

# 'But only we Black men die': the 1929-1933 malaria epidemics in Natal and Zululand\*

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OCCASIONALLY IN HISTORY one sees a community hit by a series of disasters over which it has no control and for which it is in no way responsible. This was the case in the years from 1926 to 1934 when the Zulu people, living in the rural areas of Zululand and parts of Natal, experienced one catastrophe after another.

The period began with two years of drought in 1926/1927, resulting in crop losses, especially in the maize growing areas. At the same time the wool price began to slide, reaching its lowest price during 1932.<sup>1</sup> As the world-wide economic depression began to bite, unemployment, which had already begun to increase in 1928, grew rapidly especially among the black workers, the unskilled being particularly hard hit. With the collapse of the diamond market, the number of blacks employed declined from 6 666 in 1928/1929 to 811 in 1932 and workers began to stream back to the reserves.<sup>2</sup> This unusual movement of people from the relatively malaria-free areas to Natal and Zululand was to have a significant influence on the spread of malaria and the severity of the epidemic.

The early stages of the depression brought a sharp decline in the demand for agricultural produce and when prices fell dramatically the government stepped in in 1931 to try to prevent the ruin of white farmers by means of various price support systems. The aim was to prevent an exodus from the rural areas to the cities where there was already an unmanageably high number of unemployed of all races. For most farmers the government intervention came too late to prevent the exodus. The 'absolute number' of whites in the rural areas reached its peak in 1931;<sup>3</sup> thereafter it began to fall steadily. As white farmers moved to towns or were reduced to penury on their heavily mortgaged farms, their black labourers found themselves out of work and penniless. Not until 1934 did prices begin to bottom out but many of those forced off the land during the depression elected to remain in the towns.

In 1930 parts of Zululand were still experiencing severe drought as the following extract written by the Norwegian missionary Johannes Astrup reveals:

The past year was truly a year of tribulation for the natives. There was another drought in the lowlands. For the fifth consecutive year they waited in vain for rain. The poor people! There is constant hunger amongst the people and the animals and the past year was certainly worse than the preceding ones.<sup>4</sup>

## THE GREAT DROUGHT OF 1932-1933

In the 1932/1933 season, wide areas of Natal and Zululand experienced a devastating drought — often referred to as

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The Great Drought — and this was in part responsible for the recovery in food prices after 1934. In Zululand the drought began towards the end of 1931 and by October some regions were in the grip of famine.<sup>5</sup> By November the shortages of food forced the authorities to bring in supplies and to subsidize the cost, using voluntary workers and missionaries to distribute them.<sup>6</sup> At the end of December the Zululand Chamber of Commerce met to discuss famine relief and the granting of credit to indigent people.<sup>7</sup> In the two years that followed grazing dried up and livestock began to die. Only the small minority of farmers were able to take advantage of the government's rail concessions, introduced in 1927, to allow farmers to transport their livestock to unaffected areas or to bring in fodder at low cost.<sup>8</sup> Parts of Zululand were still ravaged by drought in 1933, despite the 'splendid rains'<sup>9</sup> that had fallen in parts of the district in the previous year but which, in most cases, came too late for the planting of crops. Cattle were the first to succumb but by 1933 small stock were dying from the combined effects of blue tongue and starvation. The report from the American Board Mission reserve at Groutville describes the situation graphically:

The whole country feels the depression and, of course, the churches, communities and homes are all hit. As last year was one of crop failure, total or nearly so, in various communities, little or no food supply was carried over and in many places actual under-nourishment to the extent of weakness has been experienced. Moreover so great was the drought that cattle starved to death in certain areas and in some communities only a very few were left. Often not a single milk cow was left in the community, and this meant that milk as a food was not available.<sup>10</sup>

So severe were the effects of this period of drought that it is estimated that South Africa has never fully recovered from it,<sup>11</sup> in that the 1963 figure of 56 952 000 animals was still 10 million lower than the 1930 figure. The people living in the affected areas were left debilitated by the drought

<sup>1</sup> D.H. Houghton, *The South African economy* (London, 1976), p. 53.

<sup>2</sup> Figures taken from *Extracts from the General Manager's report, 1927/28-1935* (kindly supplied by De Beers' Archivist).

<sup>3</sup> M. Wilson and L.M. Thompson, *Oxford history of South Africa 2* (Oxford, 1971), p. 142.

<sup>4</sup> J. Astrup, 'Utdrag av årsrapporten for Schreudermissionen 1930', *Zuluvennen*, 54(11-12), 1930, p. 92 (translation by Dr F. Hale).

<sup>5</sup> *Zululand Times*, 22.10.1931.

<sup>6</sup> *Hanga Lase Natal*, 20.11.1931.

<sup>7</sup> *Zululand Times*, 24.12.1931.

<sup>8</sup> In terms of the Drought Distress Relief Act No. 25 of 1927.

<sup>9</sup> *Zululand Times*, 27.2.1932.

<sup>10</sup> Natal Archives Depot, Pietermaritzburg (NA), American Board of Commissioners for Foreign Missions (henceforth ABCFM): Report of Groutville-Inanda field, 1932, p.4.

<sup>11</sup> *Standard encyclopaedia of southern Africa* 1, pp. 247-248, and 4, pp. 93-94.

and in no condition to face the malaria epidemic that was to follow.

### POLITICAL UNREST

Over and above all these physical disasters there was continuing political unrest which can be traced back to the end of the First World War. Discontent was fostered by the shortage of land, overcrowding in the reserves; the pass laws, poll tax and the Native Administration Act of 1927, with its 'hostility clause'. There was growing political awareness in the 1920s, encouraged by the South African Communist Party, and in both the urban and rural areas Clements Kadalie's Industrial and Commercial Union (ICU) reached the peak of its popularity in the period 1927/1928.<sup>12</sup>

Kadalie had raised expectations, particularly in Natal, regarding the return of farms to 'their rightful owners' and the increase in farm labourers' wages by as much as 2 000%. As Helen Bradford has pointed out, the majority of ICU members lived on the land. Some of the rural support for the ICU was also drawn from the reserves where a significant number of chiefs and headmen covertly aided the movement.<sup>13</sup> The collapse of the ICU then left the rural black people bereft and leaderless; their disappointed hopes added to the general misery which they were forced to endure in almost every physical aspect of their lives.

The malaria epidemics that occurred in Natal and Zululand in this period, their effects on the ordinary people and the handling of the crises by the Union Department of Public Health are the subject of this article. It will be argued that all the woes described above contributed in one way or another to the severity and the length of the malaria outbreak.

### MALARIA: ITS CAUSES, PREVENTION AND TREATMENT

Malaria, by far the most important of the tropical diseases, is caused by infection of the red blood corpuscles by parasites of the genus *Plasmodium*. Almost all the malaria in Natal and Zululand is spread by two species of Anopheles, *A. costalis* (also called *A. gambiae*), and *A. funestus*. In some parts

NATAL AND ZULULAND: MOST PROMINENT MALARIA AREAS



of South Africa malaria is constantly present (or endemic), and while the adult population has to some extent immunity it still contracts the disease, but it is less severe. In other parts, where malaria does not occur constantly but in epidemics, the population has little or no immunity and suffers more severely when the epidemic comes. Mosquito larvae breed in water, but the two varieties have very different preferences. Generally speaking, wherever there is *A. costalis* (if the region is malarious at all) there will be malaria; it has often been observed, however, that *A. funestus* can breed abundantly in streams in such regions, but without malaria occurring. Nevertheless, endemic areas are usually those infested with *A. funestus* rather than with *A. costalis*.<sup>14</sup>

For malaria, and particularly subtertian malaria, to occur in subtropical regions, the temperature has to be high enough to allow the parasite to develop inside the mosquito, which is, of course, a cold-blooded insect whose temperature is the temperature of the environment. Hence malaria is seasonal in such places: a disease of summer and early autumn. Although temperature and rainfall certainly have an effect on the incidence of malaria, they are not the only factors causing epidemics; the other factors are largely unknown, although the immunity or otherwise of the population is important. Famine, malnutrition and debility resulting from disease of other kinds increases the severity of malaria, as does the arrival in an endemic area of people who have little or no immunity. Malaria is generally more severe in children than in adults, and may cause pregnant women to abort.<sup>15</sup>

For several hundred years quinine was the only effective treatment for malaria. Synthetic antimalarial drugs — Plasmoquine and Atebrin — were introduced a few years prior to the epidemic of 1929, but were seldom used during it. Although the curative effect of quinine had long been known generally, its use in preventing infection in people who are not already infected, came only much later, although it was well understood at the time in question. Quinine is valuable, but not infallible, and some of the synthetics are better. The various substances — some of them very strange — given, mostly by laymen, in combination with quinine for the treatment of malaria, are without effect on the disease. Sometimes the widely popular Epsom salts would, however, impress the patient with its purgative action. Another suggested remedy, given by a correspondent to the *Zululand Times*, consisted of a mixture of Epsom salts, paraffin and ginger ale, to be followed by hot brandy. Quinine by mouth has an unpleasant taste; it can be given by injection for quick results in severe infections, though not without danger of painful local complications. In the 1920s and 1930s treatment was usually by tablet rather than injection although the medical staff at Eshowe hospital and some private doctors used injections during the 1932 epidemic.<sup>16</sup>

### MALARIA EPIDEMICS IN NATAL AND ZULULAND, 1905-1930

Natal had suffered a serious malaria outbreak after the floods of 1905, which were particularly severe in the Durban and

<sup>12</sup> E. Roux, *Time longer than rope* (London, 1948), chapters 11-16.

<sup>13</sup> H. Bradford, 'Strikes in the Natal Midlands: landlords, labour tenants and the ICU', *Africa Perspective* 22, 1983, p. 10.

<sup>14</sup> F.W.P. Cluver, 'Malarial control in Natal and Zululand', *South African Medical Journal* 23(4), November 1940, p. 16.

<sup>15</sup> Union of South Africa, Department of Public Health, *Swellingrebel report 1931* (henceforth *Swellingrebel report*), p. 19.

<sup>16</sup> NA, 1/ESH 3/3/2/6, 13/4/2: Annual report of the District Surgeon of Eshowe for the year ended 30 June 1932.



*Crossing a flooded stream, Amatikulu district, with the Emoyeni Mission in the background, c. 1942. Father Ignatius Jutz is on horseback.\**

coastal areas. By 1907 reported cases had returned to their normal level and remained so until 1920 when there was another outbreak of lesser severity.<sup>17</sup> The first signs of a serious epidemic of the disease occurred in 1926 when the South African Railways constructed a branch line from Mtubatuba to Gollel,<sup>18</sup> using 'foreign labour'. Railway construction in the N'Kwaleni Valley, where imported labour was used, also resulted in a malaria epidemic.<sup>19</sup>

In 1927/1928 there was an outbreak of benign tertian malaria in the Northern Transvaal where an estimated 70% of the population was attacked, although there were few deaths. The prolonged drought in that area and the malnutrition that had resulted from it among poverty-stricken people of all races was blamed for the severity of the epidemic. The following year, starting in February 1929, there were epidemics in the Northern Zululand coastal belt, especially in the Eshowe and the Lower Thukela, and to a lesser extent in the Msinga, Nkandhla, Kranskop and lower Mfolozi districts. In March more serious epidemics occurred at Mtunzini, Amatikulu and Stanger. The Union Department of Public Health, under whose control the disease fell, established depots and sub-depots for the distribution of quinine and warned sugar farmers to take steps to protect their workers. Nearly one million quinine tablets were distributed during that season. By May cases were being reported daily on the sugar estates and some subtertian or malignant cases of blackwater fever were reported among blacks who suffered from brain and central nervous system complications.<sup>20</sup>

The outbreak of malaria in certain parts of Zululand was described as the worst on record. Criticism was levelled at the authorities for their apparent apathy; had it been an animal disease, some claimed, the government would have reacted more swiftly.<sup>21</sup> Sir Malcolm Watson, the British malaria authority, commenting on the difficulties faced in combating the disease in such a vast area, suggested that to counter the disease 'a good malaria fighter must learn to think like a mosquito!'<sup>22</sup>

The epidemic began to hit the Zululand reserves by the end of May 1929 and the authorities reacted quickly in providing supplies of quinine and volunteers to distribute it among the scattered villages. To persuade the people to take quinine, however, was not so easy; ignorance, prejudice and the influence of the witch-doctors were blamed for the reluctance to accept treatment:

Witch-doctors and herbalists (*inyangas*) were actively antagonistic, probably influenced by the restriction of their licences under Section 98 of Act 13 of 1928. Some of them spread the story that the Government's medicine was intended to kill off the Zulus but as improvement and recovery usually followed its use they fell back on the story that it would cause impotence and sterility ...<sup>23</sup>

\*Photographs provided by Father G. Sieber (OSB), unless otherwise indicated.

By the end of June the epidemic had largely subsided, leaving seven whites, 151 Indians and coloureds and 600 blacks dead.<sup>24</sup>

Since most of the areas affected in the 1929 season were outside the usual limits of annual malaria prevalence there was considerable interest in finding an explanation. This was found in the lack of immunity among the locals — who were not usually exposed — and the presence on the sugar and wattle estates of about 15 000 workers from the Transkei and other malaria-free regions, among the 25 000 employees. These 'foreign' workers were described as 'rejects' from the mines because of their poor physique or below-standard health and this, in the medical thinking of the time, made them particularly susceptible to malaria.<sup>25</sup> The return home of workers from malaria-free areas such as Kimberley, many of whom had been away for considerable periods and had lost their immunity to the disease, was also cited.

The 1930 season brought a less severe but more widespread epidemic, extending south as far as Umzinto and inland to Weenen and Ladysmith as well as the major river valleys. An unusual aspect was that the infection was carried to altitudes of a thousand metres and above, presumably by travellers and infected workers returning home, and where malaria had not previously been reported. Both benign and malignant types appeared, and this time the authorities drew in local officials, who worked under the supervision of magistrates, as well as teachers and missionaries and native malaria assistants. They launched a propaganda campaign to inform people of the necessity of destroying larvae and recognizing dangerous mosquitoes, as well as treating those infected. Every effort was made to gain the co-operation of chiefs and headmen, with mixed success. The number of deaths in this season was estimated at 1 653.<sup>26</sup>

The efforts expended in dealing with the epidemic, and the relatively poor results achieved, persuaded the Union government that expert advice on the prevention and treatment of malaria should be sought. This decision was reinforced by Sir Malcolm Watson of the Ross Institute in London who visited South Africa and recommended that further investigations be carried out on all aspects of the disease.<sup>27</sup> As a result an invitation was issued to Professor N.H. Swellengrebel of Amsterdam University who was a member of the Health Organisation of the League of Nations. He arrived in November 1930 and his report was published in May the following year.

Swellengrebel visited both the Transvaal and Natal, interviewing medical officers and officials in many centres and making on-site inspections. Swellengrebel's report, which runs to 45 pages, shows that his main concern was to protect whites from malaria and to prevent the disruption of the sugar industry through labour stay-aways. He distinguished between 'estate malaria which affects the intensive, big-scale

<sup>17</sup> For details see the Report of the Medical Officer of Health for Durban 1931/32 in *Mayor's Minute* 1931/32 (NA).

<sup>18</sup> Swellengrebel report, p. 35.

<sup>19</sup> *Ibid.*

<sup>20</sup> See Union of South Africa, *Annual report of the Union Department of Public Health for 1928/29*.

<sup>21</sup> *Zululand Times*, 23.5.1929.

<sup>22</sup> *Ibid.*, 10.10.1929.

<sup>23</sup> Union of South Africa, *Annual report of the Union Department of Public Health for 1928/29*.

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

<sup>26</sup> *Ibid.*, 1929/30.

<sup>27</sup> Watson's report was published as an appendix to the annual report of the Union Department of Public Health for 1929/30.

cultivation of valuable crops and so causes serious financial losses' and 'farm malaria which wholly concerns the white population'. Even when fever among the African population is widespread, he maintained, it does not affect the labour supply and so does not interfere with farming operations. From his viewpoint estate malaria was the more dangerous for white entrepreneurs because it scared away fresh capital and decreased available funds. Estate malaria, then, was seen as an economic problem; farm malaria, which discouraged new white settlers, was regarded as a demographic problem.<sup>28</sup>

In his investigation Swellengrebel considered each of the commonly held beliefs about the spread of malaria. One such view was that it was brought to Natal by mosquitoes travelling from the north by train where there had in fact been a serious outbreak in the Northern Transvaal earlier. He also discussed the view that the sugar industry was itself to a great extent responsible for the malaria epidemics because it employed large numbers of Africans from non-malarious areas, most of whom were of poor physique. These men, it was claimed, were highly susceptible to malaria and had difficulty in shaking it off; they also took it home with them and spread it, thus introducing a new strain into their village or reserve.

Swellengrebel also made a number of practical suggestions concerning the need to search for *Anopheles* breeding foci, the destruction of larvae and the treatment of water collections by filling them in with sand or by oiling, especially if the puddle was exposed to sunlight. He praised the work of the native malaria assistants and the wide use of quinine. He also recommended that local malaria committees be formed to co-ordinate the work of prevention.<sup>29</sup> In the final section of the report he made a clear distinction between endemic malaria, where the locals had developed immunity over the years, and the epidemic variety, the latter carrying much more danger for the whites:

The chances of infection for the Europeans in serious epidemics amongst the natives, are greatly enhanced. In an endemic area, adult house-servants are fairly harmless, only the young kitchen girls are a danger, but during an epidemic every native servant is ...<sup>30</sup>

The measures Swellengrebel recommended were enforced

*Mbongolwane (founded in 1914) at the time of the malaria epidemics in the 1930s.*



*Father Gerard Schempp visiting a sick woman near Emoyeni, c. 1930.*

and an education campaign continued to make blacks and whites alike aware of the need for preventative steps to be taken. The next season saw a considerably lower incidence of malaria, with 844 deaths, of whom 373 were among blacks in the Lower Thukela region. Attention was focused on the destruction of larvae and the authorities remained confident that malaria was now under control in the epidemic areas. Only in the Mtunzini region was malaria a serious problem that year. Several planters reported as much as 80% of their labour away from work and the number of quinine tablets requisitioned in January 1931 was an extraordinary 132 000.<sup>31</sup>

#### 'THE CALAMITOUS EPIDEMIC' OF 1932

With the medical authorities and the public confident that malaria had been brought under control, the late summer and autumn of 1932, however, brought the worst epidemic yet experienced in Natal. The heavy rains of March 'precipitated the calamitous epidemic of April.'<sup>32</sup> The sugar estates

<sup>28</sup> *Swellengrebel report*, p. 7.

<sup>29</sup> Ordinance No. 11 of 1932: 'To provide for the constitution of malaria committees'.

<sup>30</sup> *Swellengrebel report*, p. 37.

<sup>31</sup> NA, 1/NTV, 1/1/5/20, 2/61/56: Report of Department of Public Health, dated 23.1.1931.

<sup>32</sup> Union of South Africa, *Report of the Union Department of Public Health for 1931/32*.

where anti-larval measures were enforced suffered less than in previous years but the position in the native reserves soon became serious. It is estimated that as many as 10 000 people died in the reserves, either because they refused to take quinine or because they lived too far from the depots to get it.<sup>33</sup> It was maintained that many herbalists and faith healers were instrumental in persuading their patients that quinine actually caused malaria and was distributed by a malign government for that purpose.<sup>34</sup> Malnutrition, especially among Zulu children as a result of the drought, is cited as a reason for the high death rate.

Alarmed at the seriousness of the epidemic the government took the unusual step of appealing to missionaries to assist through the hospitals and clinics by urging their congregations to take quinine, and by visiting villages and isolated huts with supplies of the drug. It was not until well into July 1932 that the epidemic began to decline.

### PARK ROSS AND THE SPRAYING EXPERIMENT

The following year saw a reduced number of cases and the beginning of Dr Park Ross's experiment carried out in the Letsitele valley in which every hut in a demarcated area was sprayed inside with a mixture of pyrethrum and paraffin at weekly intervals during the malaria season of 1932/1933. Spraying was based on the principle that the female anopheline mosquito became a transmitter of malaria parasites about twelve days after the ingestion of human blood; weekly spraying of human habitations would, therefore, destroy the vector before it could transmit the disease. In addition, observation had shown that the female mosquito rests inside huts and houses for long periods each day.

There was considerable criticism of the experiment and the American epidemiologist, Dr Fred Soper, was particularly scathing. On being shown the results of the experiment he remarked facetiously that obviously the malaria mosquitoes noted the approach of the spray gangs and flew into the huts to commit suicide! In his opinion there would be hundreds or even thousands of mosquitoes outside the hut for every one inside and the hut owner would be bitten as soon as he emerged from his newly sprayed dwelling. Later, however, when Soper was personally involved in malaria eradication in Brazil, he came to accept Park Ross's methods and apologized for his earlier remarks.<sup>35</sup>

There were also some religious objections to spraying from the Shembeites but they were finally persuaded that there was little difference between shooting game, which they did, and shooting mosquitoes with a pump which was what the gangs did. Some of the native malaria assistants were assaulted when they arrived to spray. In the Ndwedwe reserve and at Edenvale there were several incidents of stoning when the spraying parties were accused of poisoning the water in streams and marshes, thus causing the deaths of people in the reserve.<sup>36</sup> In Edenvale, too, the sprayers were forced to drink some of the water to prove that it was not poisoned.<sup>37</sup> Eventually, however, the chiefs were won over and the idea was accepted. At the same time the resistance to the use of quinine on the part of some Zulus disappeared when some of the herbalists who had earlier sown distrust about the government's motives in distributing quinine tablets now provided a tablet especially for their own patients. This consisted of a quinine tablet in which a small hole had been bored and filled with soot — especially for black patients!<sup>38</sup>

By the middle of 1935 the combined measures taken against malaria had been so effective that the disease was almost eradicated in the epidemic areas of Natal and Zululand.<sup>39</sup>

### ECONOMIC CONSEQUENCES OF THE EPIDEMICS

The economy of Zululand at this time was dependent on agriculture. As was seen earlier, drought had seriously affected pastoral farming and the subsistence agriculture practised by Africans in parts of the interior of Natal and Zululand. Along the coastal belt, where sugar was the major crop, the malaria epidemics had far-reaching consequences.

Initially absenteeism of both field and mill workers as a result of the disease reduced output to some extent throughout the region. Some of the sugar mills reported that up to 30% of their crushing capacity was lost and at Emoyeni over 60% of their labour was reported to be down with malaria during the 1929 epidemic.<sup>40</sup>

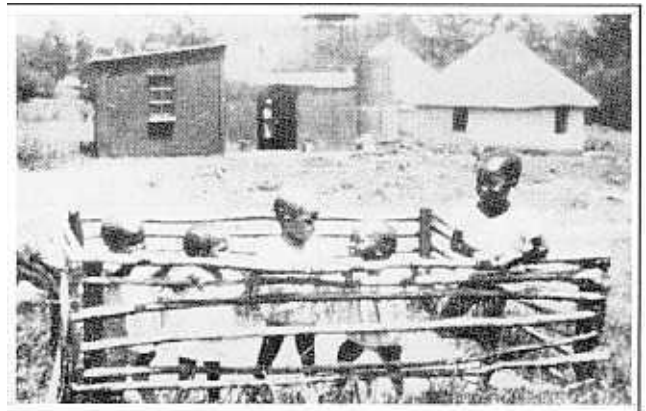
In addition, sugar planters were involved in considerable expense in complying with the Malaria Committees Ordinance of 1932 which required the appointment of malaria inspectors, the protection of doors and windows with mosquito gauze and the systematic spraying of potential and actual breeding places. They had also to provide their workers with quinine tablets and to pay their medical expenses. A levy was payable at the rate of 3d. or 3 1/2d. per acre of sugar cane planted and £1 or £1 10s. per building.<sup>41</sup> The most significant result, however, was that after 1934 the planters reduced their dependence on labour imported from the interior of South Africa and Lesotho and instead employed men from Thongaland and southern Mozambique where malaria is endemic.

### THE VICTIMS OF MALARIA

In the midst of the 1932 epidemic the Native Commissioner of Nongoma, driven to anger by his inability to obtain quinine supplies or even an answer to his repeated requests,

*Children recuperating from malaria in an improvised play pen outside St Mary's Hospital, Kwamagwaza, 1932.*

PHOTOGRAPH: UNIVERSITY OF THE WITWATERSRAND (ARCHIVES OF CHURCH OF THE PROVINCE)



<sup>33</sup> F.W.P. Cluver, 'Malarial control in Natal and Zululand', *South African Medical Journal* 23(1), March 1940.

<sup>34</sup> See Union of South Africa, *Report of the Union Department of Public Health for 1931/32*.

<sup>35</sup> B. de Meillon, 'The control of malaria with special reference to the contributions made by the staff of the South African Institute for Medical Research', (supplement to) *South African Medical Journal*, 11.10.1986.

<sup>36</sup> *Natal Witness*, 30.5.1933.

<sup>37</sup> *Ibid.*, 2.5.1933.

<sup>38</sup> Union of South Africa, *Annual report of the Union Department of Public Health for 1933/34*.

<sup>39</sup> *Ibid.*, 1934/35.

<sup>40</sup> Information kindly supplied (in a typescript entitled 'Malaria') by Dr A. de V. Minnaar, HSRC, Pretoria.

<sup>41</sup> *Ibid.*

complained to the Chief Native Commissioner in Pietermaritzburg. Northern Zululand, he declared, was grossly neglected, in contrast to Eshowe and other towns. The quinine supply was exhausted, 600 Zulus had died of the disease and 70% of the population was sick. The only missionary in the reserve was ready to help but was severely handicapped by a lack of medicines:

Here we have a district which is much larger than Eshowe in area, and not a single farm, only one White missionary and five shopkeepers who live many miles apart. We have no hospital of any description ... Our two leading chiefs take no interest in their people, and no reports were made to me either about the famine conditions of some months ago or about the dysentery and malaria epidemics that have followed ... This large and comparatively thinly populated district has been left to work out its own salvation without the means to do so. The life of a Nongoma native is just as valuable as that of one nearer the large centres ...<sup>42</sup>

Perhaps as a result of this and of similar complaints, the next six months saw the circulation of a number of instructions on quinine depots, lectures on malaria prevention for missionaries, officials and evangelists, and on the duties and training of native malaria assistants.<sup>43</sup> In the sugar planting districts malaria committees were established with the aim of sharing knowledge and co-ordinating efforts to combat the disease.<sup>44</sup>

Nongoma, despite the shortage of quinine, was better off than Eshowe in some respects. There Dr G.H. Wildish, the District Surgeon, reported an increase in the incidence of malaria after Christmas 1932 and a full-scale epidemic followed the rains of early summer. by mid-April the out-

*Missionaries from the Little Flower Mission (OSB) setting out to visit kraals in the Eshowe district, 1930.*  
L. to r.: Fr Ignatius Jutz; Br. Willigis Gassner; Br. Heribert Heiss; Fr Matthew Brunner.



break was general with somewhat fewer cases in the coastal areas where immunity was higher. People and animals alike were suffering from semi-starvation and the population was 'sullen and depressed'. By June the hospital was coping with 600 cases, while another 300 were camped in the hospital yard. Seven bodies had been taken out of the nearby kraal for burial and there were likely to be more deaths.<sup>45</sup>

## MISSIONARY EXPERIENCES

### The Benedictines

One of the most detailed missionary records is that of the Benedictines of Inkamana. Each of their mission stations has its own *codex historicus* or chronicle. Their Chronik von Entabeni (at Emoyeni, near Gingindhlovu) reports two deaths from cerebral malaria in 1929 and missionaries were involved in anti-larval precautions and the gratis distribution to the inhabitants of 1 000 quinine tablets. The following year they responded to the government's request for assistance, distributing 16 000 tablets while their catechists visited the outlying areas and gave assistance and advice where needed. In 1931 malaria claimed many lives and, among the blacks, was often associated with dysentery.<sup>46</sup>

<sup>42</sup> NA, 1/NGA, Minute 13/2/3: Native Commissioner Nongoma — Chief Native Commissioner Pietermaritzburg, 26.5.1932.

<sup>43</sup> Union of South Africa, *Union Department of Health, Circulars 13-26, September 1932*; NA 1/NGA, Minute 3/3/2/16: Duties of Native malarial assistants, 1931.

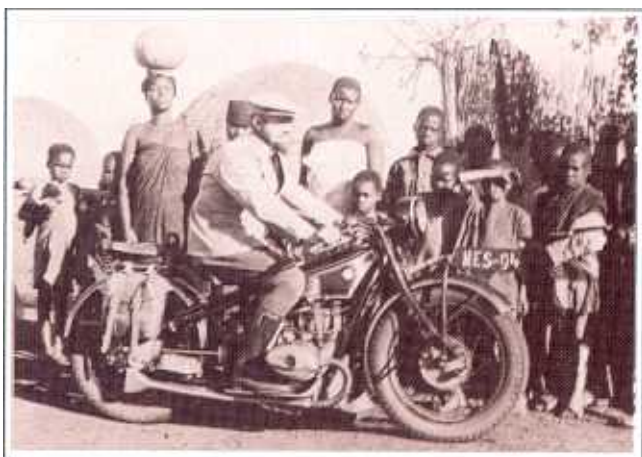
<sup>44</sup> The committees were established in terms of Natal Ordinance No. 11 of 1932.

<sup>45</sup> NA, 1/ESH 3/3/2/6, 13/4/2: Annual report of the District Surgeon of Eshowe for the year ended 30 June 1932.

<sup>46</sup> Benedictine Archives, Inkamana (BA), Chronik von Entabeni, 1929-1931.

The reports from the Eshowe mission mention a new outbreak of malaria in 1932 with previously unaffected areas now infected. Heavy rains had left water standing in pools beside the roads, and even in the depressions left by the hooves of cattle. The new cases showed markedly different symptoms, including cerebral malaria to which patients succumbed in 24-48 hours. Quinine injections were proving effective in these severe cases.<sup>47</sup>

The worst picture emerges from the reports on the Mahlabatini mission where malaria was both common and dangerous, probably aggravated by malnutrition resulting from the famine of the previous few years. As the map shows, Mahlabatini lies between the Black and the White Mfolozi Rivers where there would be a particularly attractive breeding ground for mosquitoes. Missionaries reported that new graves were to be seen everywhere, in some kraals nine out of ten people had died and other villages were depopulated and abandoned. Relapses were frequent especially among children and the old and there were not enough healthy people to go for food and medicines nor to call a priest to baptize or minister to the dying. It was estimated that between 400 and 1 000 people died in the Mahlabatini area alone and in northern Zululand probably 40 000 or 7% of the population. The missionaries describe the despair of the people at the increasing number of deaths. Many believed that the whites had caused the epidemic to destroy them because 'Nur wir Schwarze sollen sterben'<sup>48</sup> (only we black men die). Nor could they be persuaded that mosquitoes were the cause of their tragic losses. There had always been mosquitoes, they argued, but people did not die like this. Perhaps it was the quinine that the white man was using to poison the blacks? 'Er meinte, der Teufel sei ins Land gekommen und hätte sich auf den Ntabankulu (einen Berg) gesetzt und die Krankheit ins Land geblasen'<sup>49</sup> (Or could it be the devil blowing the disease from the mountain tops?)



Father Matthew Brunner (OSB) on his way to an outstation near Mbongolwane, c. 1930.

The Benedictine missionaries visited huts, brought food and quinine and baptized 92 of the dying in the three 'bad' months. Other sufferers refused baptism because they saw people die after receiving it.<sup>50</sup> Not even serious illness could free many of the Zulus of their distrust and their fear of the whites and the government. In 1932, during the height of the epidemic, the Benedictines completed the first buildings at their Mahlabatini hospital and the first patients were admitted. Quinine injections were used with good results and the patients began to have great faith in this form of treatment, which they did not distrust in the way they did tablets, although it was a much more painful way of receiving quinine.<sup>51</sup>

## The American Board

The account given by the American Board missionary, Abraham, at Groutville-Inanda was a similar one:

In 1929, along with other areas further north, a serious epidemic swept through and carried off thousands. It has been serious since then until this year a worse epidemic than ever has raged, not only in these areas but it has swept far and wide, carrying off thousands that will never be counted. Over 100 people have died within the Groutville reserve in the first half of this year. It has been tragic, repeated infections, relapses, weakness from the disease and undernourishment, with death all round has discouraged people. For several months there was a hopelessness and loss of morale that looked very black indeed ... people were discouraged from taking medicine because so many had relapses and reinfections ... What the coming year may bring forth we fear to contemplate ...<sup>52</sup>

## The Anglicans

The Anglican Church was also active in Zululand in the vicinity of Eshowe and around St Mary's mission hospital at Kwamagwaza. One of their missionaries, the Rev. W.H. Hallowes, described conditions in the Eshowe region where malaria and influenza 'swept every corner'. Dipping inspectors were, it seems, told to record the number of deaths in areas where they supervised dipping. One inspector reported over 300 deaths in the first three months of 1932. Hallowes recounts his personal observations after a visit to a kraal near Eshowe:

There were twenty-five people living there; six were dead and all the others were ill, fourteen very ill indeed. They had not been able to milk their cows for seven weeks. In consequence they had had little food, and the cattle unherded had destroyed their crops. There were many kraals where no-one was left well enough to carry on the ordinary duties of kraal life — the milling, herding and cooking. Some kraals have been completely wiped out, with none left to bury the dead.<sup>53</sup>

St Mary's hospital reported malaria at the end of 1931 in the Umhlatuzi and Umfolozi River valleys where it had spread 'with a speed and virulence never before known in Zululand.' The hospital was filled with seriously ill patients who soon found that the medicine 'brought relief to their aches and pains and the nourishing food, grown on hospital land, filled out their wasted bodies that for long had known no diet other than the poorest of mealie meal.'<sup>54</sup> The report for the following year noted that malaria was on the wane but 'there is much sickness and distress, a high mortality especially amongst babies and young children', while the number of outpatients had increased steadily throughout the year.<sup>55</sup>

## The Norwegians

Similar reports were received from the mission stations run by the Norwegian missionary societies:

<sup>47</sup> BA, Chronik von Eshowe, January-June 1932, pp. 25ff.

<sup>48</sup> BA, Chronik von Mahlabatini, January-June 1932, p. 33.

<sup>49</sup> *Ibid.*, p. 34.

<sup>50</sup> BA, Chronik von Mahlabatini, January-June 1932, p. 33ff.

<sup>51</sup> BA, Annual report of St Francis Hospital, Mahlabatini, p. 10.

<sup>52</sup> ABCFM: Report of Groutville-Inanda field, 1932, pp.4-5.

<sup>53</sup> W.H. Hallowes, 'Malaria in Eshowe district', *The Net*, March 1933, pp. 6-7.

<sup>54</sup> Anglican Archives, University of the Witwatersrand, *Report of St Mary's Native Mission Hospital, Kwa Magwaza for 1932.*

<sup>55</sup> *Ibid.*, 1933, p. 9.

At Ntumeni ... there are many sick people, especially down by the Umousane River. In one kraal there were eighteen deaths and several other people are sick. In the Tugela Valley the natives are dying like flies and the place is like a desert. In one hut there were seven corpses and a little girl lay on her mother, shaking her in an effort to waken her ... The government is sending native assistants with quinine but the people do not understand the medicine and have no desire to use it.<sup>56</sup>

In the annual report for 1931 Johannes Astrup notes that the malaria epidemic, which was most virulent in the lowlands of Zululand, struck when the people were suffering from 'great unemployment and an epidemic of influenza'. Deaths were estimated at between 40 000 and 50 000 people and he was 'inclined to believe that the figure is significantly higher'. Among the dead were five evangelists, one man who was studying to become an evangelist, one with a degree in theology and a young female teacher.<sup>57</sup>

The Norwegian Mission had a hospital in the Mahlabatini district and saw many patients suffering from malaria:

People came to the hospital with the sick on all kinds of peculiar means of transport — donkey wagons, sledges and the like. Usually the sick are too bad to walk, and after they have been shaken up hill and down dale — often for several hours — they arrive here in a pitiful state. Usually they are covered with dirty rags. I often think of Lazarus for there are many Lazaruses here, full of sores and misery. We have tried to admit as many as possible to the hospital here. Those who are very sick get beds to lie in, while those who are a little better lie beside or under the beds.<sup>58</sup>

### Oblate of Mary Immaculate

The missionary, Father Jules L'Hote, worked among the Zulu people at Maphumulu and at Noodsberg from 1908 until his death in 1956. On first arriving in die Ndwedwe reserve in the late 1920s, he had encountered considerable hostility from the chiefs as well as many of the Zulus who lived near Montebello, when he tried to obtain a church site there.<sup>59</sup> He believed that the hostility came from two sources: the Lutheran missionaries and their adherents (who had been established in the reserve for many years) and also from those who were opposed to all Christian missions. When the malaria epidemic occurred, the Ndwedwe district was badly hit, perhaps because the people had been weakened by the famine that preceded it.

Father L'Hote was first alerted by his catechist that many people were ill, and set out to visit kraals where he had previously been unwelcome. He found people of all ages too ill to buy food or fetch water, too ill to go to the quinine depots for help or to seek assistance. He described how he and his catechist began to go from hut to hut taking food and water, nursing and dosing the sick and struggling to carry the dead from the huts. They were forced to dig graves as best they could in the hard and uneven ground. They worked from sunrise until dark day after day but there seemed to be no end to the number of sick. Eventually when the epidemic passed and life began to return to normal Father L'Hote found that he had acquired a new name among the Zulu people: *Umntu wakithi* ('one of us'). The hostility and the obstacles disappeared, he was granted a church site and gradually his mission work began to prosper.<sup>60</sup>

Not all missionaries, however, enjoyed this experience. The Norwegian missionary, John Naero, writing from the Kangelani mission station complained that 'repentance and complete submission to God are rare, ... both sectarianism and heathenism grow easily in times of sickness amongst the people ... the number of medicinemen and sorcerers has increased with at least six or seven of them near the station'.<sup>61</sup>

The epidemic years of 1929 to 1933 are remembered by many Zulus today and stories of the hardship they endured have been passed on to children and grandchildren.

### CONCLUSION

In an attempt to explain the severity of the 1929-1933 malaria epidemics and the wide distribution of cases, several factors must be considered. The first factor is lack of immunity to the disease. The general economic depression within South Africa led to the return of workers from areas where work had dried up. Some of these workers had been away from home for years and it is possible that they had lost their immunity to malaria or, if they lived in the areas where malaria was not endemic, they might never have developed this immunity. The epidemic occurred in parts of the country where malaria had not previously been reported and this has been explained by the unusual amount of movement from the coastal regions as 'foreign' plantation workers returned to the Transkei and Pondoland, carrying the disease with them in their bloodstream.

Malnutrition followed the long periods of drought in parts of Natal and Zululand, as the missionary reports show, and the people living in these districts were severely affected by the malaria epidemics of the 1930s. The most heavily hit districts, widely distributed and occurring especially around the rivers, are indicated on the map. Cattle and goats also succumbed to the effects of the drought, thus depriving the community of milk; this affected children particularly. The large number of deaths that occurred have been explained by the weakness and debility of the people.

Since quinine was readily available and the government was providing large quantities in pill form both as a preventative and as a treatment, the epidemics should have been controlled fairly quickly. However, they were not controlled among the rural blacks. Missionary reports describe the sufferers who were too ill to go to the nearest centre to collect supplies of quinine for their families, and the Nongoma magistrate reported inefficient methods of supply in his district. More important still was the suspicion and distrust that many felt for the government and the white officials whose 'civilized labour policy' had put many blacks out of work. The wide influence of the ICU and the Communist Party, which had raised economic and political hopes among dispossessed blacks, made thousands of malaria sufferers unwilling to take quinine, turning instead to the traditional medicine men who were themselves angry with the authorities about the recent legislation that had affected their status. This made them particularly anxious to prove their powers and unwilling to co-operate with white doctors and public health officials. Only when Dr Park Ross was able to prove that spraying of huts prevented mosquitoes from breeding, and quinine was taken regularly, was the epidemic brought under control and life could return to normal. □

<sup>56</sup> *Zuluvennen* 56(5-6), 1932, p. 58 (H.J.S. Astrup — Church of Norway Schreuder Mission, Eshowe, 17.5.1932 (translation by Dr F. Hale).

<sup>57</sup> *Zuluvennen* 56(11), 1932, pp. 102-104 ('Arssapport for Schreudermissionen 1931' (translation by Dr F. Hale).

<sup>58</sup> *Norsk Misjonstidende* 87(32), 1932, p. 270 (letter from M. Palm) (translation by Dr F. Hale).

<sup>59</sup> NA, 1/NWE, 3/3/1/1, NV 2/13/20/8: Ndwedwe magistrate's request for church site, Montebello.

<sup>60</sup> I am indebted to the late Father Howard St George (OMI), who heard the account from Father L'Hote in 1935, for part of this information. The remainder is taken from the file of L'Hote in the Oblate General Archives, Rome.

<sup>61</sup> *Norsk Misjonstidende* 85(18), 3.5.1930, p. 140 (translation by Dr F. Hale).