a torrent of bitter criticism which had been building up all through the Department's days of silence and "masterly inactivity"<sup>50</sup> while the 'flu had spread. The pro-Government *De Volkstem* was indignant at the way in which a Department that had failed to prevent the introduction of the epidemic "ewe doodonskuldig die hele verantwoordelikheid . . . afgewentel",<sup>51</sup> and referred to its half-hearted advice on the value of isolating people with 'flu as "dubbelsinnige banaliteit".<sup>52</sup> In hard-pressed Cape

41. IEC, vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 62.

42. IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 74; *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times*, vol. 4, p. 35, col. 3. The *Government Gazette Extraordinary* carrying the proclamation appeared only on 14 October (Union of South Africa: *Government Gazette Extraordinary*, vol. XXXIV, no. 921, 14/10/1918), a delay perhaps caused by the absence of the Governor-General from Pretoria (the Proclamations were signed by him at Nottingham Road, Natal). To add to this delay, despatch of the *Gazette*, in common with other important circulars and notices, was held up by the lack of staff at the Post Office as a result of the 'flu epidemic (IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 84; Evidence of Dr. Arnold, p. 10). The *Gazette* itself bore all the marks of haste, as it omitted to include the OFS in the areas where "Epidemic Influenza" had been proclaimed an infectious disease, though it did set out the regulations which were to be brought into force there (*Government Gazette Extraordinary*, 14/10/1918, p. 110: Government Notice 1385). When the OFS Provincial Secretary subsequently enquired whether this Notice had made the proclamation of the disease itself unnecessary "or whether the omission to publish the proclamation . . . is an oversight", the provincial MOH replied that he "had no doubt" that the Notice "fully covers and applies the provisions of the Public Health Ordinance No. 31 of 1907, to the entire Orange Free State" (OFS Archives: PAS 140, file 310/8/6, Provincial Secretary OFS to Assistant MOH, Bloemfontein, 3/12/1918, and Assistant MOH, Bloemfontein to Provincial Secretary OFS, 12/12/1918).

43. UG 15-19, Appendix D.

44. UG 15-19, para. 60.

45. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 3.

46. UG 15-19, Appendices D and E.

47. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 3.

48. Not having to face many of the obstacles confronting any civil servant in Pretoria, the provincial MOHs in Bloemfontein and Cape Town had already issued their own notices containing similar information (see UG 15-19, Appendix I; *Cape Times*, 10/10/1918, p. 4; and Chapter 2, p. 15 and Chapter 4, p. 58).

49. UG 15-19, Appendix E.

50. *The Friend*, 16/10/1918, Editorial.

51. *De Volkstem*, 11/10/1918, Editorial.

52. *De Volkstem*, 15/10/1918, p. 5.

Town, the *Cape Times* was equally scathing: the information in the notice

"might have been valuable 3 weeks ago, but sounds almost like irony in Cape Town today, where the local authorities, despairing of receiving any lead from the Department, very rightly took control of the situation for themselves . . . To enter at twelve o'clock with advice and caution which might have been useful at the tenth or eleventh hour is a piece of futility which, we are sorry to say, seems to be entirely characteristic of the Department."<sup>53</sup>

In similar vein, *The Cape* declared that the Department's attitude was "almost brutal in its casualness and tape-bound officialdom".<sup>54</sup>

National Party newspapers had a field day. *Ons Vaderland* referred to the proclamation of the epidemic as a formidable infectious disease as,

"'n bespotting, als men in aanmerking neemt, dat de regering ervoor verantwoordelik is dat klompen Kaffers over 't Westen en 't Noorden van ons land zijn verspreid . . ."<sup>55</sup>

*De Burger's* Pretoria correspondent followed suit, readily taking up this new stick with which to beat the Government. He remarked that, "De autoriteiteiten laten Gods water over Gods akker en de griep ongestoord door de hele bevolking lopen . . . Een haast middeleeuwse onbeholpenheid schijnt één der voornaamste eigenschappen te wezen . . ."<sup>56</sup> Once again it was the Government's "tradisionele papheid" which had caused fatal dilly-dallying on its part, pointed out the Philipopolis correspondent. "[W]at help dit om nou met 'n proklamasie in die *Gazette* die siekte vir besmettelik te verklaar en magistrate die mag te gee om besmette areas onder kwarantijn te plaas?"<sup>57</sup>

It was the non-party Bloemfontein *People's Weekly* which put all the criticism into a wider context, when it referred to

"the state of chaos which exists in the Union in the matter of the control of epidemics. But for the existing lack of co-ordination and the absence of control by some supreme central authority, there might have been a reasonable hope that the epidemic would have been nipped in the bud, and confined to its original starting point . . ."<sup>58</sup>

The hope of providing such a central authority was already in the minds of cabinet ministers two days earlier, on 10 October, when they agreed that the Minister of the Interior, Sir Thomas Watt, should deal with all matters relating to the epidemic.<sup>59</sup> Watt, however, was not the right man for a task which required someone of drive and imagination, who would not be bound by ordinary procedures and practices at an extraordinary time. His readiness to work 16 hours a day<sup>60</sup> was no substitute for initiative. A later assessment of him in the *Dictionary of South African Biography* speaks of his preference for "routine supervisory and departmental work" and of his being inclined to "moderation, caution and lack of enterprise".<sup>61</sup> In a confidential letter written early in November, the Governor-General admitted that he felt, "Watt ought to have thrown himself with energy into the affair, and done all, and indeed more than he legally could, to cope with such a grave position . . ."<sup>62</sup>

53. *Cape Times*, 11/10/1918, Editorial.

54. *The Cape*, 18/10/1918, p. 3.

55. *Ons Vaderland*, 18/10/1918, p. 5.

56. *De Burger*, 15/10/1918, p. 3.

57. *De Burger*, 2/11/1918, p. 3.

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

59. SADF Archives: DC 881, file 23393, Q.M.G. to Chief Ordnance Officer, 11/10/1918.

60. *Cape Argus*, 8/11/1918, p. 7.

61. *Dictionary of South African Biography*, vol. II, p. 835.

62. CA: A1 (Smuts Collection), vol. 203, Buxton to J. C. Smuts, 5/11/1918.

The cabinet meeting which appointed Watt to take charge of the campaign against the epidemic also agreed that other Government Departments should do what they could to assist. Thus, the UDF undertook to supply stores and equipment as directed by the Public Health Department.<sup>63</sup> By the end of November over 40,000 items were issued to local authorities in terms of this arrangement, including tents, beds, bedding and cutlery.<sup>64</sup>

When telegrams from all over the Union made it clear that the epidemic was being spread country-wide via the rail-network,<sup>65</sup> the Public Health Department publicly urged the Railways to curtail passenger-traffic (especially if intending passengers were not White) and not to sell tickets to persons obviously suffering from the 'flu and unfit to travel.<sup>66</sup> Yet, such half-measures were not likely to be effective and Dr. Mitchell, for one, knew it, labelling them "camouflage" and "eye wash".<sup>67</sup> Dr. Arnold, however, was adamant that more rigorous measures – for instance a general ban on passenger-traffic or at least on Black and "Coloured" passengers – were "preposterous"<sup>68</sup> and quite "impracticable and inadvisable".<sup>69</sup> He felt that even these would not stay the spread of the epidemic unless they were accompanied by control of movement on foot.<sup>70</sup> For its part, the Railways Administration refused to go beyond the Public Health Department's initial request, unless the latter specifically asked it to do so. Under the Railway Control Act of 1916 the Railways had "no power to refuse tickets to passengers except under certain specified circumstances," explained the General Manager to the Minister of Railways and Harbours,

"and in the case of an outbreak such as we are at present passing through it would only be competent for us to act by request of the Department of the Interior at the instance of the M.O.H. I am not prepared to recommend any general restrictions of the nature asked for, except at the direct request of the health authorities."<sup>71</sup>

Nor was the Public Health Department very enthusiastic about the Railways' decision to disinfect and fumigate coaches. It "was of no real benefit", stated Dr. Mitchell, and "the Administration would be well advised not to spend too much money in [sic] sprays and disinfectants."<sup>72</sup>

What the Public Health Department did believe to be important was trying to curb the panic sweeping through the country by spreading reliable information on how to treat the 'flu and scotching the alarming rumours that it was actually

63. SADF Archives: DC 881, file 23393, Q.M.G. to Chief Ordnance Officer, 11/10/1918; DC 1021, file 509/2, sub-file DF 1/2/509, Secretary for Defence to Secretary for Interior, 11/10/1918, and Circular no. 20 of 1918 from Department of Public Health, 18/10/1918.

64. UG 15-19, para 67; IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 3; SADF Archives: DC 1151, file DB 24302, Chief Ordnance Officer to Q.M.G., 12/12/1918.

65. See Chapter 5, pp. 79-80; CA: GNLB 301, no. 5, part-file 370/18/103, Telegram from Inspector of Natives, Sierksstroom to Natlab., 16/10/1918; OFS Archives: MBL 4/3/1/40, file 101/1/17, Telegram from Health, Pretoria to Mayor Bloemfontein, 12/10/1918; *Rand Daily Mail*, 31/10/1918.

66. *The Star*, 15/10/1918; *The Friend*, 12/11/1918, p. 7; IEC, vol. 1, file 1: Evidence of F. B. Rees, p. 107. Surrounding countries did try to enforce far stricter control over passenger-traffic coming from the Union in an effort to keep the 'flu out, but in vain (CA: SAS 719, file G119/5, Telegrams from SAR G to All Divisions, 14/10/1918, and from Bulawayo Station to Railways G, 17/10/1918; Circular from Assistant General Manager, 22/10/1918; Union of South Africa: *Government Gazette*, vol. XXXIV, no. 925, 8/11/1918, p. 212, Government Notice 1461 and *Government Gazette*, vol. XXXIV, no. 927, 15/11/1918, p. 259, Government Notice 1481).

67. CA: SAS 719, file G 119/5, Memorandum by [illegible], 14/10/1918.

68. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 3.

69. CA: SAS 719, file G 119/5, Dr. Arnold to General Manager SAR, 14/10/1918.

70. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 3.

71. CA: SAS 719, file G 119/5, Memorandum from General Manager SAR to Minister of Railways, 16/10/1918.

72. CA: SAS 719, file G 119/5, Memorandum by [illegible], 14/10/1918.



pneumonic plague, as claimed by one doctor in a forthright letter to the *Cape Times*.<sup>73</sup> To this end it issued a strong statement denying his claim<sup>74</sup> and was doubtless heartened, when both the UDF<sup>75</sup> and a group of prominent Johannesburg doctors<sup>76</sup> followed suit.

It also felt that some newspapers were frightening the public by their "sensatiewekende" reporting and, in particular, warned against hypochondria:

"Bij grote epidemies gaat 't altijd zo: wie zich ziek voelt meent allicht dat 't de bepaalde ziekte is waarover ieder spreekt, schrijft en denkt. 't Publiek moet zich niet bang maken en zodoende z'n weerstandsvermogen moedwillig verlagen!"<sup>77</sup>

To try to obtain tried and tested advice, the High Commissioner in London was cabled for a summary of the latest medical opinion there on treating the 'flu.<sup>78</sup> The resulting information was made public in a memorandum issued on 22 October.<sup>79</sup> Meanwhile, to ease the intense pressure on doctors, nurses and hospitals, magistrates were urged to make it known that the 'flu could be quite effectively treated at home, provided a strict but simple regimen was followed.<sup>80</sup> This advice, together with information on what precautions to take against infection, was included in leaflets which were printed at the same time for distribution to Blacks, "Coloureds" and Indians.<sup>81</sup>

By the middle of October the shortage of doctors and nurses had become acute. The war had reduced the overall number of available doctors by 25%<sup>82</sup> and response to the earlier appeals by the Department had been poor.<sup>83</sup> "[M]edical men were in the ordinary . . . not procurable," stated Dr. Arnold.<sup>84</sup> Every possible source was tapped: the Transvaal Medical Council and the local branch of the British Medical Association were approached, the Miners' Phthisis Medical Bureau was closed to free its doctors for epidemic work,<sup>85</sup> Government veterinarians were inspanned,<sup>86</sup> undergraduate medical students were pressed into service as junior doctors,<sup>87</sup> and on 17 October Dr. Arnold held a meeting with six of the chief medical administrators in the Transvaal to try to obtain doctors and nurses through them.<sup>88</sup> Conscripting all doctors and nurses was even seriously discussed and the

73. *Cape Times*, 24/10/1918, p. 6 (Letter from Dr. W. Purvis Beattie).

74. *Cape Times*, 26/10/1918, p. 7.

75. SADF Archives: DC 1151, file DB 2430/2, Deputy Director of Medical Services to Chief of General Staff, 25/10/1918; DC 1304, file M/4501, vol. 2, DMS to MOH Union, 25/10/1918.

76. *Rand Daily Mail*, 26/10/1918.

77. *De Volksstem*, 11/10/1918, p. 4.

78. CA: PM 1/1/238, file PM 110/35/1917, telegram from Botha to Schreiner, 11/10/1918. Botha's postscript to this telegram constituted a rueful reproach to the High Commissioner. It ran: "In future give me warning timely [sic] of further epidemics."

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

80. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/UTA 6/1/218, file 28, vol. 8, Circular no. 19 of 1918 from Dept. of Public Health, 16/10/1918.

81. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 4. See too Chapter 5, p. 82.

82. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 17, col. 1.

83. IEC, vol. 1, file 1: Evidence of Dr. Arnold, pp. 3, 18; Evidence of Dr. Mitchell, p. 81; *De Volksstem*, 22/10/1918, p. 3.

84. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 3.

85. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, pp. 4, 5; CA: MM 438, file MM 2838/18, Superintendent Johannesburg Hospital to Minister of Mines, 8/11/1918; Town Clerk Mafeking to Minister of Mines, 6/1/1919; UG 15-19, para. 68.

86. Union of South Africa: *Department of Agriculture - Report with Appendices for 1918-1919*, UG 40-19, p. 38.

87. J. H. Louw: *In the Shadow of Table Mountain - A History of the UCT Medical School*, pp. 120-121.

88. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 4; *Rand Daily Mail*, 18/10/1918.

energetic Secretary for Defence, Sir Roland Bourne, drafted a proclamation to this effect. This would almost have put the fight against the epidemic on a martial law footing, with the Government empowered to stop all movement around the country and commandeer whatever or whoever it wanted.<sup>89</sup> The idea was not taken any further during the epidemic, but subsequently the advantages were not lost on a majority of the Influenza Epidemic Commission's members.<sup>90</sup>

As the epidemic began to ease, a number of doctors and nurses was freed for service elsewhere. From Natal in particular, where the 'flu had been less severe, a large number was sent to render medical assistance in the interior,<sup>91</sup> while at the end of October Dr. Arnold arranged with the Johannesburg Epidemic Committee to set up a central bureau to organise the despatch of medical personnel from the city to stricken country districts.<sup>92</sup> Army doctors had already been detailed to help in Kimberley early in the epidemic,<sup>93</sup> and on 12 October the Acting Director of Medical Services, Colonel Orenstein, went down there himself to organise comprehensive counter-measures against the 'flu.<sup>94</sup> Further medical assistance was forthcoming from the UDF from 18 October, when the Acting Minister of Defence ordered army medical heads throughout South Africa "to render every assistance to civil authorities in combating influenza by putting at their disposal all staff you can possibly spare as well as beds in military hospitals wherever at all possible and if required by civil authorities".<sup>95</sup> This was already being done in a small way in a few towns,<sup>96</sup> but the instruction facilitated assistance on a larger scale. As the situation at army camps improved, a growing number of military doctors, nurses and orderlies was able to go out and help, while military hospitals (especially those at Bloemfontein and Potchefstroom) could take more civilian patients.<sup>97</sup> Among Afrikaners, however, there were those who objected to being treated by the largely English-speaking men in khaki or in their hospitals.<sup>98</sup> This was particularly common in country areas.<sup>99</sup> "Tegen vooroordeel strijdt echter zelfs de beste organisatie en de beste bedoelingen vergeefs," lamented *De Volkstem*.<sup>100</sup>

Assistance by members of the UDF was not merely of the medical variety. Military telegraphists helped man much-depleted Post Office telegraph offices in

89. SADF Archives: DC 1151, file DB 2430/2, Draft Proclamation; Bourne to Col. Mentz, 17/10/1918; Lt. Col. Porter to Bourne, 18/10/1918; E. L. Matthews to Bourne, 18/10/1918; IEC, vol. 1, file 1: Evidence of Dr. Mitchell, p. 81.

90. UG 15-19, para. 97 and p. 18.

91. IEC, vol. 1, file 3: Evidence of P. Binns, p. 1 and his Written Statement, p. 4; Evidence of Dr. A. Murray-Gray, p. 26; *Daily Dispatch*, 30/10/1918, p. 5; OFS Archives: "The History of Harrismith" by Miss E. B. Hawkins (Typescript), p. 347; Collier Collection: Letter from Mrs. E. Melville, 14/5/1972.

92. *The Star*, 29/10/1918; *The Friend*, 30/10/1918, p. 5; IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 5.

93. See p. 104 above and IEC, vol. 2, file 8, part 2: Evidence of Dr. Mitchell, p. 7.

94. See Chapter 3, p. 48.

95. SADF Archives: DC 1303, file 4501, vol. 1, telegram from DMS to Assistant DMS, Cape Town, Durban, Bloemfontein and Senior MOs, Potchefstroom and Kimberley, 18/10/1918.

96. SADF Archives: DC 1303, file 4501, vol. 1, Hewat to Orenstein, 9/10/1918, 11/10/1918 and 18/10/1918; DC 1021, file 509/2, sub-file DF 6/2/509, DMS to Assistant Financial Secretary Defence Department, 16/10/1918; DC 1303, file 4003, Assistant DMS Durban to DMS, 16/10/1918.

97. UG 15-19, Appendix G, pp. 32, 35. Some medical personnel were sent to help in South West Africa and in Swaziland too.

98. SADF Archives: DC 1151, file DB 2430/2. Deputy DMS to Secretary for Defence, 22/10/1918; *De Volkstem*, 25/10/1918, p. 12; *Ons Vaderland*, 6/12/1918, p. 6.

99. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 35, col. 2; *Medical Journal of South Africa*, April 1919, p. 428.

100. *De Volkstem*, 25/10/1918, p. 12.

Cape Town and Johannesburg,<sup>101</sup> while other soldiers collected and distributed medicine and food and generally helped in all manner of relief-work.<sup>102</sup> Staff from other Government Departments were able to provide similar aid, for all Departments had been instructed to make available for epidemic work personnel not engaged in absolutely essential tasks.<sup>103</sup> These helpers were automatically granted special leave on full pay, as were all civil servants stricken with 'flu themselves or whose families had fallen ill.<sup>104</sup> As an added concession and supposed preventive measure, civil servants who remained at work were permitted to smoke while on duty!<sup>105</sup> At a provincial level, where local authorities closed schools for the duration of the epidemic, teachers were also able to give assistance, while many school-buildings were used as temporary hospitals or emergency depots.<sup>106</sup>

With its own extensive resources, the Railways provided considerable aid too, both of a medical and non-medical kind. Numerous temporary hospitals, soup-kitchens and medicine depots were opened and run by Railways volunteers for both their own staff and the general public and, at the big railway camps at Kimberley, Touws River and Noupoot, house-to-house visits were undertaken. Hospital coaches were attached to trains carrying large numbers of Blacks and many relief trains were run to convey medicine, food and doctors to outlying stations and gangers' cottages. People with 'flu at these remote spots were given special permission to travel by train to the nearest town where medical attendance was available. The large number of Railways staff laid up with 'flu or nursing their families<sup>107</sup> forced many services to be suspended, but priority was given to conveying medicine, food and petrol. Where measures against the 'flu had already been organized by municipal authorities, the Railways gave specialised assistance, such as making coffins, providing motor transport and drivers and supplying bedding.<sup>108</sup>

Having done all it deemed it could to ensure that municipal authorities had the means to combat the 'flu epidemic, in the second half of October the Public Health Department shifted its attention to the rural areas. There, the onus of countering the 'flu lay with the local magistrate, the district surgeon and whichever officials and volunteers they had been able to recruit. In many districts, especially those with large Black or "Coloured" populations, the situation had become desperate as

101. SADF Archives: WWI ISD 24, file 685, Telegrams from UNECA to CHEBEC, 11/10/1918 and n.d.; Telegram from UNECA to Concamp, Potchefstroom, 19/10/1918; Union of South Africa: *Report of the Postmaster-General for 1918*, UG 27-19, pp. 20-21; *South African Postal and Telegraph Herald*, December 1918, p. 64.

102. UG 15-19, Appendix G, pp. 31-32; SADF Archives: DC 1021, file 509/2, sub-file DF 14/2/509, O.M.G. to Assistant Financial Secretary, 13/3/1919; DC 364, file 40177, Telegram from Defence Staff to District Staff Officers, 22/10/1918. See too Chapter 3, pp. 48-49.

103. UG 15-19, para. 70.

104. SADF Archives: DC 1361, file 16044, Treasury Circular no. 21, 22/10/1918.

105. *The Friend*, 25/10/1918, p. 5; *South African Postal and Telegraph Herald*, November 1918, p. 52. For similar concessions in the private sector, see T. V. Bulpin: *The Southern - 75 Years of Service*, p. 33; *Cape Argus*, 10/10/1918, p. 3 (Letter from B. London) and p. 4.

106. *Transvaal Education Department: Report for 1918*, TP 6-19, p. 7; *Education Department OFS Province: Report for 1918*, p. 12, section 16; Cape of Good Hope: *Report of the Superintendent-General of Education for 1918*, CP 5-19, p. 7.

107. Altogether 47% of the South African Railways and Harbours' staff were absent from work because of the Spanish 'flu epidemic (CA: SAS 825, file P2/159, Table attached to Memorandum for the Acting General Manager, Parliamentary Section, 24/1/1919).

108. This paragraph is based on information from the following sources - CA: SAS 825, file P2/159, Memorandum for Sir William Hoy, 7/1/1919; Memoranda for the Acting General Manager (Parliamentary Section), 24/1/1919 and 28/1/1919; SAS 719, file G 119/5, Table of Particulars of Traffic Restrictions and Suspensions; Hoy to Bourne, 26/10/1918; Union of South Africa: *Report of the General Manager of Railways and Harbours for 1918-1919*, UG 59-19, p. 97; Union of South Africa: *Report of the Railways and Harbours Board for 1918*, UG 25-19, pp. 16-17; *The Friend*, 12/11/1918, p. 7.

minimal information or relief was available. "The people in the town got everything, and the people in the country could not get anything", complained a leading resident of the East London district.<sup>109</sup> A letter from a remote Poor White colony in the south-eastern OFS expressed the plight of the platteland poignantly:

"Meneer, as 'n mens op 'n plek soos hierdie woon, waar geen dokter of predikant is nie en drie en 'n half uur van die dorp af en waar die Superintendent al lank siek is, waar algar arme mense is, waar elkeen moet sien om klaar te kom en dat so 'n gevreesde siekte om en bij jou is, dan kan 'n mens jou voel hoe nietig jij is. Hier is mense wat doodarm is en geen krediet kan krij om kos of medisyne te koop nie. Wat moet die arme mense doen, as die siekte hulle pak?"<sup>110</sup>

Believing that simple advice and organised relief were the prime requirements in such areas, on 19 October the Public Health Department began to make arrangements for magistrates to obtain supplies of aspirin and epsom salts for distribution,<sup>111</sup> and followed this up the following week with an updated version of the memorandum on precautions, symptoms and treatment for wide circulation in the country districts.<sup>112</sup> On 23 October magistrates were instructed to form local committees to combat the epidemic<sup>113</sup> and, to ensure that local men came forward to serve on these committees, the UDF was again approached. As a result, it gave orders to this effect to District Staff Officers and Defence Rifle Associations,<sup>114</sup> while, with the same idea in mind, another national organisation, the South African Party, appealed to its country branches to help all 'flu patients "afgesien van partij of seksie".<sup>115</sup> (Ten days later, the Transvaal National Party sent out its own circular with information on how to deal with the epidemic.)<sup>116</sup> Magistrates were also authorised to see that anyone left without food through illness and in danger of starving was at least provided with "a limited quantity of the plainest food, such as Mealie Meal or Flour".<sup>117</sup>

Countering the epidemic in the country districts was thus initially left largely to the resources of the local inhabitants, as directed by the Resident Magistrate. Only as the situation in the towns and military hospitals began to ease towards the end of October, were doctors, nurses and orderlies sent into the rural areas in any appreciable number. The UDF also despatched three fully-equipped field ambulances to the Transkei and north-eastern Transvaal,<sup>118</sup> after the Prime Minister, General Botha, had indicated that he thought it should be doing more, a criticism which it felt was entirely unwarranted and more a reflection of the Department of Public Health's inefficient use of the supplies which it had offered.<sup>119</sup> It was also able to help when the arrangements which had been made with the Texas Oil Company (whereby magistrates could requisition direct on Texaco depots for

109. *Daily Dispatch*, 16/1/1919, p. 8.

110. *Die Volksblad*, 26/11/1918 (Letter from resident of Goedemoed, Rouxville District).

111. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 4.

112. There is a copy of one of these leaflets in Cape Archives: 1/TSO 11, file 485(1). Cf. this with the earlier Memorandum in UG 15-19, Appendix E.

113. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 22 of 1918 from Dept. of Public Health, 23/10/1918.

114. SADF Archives: DC 364, file 40177, Telegram from Defence Staff to District Staff Officers, 22/10/1918; Circular from Deputy Chief of General Staff to District Staff Officers, 24/10/1918; IEC, vol. 2, file 8, part 2: Evidence of Col. A. J. Brink, p. 1.

115. *De Volksstem*, 25/10/1918, Editorial and p. 6.

116. *Ons Vaderland*, 1/11/1918, p. 5.

117. Transvaal Archives: Magistrate Marico, 4/3/26, Circular no. 22 of 1918 from Dept. of Public Health, 23/10/1918.

118. See Chapter 5, p. 84.

119. SADF Archives: DC 1304, file M/4501, vol. 2, Deputy DMS to MOH for the Union, 29/10/1918; DC 1151, file DB 2430/2, Minutes by Bourne, Secretary for Defence, to Minister for Defence, 31/10/1918 and 1/11/1918.

petrol for trips in connection with the 'flu)<sup>120</sup> proved slow and unsatisfactory.<sup>121</sup> From 5 November the UDF agreed to supply petrol to whoever the Public Health Department directed.<sup>122</sup>

Thus, the Public Health Department's role in combating the 'flu in rural parts was much the same as that which it had performed in urban areas: supplying advice, arranging counter-measures and trying to ensure that the means to carry them out was made available. Remoteness, inaccessibility and a dearth of resources made these goals far more difficult to achieve than in the towns, however, and there can be little quibbling with the accuracy of the Influenza Epidemic Commission's conclusion that medical and other relief in the country districts was "obviously inadequate".<sup>123</sup>

One further aspect of the Public Health Department's efforts to deal with the epidemic requires consideration, namely the medical treatment which it recommended. In this, more than in any other sphere of its activity during the epidemic, it was acting in the dark. In common with most of their colleagues in the rest of the world, South African bacteriologists did not know that influenza was a viral disease and worked on the assumption that it was primarily caused by Pfeiffer's bacillus influenzae.<sup>124</sup> Nor had the last pandemic of 1889-90 produced any specific antidote. General, commonsense measures were the order of the day: go to bed and stay there, keep warm, take plenty of fluids, ensure that sick-rooms remain well ventilated.<sup>125</sup> Dr. Arnold summed up standard medical opinion as to treatment when he told the Influenza Epidemic Commission that, "the disease is one for people looking after themselves . . . more a question of nursing".<sup>126</sup>

The only medicines which the Department recommended were quinine and aspirin and purgatives such as epsom salts and castor oil. Of this advice many doctors were highly critical and the Department's later circulars expressed some reservations about the use of quinine or omitted to mention it altogether.<sup>127</sup>

Dr. Robert Broom, then District Surgeon at Douglas, demonstrated his disagreement publicly when posters from the Department of Public Health were put up in the village. "I took a blue pencil", he recalled, "and wrote across the posters that 'Aspirin is certainly highly dangerous and to be avoided' and that 'Quinine will probably have no good effect.'"<sup>128</sup> The UDF's Acting Director of Medical Services,

120. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 23 of 1918 from Dept. of Public Health, 1/11/1918; *Daily Dispatch*, 24/10/1918, p. 4.

121. IEC, vol. 1, file 1: Evidence of Dr. Arnold, Memorandum on Epidemic Influenza, p. 4.

122. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 29 of 1918 from Dept. of Public Health, 11/11/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Circular no. 30 of 1918 from Dept. of Public Health, 11/11/1918; SADF Archives: DC 1021, file 509/2, sub-file DF 12/509, Dr. Mitchell to Assistant Financial Secretary, Dept. of Defence, 28/10/1918; DC 881, file 23393, Q.M.G. to MOH, 8/11/1918.

123. UG 15-19, para. 81.

124. UG 15-19, Appendices E and F; IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 6; vol. 1, file 2: Evidence of Dr. F. S. Lister, pp. 108-109 and Written Report by Dr. Lister, pp. 10-11; vol. 2, file 6: Evidence of Dr. Willmot, "Utility of Vaccines in Influenza", p. 3; *South African Medical Record*, 14/12/1918, p. 356; *Medical Journal of South Africa*, September 1918, p. 241; October 1918, p. 284; November 1918, p. 293.

125. UG 15-19, Appendix E; Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Warning Notice "Epidemic Influenza"; 1/TSO 11, file 485(1), "Epidemic of 'Spanish Influenza' - Memorandum of Directions"; *Cape Times*, 23/10/1918, p. 6. See too Chapter 2, p. 16.

126. IEC, vol. 2, file 8, part 2: Evidence of Dr. Arnold, p. 11.

127. UG 15-19, Appendix E; Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Warning Notice "Epidemic Influenza"; 1/TSO 11, file 485(1), "Epidemic of 'Spanish Influenza' - Memorandum of Directions"; *De Volkstem*, 22/10/1918, p. 3.

128. G. Findlay: *Dr. Robert Broom*, p. 43. See too Broom's account in *South African Medical Record*, 14/12/1918, pp. 363-364.

Colonel Orenstein, felt that using aspirin prophylactically was "undesirable both on account of shortage of stocks and also because [it was] apt to be harmful . . . in some cases . . . predisposing to occurrence of secondary so-called pneumonic symptoms".<sup>129</sup> The Director of the SAIMR was quite blunt in his disapproval of the use of quinine: as a preventive "it was worse than useless," he told the Influenza Epidemic Commission, and its reputation was based on "an unjustifiable deduction" which had been made after inadequate tests in 1892.<sup>130</sup> Many doctors agreed with these views and in the months after the 'flu, the *South African Medical Record* carried several articles by medical men telling of unsatisfactory results after using aspirin or quinine.<sup>131</sup> One doctor even went as far as suggesting to a branch meeting of the British Medical Association (only half in jest) that, "The principal mortality in influenza was due to aspirin!"<sup>132</sup>

If the Public Health Department in Pretoria was unsure as to which medicines to recommend, it was in a quandary about vaccine therapy. It was not that this form of treatment was entirely new in South Africa, but successful experience with it was very limited.<sup>133</sup> Even an enthusiastic proponent had to admit that it was in the experimental stage, still "coming into its own".<sup>134</sup> Against influenza it had never been tried.

However, two medical men in positions of influence had no qualms about its use. Already on 24 September Dr. Willmot had instructed the Government Laboratory in Cape Town to prepare autogenous vaccine from cases among the troops;<sup>135</sup> at the same time, in Johannesburg Dr. Pratt Johnson's private Clinical Research Laboratories (Clinsearch) was trying to produce similar vaccine, using local specimens.<sup>136</sup>

By the end of the first week of October army and Government doctors in Cape Town were using the new vaccine on a limited scale with some success, both prophylactically and therapeutically,<sup>137</sup> even though its composition was constantly being altered as new strains were added. "In making all vaccines", explained the head of the Laboratory, "they added as many strains as possible - typhoid, for example; the more strains that could be added the better."<sup>138</sup> As the situation in Cape Town worsened and more and more evidence accumulated of the utility of the vaccine, Willmot came under increasing pressure to recommend it for general

129. SADF Archives: DC 1304, file M/4501, vol. 2, Telegram from Imperial Secretary to Resident Commissioners, Maseru, Mbabane and Mafeking, 26/10/1918. See too interview with Orenstein in *De Volkstem*, 25/10/1918, p. 12.

130. IEC, vol. 1, file 1: Evidence of Dr. W. Watkins-Pitchford, p. 39.

131. *South African Medical Record*, 14/12/1918, pp. 364-365; 28/12/1918, p. 383; 11/1/1919, p. 4. For criticism by other medical men, see IEC, vol. 1, file 1: Evidence of Dr. C. L. Leipoldt, p. 24; vol. 1, file 2: Evidence of Dr. E. P. Baumann, p. 3; Cape Archives: 1/TSO 11, file 485(1), Dr. McMurtrie to Acting Magistrate Tsoo, 2/11/1918; *De Vriend des Volks*, 28/11/1918; *Kimberley Evening Star*, 23/11/1918, p. 2; Collier Collection: Letter from Dr. L. Lappin, 18/5/1972.

132. *South African Medical Record*, 11/1/1919, p. 13.

133. Apart from anti-smallpox vaccine and Wright's anti-typhoid vaccine first used during the Anglo-Boer War, the most notable example of vaccine therapy in South Africa in 1918 was Lister's development of anti-pneumococcal vaccine to reduce pneumonia deaths among Black mine-workers on the Rand (H. J. Parish: *A History of Immunization*, pp. 65, 256). The commercial manufacture of vaccines was still in its infancy in South Africa, Dr. Pratt Johnson's Clinical Research Laboratories in Johannesburg being the only significant producer (IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 20).

134. *South African Medical Record*, 14/12/1918, p. 353.

135. IEC, vol. 2, file 6: Evidence of Dr. Willmot, p. 8; CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 5/12/1918.

136. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Circular from Secretary Clinsearch Laboratories to Medical Practitioners, 8/10/1918.

137. IEC, vol. 2, file 6: Evidence of Dr. Willmot, "Utility of Vaccines in Influenza", p. 1; *Cape Argus*, 8/10/1918, p. 5.

138. IEC, vol. 2, file 7, part 1: Evidence of Dr. G. W. Robertson, p. 4.

use, disregarding standard bacteriological procedures which required lengthy testing and re-testing and careful weighing up of results. “[W]hen people were dying in hundreds there was no time to wait for statistics”, he told the Influenza Epidemic Commission.<sup>139</sup> The three bacteriologists making the vaccine felt the same way:

“to withhold [*sic*] the use of a Vaccine would have been a grave error . . . . When the deaths are recorded by the thousand, there are few who, in the face of this, would advise a policy of bacteriological laissez faire, whatever the effort required.”<sup>140</sup>

On 14 October, with long queues outside his office already waiting for inoculation,<sup>141</sup> Dr. Willmot told the *Cape Times*: “I can definitely and officially recommend inoculation, but naturally only enough serum can be manufactured to do essential workers.”<sup>142</sup> Three days later he wired his recommendation of its general use in the country to the Public Health Department in Pretoria.<sup>143</sup> In Cape Town his announcement met with an enthusiastic reception among the panicky public, ignorant of the vaccine’s hit-and-miss, relatively untested character.<sup>144</sup> By 17 October he was reporting that the demand for vaccine in the Peninsula was “enormous”.<sup>145</sup> As supplies increased, inoculation was extended to the crews of ships in the harbour and to the farming population of the Swartland and Overberg where wheat harvesting was in progress.<sup>146</sup>

At the private Clinsearch Laboratory, Dr. Pratt Johnson did not have the same constraints on or responsibilities for his public statements as Willmot did for his. Already on 8 October, Clinsearch was advertising its new Compound Catarrhal Vaccine for both prophylactic and therapeutic use against Spanish Influenza and its complications.<sup>147</sup> Many doctors ordered a supply.<sup>148</sup>

These developments (one at a Government laboratory) did not make the position of the Public Health Department in Pretoria any easier. The only laboratory to which it had access was the mining industry’s SAIMR in Johannesburg and its research bacteriologist, Dr. F. S. Lister, was most reluctant to tread where Pratt Johnson and Willmot had rushed in. He had been analysing specimens from influenza cases in Johannesburg and Kimberley since the last week in September, trying to identify the causative agent<sup>149</sup> and had made up a small quantity of vaccine containing only bacillus influenzae for purely experimental

139. IEC, vol. 2, file 6: Evidence of Dr. Willmot, “Utility of Vaccines in Influenza”, p. 1.

140. IEC, vol. 2, file 7, part 1: Written Evidence by Dr. G. W. Robertson, Major E. D. Pullon and Captain A. Garrow, p. 20.

141. *Cape Times*, 14/10/1918, p. 6; IEC, vol. 2, file 8, part 2: Evidence of Dr. J. Anderson, p. 3; *Cape Argus*, 10/10/1918, p. 5.

142. *Cape Times*, 15/10/1918, p. 6.

143. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dr. Willmot to Dept. of Public Health, 17/10/1918. A fuller memorandum was sent at the same time (IEC, vol. 2, file 7, part 1: Written Evidence by Dr. Willmot, Appendix A).

144. Indeed, its final composition was fixed only on 20 October (IEC, vol. 2, file 7, part 1: Written Evidence by Dr. Robertson, Major Pullon and Captain Garrow, p. 3).

145. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dr. Willmot to Dept. of Public Health, 17/10/1918.

146. [G. Sacks]: “In England Now” in *The Lancet*, 10/4/1976, p. 798; Collier Collection: Letter from Dr. R. van Geuns, June 1972.

147. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Circular from Secretary Clinsearch Laboratories to Medical Practitioners, 8/10/1918.

148. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Director Clinsearch Laboratories to Dr. Mitchell, 20/11/1918.

149. *Medical Journal of South Africa*, November 1918, pp. 290–293; IEC, vol. 1, file 2: Written Evidence by Dr. F. S. Lister, pp. 1–6. See too Chapter 3, p. 43.

purposes.<sup>150</sup> At the suggestion of the Institute's Director, Dr. W. Watkins-Pitchford (then in Cape Town), he had also begun to prepare a little vaccine according to the Cape Town formula.<sup>151</sup>

By the end of the second week of October, the Public Health authorities in Pretoria were desperate for an answer to the urgent public demand for a vaccine to counter the 'flu. With the reported success of the Cape Town vaccine in mind, Dr. Arnold "did not feel justified in withholding from people anything which held out even a remote chance of aiding them. If it did no good," he believed, "it would do no harm."<sup>152</sup> Dr. Mitchell tried to persuade Lister to speed up his work and prepare a large quantity of vaccine, but Lister was reluctant to be stamped. "Thinks it unfortunate the vaccine treatment was started at all", noted Mitchell after talking to Lister on the telephone. "Problems with regard to making vaccine . . . Production of bulk supplies a matter of time and difficulty."<sup>153</sup> Finally, the matter was settled by Sir Thomas Watt who directed that vaccine be made and issued at once, as "he had come to the conclusion that the vaccine could do no harm, and many medical men said it would do good".<sup>154</sup> With this authority, Mitchell telephoned Lister and virtually ordered him to prepare bulk supplies of vaccine. Grudgingly Lister agreed, but he made sure that Mitchell knew that he felt that the decision was "unsound, unscientific etc. . . . these things shd. [sic] not be decided of [sic] mob rule w[ith] political considerations, etc. etc."<sup>155</sup> Mitchell promised to send a formal request from the Public Health Department next day.<sup>156</sup> Understandably, in his evidence to the Influenza Epidemic Commission, Lister was highly critical of what he had been forced to do:

"The logical way is to do your Laboratory investigation first and then tentatively try the vaccine on animals and on the public . . . [H]e was altogether against using the general public as a medium for such experiments. He considered that their knowledge was not sufficient at the present time to prepare a vaccine against Influenza; their knowledge of the whole subject was insufficient; there had been so little work done in connection with Influenza."<sup>157</sup>

In a separate written statement he re-iterated his belief that

"With regard to vaccine prophylaxis or therapy – so little is known that the question is hardly worth while discussing . . . Wholesale inoculations, with a view to preventing or treating this disease, *in the midst of an epidemic*, and in the face of our lack of knowledge of the subject, appears to me to be quite unjustifiable."<sup>158</sup>

By 15 October the SAIMR vaccine was almost ready to be issued and Watt called for a statement from the Director to accompany the public announcement of its

150. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of telephone conversation with Dr. Lister, 8/10/1918; IEC, vol. 1, file 2: Evidence of Dr. Lister, p. 110.

151. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of telephone conversation with Dr. Lister, [12/10/1918?].

152. IEC, vol. 1, file 1: Evidence of Dr. Arnold, p. 13.

153. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of telephone conversation with Dr. Lister, [12/10/1918?].

154. *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 17, col. 3.

155. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of second telephone conversation with Dr. Lister [12/10/1918?]. See too Union of South Africa: *Report of Select Committee on the Public Health Bill*, SC 3–19, p. 126.

156. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of second telephone conversation with Dr. Lister [12/10/1918?]. As promised, the formal request was sent – see CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Dr. Mitchell to Director SAIMR, 13/10/1918.

157. IEC, vol. 1, file 2: Evidence of Dr. Lister, pp. 111–112.

158. IEC, vol. 1, file 2: Written Report by Dr. Lister, p. 11.



availability.<sup>159</sup> Watkins-Pitchford's report was hardly what the Public Health Department wanted, however. In it he poured cold water on their hopes of the vaccine's utility against the 'flu. He declared that he had

"no knowledge of any such epidemic having been successfully combatted by the systematic use of any vaccine . . . [I]t is entirely unjustifiable, in the present state of our knowledge, to claim that any bacterial vaccine confers any protection whatever against Epidemic Influenza."

As for the vaccines which the SAIMR was manufacturing,

"I am unable to assure any definite benefit from the use of such preparations. Their wide-spread employment at the present time is a clumsy experiment which has been forced upon us by the exigencies of an ill-informed and panic-stricken public opinion.

As a consolation, he added that he did think it possible "that the risk of developing Pneumonia may be reduced by the administration of adequate doses of a comprehensive pneumococcal vaccine",<sup>160</sup>

This statement only deepened the Department's dilemma. On the one hand, Clinsearch and the Cape Town Laboratory were issuing vaccine with apparently favourable results; on the other, the Department itself was on the point of supplying vaccine, but the SAIMR which had produced it refused to endorse it – indeed it plainly disapproved of its use. The Department hesitated, and then spoke out with two voices.

On 19 October it issued a memorandum to the press in which it juxtaposed extracts from Watkins-Pitchford's deprecatory statement and from Willmot's enthusiastic report of 17 October.<sup>161</sup> It then added that further investigations were under way and more information would be published as soon as possible; doctors who had used vaccine were asked to report their results to the Department. "In the meantime, . . . every effort is being made to prepare large supplies of the vaccines, so that issues can be made to Local Authorities and Medical Practitioners who wish to use them."<sup>162</sup>

The memorandum's ambiguity caused dismay among medical men. Those who were of a like mind with the SAIMR objected to the publicity given to Willmot's report. "Before the Government notification as to inoculation, there was not a wide-spread demand to be treated", explained the President of the Witwatersrand Branch of the British Medical Association,

"but after the notification had been issued there was. Medical Practitioners who did not believe in inoculation had to do it in order to retain the confidence of their patients . . . The Government was not justified in embarking on an experiment on the matter. The Government would have been in order in mentioning that the vaccine could be used or not as desired. The profession locally, smiled when it read the notification referred to, which was so contrary to its own experience in the majority of cases."<sup>163</sup>

On the other hand, Watkins-Pitchford's views upset those who had found vaccine effective. One Cape Town doctor "deplored" his statement, asserting that his "disquieting opinion . . . had done harm" in Cape Town and that he

159. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Dr. Arnold to Director SAIMR, 15/10/1918.

160. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Director SAIMR to MOH for the Union, 16/10/1918.

161. See p. 114 above.

162. UG 15–19, Appendix F.

163. IEC, vol. 1, file 2: Evidence of Dr. Baumann, pp. 1, 6–7. See too, Evidence of Dr. A. Abelheim, p. 4; vol. 1, file 4: Evidence of Dr. H. M. Chute, p. 4; vol. 2, file 6: Evidence of Dr. H. Hutchinson, p. 3; *South African Medical Record*, 25/1/1919, p. 21.

"blamed the Institute for Medical Research for making a half-hearted statement and thus increasing the difficulty in Cape Town, when the epidemic was at its height. He was aware they had no evidence in favour of the use of the vaccine to work upon; but they should not have damned it with faint praise."<sup>164</sup>

"As a result of this", related another Cape Town doctor, "the doctors of the Peninsula were puzzled and stayed their hands, and many lives were lost which could have been saved if vaccine had been used more freely."<sup>165</sup>

This clash of opinion between medical men in Cape Town and Johannesburg was most sharply illustrated by what happened in the UDF. Colonel Orenstein was sceptical of the utility of vaccines from the start and refused to recommend their use.<sup>166</sup> However, his Assistant Director of Medical Services in Cape Town, Colonel Sir John Hewat, was convinced not only of "the efficacy of the serum as a Prophylactic but later as a curative"<sup>167</sup> and he went on record to this effect in the press.<sup>168</sup> This fundamental difference of opinion at the highest level touched off a furor in military circles and the Minister of Defence noted tartly,

"I hope Col. Orenstein will impress upon his ADMS' re the advisability of rushing to the newspapers with half-formed theories & conclusions. This business has caused quite a stir & I have had to quote Col. Orenstein's views as against those of Col. Hewat."<sup>169</sup>

Orenstein's views prevailed at Roberts' Heights,<sup>170</sup> but he does not seem to have gone beyond official discouragement of inoculation elsewhere.<sup>171</sup> At several camps this was not heeded.<sup>172</sup>

The press-reading public was dismayed by these contradictory statements. In Cape Town many of those who had, in good faith, allowed themselves to be inoculated, now doubted the wisdom of their action, while others, as yet uninoculated, promptly refused to be done.<sup>173</sup> "Pitchford's report disturbing public", Willmot wired Pretoria angrily.<sup>174</sup>

Three days after issuing its ambivalent memorandum, the Public Health Department confused the situation even further with a second memorandum, which contained a report by leading English bacteriologists which it had recently received. In it they recommended the use of vaccine against 'flu and its complications.<sup>175</sup>

164. IEC, vol. 2, file 8, part 2: Evidence of Dr. D. P. Marais, pp. 1, 3-4. See too his comments in *Cape Times*, 23/10/1918, p. 6 and in *South African Medical Record*, 14/12/1918, p. 359. For further medical opinion in the same vein, see *South African Nursing Record*, November 1918, p. 22.

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

166. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of discussion with Col. Orenstein [12/10/1918?]. See too *De Volkstem*, 25/10/1918, p. 12.

167. SADF Archives: DC 1303, file 4003, Col. J. Hewat to DMS, 23/10/1918.

168. *Cape Argus*, 21/10/1918, p. 5.

169. SADF Archives: DC 1304, file M/4501, vol. 2, Unsigned gloss, 31/10/1918, on Deputy DMS to Secretary for Defence, 28/10/1918.

170. SADF Archives: DC 1323, file 9003, Report by Lt. Col. Michie to DMS, 27/11/1918.

171. SADF Archives: DC 1303, file 4501, vol. 1, Telegram from DMS to District Staff Officer, East London, 18/10/1918; DC 1304, file M/4501, vol. 2, Staff Officer for Medical Services to ADMS, Durban, 19/10/1918.

172. SADF Archives: DC 1303, file 4003, Report on Influenza Epidemic in Durban Military Area by ADMS, Durban, 29/11/1918; DC 364, file 40177, Circular no. 204 from District Staff Officer, East London to Officers of Defence Rifle Association, no. 3 Military District, 28/10/1918; IEC, vol. 2, file 9: "Minute on Anti-Influenza Vaccine as a Prophylactic used in Capetown October 1918" by Major G. D. Maynard.

173. *South African Nursing Record*, November 1918, p. 22; *Cape Argus*, 21/10/1918, Editorial; 23/10/1918, Editorial.

174. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 22/10/1918.

175. *Cape Times*, 23/10/1918, p. 6. For Watkins-Pitchford's less than enthusiastic comments on this report, see CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Director SAIMR to MOH for Union, 22/10/1918.

"In the history of medical science in South Africa there has never been so great a change of front", commented one columnist caustically. "It took only two days to convince the Johannesburg authorities that they were in the wrong."<sup>176</sup> Bewildered and distressed, a correspondent wrote in the *Cape Argus*:

"Faith is a great thing, and to destroy the people's faith in a time of stress, such as we are now experiencing, is a cruel thing, the more particularly as, pace the savants, the faith is not ill placed."<sup>177</sup>

Probably, most of those who took note of this disagreement eventually followed the advice of someone they trusted – a family doctor, a friend or a member of the family. For the vast majority of the population, however, ignorant of the controversy, the determining factor in being inoculated or not would have been whether they accepted or rejected inoculation in principle. Predictably, therefore, the greatest hostility to inoculation occurred among those who had been least exposed to Western medicine, namely rural Blacks,<sup>178</sup> "Coloureds",<sup>179</sup> and Indians.<sup>180</sup>

In these circumstances, it is not surprising that initially the Public Health Department was unwilling to commit itself to an active campaign of inoculation. However, bolstered by accumulating evidence of the vaccine's utility and by the favourable report of the English bacteriologists, its confidence grew. Three days after it had issued the latter report, the Department officially authorised magistrates to arrange for District Surgeons and properly instructed laymen to undertake free public inoculations in areas outside the jurisdiction of local authorities.<sup>181</sup> This it quickly supplemented by agreeing to the supply of SAIMR and Cape Town vaccine free of charge to all local authorities or doctors wishing to utilise it.<sup>182</sup> It seems clear that by then it was convinced that, as Dr. Arnold put it, "Both vaccines apparently afford some protection against influenza and mitigate or prevent complications."<sup>183</sup>

With these decisions by the Department, the use of vaccine became widespread,<sup>184</sup> though often this was less out of conviction than from a desire to satisfy popular clamour and calm anxiety. In Paarl "people were scared, but derived courage from inoculation," reported a local doctor,<sup>185</sup> while a Germiston practitioner found that when he injected a woman who imagined she had Spanish 'flu, with water, she recovered at once.<sup>186</sup> The District Surgeon of Mossel Bay was not too proud to admit

"that from the time he started using Cape Town vaccine for treatment he felt

176. *Tembuland News*, 15/11/1918.

177. *Cape Argus*, 30/10/1918, p. 3.

178. See Chapter 5, pp. 86–87.

179. Collier Collection: Letter from Dr. R. van Geuns, June 1922.

180. IEC, vol. 1, file 3: Statement by P. Binns, p. 9; Evidence of Mr. Nayanah, p. 32.

181. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 24 of 1918 from Dept. of Public Health, 1/11/1918. This arrangement was subsequently extended to the Cape, presumably to include Divisional Council areas (Cape Archives: 1/CT 15/4, Circular no. 25 of 1918 from Dept. of Public Health, 1/11/1918).

182. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 24 of 1918 from Dept. of Public Health, 1/11/1918.

183. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dr. Arnold to Governor of Hong Kong [19/11/1918].

184. Even the Prime Minister, General Botha, was inoculated (*Rand Daily Mail*, 11/11/1918).

185. IEC, vol. 2, file 8, part 2: Evidence of Dr. A. L. de Jager, p. 1. For further examples of its morale-boosting effect, see IEC, vol. 1, file 1: Evidence of Dr. Leopoldt, p. 25; vol. 1, file 4: Evidence of J. H. O'Connell, p. 5; vol. 2, file 6: Evidence of Dr. G. Pearson, p. 7; vol. 2, file 9: "Minute on Anti-Influenza Vaccine as a Prophylactic used in Capetown October 1918" by Major G. D. Maynard; *South African Medical Record*, 8/2/1919, p. 41; UG 15–19, p. 32.

186. Interview with Mrs. Scully.

he had a remedy that at any rate reduced the feeling of helplessness."<sup>187</sup>

Perhaps some doctors felt inoculation was necessary so that people did not lose faith in the medical profession or even in human ability to "do something" against the 'flu. A contributor to *Ilanga lase Natal* put his finger on this very point the following year:

"Medical Science has told us . . . inoculation in the late "Flu" was used to arrest, to modify or to prevent the "Flue" [sic] but [it] was simply a psychological side of the question (superstition?) to arrest public alarm and panic and thus assist the authorities to maintain law and order and to restore general confidence in Medical Science."<sup>188</sup>

Whatever the motive, the use of vaccine increased dramatically and soon neither the SAIMR nor the Cape Town Laboratory was able to meet the orders reaching them,<sup>189</sup> despite assistance given to the former by the veterinary laboratory at Onderstepoort.<sup>190</sup> Clinsearch continued to receive orders for its vaccine,<sup>191</sup> but it was the free SAIMR and Cape Town vaccines which were in greatest demand. It was not until early in November that sufficient quantities of these became generally available.<sup>192</sup> Between them, the SAIMR and the Government Laboratory in Cape Town issued some two million doses of vaccine.<sup>193</sup> How much Clinsearch sold is unknown.

Once the epidemic had passed, it became imperative to ascertain exactly how effective vaccine therapy had been, as the 'flu was fully expected to return in 1919. Evidence – statistical, semi-statistical and purely impressionistic – was sought from all quarters, much of it to be laid before the Influenza Epidemic Commission.<sup>194</sup> The Commission's conclusions on this question reflected the equivocation which had characterised the Department of Public Health's own behaviour: it could make no definite recommendation, it said, because of the controversial nature of the evidence,<sup>195</sup> but vaccines seemed to have helped in many cases,<sup>196</sup> though in future, "no public recommendation should be issued by Government to use vaccines the utility, or at least harmlessness, of which has not been thoroughly and scientifically established".<sup>197</sup> It strongly urged that research be begun at once into vaccines to

187. IEC, vol. 2, file 8, part 2: Evidence of Dr. F. T. Waldron, p. 3.

188. *Ilanga lase Natal*, 30/5/1919.

189. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Gloss by Dr. Mitchell on "Influenza Epidemic – Utility of Inoculation", 28/10/1918; Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 29/10/1918.

190. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Record by Dr. Mitchell of telephone conversation with Dr. Watkins-Pitchford, 16/10/1918; Director of Veterinary Research to Director SAIMR, 19/10/1918. For an ironic comment on the use of a veterinary laboratory in the campaign against an epidemic among humans, see *Diamond Fields Advertiser*, 16/10/1918, p. 7.

191. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Director Clinsearch Laboratories to Dr. Mitchell, 20/11/1918.

192. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Memorandum from Dr. Mitchell to Dr. Arnold, 6/11/1918.

193. The SAIMR issued over one million doses (*Transvaal Chamber of Mines: 29th Annual Report for 1918*, p. 73), the Government Laboratory in Cape Town 954,424 doses (IEC, vol. 2, file 7, part 1: Written Evidence by Dr. Robertson, Major Pullon and Captain Garrow, p. 4).

194. The main testimony of this nature came from Dr. W. Watkins-Pitchford, Dr. J. Pratt Johnson, Dr. F. S. Lister, Dr. F. C. Willmott, Dr. G. W. Robertson, Major E. D. Pullon, Captain A. Garrow, Professor T. J. Mackie, Major G. D. Maynard and the Transvaal Chamber of Mines. The *South African Medical Record* also appealed to doctors to report on their experiences and editions of this journal between 26 October 1918 and 12 April 1919 carried many valuable comments on the use of vaccine, both for and against.

195. UG 15-'19, para. 123.

196. *Ibid.*, para. 124.

197. *Ibid.*, para. 127. A clause giving the Government the right to inspect all vaccine was included in the new Public Health Act (Act 36 of 1919, section 134).

combat 'flu.<sup>198</sup> Dr. Lister set to work immediately and over the next few years, in common with bacteriologists all over the world, he conducted extensive research into the aetiology of influenza.<sup>199</sup> However, it was not until 1933 that the fundamental breakthrough was made in this field – the discovery by three researchers in England that influenza is caused by a virus,<sup>200</sup> a fact which Dr. Lister and Professor T. J. Mackie of the University of Cape Town, among others, had suspected in 1918.<sup>201</sup>

It was the absence of this basic knowledge more than anything else which lay at the root of the variable performance of the three vaccines in wide use in South Africa in 1918. Apart from their hit and miss methods of preparation, their ignorant and tardy administration, the over-and under-doses, the septic syringes and the incomplete sets of inoculations,<sup>202</sup> it was the general belief that Pfeiffer's bacillus influenzae was the prime causative organism that made the three vaccines (which included it as their major agent to ward off the 'flu) so ineffective as prophylactics. On the other hand, they appeared to be more successful when used therapeutically, possibly because they all eventually included a variety of cocci<sup>203</sup> which could have helped build up resistance against the pneumonic complications that were so deadly. Some medical men believed that it was because the Clinsearch vaccine was so extremely mixed in composition<sup>204</sup> that it seemed to be relatively more effective in treating the 'flu than the others. In the words of one doctor, it was "immensely extensive, in other words a bigger blunderbuss, and it consequently hit far more cases than that of the Government, which has not nearly so polyvalent".<sup>205</sup>

For all these misconceptions and errors, it is likely that the episode of the Spanish 'flu helped widen the general acceptability of vaccine therapy in South Africa, both in medical and non-medical circles.<sup>206</sup> There is no doubt that Colonel Hewat was not the only doctor, "conservative to [sic] old methods and not ready to accept new without full proof and thoughtful consideration, . . . one who has never accepted the doctrine of vaccines and serum for all known diseases", who, as a result of his experiences during the 'flu, came to believe "unhesitatingly that proof is ample of the value of the vaccine".<sup>207</sup> A doctor in Ladysmith who had found Clinsearch

198. UG 15-'19, para. 125.

199. See for instance his articles in *SAIMR Publications*, vol. 1, no. XII (1919); *South African Medical Record*, 25/11/1922, pp. 434–436; *Journal of Medical Association of South Africa*, 13/4/1929, pp. 179–181; *SAIMR Annual Reports*, 1919 onwards, "Research Division" sections.

200. A. W. Crosby: *Epidemic and Peace, 1918*, pp. 287–289; W. I. B. Beveridge: *Influenza – The Last Great Plague*, pp. 7–9; H. J. Parish: *A History of Immunization*, p. 295.

201. *South African Medical Record*, 14/12/1918, p. 358; *Medical Journal of South Africa*, November 1918, p. 293; UG 15-'19, para. 17; H. J. Parish: *Victory with Vaccines – The Story of Immunization*, p. 160.

202. See pp. 113–115 above and Chapter 5, p. 86; CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 2/11/1918 and reply from Dept. of Public Health, Pretoria to Dept. of Public Health, Cape Town, 4/11/1918; IEC, vol. 1, file 1: Evidence of Dr. J. Pratt Johnson, p. 2; vol. 1, file 4: Evidence of Dr. E. Hill, p. 7; vol. 2, file 8, part 2: Evidence of Dr. Waldron, pp. 2–3; Evidence of W. Stuart, p. 4; *South African Medical Record*, 14/12/1918, pp. 353–354, 356; 28/12/1918, p. 384 (patient M. K. F.) and p. 388; 25/1/1919, p. 21; 8/2/1919, p. 41; 22/3/1919, p. 94; *Transvaal Critic*, 22/11/1918, pp. 663–664; Letter to author from Mrs. A. Frayne, February 1981.

203. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Clinsearch Laboratories Statement no. 4, 1/11/1918; SAIMR Notice (marked 58/316/28), n.d.; Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 3/11/1918.

204. CA: GES 67, file 13/42<sup>A</sup>, sub-file 316/28, Clinsearch Laboratories Statement no. 4, 1/11/1918. *South African Medical Record*, 14/12/1918, p. 359.

205. See for instance, SADF Archives: DC 1304, file M/4501, vol. 5, Dr. Arnold to Col. Stock, 30/5/1919; *Cape Times*, 8/3/1927 (Statement by Dr. Shaddick Higgins).

207. SADF Archives: DC 1303, file 4003, Col. J. Hewat to DMS, 23/10/1918.

vaccine of "great clinical value"<sup>208</sup> summed up the argument for vaccine therapy in a neat and topical metaphor: "War is waged with counter-attacks, so now are many diseases, and the value of vaccine in this epidemic clearly shows that vaccine has gained another victory."<sup>209</sup>

It was not merely over its handling of the vexing vaccine question that the Public Health Department came under fire. Sharp criticism of its overall performance during the epidemic was levelled at it too, in newspapers, before the Influenza Epidemic Commission and in private. Much of this criticism displayed little appreciation of the very real problems facing the Department, but much of it was well justified.

Many complained that it was slow to recognise the gravity of the situation and as a result it had failed to give the country warning of the epidemic engulfing it. In the opinion of the Acting MOH of Pretoria:

"There was one official who should have been in a position to warn municipalities of the threatened epidemic and that was the Medical Officer of Health for the Union. No one else was likely or could be expected to have such authoritative information . . . He did not say that Dr. Arnold should have known it was 'going to be' serious. He should have known that it *was* serious when it became so."<sup>210</sup>

For allowing sick Blacks to travel home by train and so spread the epidemic country-wide the Department received considerable blame too, especially from Whites in the country districts. A journal catering for rural readers angrily claimed:

"We have every right to know why it is possible for a Government to make laws that infected cattle may not move here or there, and yet confess themselves powerless to prevent panic-stricken natives scattering all over the country, . . . handing on the infection to helpless inmates of the kraal . . . Surely the first duty of the Government is the welfare of the people, and in unusual crises unusual steps should be taken . . . Had it been possible to prevent this influenza from spreading till we had learned a little more about the treatment of it and the importance of good nursing, there would not to-day have been such a terrible death-roll. But it was allowed to run everywhere at once, like spilt quicksilver . . ."<sup>211</sup>

With characteristic acrimony, *Ons Vaderland* related how 200 Blacks had been allowed to travel to Rustenburg straight from Kimberley, "daardie broeikas van siekte . . . nes of die regering meen dat die natuurlike verspreiding nie vinnig genoeg gaan nie; dat hul die kwaad moet bevorder!"<sup>212</sup> It produced a grotesque explanation as to why these men and the Black miners from the Rand had been permitted to go home:

"De mijnmagnaten zaten opgescheept met de duizende zieke kaffers. Werk zouden ze niet uit hen kunnen krijgen voor geruime tijd, en 't begraven kost geld. Dus was 't in 't belang van de goud- en diamantkoningen om de kaffers zo gauw mogelijk kwijt te raken. Ze worden eenvoudig over de lengte en breedte van Z. Afrika verspreid."<sup>213</sup>

As the final barb in one of its tirades, it wrote of "Die Unie Dept. van Publieke Gesondheid (ook genoemd: Dept. van Epidemiën)";<sup>214</sup> elsewhere it

208. *South African Medical Record*, 11/1/1919, p. 4.

209. *Ibid.*, p. 6.

210. IEC, vol. 1, file 1: Evidence of Dr. P. H. Haylett, pp. 3-4, 6.

211. *The Homestead*, 27/11/1918, p. 31.

212. *Ons Vaderland*, 15/10/1918, p. 5.

213. *Ons Vaderland*, 5/11/1918, p. 6.

214. *Ons Vaderland*, 25/10/1918, p. 6.

referred to Watt as the “Minister voor Ziekteverspreiding”,<sup>215</sup>

Not only were the Department’s failings believed to have been ones of omission. It was also thought to have been tardy in launching relief once it had realised what was happening, while these relief measures were widely felt to have been wholly inadequate. “If we wait for the Government to come and do everything for us we shall all be dead and buried”, gibed the *People’s Weekly*.<sup>216</sup> “The initiative has been left to others”, protested *The Star*, “the Public Health Department has failed completely to give any lead.”<sup>217</sup> In the opinion of the *Rand Daily Mail*, the general impression which the Department’s behaviour had created was of a lack of “vigour or generosity. Bitter complaints have been made by many country areas of the trifling character of the assistance rendered in response to appeals for help and of the amount of red tape involved in the effort.”<sup>218</sup> Nor were such feelings limited to editorial columns. In a private letter to General Smuts, the Governor-General expressed his opinion that “throughout the epidemic, it [the Department of Public Health] has shewn want of energy, courage, and resource, in dealing with the position”,<sup>219</sup> while, in a caustic aside at a council meeting, the Mayor of East London suggested, “Had this been an outbreak of foot and mouth disease or scab, all the vets. [sic] would have been rushed to the spot and a million of money would have been spent.”<sup>220</sup>

To many, the Department seemed inept and unable to cope with the situation precipitated by the ‘flu. It had “lamentably failed in rising promptly and effectively to the emergency”, declared the *Cape Times*, adding,

“[T]he gravamen of the charge against the Department is that, instead of showing itself the provident and well-prepared authority that we have a right to expect from a Public Health Department, it showed a lack of imagination and initiative that were wholly deplorable.”<sup>221</sup>

Pretoria’s Town Engineer testified to feeling that “there was nothing expert about what was done. There was enthusiasm, but no advice and no guiding hand.”<sup>222</sup> *De Burger* did not mince its words, referring to “Het totaal gebrek aan vertrouwen in de bekwaamheid der hoogste landbestuurderen”,<sup>223</sup> while in criticising the confusion of authority and absence of uniform measures against the ‘flu, the Government-supporting *De Volkstem* concluded “dat daar iets totaal verkeerd is in ons gezondheidsdiens oor die algemeen”.<sup>224</sup> Indeed, at one stage so fumbling did the Department’s actions appear, that the ever-active Secretary for Defence seriously contemplated “so drastic a step as taking the control out of the hands of the Health Department & giving it to the A[cting] D[irector] of M[edical] S[ervices], . . . [who was] more fully competent to organize effective measures & make the best of all available resources.”<sup>225</sup>

There was criticism too (and this was not solely of the Public Health Department, but of many doctors as well) of the terminology employed. “Flu” was felt to be a

215. *Ons Vaderland*, 10/12/1918, p. 3.

216. *The People’s Weekly*, 9/11/1918, Editorial.

217. *The Star*, 24/10/1918, Editorial.

218. *Rand Daily Mail*, 20/2/1919, Editorial.

219. CA: A1 (Smuts Collection), vol. 203, Buxton to J. C. Smuts, 5/11/1918. For a similar opinion expressed by a well-informed medical man in state employ, see South African Library MSS. Department: MSC 15 (Merriman Collection), Letter no. 570 from Dr. C. L. Leipoldt to Merriman, 5/11/1918.

220. *Daily Dispatch*, 15/11/1918, p. 6.

221. *Cape Times*, 15/10/1918, Editorial.

222. IEC, vol. 1, file 1: Evidence of F. W. Jameson, p. 1.

223. *De Burger*, 30/10/1918, p. 3.

224. *De Volkstem*, 15/10/1918, p. 5.

225. SADF Archives: DC 1151, file DB 2430/2, Minute from Sir Roland Bourne to Minister of Defence, 31/10/1918.

wholly misleading term as, by using it, people were led to believe it was “'n verkoudheid . . . wat iedereen van ons . . . gereëld, éénmaal in die jaar, soms tweemaal krij”. They therefore were inclined to treat what was a highly dangerous disease rather lightly, shrugging it off with an “Ag – wat, dis net ‘flue’ [sic], – neem 'n sweetmiddeljie en raak dit kwijt.”<sup>226</sup> For this reason the *People's Weekly* believed

“there is much to be said for the contention of the Cape doctor<sup>227</sup> that it would have been better, even were we clinically in error, to have called the epidemic ‘plague’ or something sufficiently alarming to startle the public into taking it seriously.”<sup>228</sup>

It is clear that many held the Public Health Department responsible to no small degree for the devastating impact of the epidemic. Referring to the Italian origin of the word “influenza” as the term for “an ethereal essence, or influence . . . descending from unfriendly stars upon helpless mankind”, the *Medical Journal of South Africa* observed:

“It appears to be the opinion of a considerable section of the South African community that the Public Health Department has, for the nonce, supplanted the celestial bodies in this particular work.”<sup>229</sup>

In a similar vein, the *South African Medical Record* referred to the “enormous amount of loose and very unfair talk . . . indulged in by the laity, in the press and otherwise, and any amount of desire manifested to hang somebody”.<sup>230</sup>

For its defence of the Public Health Department and assertion that it had “the confidence and support of the profession in this time of unparalleled [sic] national calamity” and would continue to receive it “so long as it discharges its functions with a greater regard to technical efficiency than to political expediency”,<sup>231</sup> the *Medical Journal of South Africa* was slated by *De Volkstem*. It spoke of the “vrijmetselaarsgilde van die suid afr[ikaanse] medisi” which overrode all protest and dissent:

“Wat sal die publiek, die arme publiek, dus nog praat! Dit is die gekonsentreerde opinie van die ganse gilde daardie, en basta daarmee. Die publiek kan doodgaan, maar die ‘ambag’ alleen mag oor die ‘tegniese doelmatigheid’ van een en ander oordeel.”

On the contrary, to it it seemed

“alof 't hier nie soseer die vraag is of die ‘professie’ al of nie vertrouwe stel in die dept., als wel wat vir vertrouwe ons publiek vandag nog in die ‘professie’ stel. Ons eie publiek het eenmaal 'n jammerlik oordrewe idee *gehuldig van die kapasiteit en die toegewijdheid van die ‘professie’*, maar ons vrees dat die hoë dunk in hierdie krisis 'n baie gevoelige deuk gekrij 't.”<sup>232</sup>

All these criticisms pointed in the same direction – the Public Health Department was, in constitution, scope, staffing and resources wholly inadequate for the task of safeguarding the health of the Union's population. What the Spanish ‘flu episode did was to expose this fact dramatically and unequivocally. “The Union Public Health Department could not really be called a Public Health Department at all”, claimed Durban's MOH,<sup>233</sup> and, in his written evidence to the Influenza Epidemic

226. *De Volkstem*, 22/10/1918, p. 9.

227. See p. 108 supra and Chapter 7, pp. 130–131.

228. *The People's Weekly*, 9/11/1918, Editorial.

229. *Medical Journal of South Africa*, September 1918, p. 243.

230. *South African Medical Record*, 9/11/1918, p. 320.

231. *Medical Journal of South Africa*, September 1918, p. 243.

232. *De Volkstem*, 1/11/1918, Editorial.

233. IEC, vol. 1, file 3: Evidence of Dr. P. Murison, p. 10.



Commission he elaborated on this with a graphic analogy: the existing Department "have done all that was humanly possibly for mortal men to do, but when I point out that the small Borough of Durban permanently employs as many medical men – each one with public health qualifications – as are to be found in the Union Public Health Department at Pretoria, the absurdity of the position is apparent. I have compared the relative positions as between a small rowing boat that can be manned efficiently by three men, and demanding of these same three men to take out to sea a Trans-Atlantic Liner!<sup>234</sup>

After the experience of the 'flu there was only one answer: the embryonic Department had to be reconstituted as a fully-fledged Department of Public Health. "[W]e are very anxious to have an efficient health department (not an apology for one, as at present)", asserted the Chairman of the Influenza Epidemic Commission.<sup>235</sup> The Report of his Commission spelt this out in unambiguous terms:

"It should be the urgent concern of the Government to immediately establish a thoroughly autonomous and efficient Health Department on modern lines, the Head of which shall be his own Accounting Officer directly responsible to a Minister."<sup>236</sup>

234. *Ibid.*: Written Statement by Dr. Murison, pp. 19–20.

235. Union of South Africa: *Report of Select Committee on the Public Health Bill, SC 3-'19*, pp. 41–42.

236. UG 15-'19, para. 85. In succeeding paragraphs (86–95) the Commission detailed the composition and duties it envisaged for such a Department.