

PART 4
RESULTS AT THE NATIONAL LEVEL

CHAPTER 9

THE TOLL

Even under normal conditions in 1918, the South African Government lacked the means to record every death in the country. Pre-Union legislation on this matter was still in force and did not provide for all sections of the population: in the OFS and Zululand no provision was made to register Black deaths, while in the Transvaal only Blacks in urban areas were subject to the Registration Ordinance of 1906. As for the Cape, in theory the 1894 Births and Deaths Registration Act applied to all inhabitants, but in practice it was largely a dead letter in predominantly Black rural areas.¹

If the registration of deaths was defective under ordinary circumstances, there was little chance of an accurate record being kept during the crisis of "Black October", when the registration of White deaths even in large cities faltered. "The omission to register deaths is not to be wondered at", noted the *Official Year Book of the Union*, "when one considers the widespread incidence of the disease, when whole families, and in many cases the greater portion of whole communities were incapacitated . . . and the organization of civil administration was to a large extent suspended."² "[O]p s'n best g'n autentieke sifjers sal [ons] kan verkrij nie", the Registrar of Births and Deaths in Pretoria told *De Volkstem* in an interview after the epidemic had passed.³

With basic statistical information so imperfect, it is unrealistic to hope to establish the full toll of "Black October" in South Africa with any degree of precision. A well-informed estimate will have to suffice.

The shortcomings of the figures reported by the Influenza Epidemic Commission have already been referred to, especially with regard to predominantly Black rural areas.⁴ However, they are the most detailed and comprehensive statistics available for the Union as a whole and are probably reasonably accurate in so far as Whites and Indians are concerned. They also provide a guide to the proportion of 'flu deaths per province and per race group. Most secondary works have accepted these figures;⁵ Gluckman's 1944 National Health Services Commission merely rounded off the Influenza Epidemic Commission's figures in its conclusion that, "according to competent estimates", 142 000 people had died in the epidemic.⁶ (See Table 11).

Other contemporary official estimates have serious deficiencies: the figure of 54 899 deaths in the *Official Year Book* is based on registered influenza and pneumonia deaths only,⁷ while the tables in the Department of Justice's *Annual Report for 1918* unaccountably omit certain Magisterial Districts, inter alia all those in the Transkei.⁸

Unofficial estimates at the time put the toll far higher: retired banker and

1. Union of South Africa: *Official Year Book of the Union*, no. 4, 1921, p. 175.

2. *Ibid.*, pp. 203, 204.

3. *De Volkstem*, 12/11/1918, p. 4.

4. See ch. 2, pp. 27-29 and ch. 5, pp. 87-88.

5. For example, J. Burman: *Disaster Struck South Africa*, p. 83; *Standard Encyclopaedia of South Africa*, vol. 6, pp. 94-95; Reader's Digest: *South Africa's Yesterdays*, p. 55; C. Graves: *Invasion by Virus*, p. 107; R. Collier: *The Plague of the Spanish Lady*, p. 305.

6. Union of South Africa: *Report of the National Health Services Commission 1942-1944*, UG 30-1944, p. 19, para. 18. This is also the figure accepted in E. H. Cluver: *Public Health in South Africa*, p. 244.

7. Union of South Africa: *Official Year Book of the Union*, no. 4, 1921, pp. 204-205.

8. Union of South Africa: *Annual Report of the Department of Justice for 1918*, UG 36-19, pp. 36, 75, 92, 115.

TABLE 11(a)
SPANISH 'FLU' DEATHS AND DEATH RATES PER PROVINCE ACCORDING TO INFLUENZA EPIDEMIC COMMISSION: WHITES, BLACKS, INDIANS AND "COLOURED"

	Population				Deaths				Death rate/1 000 of population						
	W (1918)		B (1911)*		Total		Total		W		B		All		
	W (1918)	B (1911)*	I.C. (1911)*	Total	W	B	I.C.	Total	W	B	I.C.	Total	W	B	All
Cape	618 825	1 519 099	462 669	2 601 413	5 855	66 482	14 821	87 108	0.46	43.7	12.6	57.8	0.46	43.7	12.6
Tol.	699 347	1 219 865	45 805	1 964 997	3 207	24 809	6.54	28 664	20.7	20.1	12.8	20.1	20.1	12.8	
OFs	181 678	325 824	27 161	534 663	2 242	7 214	281	9 737	12.34	22.1	10.3	18.21	12.34	22.1	
Natal	121 931	953 598	142 231	1 217 860	362	11 463	1 977	13 962	2.97	12.2	13.6	11.46	2.97	12.2	
SA	1 421 781	4 019 006	678 146	6 118 933	11 726	110 118	17 627	139 471	8.25	27.4	26	22.79	8.25	27.4	

* As there was no census of Blacks, Indians and "Coloureds" between 1911 and 1921, the figures used in this column are those of the 1911 census (which lumped Indians and "Coloureds" together). The actual Black, Indian and "Coloured" populations in 1918 would have been considerably greater assuming that their population growth rates between 1904 and 1911 (Blacks: 2.03% p.a., Indians and "Coloureds": 2.8% p.a.) had been maintained. Based on these growth rates, the bottom line of Table 11(a) above would read:

	Population				Deaths				Death rate/1 000 of population						
	W		B		Total		Total		W		B		All		
	W	B	I.C.	Total	W	B	I.C.	Total	W	B	I.C.	Total	W	B	All
SA	1 421 781	4 900 101	811 062	6 822 944	11 726	110 118	17 627	139 471	8.25	24	21.7	20.4	8.25	24	21.7

TABLE 11(b)
ESTIMATES OF NUMBER OF SPANISH 'FLU' CASES, INCIDENCE AND CASE MORTALITY PER PROVINCE ACCORDING TO INFLUENZA EPIDEMIC COMMISSION: WHITES, BLACKS, INDIANS AND "COLOURED"

(About these figures, the Commission commented: "It is impossible to obtain reliable statistical information in regard to the attack rate of the disease, but as accurate an estimate as it is possible to make has been submitted." - UG 15-'19, para. 48)

	Estimated no. of cases				Incidence/100 population*				Death rate/100 persons attacked (case mortality)						
	W		B		Total		Total		W		B		All		
	W	B	I.C.	Total	W	B	I.C.	Total	W	B	I.C.	Total	W	B	All
Cape	192 007	809 918	199 205	1 201 230	31.03	53.3	43.1	46.18	3.09	8.2	7.4	7.25	3.09	8.2	7.25
Tol.	180 019	464 081	7 867	652 067	28.16	39.7	16.1	35.81	2.32	5.1	7.98	4.53	2.32	5.1	
OFs	42 532	81 644	3 178	127 354	23.43	25.1	11.2	43.02	2.81	4.9	9.2	4.23	2.81	4.9	
Natal	42 473	463 170	47 819	513 664	34.94	46.6	35.3	45.63	0.83	2.5	4.05	2.52	0.83	2.5	
SA	454 633	1 904 019	297 533	2 616 885	31.98	47.4	37.98	42.77	2.97	5.78	6.84	5.32	2.97	5.78	

Sources: UG 15-'19, Appendix C.

UG 37-'19, pp. 4-6 (Table 2).

Standard Encyclopaedia of South Africa, vol. 9, p. 3.

financier, Sir Lewis Michell, concluded that 300 000 people had died, confirming the Malthusian principle "that nature has a rough & ready method of its own of annihilating the surplus population".⁹ *Ons Vaderland* believed that 50% should be added to the Influenza Epidemic Commission's figure, making a total of nearly 210 000 deaths;¹⁰ half a century later it had increased this number to "sowat 'n miljoen".¹¹

These unofficial estimates are a good deal closer to the results of a calculation based on a quite different type of enumeration, carried out 2½ years after "Black October". The census of May 1921 found that its total of 5 409 092 Blacks, "Coloureds" and Indians was as much as 500 000 short of what it had anticipated this total would be, based on a continuation of the estimated average annual rate of increase for these races between 1891 and 1911, which was 3,45% p.a.¹² It concluded that this shortfall

"was undoubtedly due to the enormous mortality during the devastating epidemic of influenza in the intercensal period, and corresponds almost exactly with the number of deaths estimated as having occurred during the epidemic."¹³

This very high rate of increase of 3,45% p.a. was higher than another Office of Census and Statistics estimate made slightly earlier: the *Quarterly Abstract of Union Statistics* issued in January 1920 put the average annual rate of increase for these races between 1911 and 1918 at 2,46% p.a.¹⁴ Extended to 1921, this trend would have meant that the 1921 census figure of 5 409 092 Blacks, "Coloureds" and Indians was 443 559 less than it should have been.

If the Influenza Epidemic Commission's figure of 11 726 White Spanish 'flu deaths is taken as more or less accurate, the above calculations mean that the epidemic claimed between 455 285¹⁵ and 511 726¹⁶ victims in South Africa in 1918–1919.¹⁷

Faced by such a range of totals from the only authority able to compile a national estimate, the historian must evaluate them most judiciously. While it is certain that the Influenza Epidemic Commission's figures are not complete, its semi-empirical basis must give these added weight; the basis of the two Office of Census and Statistics totals appears too mechanistic to be accepted as they stand. Thus, the toll was probably a good deal higher than the Commission's 139 471, but not as high as half a million. Perhaps 250 000–350 000 would be a reasonable estimate.

Given this uncertain foundation to all Spanish 'flu statistics, every attempt to analyse the toll must be regarded as tentative and treated with great circumspection.

9. Cape Archives: A 540 (Michell Collection), vol. 8, Diary Entry for 27/2/1919.

10. *Ons Vaderland*, 7/3/1919, p. 2.

11. *Die Vaderland*, 8/12/1972, p. 17.

12. Union of South Africa: *Third Census of the Population, 1921 – Report*, UG 37–24, p. 27.

13. Union of South Africa: *Third Census of the Population, 1921 – Part I: Population, All Races*, UG 15–23, p. vi, para. 19. (This paragraph refers to this shortfall as being among "the Bantu population", but p. vii, para. 24 refers to it as "amongst other races [than White]"). UG 37–24, p. 27 also refers to the 500 000 as being the shortfall among "the non-European population".

14. Union of South Africa: *Quarterly Abstract of Union Statistics*, no. 1, January 1920, p. 7, Table (iii).

15. i.e. 443 559 + 11 726.

16. i.e. 500 000 + 11 726. This is the figure (though with White deaths rounded off to 12 000) that the *Official Yearbooks of the Republic of South Africa* have accepted since 1974 (*Official Yearbook of the Republic of South Africa*, 1974, p. 69).

17. These estimates would include approximately 4 000 deaths in the third wave of the epidemic in 1919 (Union of South Africa: *Annual Departmental Reports (Abridged)*, no. 1, 1920–1: *Department of Public Health*, UG 8–22, p. 141; *South African Medical Record*, 26/7/1919, p. 220).

The Influenza Epidemic Commission's figures provide the only basis for a national breakdown of the proportion of deaths in each province by race. (See Table 12). From this table it is clear that Blacks and "Coloureds" in the Cape were hardest hit; possible reasons for this have already been discussed.¹⁸

TABLE 12
SPANISH 'FLU DEATHS IN EACH PROVINCE AS PERCENTAGE OF TOTAL NUMBER OF SUCH DEATHS IN SOUTH AFRICA: BY RACE

	Whites	Blacks	"Coloureds"	Indians	Percentage of deaths by province
Cape	4,2	47,6	10,4	0,2	62,46
Tvl.	2,3	17,8	0,09	0,3	20,55
OFS	1,6	5,17	0,2	—	6,98
Natal	0,26	8,4	0,06	1,3	10,01
Percentage of deaths by race	8,4	78,95	10,75	1,89	

Source: Calculated from UG 15-19, Appendix C.

Table 13 and Map 1 try to indicate the relative severity of the epidemic by Magisterial District. For Blacks, "Coloureds" and Indians once again – in the absence of other detailed population statistics closer to 1918¹⁹ – the figures of the 1911 census must serve as the basis of the calculation of the influenza death-rate per 1 000 of the population in each District.²⁰ The number of 'flu deaths in each District is primarily taken from the Influenza Epidemic Commission's Report; occasionally these have been replaced by figures from the Annual Report of the Department of Justice or archival sources, where these seemed more reliable.

Table 13 and the accompanying map locate the heaviest impact of the epidemic in two broad belts: one more or less following the main railway line from Cape Town in a north-easterly direction as far as the Western Transvaal; the other south-east from the major railway junction at De Aar into the Ciskei and Transkei. Outside these two belts the areas of comparatively high mortality are few.

A notable feature is the relatively low death-rate among all races in Natal. The Influenza Epidemic Commission could not explain why this was so, though it did point out that a similar pattern had been noted during the mild influenza epidemic of 1889-1890, when Natal (and more particularly Durban) had suffered less than the rest of southern Africa. "It has been suggested", it commented, "that different strains of organisms operated in Natal and elsewhere [in 1918], but no definite pronouncement is possible on this subject."²¹

Subsequent findings that there were two waves of Spanish 'flu in 1918, one mild, one virulent, suggest that this is indeed what happened – that the Union was infected almost simultaneously by both waves, the milder entering via Durban, the more virulent via Cape Town. From these ports the waves spread to the rest of the

18. See ch. 2, pp. 26, 30, 33; ch. 3, pp. 52, 54-55; ch. 4, p. 70; ch. 5, pp. 88-89 and ch. 7, pp. 127-128. For an exploratory study of differential Spanish 'flu mortality in New Zealand, see D. I. Pool: "The Effects of the 1918 Pandemic of Influenza on the Maori Population of New Zealand" in *Bulletin of the History of Medicine*, vol. 47 (1973).

19. The 1918 census was limited to Whites.

20. On the use of these figures see note to Table 11.

21. Union of South Africa: *Report of the Influenza Epidemic Commission*, UG 15-19, para. 50.

country.²² The differential nature of mortality in the Transkei also points towards the epidemic in South Africa having a dual character. Of the seven Districts which reported a mortality rate of less than 20 per 1 000 inhabitants, six were in the south-eastern half, close to Natal.²³ The nearest railway line to five of these districts was the Natal system.

TABLE 13
ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES BY MAGISTERIAL DISTRICT:
CAPE

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Aberdeen	4 229	1 702	3 064	8 995	152	16.9
Adelaide	2 137	6 223	1 335	9 695	533	54.98
Albany	9 861	18 135	3 602	31 598	915	28.96
Albert & Venterstad	6 095	5 951	2 133	14 179	255 + 42 = 297	20.95
Alexandria	2 850	10 741	1 546	15 137	1 810	119.57
Aliwal North/ Lady Grey	6 417	8 034	1 596	16 047	419 + 112 = 531	33.09
Barkly East	3 729	4 784	507	9 020	260	28.82
Barkly West/ Klipdam	7 888	24 942	5 068	37 898	2 250 + 147 = 2 397	63.25
Bathurst	2 342	9 836	541	12 719	640	50.32
Beaufort West	5 565	748	6 036	12 349	524	42.43
Bedford	1 971	6 689	1 792	10 452	231	22.1
Bredasdorp	5 798	4	3 850	9 652	172	17.82
Britstown	2 502	895	2 070	5 467	197	36.03
Caledon	10 451	80	7 848	18 379	252	13.71
Calvinia	7 997	80	6 810	14 887	197	13.23
Cape Town (incl. Durbanville)	72 180	2 164	58 561	132 905	4 623	34.78
Carnarvon	3 614	1 427	2 829	7 870	306	38.88
Cathcart	2 348	9 418	670	12 436	750	60.31
Ceres	3 418	658	3 679	7 755	112	14.44
Clanwilliam	5 705	132	5 972	11 809	173	14.65
Colesberg	3 571	3 931	2 566	10 068	317	31.49
Cradock	5 919	7 074	3 926	16 919	499	29.49
De Aar	2 529	1 063	1 532	5 124	348	67.91
East London	21 223	27 311	2 254	50 788	696	13.7
Elliot	3 843	3 976	303	8 122	370	45.56
Fort Beaufort	1 819	10 889	1 160	13 868	319	23
Fraserburg/ Williston	5 105	182	3 277	8 564	43 + 69 = 112	13.08
George	9 005	1 300	6 830	17 135	66	3.85
Glen Grey	738	49 629	332	50 699	2 519	49.69
Gordonia	4 757	933	8 741	14 431	260	18.02
Graaff-Reinet	6 835	4 827	6 891	18 553	850	45.81
Hanover	1 496	910	1 377	3 783	107	28.28
Hay	4 452	4 180	3 581	12 213	250	20.47
Herbert	3 896	5 360	2 747	12 003	126	10.5
Herschel	209	37 498	1 308	39 015	1 463	37.5
Hope Town	2 765	1 162	1 952	5 879	134	22.79
Humansdorp	7 612	4 289	6 004	17 905	100	5.59
Jansenville	4 891	3 308	2 183	10 382	194	18.69

22. See ch. 7, p. 127 and IEC, vol. 1, file 1: Evidence of Dr. F. A. Arnold, pp. 2, 11.

23. They were: Umzimkulu, Mount Ayliff, Bizana, Flagstaff, Lusikisiki and Port St. Johns.

TABLE 13 (cont.)

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Kenhardt	7 349	472	4 798	12 619	190	15,06
Kimberley	20 769	30 771	12 705	64 245	4 861	75,66
Kingwilliamstown, Keiskamshoek & Middeldrift	10 581	94 303	1 838	106 722	7 218 + 1 221 + 2 220 = 10 659	99,88
Knysna	5 380	468	5 106	10 954	2	0,18
Komgha	1 756	14 474	153	16 383	718	43,83
Kuruman	4 361	12 099	1 591	18 051	226	12,52
Ladismith	5 679	184	4 657	10 520	84	7,98
Laingsburg	3 758	218	2 296	6 272	132	21,05
Maclear	2 174	3 279	415	5 868	115	19,6
Mafeking	3 834	21 043	794	25 671	793	30,9
Malmesbury/ Hopefield	14 476	175	17 320	31 971	498	15,58
Maraisburg	1 653	1 903	389	3 945	93	23,57
Middelburg	4 439	4 461	3 587	12 487	300	24,02
Molteno	2 826	4 625	553	8 004	333	41,6
Montagu	4 007	21	3 057	7 085	65	9,17
Mossel Bay	6 561	154	5 562	12 277	187	15,23
Murraysburg	1 466	984	2 112	4 562	88	19,29
Namaqualand Oudtshoorn/ Calitzdorp	6 327	763	16 957	24 047	81	3,37
Paarl/Wellington	17 534	774	17 651	35 959	385 + 12 = 397	11,04
Pearston	12 767	206	18 751	31 724	840	26,48
Peddie	1 730	1 986	1 300	5 016	40	7,97
Philipstown	1 536	19 210	153	20 899	1 368	65,46
Piquetberg	2 562	1 045	1 740	5 347	85	15,9
Port Elizabeth	11 264	30	6 897	18 191	140	7,7
Prieska	24 445	8 370	14 976	47 791	2 017	42,2
Prince Albert	3 502	966	3 062	7 530	339	45,02
Queenstown/ Sterkstroom	3 706	143	2 904	6 753	106	15,7
Richmond	8 050	22 777	2 843	33 670	1 312	38,97
Riversdale	1 709	1 115	2 184	5 008	218	43,53
Robertson	9 046	88	6 078	15 212	44	2,89
Simonstown	5 822	79	4 999	10 900	200	18,35
Somers East	8 056	252	4 166	12 474	348	27,9
Stellenbosch/ Somerset West	5 597	8 297	3 774	17 668	458	25,92
Steynsburg	9 588	795	12 800	23 183	684	29,5
Steytlerville	2 529	2 247	864	5 640	113	20,04
Stockenström	2 993	1 956	1 695	6 644	101	15,2
Stutterheim	1 860	6 531	2 080	10 471	663	63,32
Sutherland	2 393	10 595	244	13 232	786	59,4
Swellendam	2 582	62	1 481	4 125	34	8,24
Tarka	8 929	96	7 321	16 346	178	10,89
Taung	2 426	5 792	841	9 059	122	13,47
Tulbagh	1 041	21 647	466	23 154	614	26,52
Uitenhage	2 586	341	4 873	7 800	238	30,51
Uniondale	12 981	11 088	6 999	31 068	847	27,26
Vanrhynsdorp	6 314	1 338	4 475	12 127	31	2,56
Victoria East	4 203	13	2 781	6 997	113	16,15
Victoria West	1 328	14 339	497	16 164	816	50,48
Vryburg	3 135	1 203	2 994	7 332	283	38,6
Willowmore	4 723	16 155	1 167	22 045	332	15,06
Wodehouse/	4 596	1 039	3 807	9 442	177	18,75
					585 + 255 =	

TABLE 13 (cont.)

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Indwe	6 842	14 662	824	22 328	840	37,62
Worcester	8 209	754	10 995	19 958	734	36,78
Wynberg	31 995	800	33 649	66 444	1 878	28,26
TRANSEKIAN TERRITORIES						
Bizana	175	42 366	118	42 659	500	11,72
Butterworth	729	20 890	113	21 732	1 001	46,06
Elliotdale	220	28 036	72	28 328	351	12,39
Engcobo	652	61 063	358	62 073	3 506	56,48
Flagstaff	198	27 780	191	28 169	400	14,2
Idutywa	425	30 277	31	30 733	1 630	53,04
Kentani	280	36 468	71	36 819	1 501	40,77
Libode	147	25 421	69	25 637	2 201	85,85
Lusikisiki	165	44 015	519	44 699	850	19,02
Matatiele	1 810	36 455	719	38 984	1 638	42,01
Mt. Ayliff	190	18 835	135	19 160	276	14,41
Mt. Currie (Kokstad)	2 070	10 581	2 620	15 271	607	39,75
Mt. Fletcher	289	27 144	133	27 566	1 519	55,1
Mt. Frere	287	37 667	297	38 251	3 000	78,43
Mqanduli	292	35 183	58	35 533	1 202	33,83
Nqamakwe	256	31 261	39	31 556	1 782	56,47
Ngqeleni	154	36 648	316	37 118	2 500	67,35
Port St. Johns	310	17 888	324	18 522	250	13,5
Qumbu	259	33 159	332	33 750	1 613	47,8
St. Marks (Coffmvaba)	394	38 438	211	39 043	3 076	78,78
Tabankulu	162	37 509	90	37 761	1 803	47,75
Tsolo	418	32 646	129	33 193	1 508	45,43
Tsomo	217	26 140	31	26 388	1 171	44,38
Umtata	1 989	43 635	335	45 959	1 178	25,63
Umzimkulu	543	35 603	989	37 135	325	8,75
Willowvale	321	41 324	61	41 706	2 300	55,15
Xalanga	745	15 170	840	16 755	1 362	81,29

TABLE 13 (Cont.)
ESTIMATED SPANISH FLU DEATHS & DEATH-RATES BY MAGISTERIAL DISTRICT:
NATAL

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Alexandra (Umzinto)	1 658	40 818	10 527	53 003	754	14,23
Alfred (Harding)	615	26 038	553	27 206	291	10,7
Bergville	792	14 842	141	15 775	547	34,68
Camperdown	982	16 345	927	18 254	307	16,82
Dundee	4 285	24 067	5 428	33 780	1 120	33,16
Durban &		20 983+	48 037+			
		34 970=	4 107=			
Pinetown	52 132	55 953	52 144	160 229	918	5,73
Estcourt	3 605	33 387	2 125	39 117	739	18,9
Helpmekeer	394	22 412	208	23 014	388	16,86
Impendhle	408	9 148	310	9 866	502	50,88
Inanda/Ndedwe (Verulam)	3 047	30 184	26 459	59 690	921 + 347 =	21,24
Ixopo	1 247	45 706	561	47 514	700	14,73
Klip River (Ladysmith)	4 304	33 804	4 112	42 220	820	19,42
Krantzkop	427	18 371	54	18 852	203	10,77
Lions River (Howick)	1 763	10 135	1 348	13 246	224	16,91
Lower Tugela (Stanger)	1 175	29 558	13 939	44 672	538	12,04
Mapumalo	66	26 820	26	26 912	287	10,66
Mpofana	31	21 992	5	22 028	340	15,43
Newcastle	4 523	24 440	3 521	32 484	872	26,84
New Hanover	1 847	16 210	1 821	19 878	304	15,29
Ngotshe	543	23 962	49	24 554	352	14,34
Paulpietersburg	1 437	13 062	2	14 501	234	16,14
Pietermaritzburg	19 847	28 384	10 015	58 246	1 200	20,6
Polela (Bulwer)	906	16 472	374	17 752	478	26,93
Port Shepstone	1 306	27 542	2 558	31 406	156	4,97
Richmond	966	19 979	1 052	21 997	489	22,23
Umvoti (Greytown)	2 028	28 999	1 194	32 221	206	6,39
Utrecht	2 667	24 509	102	27 278	164	6,01
Vryheid & Babanango	4 594	35 362	226	40 182	239 + 185 =	10,55
Weenen	820	19 508	168	20 496	201	9,81
ZULULAND						
Emtonjaneni	509	14 855	47	15 411	152	9,86
Eshowe	740	34 096	236	35 072	407	11,6
Hlabisa	113	14 786	61	14 960	48	3,21
Ingwavuma	45	25 847	2	25 894	30	1,16
Lower Umfolozi (Empangeni)	604	12 623	433	13 660	159	11,64
Mahlabatini	61	12 768	22	12 851	300	23,34
Mtunzini	552	21 413	1 638	23 603	251	10,63
Nôwandwe (Nongoma)	79	29 538	36	29 653	301	10,15
Nkandhla	192	26 431	23	26 646	528	19,82
Nqutu	171	22 612	19	22 802	750	32,89
Umbombo	23	14 698	9	14 730	101	6,86

TABLE 13 (Cont.)

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES BY MAGISTERIAL DISTRICT:
TRANSVAAL

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Barberton	3 053	33 367	391	36 811	704	19,12
Benoni	18 242	22 959	1 074	42 275	505	11,95
Bethal	7 260	7 564	384	15 208	268	17,62
Bloemhof, Christiana & Schweizer Reneke	12 452	7 776	980	21 208	766	36,12
		31 782 + 6 319=	1 953 + 279=			
Boksburg/						
Springs	15 865	38 101	2 232	56 190	430	7,65
Carolina	4 193	13 068	201	17 462	250	14,32
Ermelo	8 905	22 177	1 837	32 919	1 020	30,99
Germiston	21 973	41 951	2 528	66 452	441	6,64
Heidelberg & Vereeniging	15 787	24 753	1 606	42 146	395 + 339 = 734	17,42
Johannesburg	140 028	103 668	15 606	259 302	2 284	8,81
Krugersdorp	29 417	72 136	3 373	104 926	850	8,1
Lichtenburg	12 811	13 995	967	27 773	837	30,14
Lydenburg, Pilgrim's Rest & Belfast	10 517	105 605	659	116 781	4 348	37,23
Marico (Zeerust)	9 958	18 679	515	29 152	787	27
Middelburg	17 577	49 853	1 106	68 536	1 624	23,7
Pietersburg	8 842	192 183	388	201 413	7 600	37,73
Piet Retief	3 025	25 051	55	28 131	284	10,1
Potchefstroom & Klerksdorp	34 662	34 647	3 927	73 236	592 + 333 = 925	12,63
Pretoria	63 386	97 625	4 526	165 537	3 508	21,19
Rustenburg	20 066	46 589	488	67 143	1 100	16,38
Standerton	9 077	14 777	1 093	24 947	191	7,66
Wakkerstroom & Volksrust	7 880	25 125	560	33 565	441 + 385 = 826	24,61
Waterberg (Nylstroom)	10 081	68 376	378	78 835	2 432	30,85
Wolmaransstad	9 783	5 540	659	15 982	370	23,15
Zoutpansberg (Louis Trichardt)	3 349	133 840	223	137 412	1 028	7,48

TABLE 13 (Cont.)

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES BY MAGISTERIAL DISTRICT: OFS

Magisterial district	Population				Total deaths	Deaths/1 000 of population
	W (1918)	B (1911)*	I&C (1911)*	Total		
Bethlehem/					394 + 360 =	
Reitz	11 373	27 303	658	39 334	754	19,17
Bethulie	3 449	2 968	742	7 159	91	12,71
Bloemfontein/					1 580+	
Brandfort/					154 + 53 =	
Dewetsdorp	26 363	27 672	4 632	58 667	1 787	30,46
Boshof	7 141	5 860	2 671	15 672	270	17,23
Edenburg	2 952	3 254	800	7 006	129	18,41
Fauresmith/					169 + 225 +	
Jagersfontein/					182 =	
Koffiefontein	8 825	13 145	3 319	25 289	576	22,78
Ficksburg/					172 + 100 =	
Fouriesburg	6 296	17 259	567	24 122	272	11,28
Frankfort	8 035	9 336	199	17 570	270	15,37
Harrismith	8 230	39 936	704	48 870	1 734	35,48
Heilbron	9 022	14 475	795	24 292	280	11,53
Hoopstad	6 440	7 215	1 129	14 784	100	6,76
Jacobsdal	1 737	955	1 071	3 763	39	10,36
Kroonstad/					229 + 25 =	
Bothaville	14 707	21 098	1 691	37 496	254	6,77
Ladybrand	7 775	16 935	966	25 676	285	11,1
Lindley	5 813	10 546	307	16 666	383	22,98
Philippolis	2 686	1 834	722	5 242	153	29,19
Rouxville/					178 + 209 =	
Zastron	7 322	8 507	764	16 593	387	23,32
Senekal	7 403	17 632	397	25 432	434	17,07
Smithfield	3 876	3 560	310	7 746	70	9,04
Thaba 'Nchu	3 007	23 608	1 108	27 723	730	26,33
Vrede	6 064	16 472	299	22 835	588	25,75
Vrededorst/Parys	9 865	7 920	559	18 344	109	5,94
Wepener	2 756	4 660	288	7 704	169	21,94
Winburg	10 219	23 133	2 446	35 798	380	10,62

Sources: UG 15-'19, Appendix C.

UG 36-'19, pp. 36, 75, 92, 115.

UG 15-'23 (Table V).

UG 37-'19 (Table 2).

* See note to Table 11 on use of 1911 figures for 1918 calculations.

Evidence is strong that in proportion to their respective numbers in the population, fewer women than men died and that among both sexes, as in the rest of the world, persons in the age-group 15-45 were particularly susceptible.²⁴ Table 14, though based only on the registered deaths from influenza and pneumonia (amounting to no more than 11 510 Whites and 41 514 Blacks, Indians and "Coloureds"), demonstrates these two characteristics clearly.

24. Great Britain: *Ministry of Health Reports on Public Health and Medical Subjects. No. 4 - Report on the Pandemic of Influenza 1918-1919*, pp. xiv-xv. For detailed evidence of this feature of the toll in specific South African towns, see ch. 2, p. 31; ch. 3, p. 53; ch. 4, p. 68.

MAP 1

SPANISH FLU MORTALITY PER 1000 OF POPULATION
BY MAGISTERIAL DISTRICTS

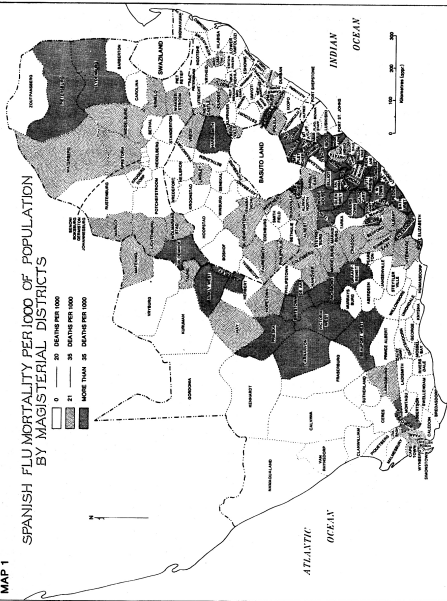
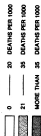


TABLE 14
(a) AGE-SEX INCIDENCE OF INFLUENZA AND PNEUMONIA MORTALITY
1/8/1918-31/12/1918 (REGISTERED DEATHS): WHITES

Age group	Cape		Natal		Tvl.		OFS		SA		All
	M	F	M	F	M	F	M	F	M	F	
0-	303	292	20	18	227	201	78	68	628	579	1 207
5-	43	61	3	4	28	44	17	15	91	124	215
10-	45	47	6	3	23	27	15	24	89	101	190
15-	210	137	17	16	71	52	48	29	346	234	580
20-	455	298	31	14	239	147	141	93	866	552	1 418
25-	1 316	716	107	52	729	384	442	260	2 594	1 412	4 006
35-	868	455	55	20	416	198	265	145	1 604	818	2 422
45-	297	212	17	11	157	79	69	62	540	364	904
55-	87	85	8	2	49	30	12	12	156	129	285
65-	61	39	3	5	17	26	7	18	88	88	176
75+	32	35	—	4	5	7	13	11	50	57	107
	3 717	2 377	267	149	1 961	1 195	1 107	737	7 052	4 458	11 510

Source: *Official Year Book of the Union*, no. 4-1921, p. 205.

TABLE 14
(b) AGE-SEX INCIDENCE OF INFLUENZA AND PNEUMONIA MORTALITY 1/8/1918-
31/12/1918 (REGISTERED DEATHS): BLACKS, INDIANS AND "COLOUREDS"

Age group	Cape		Natal		Tvl.		OFS		SA		All
	M	F	M	F	M	F	M	F	M	F	
0-4	4 074	3 079	386	397	494	499	—	—	4 954	3 975	8 929
5-9	916	938	118	150	99	114	—	—	1 133	1 202	2 335
10-14	661	688	59	101	104	102	—	—	824	891	1 715
15-19	1 036	1 082	69	126	293	156	—	—	1 398	1 364	2 762
20-24	1 999	1 643	205	132	850	230	—	—	3 054	2 005	5 059
25-34	4 835	2 822	236	319	2 387	464	—	—	7 458	3 605	11 063
35-44	2 660	1 404	308	129	1 153	206	—	—	4 121	1 739	5 860
45-54	1 152	599	135	61	276	78	—	—	1 563	738	2 301
55-64	381	260	54	17	70	36	—	—	505	313	818
65-74	189	164	18	12	18	22	—	—	225	198	423
75+	138	89	1	2	11	8	—	—	150	99	249
	18 041	12 768	1 589	1 446	5 755	1 915	—	—	25 385	16 129	41 514

Unspecified Ages (1 819) (34) (10) (5) (5) (2) (1 834) (41) (1 875)

Source: Calculated from *Official Year Book of the Union*, no. 4-1921, p. 205.

TABLE 14
(c) AGE-SPECIFIC DEATH-RATE FROM INFLUENZA AND PNEUMONIA,
1/8/1918-31/12/1918: WHITES

SOUTH AFRICA			
Age	M	F	All
0-4	6,5	6,28	6,39
5-9	0,95	1,33	1,14
10-14	1	1,16	1,08
15-19	6,28	3,95	5,07
20-24	15,83	8,6	11,93
25-34	24,43	12,98	18,64
35-44	15,82	9,82	13,18
45-54	7,6	6,58	7,15
55-64	4,14	4,33	4,23
65-74	5,28	6,06	5,64
75+	9,06	10,39	9,72

(From the above table, it is possible to conclude that 122,5 White males died in the epidemic for every 100 White females who died.)

Sources: Calculated from: Table 14(a)

UG 37-'24, p.65 (Table XLVIII).

TABLE 14
(d) AGE-SPECIFIC DEATH-RATE FROM INFLUENZA AND PNEUMONIA,
1/8/1918-31/12/1918: BLACKS, INDIANS AND "COLOURED"

(This table is based on even more deficient sources than the preceding tables. It is included only to provide an indication of the specific death-rate among the majority of the South African population.)

SOUTH AFRICA			
Age	M	F	All
0-14	7,24	6,39	6,82
15-54	13,66	7,93	10,91
55+	6,24	3,56	4,77

(From the above table, it is possible to conclude that 151,79 Black, Indian and "Coloured" males died in the epidemic for every 100 females of the same races who died.)

Sources: Table 14(b).

Official Year Book of the Union, no. 4-1921, p. 154 (Table ii).

That the 15-45 age-group was particularly hard hit was recognised by the Influenza Epidemic Commission, but it was at a loss to explain this - perhaps "the older population was partly immunised by passing through previous epidemics", it surmised.²⁵ Others suggested that the most robust segment of the population was hardest hit for that very reason, i.e. they believed that they could carry on as normal, even with a touch of 'flu, not realising that this influenza was something out of the ordinary.²⁶

That the distinctive age-sex pattern of mortality in the epidemic suggested by the narrowly-based tables appended was more general throughout the population is indicated by Tables 15-22 which set out relevant vital statistics. In most cases they reveal sharp movement in 1918 or in periods embracing that year, in the direction of an increased male death-rate, disproportionately higher than the female rate and of an unusually large decrease between 1911 and 1921 in the proportion of those aged 15-45 in the overall population.

TABLE 15
DEATHS REGISTERED 1911-1921: WHITES

	Cape		Natal		Tvl.		OFS		SA	
	M	F	M	F	M	F	M	F	M	F
1911	3 465	2 744	614	443	2 854	1 855	697	653	7 630	5 725
1912	3 409	2 854	569	407	2 843	1 890	806	664	7 627	5 815
1913	3 607	3 013	585	407	2 729	1 812	829	682	7 750	5 914
1914	3 344	2 706	630	413	2 675	1 808	742	579	7 391	5 506
1915	3 450	2 933	631	421	3 069	2 089	893	725	8 043	6 168
1916	3 554	2 965	654	471	3 136	2 177	794	634	8 138	6 247
1917	3 699	3 117	716	471	3 082	2 147	727	706	8 224	6 441
1918	7 058	5 062	1 002	575	4 923	3 190	1 819	1 334	14 802	10 170
1919	3 966	3 248	876	623	3 763	2 781	1 284	993	9 889	7 645
1920	4 012	3 340	873	573	3 573	2 467	960	836	9 418	7 216
1921	3 848	3 245	846	564	3 258	2 302	980	812	8 932	6 923

DEATHS REGISTERED 1911-1921: BLACKS, INDIANS AND "COLOURED"

	Cape		Natal		Tvl.		OFS		SA	
	M	F	M	F	M	F	M	F	M	F
1911	14 232	13 009	462	465	10 163	1 678	—	—	24 857	15 152
1912	15 183	14 240	1 180	943	9 207	1 803	—	—	25 570	16 986
1913	17 048	15 864	3 741	3 900	8 650	1 599	—	—	29 439	21 363
1914	15 499	14 139	4 554	4 428	6 024	1 587	—	—	26 077	20 154
1915	16 516	15 062	5 083	5 361	6 806	1 672	—	—	28 405	22 095
1916	17 412	16 578	5 164	5 436	6 781	2 005	—	—	29 357	24 019
1917	17 900	16 307	4 439	4 758	5 991	2 057	—	—	28 330	23 122
1918	39 139	36 765	13 232	14 188	10 907	3 658	—	—	63 278	54 611
1919	20 267	20 530	10 040	10 956	6 798	2 122	—	—	37 105	33 608
1920	19 631	17 807	9 052	9 624	7 461	2 542	—	—	36 144	29 973
1921	17 879	16 566	9 007	9 466	6 616	2 594	—	—	33 502	28 626

Source: UG 52-1929, p. 9 (Table 19).

25. UG 15-19, para. 54.

26. See ch. 6, p. 123; ch. 7, pp. 127-128, 131.

TABLE 16
CRUDE DEATH-RATES, 1911-1921: WHITES*

	Cape		Natal		Tvl.		OFS		Union	
	M	F	M	F	M	F	M	F	M	F
1911	11,48	9,85	11,63	9,64	12	10,03	7,37	8,07	11,11	9,65
1912	11,19	10	10,39	8,5	11,7	9,8	8,52	8,11	10,94	9,56
1913	11,72	10,42	10,32	8,17	10,9	9,03	8,75	8,23	10,95	9,5
1914	10,76	9,23	10,75	7,98	10,55	8,67	7,82	6,9	10,3	8,64
1915	11	9,88	10,42	7,84	11,86	9,66	9,39	8,54	11,05	9,46
1916	11,22	9,86	10,47	8,47	11,88	9,71	9,34	7,38	11,02	9,38
1917	11,57	10,24	11,12	8,18	11,45	9,26	7,62	8,13	10,99	9,46
1918	21,87	16,43	15,10	9,66	17,94	13,34	19,05	15,18	19,5	14,63
1919	12,21	10,38	12,94	10,05	13,57	11,28	13,33	11,17	12,91	10,76
1920	12,26	10,52	12,61	8,9	12,71	9,74	9,88	9,3	12,15	9,95
1921	11,67	10,09	11,96	8,46	11,43	8,86	10,01	8,94	11,4	9,37

* The absence of reliable year by year population figures for Blacks, Indians and "Coloureds" makes the compilation of such a table for these races impracticable.

Source: UG 52-1929, p. 9 (Table 20).

TABLE 17
MORTALITY OF EACH SEX, 1911-1921

	CRUDE RATIOS (Number of registered male deaths to every 100 registered female deaths)									
	Cape		Natal		Tvl.		OFS		Union	
	W	B,I,C	W	B,I,C	W	B,I,C	W	B,I,C	W	B,I,C
1911	124,9	109,4	138,6	99,4	153,9	605,7	106,7	—	133,3	164,1
1912	119,4	106,6	139,8	125,1	150,4	510,6	121,4	—	131,2	150,5
1913	119,7	107,5	143,7	96	150,6	541	121,6	—	131	137,8
1914	123,6	109,6	152,5	102,8	148	379,6	128,2	—	134,2	129,4
1915	117,6	109,7	149,9	94,8	146,9	407	123,2	—	130,4	128,6
1916	119,9	105	138,9	95	144,1	338,2	125,2	—	130,3	122,2
1917	118,7	109,8	152	93,3	143,5	291,2	103	—	127,7	122,5
1918	139,4	106,5	174,3	93,3	153,9	298,2	136,4	—	145,5	115,9
1919	122,1	98,7	140,6	91,6	135,3	320,4	129,3	—	129,4	110,4
1920	120,1	110,2	152,4	94,1	144,8	293,5	114,8	—	130,5	120,6
1921	118,6	108	150	95,2	141,5	255,1	120,7	—	129	117

Source: UG 52-1929, pp. 9, 15 (Tables 19 and 28).

TABLE 18

(a) MASCULINITY OF WHITE* POPULATION (i.e. number of White males to every 100 White females in same province), 1911-1936

	Cape	Natal	Transvaal	OFS	SA
1911	107,17	115,07	129,0	117,08	115,92
1918	104,77	111,55	114,66	108,86	109,27
(including male absentees)					
1921	102,55	106,2	109,76	107,71	106,05
1926	102,67	104,4	106,42	105,88	104,57
1931	101,85	103,51	105,58	104,08	103,67
1936	100,3	99,75	107,11	102,79	103,23

(b) % INCREASE (+) OR DECREASE (-) IN MASCULINITY OF WHITE* POPULATION PER ANNUM, 1911-1936

	Cape	Natal	Transvaal	OFS	SA
1911-1918	-0.34	-0.5	-2.05	-1.17	-0.95
1918-1921	-0.74	-1.78	-1.63	-0.38	-1.07
1921-1926	+0.02	-0.36	-0.67	-0.37	-0.3
1926-1931	-0.16	-0.18	-0.17	-0.36	-0.18
1931-1936	-0.31	-0.75	+0.31	-0.26	-0.09

* The gap between censuses which included Blacks, Indians and "Coloureds" is too great to make inclusion of masculinity figures for these races meaningful.

Source: UG 21-'38, p. 2 (Table 3).

TABLE 19
WIDOWHOOD/WIDOWERHOOD: % OF RESPECTIVE POPULATIONS

	Whites			Blacks			Indians and "Coloureds"			All races		
	Male & Female	Female	Male	Male & Female	Female	Male	Male & Female	Female	Male	Male & Female	Female	Male
1911	3.02	4.52	1.72	4.8	8.54	1.12	3.72	5.07	2.54	3.8	6.04	1.79
1921	3.68	5.41	2.05	5.41	9.31	1.62	4.35	5.45	3.35	4.48	6.72	2.34
1926	3.71	5.54	1.96	NO CENSUS								
1936	4.14	6.32	2.02	5.58	9.78	1.41	4.04	5.32	2.84	4.59	7.14	2.09

Sources: UG 32c-1912, p. 354 (Table II).

UG 32-'23, p. 1 (Table 1).

UG 40-'24, p. 52 (Table 9).

UG 39-'38, p. 2 (Table 1), p. 66 (Table 10), p. 124 (Table 17).

UG 50-'38, p. 29 (Table 4).

TABLE 20
PERCENTAGE AGE DISTRIBUTION 1911-1926: WHITES (per 100 of each sex)

Age	1911		1921		1926	
	M	F	M	F	M	F
0-4	13.75	15.45	12.33	12.5	11.89	11.92
5-9	11.47	13.0	12.44	12.83	11.53	11.58
10-14	9.18	10.42	11.97	12.3	11.26	11.5
15-19	9.34	10.44	9.38	10.0	10.58	10.94
20-24	9.59	9.72	7.34	8.49	8.49	9.05
25-29	9.15	8.67	7.65	8.45	6.88	7.68
30-34	8.95	7.49	6.9	7.29	6.87	7.32
35-39	7.92	6.5	6.71	6.53	6.32	6.62
40-44	6.04	5.09	6.51	5.51	5.85	5.6
45-49	4.54	3.93	5.68	4.66	5.72	4.91
50-54	3.44	3.02	4.36	3.7	4.72	3.96
55-59	2.48	2.16	3.08	2.64	3.54	3.07
60-64	1.74	1.63	2.3	1.98	2.55	2.27
65-69	1.13	1.11	1.57	1.37	1.75	1.57
70-74	0.64	0.67	0.93	0.86	1.1	1.02
75+	0.63	0.69	0.82	0.87	0.94	0.98

Source: UG 4-'31, p. 46 (Table XLVII).

(The influenza epidemic "was responsible for a high mortality, especially among males, between the ages of 20 and 45 years - a period of life which normally has a low rate of mortality" - UG 33-'23, p. iii).

TABLE 21
INCREASE/DECREASE IN PERCENTAGE OF EACH AGE-GROUP IN THE POPULATION:
WHITES

Age	1911-1921		1921-1926	
	M	F	M	F
0-4	-1.42	-2.95	-0.44	-0.58
5-9	+0.97	-0.17	-0.91	-1.25
10-14	+2.79	+1.88	-0.71	-0.8
15-19	+0.04	-0.44	+1.2	+0.94
20-24	-2.25	-1.23	+1.15	+0.56
25-29	-1.5	-0.22	-0.77	-0.77
30-34	-2.05	-0.20	-0.03	+0.03
35-39	-1.21	+0.03	-0.39	+0.09
40-44	+0.47	+0.42	-0.66	+0.09
45-49	+1.14	+0.73	+0.04	+0.25
50-54	+0.92	+0.68	+0.36	+0.26
55-59	+0.6	+0.48	+0.46	+0.43
60-64	+0.56	+0.35	+0.25	+0.29
65-69	+0.44	+0.26	+0.18	+0.20
70-74	+0.29	+0.19	+0.17	+0.16
75+	+0.19	+0.18	+0.12	+0.11

Source: Calculated from UG 4-31, p. 46 (Table XLVII).

("A further decrease [1911-1921] is evident in the proportions between 25 and 40 years - the ages most affected by military service and in 1918 by the influenza epidemic" - UG 37-24, p. 68).

TABLE 22
PERCENTAGE AGE-DISTRIBUTION 1911-1921:
INDIANS & "COLOUREDS"* (per 100 of each sex)

Age	1911		1921		Increase/Decrease 1911-21	
	M	F	M	F	M	F
Under 5	14.38	16.62	13.88	15.35	-0.5	-1.27
5-14	23.29	25.13	26.32	27.76	+3.03	+2.63
15-24	18.35	20.62	16.94	19.38	-1.41	-1.24
25-34	18.22	15.79	14.02	14.42	-4.2	-1.37
35-44	12.1	9.76	12.81	10.26	+0.71	+0.5
45-54	7.11	6.06	8.49	6.58	+1.38	+0.52
55-64	3.79	3.41	4.45	3.55	+0.66	+0.14
65-74	1.82	1.64	2.02	1.68	+0.2	+0.04
75+	0.84	0.88	0.92	0.87	+0.08	-0.01

* The age-classification of Blacks in the 1921 census is in such broad categories that changes in the age-groups hardest hit by the 'flu epidemic cannot be distinguished.

Source: Calculated from UG 37-24, p. 88 (Table LXIII).

("The mortality among the Cape Coloured population of the Cape Province during the influenza epidemic was very serious, especially in early adult life, and this no doubt largely accounts for the decreases in ages from 15 to 34 years" - UG 37-24, p. 88).

One group of women who did seem to have been especially vulnerable to the epidemic were those who were pregnant. To a large number of them the 'flu proved fatal, "owing to mechanical conditions"; as the head of the Cape Peninsula Maternity Hospital put it.²⁷ There were also an unusually large number of

miscarriages and spontaneous abortions during "Black October".²⁸ These factors must, in part at least, explain the fall in birth-rate in 1919 shown in Table 23.

TABLE 23
BIRTH-RATES 1911-1921: WHITES*

Year	Total no of births	Birth-rate/1 000 of pop.
1911	41 200	32,2
1912	42 014	32,2
1913	42 138	31,7
1914	40 886	30,2
1915	40 471	29,3
1916	41 196	29,3
1917	40 722	29
1918	41 582	28,6
1919	39 724	26,9
1920	43 445	29
1921	43 302	28,4

* The compilation of such a table for Blacks, Indians and "Coloureds" is impracticable because (i) births among these races were not registered in the OFS and (ii) reliable year by year intercensal population figures for them are lacking.

Source: *Union Statistics for 30 Years*, p. B-3.

Contemporaries noticed one further feature about who was attacked by Spanish 'flu: Whites born in South Africa seemed to be more vulnerable than those who had grown up in Europe.²⁹ "It was probable that most of the latter had acquired a certain amount of immunity in previous epidemics in Europe", thought the Director of the South African Institute for Medical Research.³⁰

Not unexpectedly, the greatest demographic effect of the epidemic is most clearly to be seen in vital statistics for 1918 and 1919. Tables 24 and 25 reflect a sharp drop in the annual natural increase of the population in those two years and in the intercensal period covering them.

However, the full demographic impact of "Black October" was not limited to 1918 and 1919. "The change in the age and sex constitution of the population will have far-reaching effects on the general mortality and birth rates of the Union population for many years", predicted the 1921 Census Report accurately.³¹ From 1918 two features became a permanent part of South Africa's demographic structure: a significant reduction in the number of people born in the period 1918-1919 and a marked decrease in the groups who had been in the age-group 15-45 in 1918.³² The term "lost generations" does not seem inappropriate.

Since 1918 these gaps in the population have affected every social stage (e.g. schooling, employment, marriage, parenthood and death) as each diminished age-group has reached it. In 1929, for instance, the Superintendent-General of

28. IEC, vol. 2, file 8, part 2: Evidence of Dr. Simpson-Wells, p. 2; UG 15-'19, para. 56; *Child Welfare Conference: Report of Proceedings of 4th Annual Conference, 1920*, p. 8. These features were not limited to South Africa (see J. B. Hardy: "Fatal Consequences of Maternal Viral Infections in Pregnancy" in *Archives of Otolaryngology*, vol. 98 (1973), pp. 220-221).

29. UG 15-'19, para. 55.

30. IEC, vol. 1, file 1: Evidence of Dr. W. Watkins-Pitchford, p. 34.

31. Union of South Africa: *Third Census of the Population, 1921 - Part II: Ages of the European Population*, UG 33-'23, p. iii, para. 2.

32. Union of South Africa: *4th Census, 1926 - Report with Summaries and Analysis*, UG 4-'31, p. 42, para. 47. Among Whites the latter decrease accentuated already-existing deficiencies in these groups as a result of World War I and the Anglo-Boer War.

TABLE 24
NATURAL INCREASE RATE 1911-1921: WHITES*

Year	Increase rate
1911	21,75
1912	21,89
1913	21,41
1914	20,66
1915	19,03
1916	19,09
1917	18,73
1918	11,42
1919	15,03
1920	17,88
1921	18,03

Source: UG 52-1929, p. 6 (Table 10).

* The absence of figures for Black and "Coloured" births in the OFS and the lack of reliable intercensal population figures for these races make the compilation of such a table for these races impracticable.

TABLE 25
AVERAGE ANNUAL % OF INCREASE IN POPULATION 1904-1936

Period	White	Black	"Coloured"	Indian	Whole population
1904-1911	2,03	2,16	2,58	3,48	2,2
1911-1921	1,92	1,69	0,38	0,76	1,6
1921-1936	2,11	2,69	2,74	2,29	2,56

Source: Calculated from census figures in *Union Statistics for 50 Years*, pp. A-3, A-4, A-5.

Education in the Cape reported that the decade 1918-1928 had shown a marked "slackening in growth" in the school-enrolment of White children compared to the previous decade. "The reason lies in the fact that children of school-going age have not been increasing in number at the same rate as the total population", he explained.³³ Part of the reason for this lay in the heavy toll of the epidemic among pregnant women and would-be parents in 1918, which meant that several thousand anticipated children were not born. Ordinarily, these children would have started school in the mid-1920s.

However, to discuss the toll of "Black October" merely in terms of numbers is quite inadequate. The wide-ranging effects of these influenza deaths on others, even if not quantifiable, must be recognised too. "It was like the rude shattering of a long prepared life program [which] changed the tenour [sic] of many a life", noted a student perceptively.³⁴ Some families were left broken or decimated, like the Slabberts of Reitz who lost six sons in a matter of days;³⁵ a large number of children were suddenly orphaned³⁶ and feelings of sorrow, grief and broken-

33. Cape of Good Hope: *Report of the Superintendent-General of Education for 1927-8*, CP 2-29, p. 6. See too Cape of Good Hope: *Report of the SGE for 1925*, CP 2-26, p. 5 and A. J. Stals: *Die Griep of Influenza*, p. 5.

34. *Grey University College Magazine*, 1919, p. 26.

35. *Kimberley Evening Star*, 23/11/1918, p. 2. For other examples of individual families being wiped out or sustaining heavy losses, see *De Burger*, 14/11/1918, p. 3; 21/11/1918, p. 3; 22/11/1918, pp. 2, 3; 13/12/1918, p. 3; *The Friend*, 18/11/1919, p. 5; *South Africa*, 18/11/1919, p. 109; Letter to author from Mrs. N. Peile, 27/11/1978; Interview with Dr. M. Cohen; Collier Collection: Recollections of Mrs. W. J. Prinsloo in letter from Mrs. H. Johnson, 15/5/1972; Letter from Mrs. P. van der Poll (née Beuning), 22/8/1972.

36. See ch. 10, p. 183.

heartedness were widespread among the bereaved.³⁷ Some sought solace in spiritualism.³⁸ Months later, there were still “long processions of people in black garments who throng the Maitland trains on Sunday to visit the lines and lines of new graves at the cemeteries.”³⁹ “We cannot attempt to measure the cost of disease in human misery or estimate the tragedies of sudden bereavement”, notes a distinguished epidemiologist rightly. “There are no scales for weighing grief”.⁴⁰ Contemplating the magnitude of the toll in 1919, one doctor concluded thoughtfully:

“[I]f one considers . . . the whole sequence of orphanage, loss of parental control, the loss of influence of wife over husband, and vice-versa, the loss of home life, the loss of infant life, the loss of the flower of the manhood and womanhood of the land, the loss of some of the best brains of the country, which follow as a natural consequence, the total appals one. It has truly been an irreparable calamity which has fallen on South Africa.”⁴¹

Faced with a large number of deaths and their many consequences, historians of epidemics have rightly hesitated to single out particular deaths as of greater significance than others. How is one to rate the death of a child against that of an adult, that of a person unknown outside a small circle of family and friends against that of a prominent public figure? Office-holders can be replaced, individuals cannot. With regard to those of some public attainment, it is important to recognise that, because of its peculiarly heavy toll among young adults, the Spanish ‘flu epidemic claimed a disproportionately large number of those who were beginning to make their particular mark. “It was terribly sad to see so many young men thus cut off in the very prime of manhood”, noted one school magazine sorrowfully.⁴²

To illustrate this point – no more – a list has been compiled to include the names, ages and achievements of some of the most promising ‘flu victims. It must be remembered, however, that the available sources for compiling such a list are heavily weighted in favour of White males, rendering it partial and incomplete. (See Table 26).

Even taking the Influenza Epidemic Commission’s low mortality figures as a basis, it is clear from Table 27 that South Africa sustained one of the highest per capita death-rates from Spanish ‘flu in the world, particularly among its Black and “Coloured” populations.

Moreover, if one accepts the figure of 250 000 – 350 000 deaths proposed above,⁴³ then South Africa was one of the five worst hit countries in the world – assuming the figures for other countries are at all accurate.

Why was this so? South Africa was not alone in Africa or the world in having a large, indigenous population, especially vulnerable to “alien” diseases, living under poor conditions, with very little access to scientific medical facilities and knowledge. Was the strain of the second wave which hit the Union innately more virulent than other strains or was its virulence the result of it having passed through so large a segment of a very vulnerable population?

37. For poignant examples of the effects of these feelings after the ‘flu, see L. Vambe: *From Rhodesia to Zimbabwe*, pp. 11–12; Collier Collection: Letters from Mrs. H. Coetzer (née van Niekerk), 8/6/1972; Mrs. F. K. Heidalawig, 22/5/1972; Mrs. H. Sheridan, 4/7/1972.

38. *Diamond Fields Advertiser*, 26/11/1918, p. 3; Interview with Mrs. A. Ketkar.

39. *The Cape*, 10/1/1919, p. 5. For the persistence of mourning dress in the Transvaal, see *Matatiele Mail*, 27/2/1919. In Frankfort a memorial service for local ‘flu victims was held as late as March 1919 (Central Archives: A 1290 (Frankfort Memorial Service Programme)); a week earlier the Gereformeerde Kerk in the OFS had decided to produce a “Gedagtenisboek” listing its ‘flu victims (*Het Kerkblad*, 1/4/1919, p. 15).

40. W. I. B. Beveridge: *Influenza: The Last Great Plague*, p. 22.

41. *South African Medical Record*, 25/1/1919, p. 23.

42. *South African College School Magazine*, December 1918, p. 12.

43. See p. 159.

TABLE 26
PROMINENT YOUNG SPANISH 'FLU VICTIMS

Name	Age at death	Attainment(s)	Source	
*Dr. D. M. Barry	33	Superintendent Pretoria Hospital	<i>S.A. Medical Record</i> , 9/11/1918, p. 324.	
H. C. Becker	47	MLA for Ladismith; Chief Government Whip	<i>Die Brandwag</i> , 25/1/1919, p. 253.	
A. J. van Rooyen Boshoff	32	MPC for Frankfort	<i>S.A. Who's Who 1919-20</i> , p. 19; OFS: <i>Votes and Proceedings of Provincial Council, 1919</i> , pp. 1, 3; Office of the Master of the Supreme Court, Bloemfontein: Death Notice B.4510.	
F. H. Dormehl	47	General Manager Nasionale Pers; Director SANTAM and African Homes Trust	<i>Die Huisgenoot</i> , October 1918, p. 502; <i>Dictionary of S.A. Biography</i> , III, p. 236.	
E. Guma	25	Author	<i>St. Cuthbert's Mission - Report for 1918</i> , p. 17; <i>St. Matthew's College Magazine</i> , no. 17, April 1919, pp. 10-11; <i>Cowley Evangelist</i> , July 1919, pp. 128-132; G. Callaway: <i>S.A. from Within</i> , pp. 54-58.	
J. P. Johnson	37	Geologist, archaeologist	<i>South Africa</i> , 1/3/1919, p. 352.	
Adv. C. Friedlander	43	Chairman of Municipal Finance Committee, Cape Town, 1903-1906	<i>South Africa</i> , 28/12/1918, p. 514; <i>Cape Times</i> , 18/10/1918.	
Capt. T. Maginess	40	Vice-President South African Labour Party; MLA for Liesbeek, 1914-1915	<i>South Africa</i> , 30/11/1918, p. 339; <i>S.A. Who's Who 1919-20</i> , p. 130; <i>Cape Times</i> , 23/10/1918, p. 6.	
Dr. G. F. Marais	33	State Veterinarian	<i>Die Huisgenoot</i> , July 1919, pp. 65-66.	
Prof. W. B. M. Martin	35	Professor of Pathology, UCT	<i>S.A. Medical Record</i> , 26/10/1918, p. 312; J. H. Louw: <i>In the Shadow of Table Mountain</i> , p. 116 note 4.	
brothers	Major F. Müller	38	Cape SAP Organising Secretary	<i>Ons Land</i> , 15/10/1918, p. 2.
	Ds. Dr. T. B. Muller	34	Theologian, philosopher, Afrikaner nationalist	<i>Die Huisgenoot</i> , December 1918, pp. 558-559; <i>Dictionary of S.A. Biography</i> , I, pp. 571-573; B. B. Keet and G. Tomlinson: <i>Tobie Muller</i> .
Adv. R. Norman	39	Eminent authority on South African law	<i>South Africa</i> , 2/11/1918, p. 185; <i>The Star</i> , 11/10/1918, p. 10.	

TABLE 26 (Cont.)

Name	Age at death	Attainment(s)	Source
J. Reitz	37	Author and poet (died in third wave of epidemic, August 1919)	<i>Dictionary of S.A. Biography</i> , IV, pp. 494-495; <i>Standard Encyclopaedia of South Africa</i> , vol. 9, p. 279.
C. J. L. Ruysch van Dugteren	39	Co-editor of "Die Huisgenoot"	<i>Dictionary of S.A. Biography</i> , II, pp. 610-611.
Morris Sandwick	24	Singer	<i>South Africa</i> , 28/12/1918, p. 514; <i>Cape Argus</i> , 30/10/1918, p. 6.
Lt. Col. Dr. G. H. van Zyl	42	Officer Commanding, Maitland Mil. Hosp.	<i>S.A. Medical Record</i> , 26/10/1918, p. 312.
Adv. R. H. Walker	39	Editor of "Monthly Law Reports" for Eastern Districts of Supreme Court	<i>Grocott's Penny Mail</i> , 25/10/1918, p. 5; <i>St. Andrew's College Magazine</i> (Grahamstown), December 1918, p. 157.
J. H. Wium	37	MPC for Kroonstad East	<i>South Africa</i> , 28/12/1918, p. 501; <i>S.A. Who's Who 1919-20</i> , p. 225; OFS: <i>Votes and Proceedings of Provincial Council</i> , 1919, pp. 1, 3.
Dr. F. A. Wille	39	Senior Honorary Physician, Johannesburg Hospital	<i>S.A. Medical Record</i> , 9/11/1918, p. 326.

* 35 or more doctors died in the epidemic in South Africa (*S.A. Medical Record*, 28/12/1918, p. 373); this represents nearly 2% of all doctors registered in the Union in January 1918 (*Official Year Book of the Union*, no.4 - 1921, p. 251).

TABLE 27
ESTIMATES OF SPANISH 'FLU MORTALITY/1 000 OF POPULATION:
SELECTED COUNTRIES

Country	Spanish 'Flu mortality/1 000 of population	Sources
Western Samoa	220-250	Crosby, p. 236; Beveridge, p. 31.
India	62	Davis cited in Schultz, p. 64.
Gambia	56.4	Great Britain: Ministry of Health Report, p. 374.
Gold Coast	40	Patterson, p. 496.
Senegal	37.5	Patterson, p. 501.
Basutoland	37.1	Great Britain: Ministry of Health Report, p. 367.
Madagascar	35	Collier, p. 306.
Fiji	31	Crosby, p. 232.
Nigeria	30	Patterson, p. 501.
Southern Rhodesia	27.3	Great Britain: Ministry of Health Report, p. 367; Phimister, p. 144.
Mexico	23	Collier, p. 306.
South Africa	22.8	Table 11 above (Based on mortality of 139 471 in population of 6 118 933. If a toll of c.300 000 in a population of 6 822 944 is accepted, the mortality rate/1 000 of population would be 43.97).
Bechuanaland	22.3	Central Archives: GG 924, file 33/1052, Resident Commissioner, Mafeking to High Commissioner, 15/11/1918; Medical Report on the Influenza Epidemic in the Bechuanaland Protectorate by Principal Medical Officer, 12/11/1918; UG 15-'23, p. 71 (Table XIV).

Country	Spanish Flu mortality/1 000 of population	Sources
Guatemala	22	Collier, p. 306.
Chad	21,4	Hartwig and Patterson, p. 141.
Dutch East Indies	16	Collier, p. 306.
Tanganyika	16	Iliffe, p. 270; Kaniki, pp. 314, 324.
Swaziland	12,6	Great Britain: Ministry of Health Report, p. 367; UG 15-'23, p. 71 (Table XIV).
Philippine Islands	12,1	Graves, p. 160.
Chile	11	Collier, p. 306.
Ireland	10,7	Graves, p. 56.
Italy	10,6	Collier, p. 306.
Germany	9,2	Graves, pp. 61, 63.
Spain	6,3	Graves, p. 69.
New Zealand	6,08	Rice, p. 114.
Switzerland	5,5	Burnet and Clark, p. 74.
USA	5,5	Crosby, p. 207.
Japan	4,3	Graves, p. 96.
England and Wales	4,3	Burnet and Clark, p. 74.
Scotland	3,6	Burnet and Clark, p. 74.
Australia	2,3	Burnet and Clark, p. 74.

Sources: W. I. B. Beveridge: *Influenza: The Last Great Plague*.

F. Burnet and E. Clark: *Influenza*.

R. Collier: *The Plague of the Spanish Lady*.

A. W. Crosby: *Epidemic and Peace, 1918*.

K. Davis: *The Population of India and Pakistan* quoted in T. W. Schultz: *Transforming Traditional Agriculture*.

C. Graves: *Invasion By Virus: Can it happen again?*

Great Britain: *Ministry of Health Reports on Public Health and Medical Subjects. No. 4 - Report on the Pandemic of Influenza 1918-19*.

G. W. Hartwig and K. D. Patterson (eds.): *Disease in African History*.

J. Iliffe: *A Modern History of Tanganyika*.

M. H. Kaniki (ed.): *Tanganyika Under Colonial Rule*.

K. D. Patterson: "The Influenza Epidemic of 1918-19 in the Gold Coast" in *Journal of African History*, vol. 24 (1983).

I. Phimister: "The 'Spanish' Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry" in *Central African Journal of Medicine*, vol. 19 (1973).

G. Rice: "Christchurch in the 1918 Influenza Epidemic" in *New Zealand Journal of History*, vol. 13 (1979).

Setting aside these unanswerable questions about the specific nature of the influenza virus which infected the country, one can identify certain factors which made opportunities for this highly infectious disease to reach the most vulnerable parts of the population more numerous in South Africa than elsewhere in Africa.⁴⁴

Firstly, in contrast to landlocked or remote countries, South Africa's strategic maritime position had long laid it open to infection from visiting ships. World War I, with its expansion of this traffic and its shiploads of troops, multiplied this danger many times.

Secondly, an unusually large proportion of young South African men were normally away from home. In 1918 this number was even higher because of the war. The majority of these men were migrant labourers at work in the industrial areas and ports; a significant minority were soldiers on war-time service.

44. On the links between colonial rule and the accelerated spread of disease in Africa, see G. W. Hartwig and K. D. Patterson (eds.): *Disease in African History*, pp. 11-13.

Thirdly, the means available to these men to return home quickly were far better developed in South Africa than elsewhere on the continent. With over 10 000 miles of railways,⁴⁵ the Union was the only country in Africa which had "developed a linked [railway] system comparable to those of Europe or North America."⁴⁶ (See Map 2). This railway system penetrated deep into its rural areas. (See Map 3).

It was primarily via this extensive railway network that in September and October 1918, young men (who, as a group, seemed particularly susceptible to the epidemic⁴⁷) travelled home from 'flu-infected centres, carrying the disease to the most vulnerable part of the population. Two individual cases illustrate this process clearly.

On 2 October, having completed his period of contract work at the De Beers Mines, 23 year old Brown Moehi left Kimberley for his home in the Taung District. He took a northbound train to Border Station, a halt some 20 miles from his village, and next day set out to cover this distance on foot. On the road he began to shiver and soon found difficulty in walking. He struggled on, stumbling and crawling, until he reached his village at nightfall. There he collapsed. Within two days his family and their neighbours were showing symptoms of Spanish 'flu. Several died. "I brought the 'flu to Driefontein", he recalled remorsefully years later.⁴⁸

Kimberley was also where Jonathan Plessis, a young soldier, contracted Spanish 'flu. Already feeling unwell when he boarded a train from the military camp there early in October, he was running a high temperature by the time he reached his home in Genadendal two days later. Despite careful treatment by his family, his condition deteriorated steadily and he died on 7 October. Within hours of his funeral, reported the local journal, "Snellijk verspreidde zich de ziekte in 't dorp". Fifty residents died.⁴⁹

Soberly but accurately, the Influenza Epidemic Commission concluded:

"The general trend of evidence is that the spread of influenza was facilitated and accelerated by the railways."⁵⁰

In reviewing Hartwig and Patterson's *Disease in African History* some years ago, Paul Richards spoke of the Spanish 'flu epidemic as "possibly the single most important recent event in African demographic history".⁵¹ This chapter demonstrates that in the case of South Africa, the qualification "possibly" is unnecessary.

45. Union of South Africa: *Report of the General Manager of Railways and Harbours for 1917-1918*, UG 43-18, p. 123.

46. P. Curtin *et al.*: *African History*, p. 514.

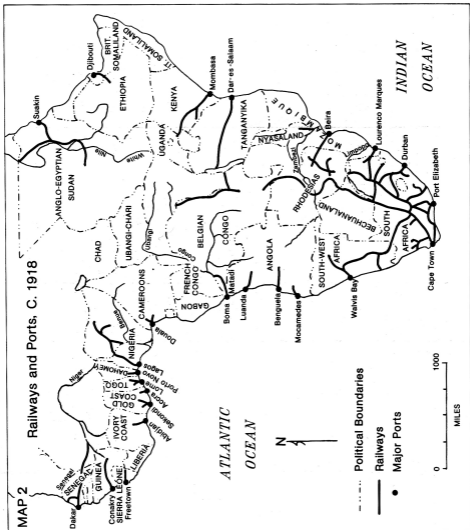
47. See pp. 166, 170 above.

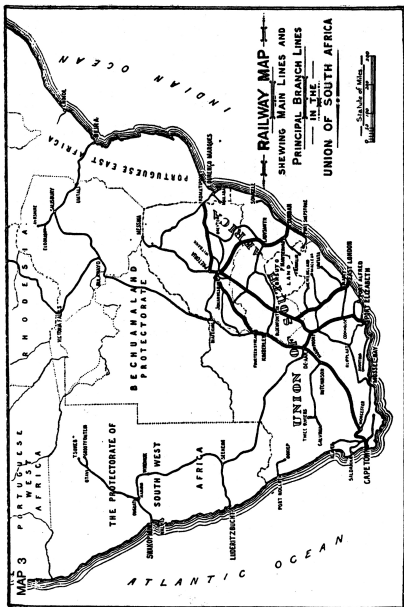
48. Interview with Mr. B. Moehi.

49. *De Huisvriend*, 23/2/1919, p. 186.

50. UG 15-19, para. 58.

51. *Africa* (Journal of International African Institute, London), vol. 51 (1981), p. 528.





CHAPTER 10

THE IMMEDIATE AFTERMATH

As the epidemic waned during November, the country was gradually able to take stock of the enormous upheaval it had produced and consider how best to handle the urgent problems it had left behind in its wake.

Of all of these, the question of caring for the orphans and widows the epidemic had created was one of the most pressing. It is impossible to say how many thousand children were orphaned altogether: figures in the Influenza Epidemic Commission's Report admit of no such analysis and such statistics as are available from other sources almost certainly refer to White children only, and then exclusively to those who came to the attention of the churches, charity organizations and orphanages.¹

As a temporary measure, many of the White orphans were cared for by relatives and friends. Together with mothers widowed by the 'flu, these were given financial assistance for the upkeep of the orphans by emergency relief funds set up during the epidemic,² charity and welfare bodies or local and provincial authorities.³

This support could not continue indefinitely however, for these sources were limited. Yet, existing orphanages were far too small to cope with such numbers: for instance, after taking in 91 'flu orphans in 1919,⁴ the Langlaagte Orphanage had to close its doors to 93 more for want of space.⁵ Dramatically and irrefutably, the epidemic had shown up the gross inadequacy of existing means of providing for orphans in South Africa.

Early in 1919 the Central Government tried to ease this dire situation by making grants to five existing orphanages to enable them to extend their accommodation,⁶ but it was the churches and certain sectors of the public service that took really bold initiatives. Especially anxious that Afrikaner orphans should be placed in institutions where their religious, cultural and national identity would not be jeopardized, the Dutch Reformed Church (DRC) in all four provinces launched special "Griepwese" Funds to provide suitable accommodation. The matter was "een volkzaak", wrote one DRC journal, and went on:

"De hulpelose kleinen zijn been van ons been en vlees van ons vlees. Zij zijn ons eigen volk, en staan daar voor onze rekening: en hoe durven wij 't toelaten dat een deel van ons volk in vreemde handen vallen zal? . . . 't Zal tot nagedachtenis een eeuwige schandvlek in onze geschiedenis wezen."⁷

1. OFS Archives: MBL 4/3/140, file 101/1/17, Mayor of Bloemfontein to Viscount Buxton, 5/11/1918; PAS 926, file 3705 no. 1, Memorandum on 'flu orphans in OFS orphanages, 1919(?); DRC Archives, Cape Town (hereafter DRC, CT): S13, file 2a/1, Inwendige Zending Kommissie to Minister of Education, 7/5/1919; *Cape Argus*, 30/10/1918, p. 5; *De Burger*, 31/10/1918, p. 3; *De Koningsbode*, January 1919, p. 1; E. v. d. Schyff: "Die Rol van die NGK in die Inisiering van Maatskappike - en ander Dienste in die Kaapse Skiereiland 1844-1937", p. 124.
2. See ch. 2, p. 35, ch. 3, p. 49, ch. 4, pp. 68-69 and N. D. Southey: "A Period of Transition - A History of Grahamstown 1902-1918", p. 181.
3. Union of South Africa: *Report of the Under-Secretary for Education for 1918, Part I*, UG 41-1919, p. 49.
4. S. M. N. Brönn: "'n Sosiologies-Opvoedkundige Studie van die Abraham Kriel Kinderhuis", p. 37.
5. Transvaal Archives, Pretoria: TPS 3, file 2/1969 Part 1, Superintendent Langlaagte Orphanage to Administrator, 9/12/1919.
6. UG 41-1919, p. 49; Union of South Africa: *Finance Accounts, Appropriation Accounts, Loan Funds and Miscellaneous Funds . . . Financial Year 1918-19 with the Report of the Controller and Auditor-General*, UG 49-19, p. 190.
7. *Onze Kerk*, February 1919, pp. 13-15.

At all costs, these orphans must not be lost to Afrikanerdom. They had to be saved from ending up in "Roomse"⁸ or "imperialistiese"⁹ institutions where their Afrikaner identity would be lost forever. Nor must they be allowed to sink into Poor Whiteism and "in handen te laten vallen van mensen, die ze weldra niet meet als kinderen, doch als bedienden gaan beschouwen en behandelen".¹⁰ These 'flu orphans, urged the Cape DRC,

"is onze verantwoordelijkheid, onze roeping, onze verplichting, en ook [is dit] ons voorrecht voor deze kinderen op te komen. . . . Het geroep der kinderen wordt door het land gehoord. 't Is een NOOD-geroep. In de naam van alles wat ons dierbaar en heilig is, laat ons opstaan en iets doen!"¹¹

The response to these stirring and emotive appeals for funds was overwhelming. Among them the four churches raised over £120 000 within two years,¹² and then organisations such as Helpmekaar¹³ and the Afrikaanse Christelike Vrouevereniging¹⁴ made separate contributions to individual DRC orphanages too. "Het volksgemoed was getroffen," exulted the Cape Synod, "de Kerk was aangegrepen, en het schijnbaar onmogelijke is geschied!"¹⁵

The money thus collected was used to enlarge existing DRC orphanages, to found seven new orphanages and to help the energetic dominee of Ugie in establishing a large, non-denominational orphanage in his village.¹⁶ Without doubt, the 'flu epidemic had caused the DRC to raise its capacity to care for orphans onto a completely new plane. "De epidemie heeft ons wakker geschud", rejoiced *De Kerkbode*. "De Kerk gevoelt, dat het voortaan niet geschieden moet dat er een van onze verwaarloosde kinderen zal zijn, dat op de genade van anderen geworpen wordt."¹⁷

Other denominations were equally anxious to ensure that orphans of their faith were not lost to them, but their efforts were on a far smaller scale. The Hervormde Kerk was able to open a small orphanage of its own in 1923,¹⁸ but the Gereformeerde Kerk chose instead to utilize its "Griepwese" Fund to subsidize the maintenance of its orphans who were placed either with Gereformeerde families or

8. *De Burger*, 13/11/1918, p. 2 (Letter from A.C.V.V. lid, Carnarvon); *Die Ebenezer*, 1/11/1918, p. 9; *De Kerkbode*, 13/2/1919, p. 152.

9. *Ons Vaderland*, 8/11/1918, Editorial.

10. *De Volkstem*, 3/12/1918, p. 3.

11. DRC, CT: S13, vol. 1/1, p. 69.

12. *Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919*, pp. 48–49 (Bijlage C); *27ste Vergadering van die Hoog-Eerw.-Synode van die NGK in die Oranje Vrystaat, 1922*, pp. 168, 211; *Handelingen van de 13de Synode der NH of GK van Zuid Afrika, 1922*, p. 231; *Notulen der 49ste Alg. Kerkvergadering van de NGK van Natal, 1920*, p. 43.

13. *De Burger*, 5/5/1919, p. 3.

14. *Die Huisgenoot*, April 1919, p. 706.

15. *Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919*, p. 44.

16. DRC, CT: S13, file 26/3/1, Rapport over de Werkzaamheden van de Kommissie voor de Algemene Armesorg, Julie 1919–Des. 1920; S13, vol. 1/1, p. 61; V4, vol. 1/3, pp. 124–126, 140; *Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919*, p. 45; *27ste Vergadering van . . . die NGK in die OVS, 1922*, p. 211; *Handelingen van de 13de Synode der NH of GK van Zuid Afrika, 1922*, p. 252; *Notulen der 49ste Alg. Kerkvergadering van de NGK van Natal, 1920*, pp. 39–40, 43; *Notulen der 50ste Alg. Kerkvergadering van de NGK van Natal, 1921*, pp. 50, 53; *De Koningsbode*, October 1919, p. 208; M. T. S. Zeeman: *Die Armesorgwerk van die NGK in Suid-Afrika*, pp. 44, 187; L. L. N. Botha: *Die Maatskaplike Sorg van die NGK in Suid-Afrika 1928–1953*, p. 151; A. P. Smit: *Die Abraham Kriel-Kinderhuis 1902–1952*, pp. 57–58; A. Dreyer: *Jubeltees-gedenkskrif van Die Kinderseendinghuis, Kaapstad 1882–1932*, p. 26; M. T. R. Smit: *Gedenkalbum NGK Ugie 1903–1953*, pp. 116–125; M. T. R. Smit: *The Romance of a South African Village*, pp. 93–97.

17. *De Kerkbode*, 13/2/1919, pp. 152–153.

18. *Standard Encyclopaedia of South Africa*, vol. 8, p. 129.

in DRC orphanages.¹⁹ The Presbyterian Church used the contributions to its special Orphanage Fund Appeal to extend its orphanage in Queenstown,²⁰ while the Anglican St. John's Hostel, which was opened in Cape Town in November 1918, immediately undertook to double its capacity so as to accommodate a number of 'flu orphans.²¹ Also in Cape Town, the Cape Jewish Orphanage launched a special building fund to pay for extensions to house Jewish 'flu orphans.²²

The churches were not alone in seeking to provide for their own 'flu orphans. For several years before 1918 employees of the South African Railways and Harbours, the South African Police and the Post Office had been discussing the need to provide care for the children of their White members who died, but little had been done. At a stroke the epidemic changed this: it "devastated our ranks in so lamentable a degree", wrote the Police journal, "that the great need of such a Fund was brought home to every one of us."²³ A Post Office Widows' and Orphans' Benevolent Fund was set up in December 1918²⁴ and early the following year the SAR & H Children's Home Fund was formally launched among members of that service.²⁵ A Police Orphans' Fund followed in 1920.²⁶

In May 1920 the foundation-stone of the first SAR & H Children's Home was laid in Bloemfontein²⁷ and by 1926 six more such orphanages had been opened around the country.²⁸ The Police Fund, on the other hand – it amounted to more than £18 000 by 1920²⁹ – was not used to establish an orphanage, but was directed at assisting individual police widows and their children.³⁰ The Post Office Fund operated on similar lines.³¹

From its side, the Central Government (through a clause in the new Public Health Act) provided for the maintenance by Provincial Administrations of all 'flu orphans resident in approved institutions.³² Initially, the subsidy was fixed at £3 per child per month, but in 1923, in the face of financial stringency, this sum was reduced by 10%.³³

Most White 'flu orphans who had lost both parents but could not be accommodated in an orphanage were adopted, either formally or informally, by relatives, friends or well-meaning strangers. (The *Cape Argus* even arranged for one thirteen-month old infant to be taken in by a foster-mother, money for her upkeep coming from contributions by readers of its "Children's Corner" column.)³⁴ In

19. J. H. Coetzee: *Die Barmhartigheidsdiens van die Gereformeerde Kerk in Suid-Afrika 1859–1949*, p. 225; *Hei Kerkblad*, 1/4/1919, p. 4.

20. *Presbyterian Churchman*, October 1919, p. 119; *Presbyterian Church of South Africa – Proceedings of 20th General Assembly, 1919*, p. 30; *Presbyterian Church of South Africa – Proceedings of 23rd General Assembly, 1923*, p. 127.

21. University of the Witwatersrand Library, Historical and Literary Papers Division, CPSA Archives: File on St. John's Hostel, Leaflet dated November 1918; *St. John's Hostel, Cape Town*, p. 5.

22. E. Rosenthal: *The Story of the Cape Jewish Orphanage*, p. 9; *Cape Times*, 11/8/1932.

23. *The Nongqai*, July 1919, p. 296.

24. *South African Postal and Telegraph Herald*, December 1918, p. 62.

25. *SAR & H Magazine*, April 1919, p. 224.

26. *The Nongqai*, September 1920, pp. 424–426.

27. *SAR & H Magazine*, June 1920, p. 444.

28. *Cape Times*, 7/6/1927.

29. *The Nongqai*, November 1920, p. 546.

30. *The Nongqai*, September 1920, pp. 424–426.

31. *South African Postal and Telegraph Herald*, December 1918, p. 62; October 1919, p. 43.

32. Act 36 of 1919, section 49.

33. OFS Archives: PAS 544, file 1222 Part 2, Memorandum on Orphanages, 3/7/1925.

34. *Cape Argus*, 21/12/1918, p. 12; 28/12/1918, p. 11; 1/2/1919, p. 13. A similar suggestion was mooted by the *New True Templar* (November 1918, p. 3), but the outcome of this proposal is not known.

general, few orphans would have found adjustment easy or painless. "I was taken in [by relatives] as their child", recalled one woman in 1965. "My [four] brothers and sisters were scattered. We never got together again."³⁵

Information as to what happened to the many thousands of "Coloured", Black and Indian 'flu orphans is far scantier, a reflection, no doubt, of the limited official and institutional attention paid to them. A considerable number seems to have been "indentured" as domestic servants or farmhands to replace those who had died in the epidemic.³⁶ A few were accepted by the small number of orphanages which admitted children of these races, but their capacity was very limited. Nor do they seem to have been significantly extended in the wake of the epidemic and apparently no more than three new orphanages were established: a Methodist orphanage for Indians in Durban³⁷ and two for "Coloureds" in Cape Town, the one Catholic,³⁸ the other Anglican.³⁹ A suggestion that the DRC raise funds for a new orphanage for "Coloureds" did not gain adequate support,⁴⁰ despite warnings that this would mean that many a "Coloured" orphan would fall into "Roomsche en Slaamsche handen. . ."⁴¹ As for Blacks, the only evidence is a letter to the Governor-General from the pastor of the Church of God and Saints of Christ appealing for a contribution for an orphanage for Black 'flu orphans to be started at Cala. Viscount Buxton sent £1.⁴²

Probably, the vast majority of "Coloured", Black and Indian orphans were simply absorbed by their extended families. Among the Tswana, "orphan children are always cared for by their relations", reported the Resident Commissioner of Bechuanaland. "There is never any reluctance to adopt orphans: on the contrary they are regarded as a sort of inheritance and if there is any dispute about it it would be between persons claiming the right to them."⁴³ Describing a similar attitude among "Coloureds", a minister of the DRC Mission Church commented tersely, "Onze gekleurden zijn in dit opzicht getrouwer dat wij blanken."⁴⁴

For those orphans lacking family or friends to take them in, the prospect was bleak. Indicting a young "Coloured" boy for theft in March 1919, a Cape Town prosecutor said he was:

" . . . one of dozens of boys of his age who roam the city and sleep anywhere.

35. *Evening Post*, 28/8/1965, Weekend Magazine, p. 1 (Letter from 'Trixie'). For another example of how the death of both parents in the epidemic broke up a large family, see Collier Collection: Letter from Mrs. H. Coetzer (née van Niekerk), 8/6/1972.

36. DRC, CT, S13, file 170/1, Mrs. B. S. van Soelen to ds. Luckhoff, 2/4/1919; S5, file 13/5/1, Replies from Paarl and from Vredenburg; OFS Archives: MBL 4/3/1/75, file 161/2/15, L. A. Visagie to Stadsclerk Bloemfontein, 9/3/1919; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder 5, Mrs. E. E. Catherine to Dr. Abdurahman, 30/6/1919; *Cape Times*, 30/11/1918, p. 3.

37. *Wesleyan Methodist Church of South Africa: 37th Report of South African Missionary Society*, p. 24.

38. *Catholic Magazine for South Africa*, June 1919, p. 285; November 1919, p. 520; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder 1, *Community Chest of the Cape Peninsula, 1930* (pamphlet), p. 8.

39. *Cape Times*, 2/5/1933; 3/5/1935; *Cowley Evangelist*, March 1919, pp. 58-59; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder 1, *Community Chest of the Cape Peninsula, 1930*, p. 12.

40. DRC, CT, S5, file 13/5/1, Replies to Questionnaire, November 1918. However, it does seem that the existing Uitkomst Orphanage was re-located in larger premises (S5, vol. 1/2/3, pp. 176, 179, 184).

41. *De Kerkbode* 2/1/1919, p. 9.

42. Central Archives, Pretoria: GG 99, file 3/3106, S. Matshaka to High Commission [sic], 11/3/1920.

43. Central Archives: GG 924, file 33/1052, Resident Commissioner, Mafeking to High Commission, Pretoria, 15/11/1918. See too OFS Archives: MBL 4/3/1/75, file 161/2/15, Stadsclerk en Thesaurier to L. A. Visagie, 1/5/1919; L. H. Gann: *A History of Southern Rhodesia*, p. 227.

44. DRC, CT, S5, file 13/5/1, Reply from eerwaarde R. H. van Heerden, Prieska. See too replies in this file from ministers of Calvinia, Middelburg, Graaff-Reinet and De Aar.

. . . He is a "flu remnant". He has no home, and does not know what has become of his parents. He does not know his age or his proper name, and has no surname, so far as he knows. He and others sleep under the Pier, in the old boxes, and in railway compartments, first-class preferred, when the opportunity offers. He looks half starved and eats garbage, or whatever he can get hold of, and says he has never been to school."

The presiding magistrate found the boy guilty and sent him to a reformatory for four years.⁴⁵

In striking contrast, it would seem that, insofar as providing orphanage facilities for Whites was concerned, the influenza epidemic wrought the single greatest advance in the history of child welfare in South Africa.

The epidemic also made it clear that the advocates of pensions for widowed mothers had a strong case. Here was "a glaring example of the need of altering the law so that State money which is payable to foster-mothers may be payable instead to real mothers who are willing and able to do their work", argued the *Cape Argus*.⁴⁶ While the authorities debated the merits of the case, the DRC again took the initiative in its anxiety to save 'flu orphans from Poor Whiteism and its consequences. Between 1919 and 1924 the Cape DRC gave financial assistance to at least 45 'flu widows so that they could bring up their children themselves at home.⁴⁷ This principle of mother-and-child pensions was subsequently adopted in the 1921 amendment to the Children's Protection Act.⁴⁸

Yet, it would be erroneous to conclude that every White family reduced to indigence by the death of its breadwinner was completely taken under the wing of a Church or a private charity. In reporting an increase in the number of appeals for free medical treatment or poor relief in 1919, several magistrates mentioned that this was "as a result of the death of wage earners during the influenza epidemic".⁴⁹ In the Barkly East District, most of the paupers on the roll were "a couple of families who lost the breadwinner through influenza in 1918", reported the local magistrate, "the mothers being too weak or diseased to support themselves or children."⁵⁰ In larger centres such as Cape Town and Port Elizabeth, magistrates were compelled to board out children of destitute 'flu widows who could not support them.⁵¹ Even better-off families found themselves in difficulty as a result of the death of their breadwinner. For instance, in Cape Town it was discovered that in the wake of the 'flu, overcrowding had increased because many of these families had had to move to smaller homes or to take in boarders to make ends meet.⁵²

The inadequacy of the existing system of poor relief was obvious, but only in the Cape was a limited attempt made to improve the situation by putting charitable organizations onto a sounder financial footing via a £ for £ provincial subsidy and by providing for special poor relief to be made available in emergencies.⁵³ Because

45. *Cape Argus* 6/3/1919, p. 6.

46. *Cape Argus* 19/10/1918, p. 5.

47. DRC, CT: S13, file 17/c1, Reports of the Sub Kommissie over Ondersteuning ten behoeve van Griep Wedawes, 1920-1922; S13, vol. 1/1, pp. 73, 84, 157; S13, file 26/3/1, Rapport over de Werkzaamheden van de Kommissie voor de Algemene Armeezorg, Julie 1919-Des. 1920; *Handelingen van de XXV Synode van de NGK in Zuid-Afrika, 1924*, p. 85; E. van der Schyff: "Die Rol van die NGK . . .", pp. 123, 172.

48. Act 26 of 1921, section 11.

49. Central Archives: J 190, file 1/307/19, Annual Report of Magistrate of Mossel Bay, 1919. See too J 274, file 1/307/19, Annual Reports of Magistrates of Somerset East and of Sutherland, 1919.

50. Central Archives: J 190, file 1/307/19, Annual Report of Magistrate of Barkly East, 1919.

51. Central Archives: J 190, file 1/307/19, Annual Reports of Magistrates of Cape Town and of Port Elizabeth, 1919.

52. *Cape Times*, 21/1/1919, p. 10. For an individual case of this, see Interview with Miss M. Dormehl.

53. Poor Relief and Charitable Institutions Ordinance, no. 4 of 1919. See too ch. 2, p. 35.

of the epidemic "it has become absolutely necessary to immediately pass [such] legislation", explained the Administrator.⁵⁴

In rural areas many of the White families hard hit by the 'flu seem to have been "bywoners" or marginal farmers. At the best of times their existence was precarious; the loss of a breadwinner, the failure of a crop, post-'flu debility or the cost of a doctor and medicine would have proved too much for some of these. "I believe that many a struggling farmer is converted into a 'poor white' as the result of serious illness in the family", one rural doctor told the Influenza Epidemic Commission.⁵⁵ These broken and impoverished families often migrated to towns in the hope of being "able to earn a few shillings here and there . . . whereas they were practically starving on the farms."⁵⁶ Typical was the widow who outlined her plight in *De Koningsbode's* "Voorbidding Gevraagd" column:

"Mijn dierbare echtgenoot is aan de griep gestorven, mij latende met vijf kinderen, in armoede en schuld. Bidt voor mij om onderwerping en kracht. Ik ben van plan naar de delverij te gaan om daar te zien een leven te maken. Ik wil een tiende aan den Heer geven. Vraag den Heer om uitkomst en hulp."⁵⁷

Perhaps this woman prospered by her move, but many like her, who left the countryside, did not. By turning families on the margin of self-support into dependants, unable to help themselves, the Spanish 'flu epidemic undoubtedly added to the Poor White population of South Africa.⁵⁸

It was not only the family life of many children which was dislocated by the epidemic; the education of almost all children at school in 1918 was seriously disrupted too (at least in the short term), for nearly every school in the country closed for periods ranging from a few weeks to the whole Fourth Quarter.⁵⁹ In these closures there was no uniformity, for the decision to open or close schools on medical grounds initially lay with each school board or local authority.⁶⁰ Only once the Government had gazetted its special epidemic regulations⁶¹ did the Administrators of the Cape and Natal gain the final say over school closures.⁶² Even then, many parents refused to allow their children to return to school until all danger of infection was past. Provincial education authorities were prudent enough to recognize these fears and did not insist on compulsory attendance.⁶³

The lengthy closure of schools played havoc with end-of-year examinations. In

54. *Cape Times*, 28/3/1919, p. 9.

55. IEC, vol. 1, file 1: Memorandum by Dr. J. Ruthven, p. 2. See too Union of South Africa: *Annual Report of the Department of Justice for 1918*, UG 36-'19, p. 106 (Wolmaranstad).

56. Central Archives: J 275, file 1/307/19, Annual Report of Magistrate of Lichtenburg, 1919. See too Central Archives: K46 (Evidence to Education Administration Commission, 1923-4), vol. 3, p. 849, Evidence of OFS Teachers' Association.

57. *De Koningsbode*, July 1919, p. 141.

58. Union of South Africa: *Second Interim Report of the Unemployment Commission*, UG 34-'21, paras. 17, 27; D. J. Joubert: "Die Geskiedenis van Provinsiale Wetgewing oor Liefdadigheid in die OVS, met spesiale betrekking op die armsorg vraagstuk in Bloemfontein", p. 96. On the other hand, the Carnegie Commission did not identify the 'flu epidemic as a significant cause of Poor Whitesism (Carnegie Corporation Commission: *The Poor White Problem in South Africa*, Part 4, p. 127, para. 7).

59. Cape of Good Hope: *Report of the Superintendent-General of Education for 1918*, CP 5-'19, p. 7; *Transvaal Education Department: Report for 1918*, TP 6-'19, p. 2; *Education Department, OFS: Report for 1918*, p. 12, para. 16; Province of Natal: *Report of the Superintendent of Education for 1918*, NP 4, 1919, p. 17. Universities and colleges were similarly affected (see Union of South Africa: *Report of the Under-Secretary for Education for 1918, Part II*, UG 8-'20, pp. 12-16).

60. TP 6-'19, pp. 7-8; *Transvaal Education Department: Report on the Medical Inspection of Schools for 1918*, TP 4-'19, pp. 17-18, 28.

61. See ch. 6, p. 105.

62. TP 4-'19, p. 28.

63. TP 4-'19, p. 26; *The Friend*, 16/11/1918, p. 8; *Daily Dispatch*, 6/11/1918 (Statement by Superintendent-General of Education).

three provinces Matriculation and Junior Certificate examinations were rescheduled for mid-to-late December and those pupils unable to write then, were automatically made eligible for the supplementary examinations in February 1919.⁶⁴ Examiners were probably instructed to be lenient in their marking.⁶⁵

In many cases such consideration produced unsatisfactory consequences. The Principal of Pretoria Normal College found his first-year students in 1919 (i.e. those who had matriculated in 1918) "quite unprepared to fall into the regular classes" and was forced to engage a special lecturer to bring them up to standard.⁶⁶ In Transvaal high schools too, many of those who had passed the Primary Certificate Examination in 1918 were "So seriously unfit . . . that in some schools special classes were made of them, to go over the ground in which they were specially weak."⁶⁷

As for pupils in other standards in 1918, principals were authorized to promote them on their class record during the year, as pupils who had had 'flu "cannot be expected to be yet equal to the strain of the usual examination". All had suffered from the interruption in their schooling "and from the disquieting experiences through which they in common with their teachers have passed."⁶⁸ Here too the tendency was towards a lenient assessment, with the result that the following year several circuit inspectors complained that many pupils were "not quite fit for their new classes, and this had an adverse effect on the examination classes."⁶⁹ "Bad school classification was one of the evils resulting," a Transvaal inspector pointed out, "for, . . . most principals promoted their pupils *en bloc*. In many cases this was disastrous."⁷⁰

Nor had other effects of the upheaval caused by the epidemic altogether vanished by 1919. The long break and the enduring physical after-effects of a bout of Spanish 'flu had left their mark too. The inspector of the remote Waterberg district noted how these factors had retarded pupils' progress and had "produced both among the pupils and the teachers a slovenliness which is a necessary consequence of half empty classes and continual interruption in the work."⁷¹ A year later, a colleague of his concluded that, "It is not too much to say that it will be several years before the ground lost in our schools [because of the epidemic] will be made up."⁷²

Post-'flu debility and lassitude were by no means unusual. Recovery was often slow and uneven. Among many of his staff Cape Town's City Treasurer noticed "impaired vitality . . . for several months after the Epidemic was over",⁷³ while two months after a light attack, the Bishop of George admitted that, "it has been very difficult to give one's energies to any task, whether bodily or mental. So insidious

64. *Ons Vaderland*, 26/11/1918, p. 6 (Letter from Director of Education to ds. Hattingh); *The Friend*, 18/11/1918, p. 4 (Letter from J. W. Miller); *Territorial News*, 21/11/1918; UG 8-'20, p. 20.

65. *De Volkstem*, 5/11/1918, p. 11; *Cape Times*, 1/11/1918, p. 7; TP 6-'19, p. 16; *Transvaal Education Department Report for 1919*, TP 5-'20, pp. 24-25, 71.

66. TP 5-'20, p. 65.

67. *Ibid.*, p. 79.

68. Cape Archives: SGE 1/1836, file marked "Circulars (Outgoing) 1918", Circular no. 220, Superintendent-General of Education to Circuit Inspectors, 1/11/1918.

69. *Education Department, OFS: Report for 1919*, p. 45, para. 4. For the adverse effect on the Matriculation results at the end of 1919, see Union of South Africa: *Report of the Secretary for Education for 1919, Part I*, UG 57-'20, pp. 56-57.

70. TP 5-'20, p. 98.

71. TP 6-'19, p. 144.

72. TP 5-'20, p. 136.

73. *Corporation of the City of Cape Town: Minute of the Mayor for Year Ending 4/9/1919*, Appendix 9.

& far-reaching are the effects of this malady.”⁷⁴ “[W]e were leaden-footed for weeks, to the point where each step meant a determined effort”, remembered another sufferer.⁷⁵ At Kingswood College in Grahamstown, no physical exercise or games were allowed for weeks after the epidemic.⁷⁶

Many who had had ‘flu found that their hearts had been affected – they became breathless very easily and suffered palpitations.⁷⁷ The Commanding Officer of the Union Forces in South West Africa made sure that such men under his command were sent to the coast to recuperate.⁷⁸ Others were left temporarily forgetful,⁷⁹ deaf,⁸⁰ blind⁸¹ or bald⁸² by the ‘flu – the latter provided a fillip for the sale of hair-restorer⁸³ and of large hats which completely covered the head.⁸⁴

Bouts of Spanish ‘flu also produced anaemia⁸⁵ and affected the nervous-system.⁸⁶ Post-influenza melancholia was common.⁸⁷ One who experienced this depression described her symptoms as follows:

“Jij is neerslagtig, jij huil vir niks – jij is lam en tam, . . . die een oomblik is jij so vris dat jij die hele wereld kan verset, die volgende voel jij weer klaarpraat.”⁸⁸

Several cases of suicide were attributed to this post-‘flu melancholia.⁸⁹

74. Witwatersrand University Library, Historical and Literary Papers Division: AB 487/10 (Letter Book of Bishop Sidwell), p. 43. Good examples of the ups and downs of recovery from the ‘flu are to be found in Witwatersrand University Library, Historical and Literary Papers Division: A618 (Diary of W. Hill), Entries 23/10/1918–18/11/1918; Cape Archives: 1/KHK 8, file 82, Letters from W. Köpke to District Forest Officer, Keiskama Hoek, 7/11/1918, 15/11/1918, 18/11/1918, 22/11/1918, 15/3/1919.

75. Collier Collection: Letter from Miss E. F. Goring, 1/10/1972.

76. *Kingswood College Magazine*, December 1918, p. 25.

77. *South African Medical Record*, 11/1/1919, pp. 5, 8; 8/2/1919, p. 40; SADF Archives: DC 1199, file M/242, OC Military Hospital Windhoek to OC 1st Regt. SAMR, 20/12/1918; IEC, vol. 1, file 5: Written Evidence by Lt. Col. de Kock, p. 4; Cape Archives: 1/KHK 8, file 82, W. Köpke to District Forest Officer, 7/11/1918.

78. SADF Archives: DC 357, file 40170, OC Union Forces SWA to Adjutant General UDF, 20/2/1919. Many civilians followed the same course and that summer there was an unusually large exodus to the coast. Many of these were convalescents from the ‘flu, seeking rest (*SAR & H Magazine*, January 1919, p. 64; *Daily Dispatch*, 5/3/1919, p. 8; A. F. Louw: *My Eerste Neentig Jaar*, p. 198).

79. *South African Medical Record*, 28/12/1918, p. 384; 11/1/1919, p. 8; 8/2/1919, p. 42; *The Friend*, 17/2/1919, p. 7; Collier Collection: Letter from Miss E. F. Goring, 1/10/1972.

80. *South African Medical Record*, 11/1/1919, pp. 5, 8; *Cowley Evangelist*, February 1919, p. 39; Interview with Mrs. Vercaucl.

81. *South African Medical Record*, 11/1/1919, p. 8; OFS Archives: Uncatalogued Minutes of Bloemfontein Municipality – Native Affairs Committee, 1917–1923, Minutes of Meeting, 7/10/1919; Interview with Mrs. Vercaucl.

82. *The Friend*, 13/1/1919, p. 5; *Daily Dispatch*, 22/1/1919, p. 6; *South African Medical Record*, 8/2/1919, p. 40; Interview with Miss S. Honkman; Letter to author from Dr. R. L. Forsyth, 2/11/1978; Collier Collection: Letters from Miss E. F. Goring, 1/10/1972; Mrs. E. Poulter, 4/7/1972; Mrs. B. Rennie (née von Linsingen), 12/10/1972; Mrs. E. Rissik (née Wassung), 19/1/1973; Mrs. W. S. Vorster, 12/5/1972.

83. *The Friend*, 15/2/1919, p. 8; 10/3/1919, p. 7; *Diamond Fields Advertiser*, 18/2/1919, p. 3.

84. *The Friend*, 28/1/1919, p. 3.

85. *Medical Journal of South Africa*, December 1918, p. 330. See too advertisements for Dr. Williams’ blood-restoring pink pills in *Transkeian Gazette*, 7/11/1918; *Diamond Fields Advertiser*, 18/4/1919, p. 7; *The Friend*, 4/4/1919, p. 7; 17/3/1919, p. 8; 31/3/1919, p. 8.

86. *Cape Argus*, 5/2/1919, p. 6; *The Friend*, 5/11/1918 (Report on Council Meeting); *South African Medical Record*, 11/1/1919, pp. 5, 8; Cape Archives: 1/MTF 6, file 28, Acting District Surgeon’s Report to Magistrate Mount Fletcher, 3/12/1918.

87. *South African Medical Record*, 8/2/1919, p. 40; *Medical Journal of South Africa*, December 1918, p. 330; A. W. Crosby: *Epidemic and Peace*, 1918, p. 194; C. M. J. Aarts de Vries: *Ziekeverpleging in Huis*, pp. 68–69.

88. *De Vriend des Volks*, 28/11/1918 (“Huis en Haard” deur Nonnie).

89. *Daily Dispatch*, 7/11/1918, p. 6; *Farmers’ Weekly*, 13/11/1918, p. 1175; *Diamond Fields Advertiser*, 23/7/1919, p. 5; *Cape Times*, 1/11/1918, p. 9; *Cape Argus*, 4/11/1918, p. 5; 5/11/1918, p. 7; 21/11/1918, p. 5; 5/12/1918, p. 6; 28/12/1918, p. 5; *De Burger*, 13/11/1918, p. 2; L. G. Green: *Grow Lovely, Growing Old*, p. 160.

From most of these ailments sufferers recovered in time, but some were left with their health permanently impaired by, for example, deafness,⁹⁰ weak lungs,⁹¹ heart trouble⁹² and a susceptibility to other diseases such as phthisis, tuberculosis, parkinsonism, nephritis, meningitis and encephalitis lethargica.⁹³ In 1919 an engine-driver involved in a train accident at Fish Hoek explained that while he had been at the controls, he had suffered a blackout. He claimed that this was the after-effect of an attack of Spanish 'flu the previous year, which had left him "never . . . quite the same since."⁹⁴ The following year, the defence attorney of a young Black man charged with rape pleaded diminished responsibility, as his client "was not in his right mind at the time of committing the offence." He had had influenza. A doctor testified that "it was followed by more insanity than any other acute disease . . . The derangement very often took the form of moral insanity . . . [and] he would not be surprised if a person liable to periodical insanity committed rape." The jury were not convinced, however, and found the man guilty. He was sentenced to 8 years' hard labour.⁹⁵

The incapacity caused by the 'flu and its after-effects seriously affected the country's economy for some time.⁹⁶ Agriculture suffered particular disruption because, not only did the epidemic coincide with the planting season in some parts of the country,⁹⁷ but in others it came at the time for harvesting and sheep-shearing. The *Farmers' Weekly* carried numerous accounts of the acute labour shortage facing White farmers and spoke of this as, "one of the most serious secondary results of the epidemic. . . . The shortage is especially felt by the wheat-growers, who just now are in urgent need of harvest hands."⁹⁸ Country correspondents of newspapers confirmed this: from the Cullinan district it was reported, "'t Koren staat rijp op de landen doch er is niemand om te oogsten, al 't werkvolk ligt siek',"⁹⁹ while even those farm-hands who had recovered, "kan men bijna niet gebruikten, omdat zij door de siekte zo verzwakt zijn."¹⁰⁰ On some farms crops threatened to

90. Interview with Mrs. Verweil.

91. Interview with Mr. F. Botha; Collier Collection: Letter from Mrs. C. Richardson (née Grant), 17/5/1972; *Sunday Times*, 27/2/1983, p. 17.

92. *De Koningsbode*, August 1919, p. 161 (Letter from J. S.); September 1919, p. 183 (Letter from D. T.); Central Archives: Acc. 172 (Eerw. E. O. K. Müller Versameling), vol. 2, p. 38; *Standard Encyclopaedia of South Africa*, vol. 3, p. 256; Interview with Mr. F. D. Williams.

93. *South African Medical Record*, 14/12/1918, p. 358; 28/12/1918, p. 374; 11/1/1919, p. 5; *Cape Times*, 1/7/1919, p. 9; *Society for the Propagation of the Gospel in Foreign Parts: Report for 1919*, p. 20; A. W. Crosby: *Influenza and Peace, 1918*, p. 194; R. Collier: *The Plague of the Spanish Lady*, pp. 290-291; E. D. Kilbourne (ed.): *The Influenza Viruses and Influenza*, pp. 457, 510; C. Stuart-Harris and G. C. Schild: *Influenza - The Virus and the Disease*, pp. 107-108; Cape Archives: 1/TSO 12, file 48/6, Report on Public Health, 1919 by District Surgeon Mqanduli; 1/MQL 5, file 13/2/6 vol. 1: Annual Health Report for 1921 by District Surgeon Mqanduli; C. M. J. Aarts de Vries: *Ziekoverpleging in Huis*, p. 70; Interview with Dr. H. F. Kamp.

94. *Cape Times*, 30/7/1919, p. 8. See too *Cape Times*, 14/6/1919, p. 10.

95. *The Nongqai*, March 1920, p. 134.

96. Standard Bank Archives, Johannesburg: General Manager's Half-Yearly Reports, 31/12/1918, p. 5; and 30/6/1919, pp. 5-6. See too the *Monthly Trade Reports* of the National Bank of South Africa.

97. See p. 192.

98. *Farmers' Weekly*, 27/11/1918, p. 1343.

99. *De Volkstem*, 25/10/1918, p. 7. For similar reports, see *Farmers' Weekly*, 13/11/1918, pp. 1181, 1183; 27/11/1918, p. 1387; 25/12/1918, p. 1825; *De Burger*, 23/10/1918, p. 3; 24/10/1918, p. 4 (Letter from G. S. de Vries); 26/10/1918, p. 3; 31/10/1918, p. 4; 2/11/1918, p. 4; 7/11/1918, p. 3; 9/11/1918, p. 4; 11/11/1918, p. 3; 15/11/1918, p. 2; 18/11/1918, p. 3; 27/11/1918, p. 3; 2/12/1918, p. 3; 5/12/1918, p. 3; 10/12/1918, p. 4; 12/12/1918, p. 5; 17/12/1918, p. 2; 28/12/1918, p. 5; 1/1/1919, p. 4; *Ons Vaderland*, 5/11/1918, p. 6; 8/11/1918, p. 6 (Letter from F. J. H. Steyn); 15/11/1918, p. 5 (Letter from A. P. Brits); *De Volkstem*, 25/10/1918, p. 10; 29/10/1918, p. 5; 1/11/1918, p. 8; 8/11/1918, p. 6; *Daily Dispatch*, 8/11/1918, p. 4; 18/11/1918, p. 7; 21/11/1918, p. 7; UG 36-19, p. 103 (Waterberg); Union of South Africa: *Report of the Land and Agricultural Bank of South Africa for 1918*, UG 20-1919, p. 6.

100. *De Burger*, 25/11/1918, p. 3.

overripen and rot. Alarmed at the losses this might produce, one rural Transvaal MPC gave notice in the Provincial Council of a motion calling on the Government to assist with the payment of interest on Land Bank loans in the case of farmers whose harvests had failed because of the epidemic.¹⁰¹

He need not have worried. The Central Government was too sensitive to the needs of White farmers to ignore their appeals for assistance. Early in November the Prime Minister and the Native Affairs Department decided that action should be taken at once, "om de gezonde inboorlingen in de betreffende actiekosten aan 't werk te krijgen."¹⁰² Of course, pointed out *De Volkstem*, "Dwang kan er . . . niet gebezigd worden", but Native Commissioners would be told to use their influence.¹⁰³ Steps were also taken to persuade newly demobilized Cape Coloured troops to "take the hint that is being given them to seek work in the corn-lands",¹⁰⁴ while the White Labour Department was approached to try to secure White farm-labour to help with the harvest. Farmers were told to contact their local magistrate to inform him of their exact labour needs.¹⁰⁵ Moreover, if they were not able to pay these labourers at once, they were to be allowed to do so out of the proceeds of the new crop.¹⁰⁶

With such a quick, generous and helpful response from the Government, the labour-shortage was soon eased and crops reaped. Black farmers received no such assistance.

Those White farmers due to start sowing just as the 'flu arrived faced a similar shortage of labour. However, by late in November, when the extra hands secured by the Government became available, the most suitable time to plant had already passed in many areas and dry conditions had set in. As a result, there was a significant decrease in the acreage of land put under crops such as maize, grain sorghum and tobacco.¹⁰⁷ In some areas of the Transvaal the decrease in the amount of maize planted was as much as 25% compared to the previous season, while the Kingwilliamstown District showed a decrease of 40%.¹⁰⁸ Reflecting on the total halt brought about in ploughing in the Camperdown District, the *Natal Witness* noted how the epidemic had "demonstrated conclusively what a great asset to farming is the supply of native labour. The absence through illness of so many labourers practically put an end to the farming operations."¹⁰⁹ The *Matatiele Mail* reported that all it heard from farmers was, "All my boys are down – work at a standstill."¹¹⁰

101. *Province of Transvaal: Votes and Proceedings of Provincial Council*, vol. III – 2nd Session 3rd Council, 21/11/1918, p. 8.

102. *De Volkstem*, 5/11/1918, p. 11.

103. *Ibid.*

104. *Farmers' Weekly*, 27/11/1918, p. 1343.

105. *De Volkstem*, 8/11/1918, p. 8; *Farmers' Weekly*, 13/11/1918, p. 1181.

106. *De Volkstem*, 8/11/1918, p. 8.

107. Black peasants were similarly affected, with dire consequences – see ch. 5, pp. 93–94.

108. Union of South Africa, Department of Agriculture: *Crop and Live Stock Report for December 1918*, no. 6 1918–1919, p. 2 (copy in Cape Archives: 1/KNT 28, file 12 vol. 4). See too UG 36–1919, pp. 83, 102; Union of South Africa: *Report of the Land and Agricultural Bank of South Africa for 1919*, UG 33–1920, p. 4; *De Volkstem*, 8/11/1918, p. 9 (Letter from D. J. Muller); *Farmers' Weekly*, 20/11/1918, p. 1287; 4/12/1918, p. 1501; 11/12/1918, p. 1607; 25/12/1918, p. 1823; *De Burger*, 2/11/1918, p. 3 (Letter from H. C. Lindsay); *Ons Vaderland*, 8/11/1918, p. 5 (Letter from S. T. Prinsloo); 15/11/1918, p. 5 (Letter from P. A. Badenhorst); *De Vriend des Volks*, 28/10/1918 (Reitz Report); Central Archives: J 275, file 1/307/19, Annual Reports for 1919 from Magistrates of Ermelo, Potchefstroom, Ventersdorp, Vereeniging, Krugersdorp.

109. Quoted in *Farmers' Weekly*, 18/12/1918, p. 1721.

110. *Matatiele Mail*, 7/11/1918, Editorial.

Country-wide, the shortage of labour and general disorganisation resulting from the epidemic, caused 11% less maize to be planted than in the previous season.¹¹¹ The ultimate harvest in 1919, after pests and unfavourable conditions had also taken their toll, proved to be 25% below what the Department of Agriculture rated as normal.¹¹²

The Government displayed far less alacrity when it came to settling the accounts for combating the epidemic, for not only did this involve large sums of money, but it also raised in a very pointed way the issue of responsibility for the introduction and dissemination of the disease.

In the midst of the epidemic early in October little notice had been taken of the Government's offer to refund half of the expenditure incurred in dealing with the 'flu.¹¹³ Only once the epidemic had ebbed, did municipalities, fresh from the struggle and still bristling with anger at what they regarded as the Public Health Department's slackness and incompetence before and during "Black October", sit down and carefully consider the offer. They were outraged – the very body which they held to be responsible for the epidemic was to pay only half the costs involved – they who "had saved South Africa from a real disaster",¹¹⁴ had to pay the other half! Almost unanimously the country's 196 municipalities and 86 Divisional Councils rejected this claim outright and demanded that the Government bear the entire cost,¹¹⁵ especially since it was doing so in those parts of the country which did not fall under local authorities.¹¹⁶ "We are now being bombarded with [such] demands", complained Sir Thomas Watt on 20 November.¹¹⁷

On 28 November representatives of town councils, municipal associations and local bodies met in Pretoria to formulate their case¹¹⁸ and next day they presented it to Watt. The Minister of the Interior took his stand on the letter of law: according to existing health laws, local authorities were responsible for combating such epidemics. The Government might refund a proportion of this expenditure, but there was no obligation for it to do so.¹¹⁹ "The cheeseparing spirit in which he dealt with the financial aspect is deplorable", declared *The Star* indignantly, "but it is infinitely worse when he attempts . . . to justify neglect and apathy."¹²⁰

A second, even more representative conference of local authorities followed in Cape Town in January 1919, just as Parliament was re-assembling. Between conferences much lobbying had been done and pressure put on the Government to alter its stance and recognize the extraordinary nature of the epidemic expenditure.¹²¹ This it finally agreed to do and Watt announced to the Conference that the Government was now prepared to refund 4/5 of epidemic expenditure.¹²²

111. Union of South Africa, Department of Agriculture: *Crop and Live Stock Report for June 1919*, no. 12 1918–1919, p. 2 (copy in Cape Archives: 1/KNT 28, file 12 vol. 4).

112. *Ibid.*

113. Union of South Africa: *Report of the Influenza Epidemic Commission*, UG 15–19, Appendix D.

114. OFS Archives: MBL 4/3/1/40, file 101/1/17, Minutes of Conference of Local Authorities on Cost of Epidemic, p. 4.

115. *Ibid.*, p. 1; Cape Archives: 3/CT, vol. ADD 1/1, p. 274; Transvaal Archives: Archives of Town Clerk of Krugersdorp, Packet 598, Circulars from Town Clerk of Cape Town, 13/11/1918 and 27/11/1918.

116. Transvaal Archives: Archives of Town Clerk of Krugersdorp, Packet 598, Circular from Town Clerk of Cape Town, 13/11/1918.

117. South African Library MSS. Department: MSC 15 (Merriman Collection), Letter 594 from Watt to Merriman, 20/11/1918.

118. *Rand Daily Mail*, 29/11/1918.

119. *The Star*, 29/11/1918.

120. *The Star*, 30/11/1918.

121. Union of South Africa: *Report of the Select Committee on the Public Health Bill*, SC 3–19, p. 114; *Farmers' Weekly*, 12/2/1919, p. 2598.

122. OFS Archives: MBL 4/3/1/40, file 101/1/17, Minutes of Conference of Local Authorities on Cost of Epidemic, p. 6.

Though the conference did not abandon its demand for a complete refund,¹²³ it did not press the issue.

Having accepted an extra 30% of the 'flu expenditure of local authorities, the Government proceeded to scrutinize their claims very closely. Accounts went to and fro as they were submitted to Pretoria, queried, justified, modified and re-submitted. After more than a year of this haggling, one frustrated municipal official protested despairingly

"against the attitude of the Govt. Health officials at Pretoria in the irritating red-tape manner in which they have examined our claims: calling for what I can only characterise as absurd and totally unwarranted proofs and details of expenditure, which has necessitated an immensity of labour and research."¹²⁴

The Government's eventual refund to local authorities was the largest single item in the £300 000 set aside to cover the Public Health Department's expenditure in the campaign against the epidemic.¹²⁵

Of more permanent significance was the fact that, as a result of their experience, local authorities insisted that the new Public Health Act provide for a compulsory refund by the Government to local authorities for their suppression of formidable epidemic diseases. They also made very strong representations that such refunds should be 4/5 and not "one half of the approved nett cost actually and necessarily incurred by a local authority" as proposed in the draft bill.¹²⁶ As a result of these protests, the Bill was amended and the refunds fixed at 2/3.¹²⁷

The epidemic left behind many other accounts to be settled. As doctors began to submit their bills, they found their popularity waning and tales of exorbitant charges and "profiteering" increasing.¹²⁸ To some people who had complained of high doctors' fees, Sir Thomas Watt recommended not paying and letting the doctors take them to court in the face of public opinion,¹²⁹ but there is no evidence of any such cases being heard. Probably, most disputed accounts were settled with a degree of give-and-take on both sides.¹³⁰

Sick funds and benefit societies encountered financial difficulty too when suddenly confronted by a flood of 'flu accounts from their members. Several were seriously depleted and were only saved from acute embarrassment or worse by

123. *Ibid.*, p. 7. The Government's acceptance of responsibility for 4/5 of epidemic expenditure still left municipalities with considerable sums to pay. Grahamstown, for instance, had to levy a special rate of 5/8 in £ on all landed property to meet its share (N. D. Southey "A Period of Transition", p. 182).

124. Cape Archives: 3/UIT 28, vol. 4, "Financial Statement on Influenza Epidemic Expenses" by F. Harvey, Town Clerk and Treasurer, Ultenhage, 22/3/1920. See too Cape Archives: 3/CT, vol. ADD 6/2, pp. 487-488 and E. Rosenthal: *The Changing Years - A History of the Cape Province Municipal Association*, p. 58.

125. UG 49-19, pp. 188, 190; Union of South Africa: *Finance Accounts, Appropriation Accounts, Loan Funds and Miscellaneous Funds Financial Year 1919-20 with the Report of the Controller and Auditor-General*, UG 59-20, p. 230; *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times*, vol. 4, p. 16 (col. 1). For details of expenditure by other Government Departments, see UG 49-19, pp. 167, 176, 221, 265, 297, 327; Union of South Africa: *SAR & H Statement of Accounts Financial Year 1918-19 with Report of Controller and Auditor-General*, UG 56-1919, p. 16.

126. SC 3-19, pp. v, 38, 43, 63-64, 194, 208; Kimberley Public Library: Kimberley City Council Archives. Unnumbered file, dossier 676, Circular from Mayor of Cape Town to Mayor of Kimberley, 3/3/1919; Cape Archives: 3/CT, vol. 1/1/175, p. 313; 3/CT, vol. 1/47/1/1/10, p. 109; 3/CT, vol. ADD. 1/1, pp. 277, 284.

127. Act 36 of 1919, section 48(c); *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 275 (col. 1).

128. *South African Medical Record*, 28/12/1918, pp. 373-374; *Debates of the House of Assembly . . . as reported in the Cape Times*, vol. 4, p. 16 (cols. 2, 3) and p. 17 (col. 2).

129. *De Burger*, 11/2/1919, p. 3.

130. An example of this involving a large sum was the dispute between Bloemfontein Town Council and the city's doctors (see OFS Archives: MBL 4/3/140, file 101/1/17/1).

donations, loans or special levies on their members.¹³¹ Insurance companies also found themselves facing huge claims for 'flu deaths. In February 1919 the professional journal, *Insurance*, estimated that £1.3 million had been paid out by life offices in South Africa in respect of 'flu claims in the preceding four months.¹³² "A good deal of anxiety as to future . . .", noted John X. Merriman after a meeting of the Board of the Old Mutual in January 1919.¹³³

For its part, the UDF accepted responsibility for Spanish 'flu contracted on service and paid out compensation if death or disability resulted.¹³⁴ Discharged soldiers were also liberally treated if it was found that the 'flu had aggravated old military injuries.¹³⁵

It was not simply a coincidence that widespread generosity, helpfulness and benevolence marked so many of the efforts to deal with the urgent problems left by the epidemic. The country had come through a devastating national crisis which had left very few families untouched. The subsidence of the 'flu, coinciding as it did with the end of World War I, let loose a flood of heartfelt relief, gratitude and goodwill, feelings quite common after shared danger and adversity. A modern authority on disasters terms this phenomenon, the creation of an "altruistic community".¹³⁶ The epidemic had "set free in a direction that even the war has failed to do a practically unlimited supply of unselfishness, personal kindness, and sheer goodness of heart", jubilated one clergyman.¹³⁷

Concrete manifestations of this spirit included increased attendance at churches,¹³⁸ larger donations to their funds,¹³⁹ greater religious earnestness¹⁴⁰ (and its opposite, as some people expressed their relief through pleasure-seeking¹⁴¹) and the generous response to the plight of orphans, widows, schoolchildren and farmers outlined above. Only an awareness of the existence of this post-'flu spirit and an

131. *SAR Review*, February 1919, p. 17; UG 56-1919, p. 18; *Union of South Africa: Report of the Railways and Harbours Board for 1918*, UG 25-19, p. 17; *SAR & H Magazine*, April 1919, pp. 250-253, 262; November 1919, p. 734; *The Nongqai*, December 1918, p. 574; *The Reef*, 30/11/1918, p. 25; *De Beers' Benefit Society: 29th and 30th Annual Reports; De Beers' Consolidated Mines Ltd: 31st Annual Report for Year Ending June 1919*, p. 34; *Rand Daily Mail*, 5/11/1918; Collier Collection: Letter from Brigadier F. W. Cooper, 4/5/1972.
132. *Insurance*, 1/2/1919, p. 3027.
133. South African Library MSS. Department: MSC 15 (Merriman Collection), Diary for 1919, Entry for 30/1/1919.
134. SADF Archives: DC 1304, file M/4501 vol. 6, Acting DMS to Military Pensions Commissioner, 7/1/1919.
135. SADF Archives: DC 1304, file M/4501 vol. 2, Circular from Deputy DMS to all Assistant DMS's, SMO's and OC Wanderers Hospital, 25/10/1918.
136. A. H. Barton: *Communities in Disaster - A Sociological Analysis of Collective Stress Situations*, p. 206. See too S. Garb and E. Eng: *Disaster Handbook*, pp. 16-17; A. G. MacMahon and M. Jooste (eds.): *Disaster Medicine*, p. 295; P. Sorokin: *Man and Society in Calamity*, p. 169.
137. *St. Boniface Parish Paper*, November 1918, p. 3.
138. *De Kerkbode*, 27/2/1919, p. 207; Interview with Mr. A. Mahlahla. However, for details of an opposite trend, see *Presbyterian Churchman*, May 1919, p. 49.
139. *De Kerkbode*, 2/1/1919, p. 9; 16/1/1919, p. 61; 23/1/1919, p. 83; 30/1/1919, p. 107; 6/2/1919, p. 132; 13/2/1919, p. 153; 27/2/1919, p. 205. For details of individuals' motives for donations, see *De Koningsbode*, January 1919, pp. 8, 18; March 1919, p. 59; June 1919, pp. 113, 121; *De Christelike Strever*, June 1919, p. 10; *Cape Argus*, 13/11/1918, p. 7; Interview with Mrs. G. Gafel-Cader; Cape Archives: A 1417 (Lichtenstein Collection), Envelope 7, Lichtenstein to Markowitz, 22/4/1947, p. 12.
140. *Catholic Magazine for South Africa*, November 1918, p. 499; *The Congregationalist*, January 1919, p. 18; May 1919, p. 15; *De Kerkbode*, 30/1/1919, p. 106; *De Christelike Strever*, February 1919, p. 8; June 1919, p. 10. On religious revivals in Britain after the cholera epidemics of the 19th century, see H. McLeod: *Religion and the People of Western Europe 1789-1970*, pp. 81-82; A. D. Gilbert: *Religion and Society in Industrial England - Church, Chapel and Social Change, 1740-1914*, p. 197.
141. *De Christelike Strever*, February 1919, p. 2; *Christian Express*, 2/12/1918, p. 186; *Cape Argus*, 24/10/1918, p. 5 (Letter from "Resident"); 28/10/1918, p. 6 (Letter from "A Dancer"); H. Owen: *Journey from Obscurity: Wilfred Owen 1893-1918; Memoirs of the Owen Family*, vol. III - War, pp. 178-180. See too ch. 2, p. 30 and ch. 4, p. 66.