In a Time of Plague

Memories of the 'Spanish' Flu Epidemic of 1918 in South Africa

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Introduction
The 'Spanish' Flu Epidemic in South Africa: An Overview

Introduction

The so-called 'Spanish' influenza epidemic which ravaged South Africa in September-October 1918 – contemporaries called the period 'Black October' – was the most lethal runaway disease outbreak in the country's history. In the space of six weeks some 300,000–350,000 people (or 6% of the entire population) died as a result of this virulent disease and its complications. In terms of speed, compass and intensity it dwarfs all other epidemics which have ever overtaken the sub-continent, even that of long-running HIV/AIDS still in progress today.

'Black October' in South Africa was but part of a much wider global pandemic of 'Spanish' flu which swept around the earth in three successive waves between March 1918 and August 1919, killing some 50 million people or 3–4% of the world's entire population as it did so. To put this figure into perspective, World War I claimed 12–14 million lives in its five-year duration, while HIV/AIDS has been responsible for some 36 million deaths worldwide since 1981.

Possible Origin and Spread

Virologists think that the progenitor of the H1N1 influenza virus which caused the deadly pandemic first emerged in 1915–16. This may have been the result of an existing influenza virus altering its character and becoming more virulent as a consequence of passing through the respiratory systems of millions of soldiers and sailors who had suddenly been mobilized across four continents to wage World War I.

Evidence of its possible emergence then comes from countries as far apart as Finland, India, France, Germany, the United States of America and Britain, all of which recorded a rise in the incidence of an unusual strain of influenza between 1915 and 1917.

Perhaps having undergone further modification among the millions of troops on the move during the second half of 1917 – now including those from the USA which had entered the war in April 1917 – what had become a yet further mutated, highly infectious influenza virus re-appeared in public in March 1918 in rural Kansas, and

soon after this at a jam-packed military camp nearby. Having probably entered the military network in this way, the virus spread with speed to other military bases in North America, to the civilian population of the USA and then across the Atlantic to Britain and France, primarily aboard troopships carrying American troops (so-called 'doughboys') to the Western Front. From this heartland of world war and world trade it was then transmitted to other parts of the Northern Hemisphere by similar means in what became the sweeping first wave of the pandemic. This first wave laid millions low but claimed relatively few lives, and was most noted by contemporaries for its disruption of everyday activities among soldiers and civilians alike and for the fact that this disruption in neutral Spain (where no wartime censorship of the press was in force) was widely reported by newspapers around the world, earning the outbreak the mistaken tag of 'Spanish' flu.

For reasons which are not apparent, this relatively mild first wave reached South Africa only at the tail-end of its course around the world, when it arrived in Durban in September 1918 aboard a ship either from Tanganyika or from the Middle East. From Durban it spread to the rest of the Natal Province and from there, probably via migrant mineworkers, to the gold mines of the Witwatersrand and adjoining urban areas. It would only 'produce temporary inconvenience without serious loss', reported the Reuters correspondent confidently from Johannesburg, and, 'in view of the fact that such a very large number of people have been affected, the fact that there has been only one death must be considered to be reassuring'.[1]

Yet, even as these breezy, optimistic words were being written in Johannesburg, the country was being invaded from a different direction by the second wave of the pandemic which had begun to develop in Europe during August 1918, probably as a result of a further mutation of the original virus, but this time in a far more lethal direction.

Unlike the virus driving the mild first wave, the newly mutated virus added to its existing high infectivity the ability easily to penetrate deep into the lungs which it then attacked with speed and ferocity. This viral assault frequently triggered an overvigorous and excessive response in those with robust immune systems (most commonly young adults), causing viral pneumonia and/or acute adult respiratory distress syndrome, with its telltale bluish discoloration of the skin because of a lack of oxygen, or it laid the way open for a secondary infection by bacteria to produce bacterial pneumonia on their own. In either case the effects were dire and often lethal.

This newly mutated virus which created the deadly second wave of 'Spanish' influenza first made its existence known in August 1918 in three major wartime ports, Brest, Freetown and Boston, through which hundreds of thousands of soldiers and sailors had been streaming since the first wave had erupted earlier in the year.

1 *Daily Dispatch*, 28 September 1918.

In Freetown, Sierra Leone, it appeared on a wide scale among the harbour's colliers and stevedores after arriving there a few days earlier aboard a Royal Navy warship from England. By the time that two troopships, the *Jaroslav* and the *Veronej*, called there carrying contingents of the South African Native Labour Corps home from Europe, it was rampant in the port. 'Never was there a time in the history of this country when trenches were dug to bury its dead', observed a local newspaper.[2] It was a 'black and dreadful week', it lamented.[3]

Almost as soon as the two troopships left the port for Cape Town at the beginning of September 1918, cases of the disease began to appear among these men, prompting the health authorities in Cape Town to hospitalise those who were still sick when the ships tied up there a week apart in mid-September and to confine the rest of the corps to a military camp for two days, under a less-than-rigid quarantine. When, supposedly, none showed symptoms of influenza, they were formally demobilised and allowed to embark on five trains for their homes all over the country. Next day, cases of 'Spanish' flu began to appear among the staff of the military camp and the transport unit which had conveyed the Labour Corps there, among the hospital staff and among stevedores and fishermen in Table Bay harbour.

By early in October Cape Town was being enveloped by the lethal second wave of the pandemic and deaths had begun to mount alarmingly. Moreover, because of the extreme infectiousness of the virus, towns, villages and rural areas linked to Cape Town by railway experienced a similar pattern of infection seven to ten days later as the disease was brought to these communities by the newly demobilised soldiers and their contacts, and then spread there like wildfire, especially in their densely crowded houses, tenements, huts and kraals which facilitated the transmission of the virus.

From as remote a district as Tsolo in the Transkei, the local magistrate telegraphed on 16 October that, since the return of a batch of Labour Corps troops earlier that month, 'sickness has become rife amongst both races in village and country and people are being brought in to [the] local doctor by wagon and sledge loads ....'[4]

As if infected returned troops did not carry the virus deeply enough into the country, their transmission of the disease countrywide was supplemented by other effective vectors, viz. families fleeing infected towns for their lives, railway personnel travelling between stations and, particularly, migrant workers desperate to escape from mine compounds and barracks where death was rampant. In Kimberley, for example, thousands of diamond miners insisted 'that if they had to die they would rather die at home and that they also wished to go and look after their families'. A week later they 'had made up their minds to leave,' reported a panicky labour agent,

2 *Sierra Leone Weekly News*, 21 September 1918.

3 *Sierra Leone Weekly News*, 7 September 1918.

4 Cited in H. Phillips, *'Black October': The Impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Archives Year Book for South African History, Government Printer, Pretoria, 1990), p.79.

'and [declared that] if De Beers [the mines' owner] did not agree they would break out, even if fired upon'.[5]

In many cases the conditions under which they and other migrant workers returned home were grim. It was reported from Pietersburg, for instance, that corpses of mineworkers were being 'found alongside the railway track all the way to Messina',[6] while a farmer in the Graskop district came across 'natives [sic] all along the road just left to die.'[7] Paradoxically, many of those who struggled so to reach their family homes brought the flu virus with them and thereby the risk of infecting their very own households.

Paralysis and Disruption

So highly infectious was the 'Spanish' influenza that it laid low perhaps 60% of South Africa's 6.82 million inhabitants during 'Black October'. The consequence of this was the acute disruption or even complete paralysis of every activity in the country – farming, business, industry, banking, public transport, schooling, the press, religious services, policing, court proceedings, postal services, electricity generation and even sewage removal. In effect South Africa was a country under siege. Cape Town's main streets 'are almost deserted in the middle of the day', observed an awed journalist. 'Business has become quite a secondary consideration, and sight seeing and amusements have lost all attractions .... Cape Town is like a city of mourning ... and nothing is talked of or thought about other than Influenza.'[8] In Kimberley, the mighty De Beers Consolidated Mines suspended work at all of its mines, and in the city, remarked a local doctor, it was as if an 'avalanche ... fell on us'.[9] In Bloemfontein a weekly newspaper described how, 'All the week the hand of the disease has lain heavily on the town, and so uncanny was the stillness in the streets and shops that we might have been in a city of the dead.'[10]

Counter-Measures

Doctors were nonplussed by the virulent disease and could prescribe no effective medical antidote to it as the very existence of viruses was still unknown to them then – indeed, it was not until 1933 that the human influenza virus was first identified – while antibiotics and antivirals lay a generation or more in the future. For all the breakthrough identification of pathogens causing major infectious diseases in the

5 Cited in Phillips, *'Black October'*, pp.51–2.
6 *De Burger*, 25 October 1918. Translation by the editor from original Dutch.
7 *The Star*, 8 November 1918 (letter from D.H. Poole).
8 *Tembuland News*, 8 November 1918.
9 *South African Medical Record*, 11 January 1919, p. 6.
10 *The People's Weekly*, 12 October 1918, editorial.

'golden era' of bacteriology at the end of the 19th Century, few were accompanied by effective therapies until much later. Consequently, the best that biomedical doctors could recommend in 1918 was either palliative or supportive of natural recovery: good nursing, a simple, bolstering diet and bedrest, preferably provided at home as hospitals were quickly filled to overflowing with the very sick.

From the central government's tiny, three-man sub-department of Public Health[11] few initiatives were forthcoming beyond providing information on treatment and vaccination and attempting to find doctors and nurses for the worst-hit places. As a result, the weight of responsibility for combating the epidemic fell on the country's local authorities (i.e. its municipalities, village management boards and resident magistrates) and on NGOs and volunteers from every walk of life. In the face of the terrifying crisis, assistance across the deep barriers of race and class flourished briefly as the interdependence of everyone's health was made abundantly clear. When it came to health, no man, woman or child was an island. 'Germs recognise no colour bar', observed a Cape Town clergyman pithily.[12]

Larger local authorities opened emergency hospitals, supplied hastily concocted vaccines and special flu mixtures free to the public, organised home-visits to provide soup, food and succour to the sick, and endeavoured to collect and bury the escalating number of corpses quickly. In small towns and in the countryside – where the majority of South Africans then lived – a lack of resources made such extensive measures impracticable, and many families and individuals were left to fend for themselves if the surrounding community itself was too stricken to help them.

In these desperate circumstances most people resorted to traditional healers, to time-honoured deterrents like garlic and camphor, to practices like drawing out the infection by placing fresh meat on a patient's chest or to herbal, folk or patent medicines like brandy, buchu and asafoetida ('duiwelsdrek'). The sale of 'remedies' hurriedly devised by quacks boomed.

However, all of these usually proved as ineffective as contemporary biomedical treatment, which, anyway, was still viewed with suspicion by many black South Africans because of its associations with the apparatus of white rule. In the Ciskei, for instance, medical orderlies offering treatment to locals found that a man was going ahead of them 'telling the people that this disease was a device of the Europeans to finish off the Native races of South Africa, and as it had not been quite successful,

11 In 1918 only a skeletal national health system existed in South Africa as, at the time of Union in 1910, no provision had been made to create an overarching system of public health. Consequently, national health matters were the responsibility of a small sub-department within the Department of the Interior. Almost as in a Greek tragedy, just a fortnight before 'Black October', a national conference decided that this serious omission should be remedied as soon as possible.

12 *Cape Times*, 16 July 1929.

they were sending out men with poison to complete the work of extermination.'[13] Certainly, so swift, withering and ubiquitous was the epidemic that one black South African concluded that it 'threatens the existence of the entire race'.[14]

Yet, the 'Spanish' flu's extreme infectivity also meant that its duration in South Africa – as elsewhere in the world – was short. So many in the population had contracted it and either died or survived – the latter meant that they had thereby acquired a degree of short-term immunity to the virus – that within three to four weeks the epidemic began to burn itself out for want of more non-immune individuals to infect. Thus, by the time that Armistice was declared on 11 November 1918, the calamitous epidemic had ebbed sufficiently for triumphant celebrations to be held across the country. However, in the background lay the shadow of over 300,000 South Africans having perished in 'Black October'.

The Toll

Of the 300,000+ dead (which probably included South Africa's first prime minister, Louis Botha[15]), the vast majority were aged between 18 and 40, presenting a very different picture from the usual profile of flu victims, in which children and the elderly predominate. This pattern was probably the result of the reluctance of these robust individuals to stay in bed with 'only flu' and of their vigorous immune systems overreacting to the virus or the secondary bacterial infection which it facilitated. The effect of the acute adult respiratory disease syndrome or pneumonia which resulted was dire and often lethal. Within this age-group pregnant women were particularly at risk because of their enhanced vulnerability to respiratory and cardiovascular stress. A historian of the epidemic in the USA has accurately labelled them the 'most likely of the most likely to die'.[16] Moreover, among those of them who did survive, there were a large number of miscarriages or spontaneous abortions. Together, the effect was to reduce the South African birth-rate markedly in 1919.

Especially at risk of death too were the poor, for few could afford a long stretch of sick leave to recover or the professional or trained nursing which was the best method of overcoming the disease, even if they had no cultural objection to such western biomedical intervention. Poor working-class coloureds, Africans and whites

13 *Christian Express*, 2 December 1918, p. 185.

14 *Territorial News*, 4 November 1918.

15 Botha went down with influenza on 26 August 1919, during the epidemic's third wave, and, according to his close friend, Governor-General Buxton, 'his throat was seriously affected, heart failure and collapse intervened and General Botha died unexpectedly at midnight of August 27th to 28th 1919' (Earl Buxton, *General Botha* (John Murray, London, 1924), p. 328). The tell-tale, three-day duration of his illness strongly suggests 'Spanish' flu as the underlying cause of his death. See Illustration 3 in this volume for a rare photograph of his funeral.

16 J.M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (Viking, New York, 2004), p. 239.

thus formed a disproportionate number of those who died in the country's towns and cities, while in the countryside farm labourers and African peasants in crowded kraals did so too. Around Keiskammahoek in the Ciskei a contemporary recorded that there were 'corpses lying in the same hut as the living, who are, themselves, too weak and too indifferent with pain, to try to move them ... cattle, sheep and goats straying, unherded, and no one to secure the milk, so badly needed, from the uneasy cows: hundreds dying from sheer hunger and exhaustion ....'[17] Three hundred kilometres away, deep in the Transkei, a missionary wrote chillingly of the 'awful death-like stillness that brooded over this Mission Station ... [which] was like a place of death. Not a soul stirred.'[18]

Another notable feature of the death toll is how much lower it was in Natal, southern Transvaal and northern Orange Free State than in the rest of the country. For instance, the death-rate in Durban was 0.6% of the total population, in Johannesburg 0.9% and in Kroonstad 0.7%, as against 3.5% in Cape Town, 4.2% in Bloemfontein and 8.9% in Kimberley.[19] That the cities which registered lower rates were exactly where the first wave of the pandemic struck in September 1918, just ahead of its lethal second wave, suggests very strongly that contracting first-wave 'Spanish' flu conferred a significant degree of immunity against being infected by second-wave flu. Paradoxically, therefore, the best preventive against the deadly second wave seems to have been a dose of the first.

This hypothesis is strongly confirmed by the mortality rate in two adjoining rural districts in the Transkei, Mount Frere and Mount Ayliff. Though both were similar in character – rural, with large, scattered peasant populations – in Mount Frere the epidemic claimed the lives of a frightening 7.8% of the population, while next-door in Mount Ayliff just 1.4% of the population died of 'Spanish' flu. This sharp difference, it would seem, was attributable to the fact that Mount Ayliff lay close to the Natal railway system and was, in all likelihood, first infected from there with first-wave 'Spanish' flu in September 1918; Mount Frere, on the other hand, was probably first infected by the second wave, carried there from Kimberley by returning migrant workers early in October. This meant that, by the time that the deadly second wave reached Mount Ayliff in October, a large proportion of its inhabitants had acquired temporary immunity against it by virtue of having recently had first-wave 'Spanish' flu. In short, prior exposure to the first wave seems to have secured most people against contracting the deadly second wave of the disease.

However, since most South Africans did not enjoy such preventive prior exposure, the estimated overall mortality toll of 4.4% in the country[20] made it the

17 *The News-Letter (Monthly Magazine of the Diocese of Grahamstown)*, December 1918, p. 351.
18 *Methodist Churchman*, 18 November 1918, p. 3.
19 The figures in this paragraph and the next come from Phillips, *'Black October'*, pp. 53, 68, 161–6.
20 Phillips, *'Black October'*, p. 178.

fourth worst-hit state in the world after Western Samoa (22%), India (6.2%) and Gambia (5.7%).[21] The reasons for this were probably a combination of the lack of immunising prior exposure to the first wave for the bulk of the population ahead of the onset of the second wave in all its virulence, the mobility of a large, particularly vulnerable segment of the population (i.e. young adults who were migrant workers and soldiers) and the existence of an extensive transport infrastructure which carried these vectors quickly and widely across the country. As circumstances in Kimberley brought together these three factors on a large scale, it is no surprise that the estimated 4,696 epidemic deaths there contributed so disproportionately to the country's overall toll of over 300,000.[22]

Consequences

Not that 300,000+ lives were the total demographic cost of the epidemic to the country. To them should be added the unknown number of babies not born because of the deaths of their pregnant mothers or miscarried, stillborn or aborted because their would-be mothers had suffered a debilitating bout of 'Spanish' flu. The medium-term effect of this reduction of the birth-rate between October 1918 and June 1919 is evident in a comment by the Superintendent-General of Education of the Cape Province in 1925, that that year had seen an unanticipated fall in the number of children starting school. The reason for this 'slackening of growth' in new school enrolments, he suggested, was the diminished size of the cohort of children born six years earlier, in 1919, as a result of the decimation of pregnant women by the 'Spanish' flu.[23] It would not be inappropriate to think of them as a 'lost generation' of South Africans.

The social and economic cost of so many lives lost was equally great and, in many cases, long-lasting. As many of the dead were breadwinners, their surviving families were often left in dire financial straits by their sudden death and were forced to turn to relations, the state or the church for material assistance or to seek cheaper accommodation and enter the job market. 'My dear husband died of flu, leaving me with five children and debt', admitted one such flu widow from the Transvaal countryside. 'I plan to go to the diamond diggings to see if I can make a living.'[24]

Tales of such destitution prompted a surge in the sale of new life insurance policies in 1919, which the country's insurance companies did much to promote by placing

21 Phillips, *'Black October'*, pp. 178–9. The estimated mortality rates in 25 other countries are listed here as well.

22 Phillips, *'Black October'*, p. 53. Though Kimberley's population in 1918 constituted only 0.78% of the total South African population, 'Spanish' flu victims there made up 1.6% of the epidemic's toll in the country.

23 Cited in Phillips, *'Black October'*, p. 175.

24 *De Koningsbode*, July 1919, p. 141. Translated from Dutch by the editor.

adverts in the press and in cinemas, pointing out the baleful effects of a breadwinner dying uninsured, and adding that medical opinion was that the epidemic would return soon.

To the material cost of the epidemic should be added the emotional and psychological burden to surviving members of the deceased's family – ongoing grief and trauma, as evidenced by the appearance of 'In Memoriam' notices in the press every October for many years after 1918, a surge in spiritualism and poignant memories of sudden orphanhood. 'It was like the rude shattering of a long prepared life program [which] changed the tenour [sic] of many a life', admitted one of the c. 900,000 South African flu orphans at the time,[25] while 80 years later, a 90-year-old man who had lost his mother in the epidemic in 1918 lamented, 'I have missed her ever since.'[26] For seven flu orphans, hurriedly farmed out to various branches of their extended family in 1918, that was the end of their nuclear family unit. 'My brothers and sisters were scattered. We never got together again', recalled one sadly over forty years later.[27]

For those flu orphans who could not easily be taken in by their kin, the state and churches rapidly enlarged many existing orphanages and built twenty new ones. All but three of the twenty catered exclusively for white children, a mark of their funders' racialised priorities. Most coloured and African flu orphans were therefore absorbed by their extended families. As for those who slipped through both the familial and institutional nets, life as street-children or lone wolves was their fate. In 1919 one such youngster was described in a Cape Town court where he was being charged for theft as 'one of dozens of boys of his age who roam the city and sleep anywhere .... 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 looks half starved and eats garbage, or whatever he can get hold of, and says he has never been to school.'[28]

It was not only personal status which 'Black October' altered, but also, in a number of instances, religious status, for many Africans saw death on such a large and unnatural scale as a sign of divine or ancestral wrath for sins of omission or commission. They consequently made haste to mend their ways by improving their religious conduct or honouring their ancestors more devoutly. To others, the decimation caused by the epidemic showed that their existing religion was not proof against evil, which prompted a flurry of conversions to Christianity by traditional believers or of reversions from Christianity back to traditional beliefs. Rejoicing at the stream of would-be converts to Christianity, one missionary synod in the

25 *Grey University College Magazine*, 1919, p. 26.
26 Anonymous caller to SABC radio programme, 'Talk at Will', 16 September 1998.
27 *Evening Post* (Weekend Magazine), 28 August 1965 (letter from 'Trixie').
28 *Cape Argus*, 6 March 1919.

Transkei spoke bluntly of 'the compensating blessings accompanying the ravages of the recent influenza epidemic seen in the awakened interest among the heathen, and a desire for the Word of God.'[29]

Those Christian Africans whose faith was not cast into doubt by the epidemic but whose opinion of their clergy was – on account of their unsatisfying theology and practices in the face of the dire crisis of 'Black October' – sought an alternative in the creation of their own African-initiated churches. As a result, between 1918 and 1921 several such independent Zionist churches came into being in South Africa, as elsewhere in Africa where the pandemic had struck hard. In the case of one of these, the Church of the Saints, in Zululand, its founder 'in those terrible months of influenza and rumours of death everywhere fell ill and was taken to hospital.' There he fell into a deep coma and believed he had died. 'Then he was told: Return to the earth to save its inhabitants', which he did by establishing his new church.[30]

So unprecedented was 'Black October' that in some Christian circles it was perceived to have decidedly apocalyptic implications, prompting explicitly millenarian prophecies. Johanna Brandt, an Afrikaner visionary, interpreted it as a turning point in the history of the world, the first of the seven plagues indicating Divine wrath,[31] while in the Ciskei a 43-year old Xhosa woman, Nontetha Nkwenkwe, began having visions that God was telling her that the epidemic had been sent as a punishment for sin and that she herself should take the lead in reforming society in accordance with Divine precepts. Accordingly, she began to preach that the epidemic was 'just a taste of what God was bringing. A Judgement Day in which everyone would be flying in the sky was imminent .... [P]eople who had succumbed to evil influences ... had to change their ways to achieve salvation.'[32] Proclaiming this message with increasing fervour, she soon attracted a growing group of followers who established the independent Church of the Prophetess Nontetha, which still exists today.

To those Africans who sought an explanation for so many deaths in traditional African religion, however, the epidemic was not of divine but of human origin. To them, evil stemmed from the actions of malevolent witches and wizards seeking to destroy them and their families. Accordingly, in the aftermath of 'Black October' in South Africa and elsewhere in sub-Saharan Africa, professional witch-finders were in high demand to 'smell out' those responsible. That they did so on a large scale and that action then followed by families of the deceased to punish these malevolent

29 *Daily Dispatch*, 21 January 1919.

30 B. M. G. Sundkler, *Zulu Zion and Some Swazi Zionists* (Oxford University Press, London and New York, 1976), p. 125.

31 *De Noord-Westelyke Nationalist*, 22 November 1918.

32 R. R. Edgar and H. Sapire, *African Apocalypse – The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Ohio University Press, Athens, Ohio and Witwatersrand University Press, Johannesburg, 2001), pp. 9–10, 12.

individuals by attacking or even killing them is borne out by the surge in such cases before the courts in 1919–20. Indeed, to such an extent did they increase that in 1919 the Transkeian Penal Code was amended to stiffen the penalties for those convicted of witch-finding.

For the biomedically advised South African state, however, the reason for the epidemic's severity was to be found in the natural, not supernatural world, in germs and the insanitary, overcrowded environments in which they flourished. Accordingly, its primary response lay in public health, sanitary and housing reforms, with priority in these given to the white segment of the population.

Consequently, in 1919 a pioneering Public Health Act was passed, creating, for the first time in South Africa's history, a national structure providing for the public's health; a year later, the country's first Housing Act offered state financial support for public housing schemes undertaken by local authorities. Cape Town and Bloemfontein were quick to take advantage of this. In Cape Town big employers even set up a trust to establish a garden city at Pinelands to ease overcrowding in the city. 'For some time past, and more particularly since the influenza pandemic, I have given a good deal of thought to the question of better housing for people of our larger cities', explained its founder, Richard Stuttaford. 'I feel certain it [Pinelands] will materially help towards the physical and moral improvement of our people.'[33] With a similar concern for the health of those living under the insalubrious conditions which the epidemic had revealed so starkly, Cape Town's *Cape Times* raised funds by means of an appeal to its readers to give slum-children in the inner city an ozone-filled seaside holiday. In 1920 this scheme took permanent form as the Cape Times Fresh Air Fund, a charity still operating to-day.

White-run municipalities were no less concerned about the health and living conditions of their African inhabitants, particularly lest neglect of these produced a spillover effect on whites in the form of infection or a diminished supply of labour.

Here, however, the thrust of their action differed from that in white areas. Certainly the new locations for Africans which they built (like Langa in Cape Town, Batho in Bloemfontein and the Western Native Township in Johannesburg) provided formal brick housing, but the locations themselves were deliberately sited even further away from white suburbs than their informal, ramshackle predecessors. Indeed, this intensified, racialised residential segregation of Africans in South Africa's towns henceforth became the national norm by virtue of the Natives (Urban Areas) Act which was passed in 1923. As the Prime Minister, General Jan Smuts, explained, 'If the principles of that Bill ... were fairly applied in South Africa, we should remove what was today a grievance and a menace to health and decent living in this country.'[34]

33 Cited in Phillips, '*Black October*', p. 36.

34 *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times* (State Library, Pretoria, 1966–69), vol.8 (1923), p. 67, column 3.

In sum, 'Black October' left an indelible mark on institutions, families and individuals in South Africa for at least two generations, by virtue of its demographic, social, economic, medical, psychological and spiritual impact. Its dire memory remained stamped forever on flu babies born at its height, like Ora Pro Nobis ('Pray for us') Terblanche and Myra ('Lament') Viljoen. For many Africans 1918 became a landmark date from which other events were reckoned as happening before or after 'the flu'. In the sombre memory of one elderly survivor 60 years after 'Black October', 'I don't hope for anything like that again .... That's worse than a war.'[35]

Interview by editor with Mrs M. Jones, 14 June 1978 – see Document 55 in this volume.

36 L. G. Green, *Grow Lovely, Growing Old: The Story of Cape Town's Three Centuries* (H.B.Timmins, Cape Town, 1954), chapter 19; J. Burman, *Disaster Struck South Africa* (Struik, Cape Town, 1971), chapter 5.

37 Phillips, *'Black October'*; H. Phillips, *Plague, Pox and Pandemics: A Pocket History of Epidemics in South Africa* (Jacana, Auckland Park, 2012), chapter 3.

38 K. Thompson, 'Spanish Influenza in Natal' (unpublished Honours dissertation, University of Natal, 1996); M. Moale, 'Port Elizabeth and the Spanish Influenza of 1918' (unpublished Honours dissertation, UCT, 1999); L. Spencer, ' "Spanish" Influenza in Johannesburg: The Effects of the 1918–19 Influenza Epidemic' (unpublished Honours dissertation, University of the Witwatersrand, 2011).

39 Union of South Africa, *Report of the Influenza Epidemic Commission*, U.G. 15-'19. A copy of the unpublished evidence given to this commission of inquiry is available in two bound volumes in the Library of Parliament, Cape Town.

A Note on the Transcribed Interviews and Letters and on the Use of Racial Labels

The transcribed interviews with survivors of or witnesses to the 1918 epidemic below are in two forms, depending on whether they were originally recorded on a tape-recorder or whether, because of the absence of a tape-recorder, they were written up immediately after the interview from notes made by the interviewer at the time. Those which were recorded on tape are transcribed below verbatim, exactly as they were spoken, with repetitions, hesitations, and grammatical and linguistic errors, though extraneous matter has been omitted. They are labelled 'Verbatim Interviews'. Those which were not recorded on tape but put together after the interview from notes taken at the time into a smoother and more coherent form are identified below as being 'Notes from Interview'. The letters which appear below were selected from those sent to the editor and those sent to Richard Collier, and appear as they were written. They are identified simply as 'Letters'.

It is recognised that labelling others or oneself is (and always has been) a political act, wittingly or unwittingly reflecting an assertion of power or a challenge to terminology imposed by others. Bearing this in mind, the contemporary use of what in 2018 are deeply objectionable racial labels like 'native' (= African or black), 'Hottentot' (= coloured), 'boy' and 'girl' (referring to black adults) has been retained in the text which follows, for replacing these with today's more acceptable terms or adding '[sic]' after them would mask the sense of white racial superiority which was a very real feature of the South African social and cultural landscape in 1918 and beyond. Their use here is thus purely historical, aimed at avoiding an anachronistic picture of that society. For similar reasons, contemporary names of countries, regions and towns have been retained without repeatedly adding the prefix 'then-' before them.