PUBLIC HEALTH AND SOCIETY IN CAPE TOWN 1880-1910

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ABSTRACT

This thesis is a contribution to the social history of medicine and to urban history. It attempts to examine the impact of public health reform on Cape Town society between 1880 and 1910. Accepting the argument that the control of disease is one of the means by which a dominant establishment may assert its authority and impose its ideology in a society, it contends that ideas about the organisation of society were transmitted from metropolitan Britain to the Cape Colony partly through the implementation of public health reform but that such notions became modified in the process.

It concludes that health reform was one means by which imperial control was maintained in South Africa and a segregated society was implemented. The "sanitation syndrome" was more than a metaphor. It was a powerful agency for change because it was deeply embedded in the consciousness of Victorian society and provided a scientific rationalisation for the separation of the races and the assertion of white, British, dominance.

Topics include the creation of a medical profession at the Cape; the effect of health panics caused by the smallpox epidemic of 1882 and the plague epidemic of 1901 on social relations in the city; the impact of the closure of the cemeteries and the introduction of the Contagious Diseases Acts on different comunities in the city; the creation of medical bureaucracies in local and central government; poverty and mortality in the early twentieth century.

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ABBREVIATIONS

APO	African Political Organisation
DRC	Dutch Reformed Church
DSAB	Dictionary of South African Biography
JSAS	Journal of Southern African Studies
LMS	London Missionary Society
MLA	Member of the Legislative Assembly
MLC	Member of the Legislative Council
MOH	Medical Officer of Health
RAMC	Royal Army Medical Corps
SAMJ	South African Medical Journal
SAMR	South African Medical Record
Studies	Studies in the History of Cape Town
SESA	Standard Encyclopaedia of Southern Africa
SSHM	Society for the Social History of Medicine
UCS	Under Colonial Secretary
VOC	Vereenigd Oost-Indische Compagnie
WCTU	Women's Christian Temperance Movement

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PREFACE

This thesis was originally conceived as a study of Cape Town during the Anglo-Boer war. A major event of the period was the outbreak of plague in 1901. It was while I was engaged on research on this topic that I began to realise how rich and untouched the colonial medical records were. The deficiencies of social history in Cape Town also became obvious and the need for a more extended background if the problems were to be defined and understood in their proper context.

Because of the scope of work in the social history of medicine in other countries, it has been not only possible but necessary to see developments in Cape Town in relation to events abroad. It became clear that public health reform in Cape Town was part of the process of the imposition and consolidation of control within the British Empire as well as one of the means by which the settler society organised itself. It could certainly be argued that medicine was also one way in which nationalism found expression in South Africa but this is an area which remains to be explored.

The social history of medicine comprises many aspects and there are areas which have not been explored in this thesis. Two should be mentioned. Hospital records are extremely copious and deserve a separate study. I have refrained from investigating them in any detail since the Cape Town hospitals, although in the city, were not entirely of it. Patients came from all over the colony and many of them suffered from diseases which were primarly rural rather than urban. The lepers were a case in point. Comparatively few doctors in Cape Town left personal records and I have not made extensive use of other private papers. They would be particularly valuable in casting light on patient-practitioner relations - the letters of Olive Schreiner leap to mind here. Since I have been more concerned with the impact of health reform

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on Cape Town society as a whole, I have not developed this aspect of medical history.

One recently published book became available to me only days before the thesis was due to be submitted. This was R. MacLeod and M. Lewis, Disease, medicine and empire. As a result I have been able to make only limited use of it, mainly in the conclusion.

Several portions of the thesis have been published. In particular, much of the chapter on the Contagious Diseases Acts was published in the Journal of Southern African Studies, 10(2), April 1984 and the chapter on the plague in Studies in the History of Cape Town, 4, (1984).

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ACKNOWLEDGMENTS

No history of Cape Town could be accomplished without the assistance of other people and institutions. Of the latter I must thank the staffs of three in particular - the disgracefully underfunded South African Library where help has been generously given despite my grumbles about the microfilm readers; the Cape Archives; and the Manuscripts and African Studies sections of Jagger Library, University of Cape Town, where the staff have always been extremely supportive of any Cape Town history projects.

To individuals my thanks must go to my original supervisor, Arthur Davey, who was one of the first to promote Cape Town history, and to Basil Le Cordeur whose meticulous supervision saw me through the later stages of the thesis.

In addition, I should like to thank Howard Philips and Richard Mendelsohn for their helpful comments on parts of the thesis and Richard for his aid in producing the charts; to Dr Bryan Egan for permission to cite his thesis; to Medical History and the authors for the proof copy of an article on the Australian medical profession; the students of the Urban History course who have provided stimulus and whose research essays have done much towards filling some of the gaps in Cape Town history. Also thanks to Libbi Downes whose interest and efficiency sustains all her colleagues; and to Ken Behr, Andy Vinnicombe and Ellen Walsh for the maps.

Finally, more than thanks go to my husband without whose sane advice and domestic support I could not have completed the work, and to my father who has given me so much.

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TERMINOLOGY

Terminology is used in two ways in this thesis. Nineteenth-century doctors made ethnic distinctions between Cape Town citizens. "European" referred to whites, whether they were born in Europe or not, while "coloured" referred inconsistently to all people of colour or to people of mixed descent. The latter were also occasionally referred to as Africanders. I have usually used these terms only in context. Because almost any work in South African history deals with the evolution of ethnic distinctions it is difficult to avoid attaching labels. I have used the term "black" to refer to all people of colour and "African" and "coloured" to distinguish between different communities in Cape Town. I have used "Cape Muslim" in preference to "Malay" and "Dutch" to refer to the local white Dutch-speaking population since "Boer" is not appropriate in the Cape Town context.

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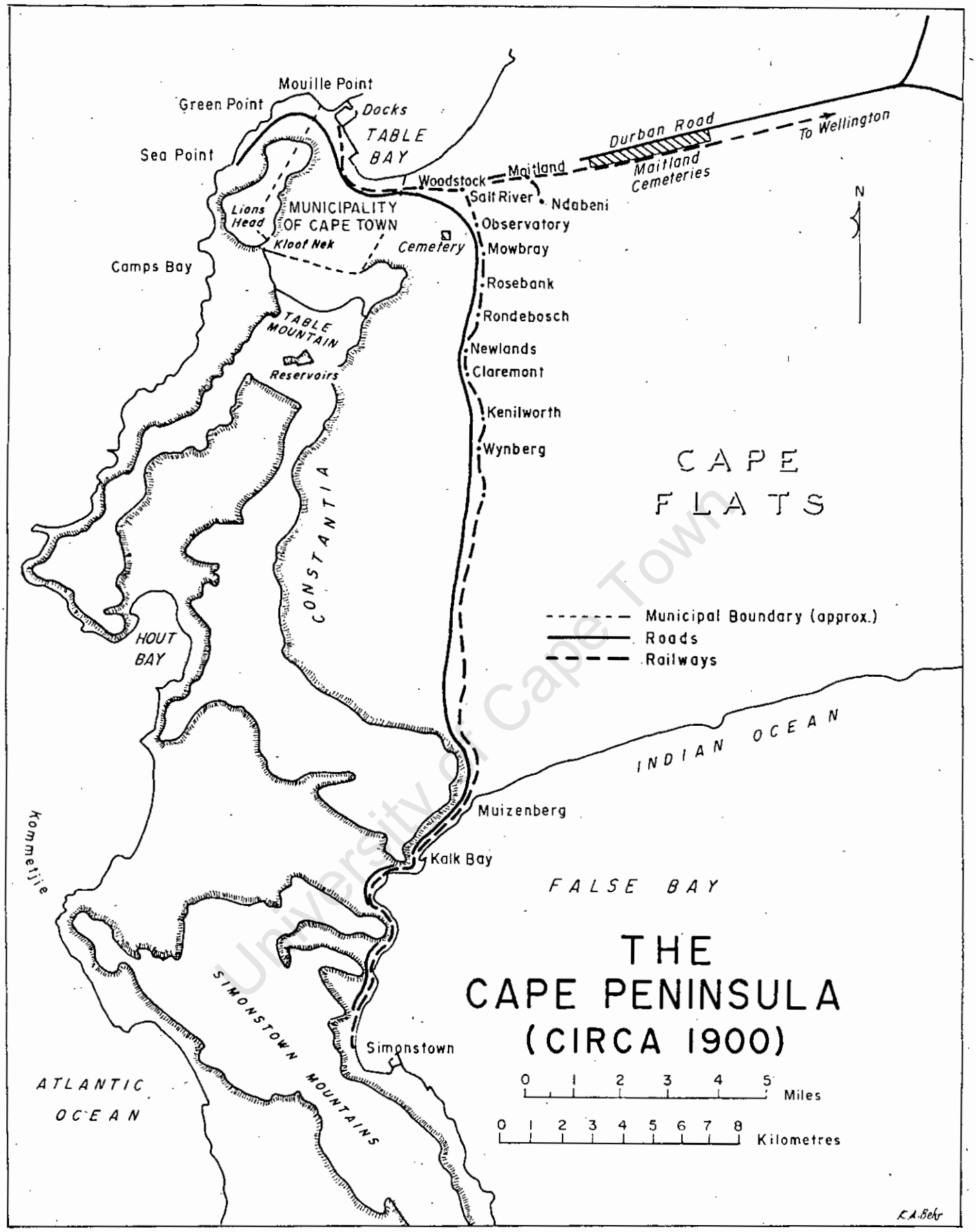

THE CAPE PENINSULA (CIRCA 1900)

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CHAPTER ONE

Introduction

Health care in South Africa is a contentious issue. Its paradoxes manifest themselves sharply in the mother city, Cape Town, where Dr Chris Barnard pioneered high-technology surgery in the world's first heart transplantation in 1967. Conversely, on the Cape Flats tuberculosis, a preventable disease which is the product of deprivation, has reached epidemic proportions.[1] These extremes are a reflection of the inequalities of South African existence. In a special edition of the Journal of Southern African Studies Shula Marks and Neil Andersson have drawn attention to the "political economy" of health in South Africa in the twentieth century. They contend that, in recent years, health matters have become central to the operation of apartheid and "have come to be seen as a crucial area of struggle". Because they reflect power relations, health resources have been allocated in accordance with the perceived needs of the rulers.[2]

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1 In 1987 in Cape Town infant mortality rates per 1 000 births were 4.85 for whites, 16.44 for coloureds and 30.5 for blacks. While white babies died of such causes as prematurity and congenital malformation, coloured and black infants were also killed by gastro-enteritis (5% amongst coloureds and 13% amongst blacks), pneumonia (3% and 9% respectively), measles (4% amongst blacks) and congenital syphilis (2% amongst blacks). The only ray of light was that the infant mortality rate had halved over the past decade and gastro-enteritis had been dislodged as the major killer (pp. iv, 27-28). Pulmonary tuberculosis, the medical officer of health noted, was the biggest health problem in Cape Town as in every other centre in the Republic. The notification of new cases had increased from 2 742 in 1975 to 3 880 in 1987. Despite the recognised inadequacy of out-patient treatment, 1 000 beds had been closed in the period. City of Cape Town, Annual report of the medical officer of health for 1987

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The growing conviction that the quality of health care in South Africa is determined by the structures of apartheid has been highlighted in the past decade at a World Health Organisation conference at Brazzaville in 1981 and in a number of publications.[3] All these works have emphasised an equation between the rise of mining capitalism and the increase in diseases of industrialisation amongst black people. "The contemporary health pattern in southern Africa is rooted in the social changes which began with the discovery of minerals in the last third of the nineteenth century", Marks and Andersson suggest.[4] While these insights raise important questions about the origins and nature of health care in South Africa, they also produce problems. For one thing they are based on a knowledge of the history of medicine which is necessarily limited since it is dependent mainly on a small handful of studies on the effects of mining on mine workers.[5] Secondly, they rest on assumptions about the relationship between capitalism and medicine which need to be further refined in the South African context.

[hereafter MOH report], pp. viii, 64-67.

2 S. Marks and N. Andersson, "Issues in the political economy of health in southern Africa", Journal of Southern African Studies [JSAS], 13,(2), (January 1987), 177-186.

3 World Health Organisation, Apartheid and health, (Geneva, WHO, 1983); A. Seedat, Crippling a nation. Health in apartheid South Africa, (London, International Defence & Aid Fund for Southern Africa, 1984); C. de Beer, The South African disease. Apartheid, health and health services, (Johannesburg, Southern African Research Service, 1984).

4 Marks and Andersson, "Issues in the political econonomy of health", 187.

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These assumptions are derived partly from an increasingly sophisticated body of literature which is critical of developments in modern medicine. Perhaps the most iconoclastic critique has been that of Ivan Illich who has argued that scientific medicine has had virtually no influence on the modern decline in mortality which he attributes to improvement in the environment.[6] While orthodox Marxists have often shared Illich's hostility to capitalist medicine, they have been repelled by his anti-industrialism. For both Vicente Navarro and Lesley Doyal modern health care is a means of analysing and understanding the contradictions and inequalities of capitalism; "... the system of medicine", Navarro argues, "is determined primarily ... by the same forces that determine the overall social formation, society. In other words, I consider medicine to be the dialectical result of forces that exist both outside and within medicine".[7]

Doyal places the theory and practice of Western medicine in the context of emergent industrial

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5 G. Burke and P. Richardson, "The migration of miners' phthisis between Cornwall and the Transvaal, 1876-1918", in B. Bozzoli (ed), Labour, townships and protest. Studies in the social history of the Witwatersrand, (Johannesburg, Ravan, 1979), 219-247; R.M. Packard, "Tuberculosis and the development of industrial health policies on the Witwatersrand, 1902-1932", JSAS, 13(2), (Jan. 1987), 187-209; B. Kennedy, A tale of two mining cities. Johannesburg and Broken Hill, 1885-1925, (Johannesburg, A.D. Donker, 1984), 49-70.

6 I. Illich, Limits to medicine. Medical nemesis: the expropriation of health, (Harmondsworth, Penguin, 1977), 23.

7 V. Navarro, Medicine under capitalism, (New York, Prodist, 1976), vii; L. Doyal, The political economy of health, (London, Pluto Press, 1979).

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capitalism, "... scientific medicine ultimately became curative, individualistic and interventionist, objectifying patients and denying their status as social beings".[8] This emphasis on the illness of the individual, she contends, obscures the social and economic causes of ill health; "... Under capitalism there is often a contradiction between the pursuit of health and the pursuit of profit".[9]

The work of Karl Figlio has been an important influence upon Doyal's argument. Like Doyal, Figlio saw medicine as "closely related to the fundamental nature of capitalist society", supporting its work discipline and deflecting criticism from the labour process by reinterpreting industrial illnesses:

> "It encouraged the perception of illness as a failure in hygiene, either physical or moral, so that the causes of disease were individual, not social, and certainly not a consequence of the capitalist organisation of society. ... Medicine, like other human activities, reflects and reinforces the dominant ideology."[10]

Figlio's primary objective was to integrate the history of the medical profession and the history of theories of disease. He examined the emergence of the modern relationship between man and medicine, in which the doctor has assumed a dominant and interventionist role in society. Figlio traced the origins of that relationship to the evolving body of scientific thought

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8 Ibid., 30.
9 Ibid., 35, 44.
10 K. Figlio, "Social roots of medical indea: disease and civilization in the 19th century", Bulletin. Society for the Social History of Medicine [SSHM Bulletin], 21, (Dec. 1977), 17-18.

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in the eighteenth and nineteenth centuries, in which notions of life were subtly altered and disease became separated from the person. The consequences, he suggested, were far-reaching. Between the doctor and the patient there was "an altered relationship which encourages the power of the healing profession and the submissiveness of the patient". But it went further than this:

> "Medicine, driven by an apparent inner logic, but mediating the values of modern technological society, has set the terms for the right of illness. Then, in the interest of health, it has set standards of proper behaviour."

As a result, he argued, the study of disease as social history, "would not be just a demographic study; it would be also a history of medical legitimation ...?"[11]

At first glance such perspectives do not appear to be dominant in the recent literature on the history of medicine. Only a few scattered articles develop these themes in the pages of the major British journal, Medical History and the Bulletin of the Society for the Social History of Medicine (now Social History of Medicine).[12] They are to be found even less in the American periodicals, the Bulletin of the History of Medicine and the Journal of the History of Medicine and Allied Sciences. The comments of Milton Lewis and Roy MacLeod on the relationship between "settler capitalism" and public

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11 K. Figlio, "The historiography of scientific medicine: an invitation to the human sciences", Comparative Studies in Society and History, 19, (1977), 266, 285-286. See also K. Figlio, "Chlorosis and chronic disease in nineteenth-century Britain: the social constitution of somatic illness in a capitalist society", Social History, 3(2), (May 1978), 167-197.

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health in Australia suggest the relative novelty of the approach:

> "It is not clear, of course, whether (or if so, to what extent) the effects of 'settler capitalism' on colonial health and mortality are visibly distinguishable from the effects of forms of capitalism evident in other major cities of the world. But the particular character of the colonial economy may force enquiry into political realms hitherto neglected by social historians."[13]

Nevertheless, many recent studies are permeated deliberately or unconsciously, with such assumptions. The doyen of medical historians, George Rosen, has commented, "The pattern of disease which characterizes any group of people is not a matter of chance".[14] A class analysis of the medical profession appears to have found a broad acceptance. Criticisms of capitalist health care are implicit in such works as The people's health by F.B. Smith, while work on the Contagious Diseases Acts, which straddles the vague divide between the social history of medicine and general social history, has seriously questioned the role of the medical profession in the operation of the Acts.[15]

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12 One exception is B. Luckin, "States and epidemic threats", SSHM Bulletin 34, (June 1984), 25-27.

13 "A working man's paradise? Reflections on urban mortality in colonial Australia 1860-1900", Medical History, 31, (1987), 389-340. (This point is developed comparatively in a recently-published article by D. Denoon, "Temperate medicine and settler capitalism: on the reception of western medical ideas" in R. MacLeod and M. Lewis (eds), Disease, medicine and empire. Perspectives on western medicine and the experience of European expansion, (London, Routledge, 1988), 121-135.)

14 "Disease, debility and death" in H.J. Dyos and M. Wolff (eds), The Victorian city: images and reality, (London, Routledge & Kegan Paul, 1973), vol. 2, 629.

15 F.B. Smith, The people's health 1830-1910, (London, Croom Helm, 1979); J. Walkowitz, Prostitution and Victorian society; women, class and the state,

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An increasingly sophisticated approach to the social history of medicine has provoked questions about the issues involved. While the age of innocence has ended, one such work asks, has it been replaced by an age of understanding?[16]

> "For many of the exciting and challenging new perspectives ... have been programmatic and even rhetorical, sometimes relying on slogans more than scholarship. ... Has there been an 'expropriation of health' through the development of 'medicalisation'? It is easy to suppose that there has, but it is impossible to be sure until we have a much clearer idea of how many professional and commercial healers there really were in pre-nineteenth century societies."[17]

While the relationship between medicine and society has been a subject of debate abroad for over fifteen years, it is almost wholly unexplored in South Africa. On the one hand, medical history is still written predominantly by doctors who continue to assert a Whig history which sings the praises of the medical profession. This is true not only of the three major histories of medicine but of the majority of articles published since tnen.[18] On the other hand, the excellent research on tuberculosis on the mines, while offering provocative insights, is wholly unrelated to broader developments in medicine and public health in South Africa.[19] The authors are not to blame. Until very

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(Cambridge, University Press, 1980). The most trenchant and radical attack is that of F. Mort, Dangerous sexualities. Medico-moral politics in England since 1830, (London, Routledge & Kegan Paul, 1987).

16 R. Porter and A. Wear (eds), Problems and methods in the history of medicine, (London, Croom Helm, 1987), 2.

17 Ibid., 2.

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recently the social history of medicine has been considered irrelevant to an understanding of South African society. Marks and Andersson have hinted at its value but they have not published much on the subject. Their articles are suggestive for future research but they do not fill in the blanks. The only major study which attempts an exploration in depth of one major episode in South Africa's medical history and which is, at the same time, aware of comparative work on the history of epidemics is Howard Phillips's study of the Spanish influenza epidemic of 1918.[20]

The absence of well-grounded research in the social history of medicine in South Africa is a serious lacuna. The striking inequalities of South African existence throw into particularly harsh relief the

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18 E.H. Burrows, A history of medicine in South Africa up to the end of the nineteenth century, (Cape Town, Balkema, 1958); P.W. Laidler and M. Gelfand, South Africa. Its medical history 1652-1898, (Cape Town, Struik, 1971); J.H. Louw, In the shadow of Table Mountain. A history of the University of Cape Town Medical School and its associated teaching hospitals up to 1950, with glimpses into the future, (Cape Town, Struik, 1969); N. Kretzmar, "An introduction to the history of medicine on the diamond fields of Kimberley, South Africa", Medical History, 18, (1974), 155-162. The South African Medical Journal [SAMJ] publishes occasional articles on medical history. Of thirty articles since 1980, nine do not deal with South Africa at all, five are on disease and research, four on individual doctors and the remainder are mainly short items on the histories of departments and institutions. Indigenous African medicine is considered once and only two articles deal with public health, J.B. and P. Brain, "The health of indentured Indian migrants to Natal, 1860-1911", SAMJ, 62, (1982), 739-742 and "Nostalgia and alligator bite - morbidity and mortality among Indian immigrants to Natal, 1884-1911", SAMJ, 65, (1984), 98-102.

19 See footnote 5.

20 H. Phillips, " 'Black October': the impact of the Spanish influenza epidemic of 1918 on South Africa", Ph.D. thesis, (University of Cape Town, 1984).

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association between class, ethnicity, poverty and disease. This thesis is an attempt to fill a little of the gap by examining some of the origins of health care in South Africa. It is hoped that it will add to the debates on the relationship between medicine and society and the social origins of disease. It also offers a comparative dimension. To what extent, for instance, did South Africa differ from other colonial societies? It is also hoped that it will contribute to a better understanding of the processes which gave rise to the apartheid society. If the argument is accepted that medicine "reflects and reinforces the dominant ideology",[21] then it follows tht a study of the origins of health care in South Africa might throw further light on the subtle manifestations of white domination.

Recent South African historical writing has begun to explore the complex roots of segregation in much finer detail.[22] While segregation may have provided a flexible tool for white industrial capitalists seeking to control a large and cheap labour supply, the genesis of apartheid lay deep in the South African past. In his discussion of popular ideology in the eighteenth century, George Rudé has suggested that it consisted of a fusion of two elements, one of which was "inherent", "a sort of 'mother's milk' ideology based on direct experience, oral tradition or folk memory". The second element was "derived", "the stock of ideas and beliefs that [were]

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21 Figlio, "Social roots of medical indea", 17-18.

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... borrowed from others, often taking the form of a more structured system of ideas, political or religious ...".[23] While it is true that Rudé is explicitly concerned with forms of thought of the pre-industrial underclasses, these concepts are useful in understanding the ideology of apartheid as well. Its institutions have been moulded by widely varying circumstances some of which are based on "direct experience, oral tradition or folk memory". More applicable to this thesis is the "derived" element - the ideas which are received from outside. The nexus of secular, scientific thought of which sanitary reform formed a part made one contribution. This was not immediately apparent since it was introduced mainly by British immigrants living in an urban environment, apparently in active opposition to the pastoral Boers but, as recent research has shown, segregation has urban as well as rural roots.

The industrial capitalist sources of apartheid have been located on the Rand and in Kimberley but an important gap in our understanding of the urban origins of apartheid has now been filled by a recent study on Cape Town by Vivian Bickford-Smith. He has commented on the extent to which the role of the oldest white settlement has been almost entirely ignored. That city has often appeared to be ideologically aberrant and economically detached from the mainstream of South

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22 S. Marks, "White supremacy. A review article", Comparative Studies in Society and History, 29, (1987), 395.

23 G. Rudé, Ideology and popular protest, (London, Lawrence and Wishart, 1980), 28.

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African development. Bickford-Smith has demonstrated that segregationist attitudes existed in the mother city by the end of the nineteenth century within the framework of Cape liberalism.[24] He questions George Fredrickson's assertion in White supremacy that Cape Town was unique in its "special tradition of multi-racialism".[25] Instead he argues that,

> "segregation in Cape Town was a 'class system', with a White ethnic qualification necessary for dominant class status".[26]

Not only was economic and political power a white prerogative but by 1880 whiteness was also subsumed under an "English" hegemony. Immigration had greatly increased the British-born population of the town and the growth of English institutions, especially the English-language press, made it possible for shared values and symbols to be used to mobilise the predominantly British mercantile élite both to assert and to protect their interests. Most of the "non-English", including the Dutch, found themselves driven to the wall economically and politically during the enforcement of these interests.[27]

> "Thus the 'colonisation' of those 'other', the imposition of English values, became part and parcel of the achievement of English hegemony in the city, where English hegemony also meant, of course, bourgeois hegemony".[28]

If Bickford-Smith's thesis is correct, the specific contribution of Cape Town to the emergence of

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24 J.V. Bickford-Smith, "Commerce, class and ethnicity in Cape Town, 1875-1902", Ph.D.thesis, (University of Cambridge, 1988).
25 Ibid., 9-15.
26 Ibid., 15.
27 Ibid., 67, 101-102, 114-117, 118-124.
28 Ibid., 98.

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the apartheid society was a subtle one. In that city there emerged a body of ideas which offered to people who regarded themselves as the upholders of enlightened and civilised values the possibility of supporting segregationist policy because it was wrapped in the dress of modern scientific and technological rationalism. This raises the question of why imported British values should have taken on an increasingly authoritarian colouration. It is here, perhaps, that a closer study of these values and their implementation might be useful. Bickford-Smith has commented on the centrality of sanitation in the battle for the political control of Cape Town's municipality.[29] His recognition of the "sanitation syndrome" follows a seminal article published by Maynard W. Swanson in 1977.[30] In the article Swanson argued:

> "that medical officials and other public authorities in South Africa at the turn of this century were imbued with the imagery of infectious disease as a societal metaphor, and that this metaphor powerfully interacted with British and South African racial attitudes to influence the policies and shape the institutions of segregation".[31]

Swanson's argument is justly persuasive and has become an accepted dogma in the delineation of urban segregation. Marks and Andersson, for instance, have commented:

> "The 'metaphoric equation' of blacks with infectious disease and the perception of urban social relations in terms of 'the imagery of infection and epidemic disease' provided a compelling rationale for major forms of social control, and the removal of

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29 Ibid., 112-139.

30 M.W. Swanson, "The sanitation syndrome: bubonic plague and urban native policy in the Cape Colony, 1900-1909", Journal of African History, XVIII(3), (1977), 387-410.

31 Ibid., 387.

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segregated African housing to the edges of the towns".[32]

Swanson himself has emphasised that the point at issue was to do "with epidemiology and sanitation as motives and rationalizations, not with their reasonableness. We are interested in the power of a metaphor to shape perceptions and influence or justify behaviour".[33]

The difficulty is that Swanson was less interested in the power of the metaphor than in its effects. The question still remains: why was the metaphor was so powerful in the South African context? Why should concepts of disease and infection have had, and continued to have, such a motive force? One argument of this thesis is that, in the late nineteenth century, white superiority and notions of civilisation came to be equated with technological improvement and with material progress, more than with concepts of liberty, justice or brotherhood. In post-Union South Africa agreement on material advance came to be a cohesive force in a potentially and actually divided white society where other values were not necessarily held in common. This consensus was not won without difficulty as the cemetery crisis of 1886 suggests but the failure of the Dutch to resist the closure of their cemeteries effectively implies the limit of their resistance to secular, scientific thought.[34]

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32 S. Marks and N. Andersson, "Epidemics and social control in twentieth-century South Africa", SSHM Bulletin 34, (June 1984), 33.

33 Swanson, "The sanitation syndrome", 388.

34 See ch. 3

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Karl Figlio's discussion is particularly valuable for an understanding of this point.[35] He located modern medicine within a European intellectual tradition which would have been transmitted to the Cape through the educated middle class. The medical profession was probably central to the process since it was the immediate heir to developing scientific thought and experimentation.[36] Ideas about a civilised and sanitary society were also disseminated more broadly, almost unconsciously at times, by a host of other instruments such as the teachers of the University of the Cape of Good Hope, of the South African College and other schools, the press, journals, books and even the church. They found an increasingly receptive audience in Cape Town as the changing needs of society put greater priority on a healthy environment and a dominant establishment which was fit to rule; an establishment which had not been vitiated by degenerative diseases such as syphilis or tuberculosis or even destroyed, as rising mortality rates appeared to threaten.

The relationship between health care and society can be approached in a variety of ways. A pioneering focus has been the history of epidemics. The reasons have been elucidated by Asa Briggs in an examination of cholera in nineteenth-century Britain. He suggested that cholera was historically significant because it was a

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35 Figlio, "The historiography of scientific medicine".

36 See ch. 2.

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disease of society:

> "It hit the poor particularly ruthlessly, thriving on the kind of conditions in which they lived. Wherever it threatened European countries, it quickened social apprehensions. Wherever it appeared, it tested the efficiency and resilience of local administrative structures. It exposed relentlessly political, social and moral shortcomings. It prompted rumours, suspicions and at times violent social conflicts. It inspired not only sermons but novels and works of art. For all these reasons a study of the history of cholera in the nineteenth century is something far more than an exercise in medical epidemiology, fascinating in themselves though such exercises are; it is an important and neglected chapter in social history."[37]

Because cholera was such an unfamiliar and terrifying threat to industrial society it encouraged initiatives in health reform which have made it a popular topic for historical research.[38] But the focus on cholera in Europe and America has tended to obscure the importance of other epidemics. In South Africa cholera did not appear to any significant extent until the late 1970s. Smallpox was a much more serious scourge in the Cape until the 1890s and in 1901 a modern pandemic of plague reached its shores. The loss of life in South Africa was small compared with China and India but the impact of the disease was remarkably similar to that of cholera outlined by Briggs. Most catastrophic of all was the Spanish influenza epidemic of 1918, which might have destroyed up to 300 000 people in about a month.[39]

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37 A. Briggs, "Cholera and society in the nineteenth century", Past and Present, 19, (April 1961), 76.

38 See pp. 49-50.

39 H. Phillips, "South Africa's worst demographic disaster: the Spanish influenza epidemic of 1918", South African Historical Journal, 20, (Nov. 1988), 57-73.

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In South Africa, as in other countries, epidemics have highlighted

> "the fabric and power relations in the same way as heightened popular militancy serves to reveal social structures, processes and actors normally shrouded in darkness ..."[40]

But Marks and Andersson have argued that in South Africa these power relations have adopted an ethnic colouration. People have been differentially treated in epidemics, with whites eliciting the normal protection of the state and health authorities, while blacks have been subjected to "essentially authoritarian and repressive measures" if they have threatened the health of white society and "relative unconcern" if they have not. They see this tendency manifesting itself in the Cape as early as 1883 during an outbreak of smallpox in Kimberley. On this occasion doctors dependent on the mines for their incomes deliberately misdiagnosed the disease amongst migrant workers until it spread to the white population with devastating effects.[41] One question to be examined in this thesis is whether differentiated health care was a feature of public health reform in Cape Town as well. If so, could it be considered integral to South African health policies from their inception?

Marks and Andersson have rightly pointed out that epidemic disease should not be allowed to distract attention from more routine, endemic killers.[42] These

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40 Marks and Andersson, "Epidemics and social control", 34.

41 Ibid., 33-34. For a discussion of the smallpox episode see p. 143

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diseases, it has been suggested, are likely to generate a different series of questions from those raised by the study of dramatic epidemics:

> "whether, for example, it is possible to make a hard-and-fast distinction between the social impact of epidemic and endemic infections in history, how and approximately when endemic disease ceased to be accepted and suffered as part of the natural order of things, the range of treatments (or pseudo-treatments), 'folk' as well as medical, which were available to different social classes, and how non-fatal illness among infants and children was nursed in the individual home."[43]

These diseases drew attention to the priority which government was prepared to give to health care when society was not in obvious crisis.

The role of government in providing health care altered during the nineteenth century. In Britain with industrialisation and the increase in mortality rates following urbanisation, public health policy as a long-term concern became the domain of government for the first time. The dominant ideology of the rulers was refracted through health programmes which became the means, not only of improving the health of urban communities but also of imposing on them a vision of the desirable social order. Public health reform could be concerned with reshaping society as much as with alleviating distress. For the rulers, it has been suggested, "health has been an important ideological and institutional force in establishing social cohesion".[44] Marks and Andersson argue that health care had a

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42 Ibid., 34.

43 B. Luckin, "Death and survival in the city: approaches to the history of disease", Urban history yearbook, (1980), 59.

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significant role in modern South African society. "The allocation of health care resources is a powerful legitimating tool, as much for the self-image of the rulers themselves as in their relationship to their subjects."[45]

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Urban history and the social history of medicine constantly intersect. As Luckin has pointed out, "There are, in fact, a number of wholly unforced and fruitful connections to be made between urban history and the history of disease".[46] It could even be argued that, in an urbanised world, the one is integral to the other. The study of the city is incomplete without the study of the social history of medicine and vice versa. While, in the last resort, the health of towns must be seen in relation to that of the rural areas, in South Africa as in most other countries of the industrialising world, it was often the urgency of urban problems which promoted the first reform. Despite the limitations of such a study, for this reason it is useful to focus on the emergence of a public health movement in a single city.

This thesis is an attempt to investigate the origins of health care in southern Africa by examining

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44 P. Weindling, "Patients and practitioners: virtues and vices of the new social history of medicine" [book review], History Workshop Journal, 24, (Autumn 1987), 194.

45 Marks and Andersson, "Issues in the political economy of health", 183.

46 Luckin, "Death and survival in the city", 53.

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the genesis of public health reform in Cape Town in the late nineteenth and early twentieth centuries, in the wake of social reform in industrial Britain. It is, in part, a study in the history of Cape Town, as well as a study in the social history of medicine.

There are cogent reasons for selecting Cape Town as the case study. In 1880, at the beginning of the period, it was the oldest and largest city in the country, old enough and big enough for most of the ills of urban living to have manifested themselves. During the 1880s and 1890s the prosperity of the city began to be seen as dependent on improvements in sanitation and by the 1890s it was sufficiently thriving for substantial resources to be allocated to that end. As the capital city Cape Town came directly under the eye of central government reformers whose policies regularly impinged on those of the local state. In the 1880s Cape Town was simply a grubby colonial town like many others in which class and racial differentiation in health existed, but was not marked. By 1910 the characteristic manifestations of health in the apartheid city were being delineated. There was a striking distinction in life expectancy between whites and blacks. While most of the traditional diseases of the nineteenth-century city which were the product of poor sanitation had largely been eliminated, those of modern South Africa, such as tuberculosis and infant diarrhoea had become matters of concern.

The point should be seen in relation to a recent

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debate on the decline of mortality in nineteenth-century Britain. In a series of articles and a book published in 1976, The modern rise of population, Thomas McKeown argued that the population increase of the nineteenth century in Britain was due mainly to a decline in mortality, especially to a drop in deaths from tuberculosis which was the major killer. He considered that an improvement in the standard of living, especially of nutrition, was mainly responsible. Sanitary reform, which reduced deaths from typhus, typhoid and bowel disease, was only a secondary factor.[47]

This thesis has been questioned recently by Simon Szreter who has pointed to a number of problems in McKeown's work.[48] He is critical of McKeown's methods, especially the assumption that improvements in nutrition were the primary factor in bringing about a decline in mortality, arguing that he arrives at this conclusion by default.[49] He is unhappy about the argument that the reduction of respiratory tuberculosis could have played the major part in the decline of mortality. Rather, Szreter believes, the changing incidence in mortality from tuberculosis should be seen as "a dependent function of the general intensity and frequency of other debilitating diseases".[50] Szreter places a much greater emphasis on the public health movement:

> "... it should be emphasized that the argument is not that improving nutrition and living standards were entirely unimportant in accounting for the mortality decline, but that the role of a battling

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47 T. McKeown, The modern rise of population, (London, Arnold, 1976), 152-163.

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public health ideology, politics, and medicine operating of necessity through local government, is more correctly seen as the principal causal agency involved. It is necessary to rescue those who gave their lives to the struggle for the nation's health from 'the enormous condescension of posterity' ..."[51]

The implications of this debate are considerable. Szreter challenges McKeown's orthodoxy because he questions whether Britain's history is markedly different from other countries. He maintains that Samuel Preston and others have shown that in most countries improvements in medical technology and services and the successful introduction of public health measures have been more significant than improved living standards in bringing down mortality rates.[52] If this is the case, Cape Town must be regarded as aberrant in terms of world mortality change because the evidence of this thesis suggests that a clean and adequate water supply, water-borne sewerage and the development of a sophisticated medical infrastructure had little impact on the survival of Cape Town's labouring population. The explanation for the pattern of health in the city must be sought elsewhere, in the political economy of the society in which it was embedded.

To what extent the Cape Town experience was unique or how far it was typical of other South African

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48 S. Szreter, "The importance of social intervention in Britain's mortality decline c.1850-1914: a re-interprettion of the role of public health", Social History of Medicine, I(1), (April 1988), 1-37.

49 Ibid., 10.

50 Ibid., 17.

51 Ibid., 36.

52 Ibid., 3-4.

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cities can be established only through comparative studies. At present such work does not exist except for Phillips' thesis on the 1918 influenza epidemic. Although this is located eight years beyond the period of this research and in the slightly different context of post-Union South Africa, the colossal mortality of the epidemic gives much food for thought. Conditions varied widely in different cities but whether the standard of urban sanitation was high or not, the pattern of contrast between black and white living areas remained similar.[53]

Like other South African history, South African urban history carries with it "the burden of the present".[54] The rising of the Soweto schoolchildren in 1976 was a great stimulus to urban history since it drew attention to the urban focus of black discontent and reasserted the place of blacks in the South African city.[55] Cape Town urban history has been discussed in some detail by Bickford-Smith who has compared the work of the Cape Town history workshops and those of the University of the Witwatersrand.[56] He has remarked on the somewhat eclectic approach of the Cape Town work although, as Christopher Saunders notes, common themes are emerging; "considerations of class, the role of the central and the local state, the relationship between economic change and social transformations".[57]

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53 Compare, for instance, Kimberley and Bloemfontein, Phillips, "Black October", ch. 3 and 4.

54 H.M. Wright, The burden of the present. Liberal-radical controversy over Southern African history, (Cape Town, David Philip, 1977).

55 The same point has been made by Bickford-

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This eclecticism is partly a result of the consciously "urban" focus of social history in Cape Town. While the concept of the history workshop was derived from that of the Ruskin College history workshops, ideologically the movement, if it can be so termed, owes more to the British urban history tradition which was centred on H.J. Dyos and the Leicester school. For Dyos "the authentic measure of urban history is the degree to which it is concerned directly and generically with cities themselves and not with the historical events and tendencies that have been purely incidental to them".[58] Quite explicitly, "the methodology, the ideology of approach, was very much of secondary significance".[59] David Cannadine comments cogently on the dangers of such an eclectic approach but, he adds, "it did mean that, for the first time, many aspects of city life were being taken seriously as objects of historical study".[60] While the Cape Town work evinces many similar tendencies and has been criticised for it,[61] it has rarely been dissociated from the modern South African context. The smoke rising from the burning tyres of the Cape Flats townships has filtered into its pages.

Smith, "Commerce", 19, and G.H. Pirie, "South African urban history", Urban history yearbook, (1985), 20.

56 Bickford-Smith, "Commerce", 17-24.

57 C. Saunders, "Cameos and class: Cape Town's past uncovered", Studies in the history of Cape Town [hereafter Studies], 6, (1988), 8.

58 H.J. Dyos, Exploring the urban past. Essays in urban history, (Cambridge, University Press, 1982), 36.

59 D. Cannadine, "Urban history in the United Kingdom: the 'Dyos phenomenon' and after", in Dyos, Exploring the urban past, 207, 208.

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Perhaps because it is physically removed from South Africa's industrial heart, Cape Town as a post-World War I industrial city has been largely ignored. The case has been very different with the University of the Witwatersrand history workshops. Their origin is closer to the Ruskin College movement than the Cape Town work.[62] The papers produced have been more strongly united by a common ideological focus with an emphasis on the "grassroots" experience of common people. A Marxist commitment has ensured that the Witwatersrand work is "social" rather than "urban" history but the three published volumes have all had a strong urban content.[63] In one of her intelligent introductory essays, Bozzoli has explained:

> "A serious attempt to write 'history from below' implies a local and regional as well as a national perspective. The consciousness and culture of ordinary people are formed in their day-to-day experiences of life in a very small segment of society. The starting point of 'history from below' must be, thus, that same small segment of society in which experiences are forged."[64]

She warns, however, that "this regional focus is not born of parochial concerns but has an important basis in theory".

For all the differences between the Cape Town and

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60 Cannadine, "Urban history", 211.

61 Bickford-Smith, "Commerce", 21.

62 B. Bozzoli, (ed), Town and countryside in the Transvaal. Capitalist penetration and popular response, (Johannesburg, Ravan, 1983), 43.

63 Ibid.; Bozzoli, Labour, townships and protest; B. Bozzoli (ed), Class, community and conflict. South African perspectives, (Johannesburg, Ravan, 1987).

64 Bozzoli, Town and countryside, 35.

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Witwatersrand work, in some respects the distinctions are of degree rather than kind. It is certainly true that the Witwatersrand has produced one major publication which is rich testimony to the value of their commitment to a social history of the left,[65] but the papers given at the Witwatersrand workshops have shown an even greater variety of topic and method than occurs in Cape Town. They differ, perhaps, in two respects; one is the relative lack of a sense of place as an organising principle, with the first conference dealing with the Witwatersrand, the second with the Transvaal as a whole, and the third with the broad concept of "community"; secondly, to date there has been little interest in government, central or local, despite the fact that van Onselen's book demonstrates effectively how government decisions could impinge on the life of ordinary people in the local community.[66]

Despite its diversity the Witwatersrand and Cape Town work has maintained an intellectual coherence which is entirely lacking in the Human Sciences Research Council publication, Contree, subtitled "Journal for South African urban and regional history". Excellent articles do appear, living up to the original programme

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65 C. van Onselen, Studies in the social and economic history of the Witwatersrand 1886-1914, I, New Babylon, II, New Nineveh, (Johannesburg, Ravan, 1982). One other academic work related to the history of Johannesburg has been produced by an American historian, D.R. Cammack, "Class, politics and war: a socio-economic study of the Uitlanders of the Witwatersrand, 1897-1902", Ph.D. thesis, (University of California, Irvine, 1983).

66 "Randlords and rotgut, 1886-1903", 44-102; "Prostitutes and proletarians, 1886-1914", 103-162.

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of writing about "the activities of ordinary people in their own environment".[67] Unfortunately the concept of regional history is woolly, implicitly denying that rural or urban histories have specific agendas and it gives little coherence to the series. Much of the work falls either into the "booster" category or is dangerously trivial and antiquarian.[68] The summary of H.S. Joubert's article in a recent issue, although not urban history, is typical:

> "Franschhoek Valley's unique agrarian character can be attributed to the settlement of a large group of Huguenots in this region since 1688. From the beginning wine farming was the most important industry. Grain production was neglected due to climatic conditions, while fruit, vegetables and cattle were farmed mainly for private comsumption. In time, some wine farmers made considerable progress in spite of detrimental factors such as long delays in the granting of freehold on land, the labour shortage and desertion, droughts, unseasonable rains, the drop in the price of wine, the high cost of transport, poor roads, long distances to the markets and liquor-running. However, by their dedication and diligence the Huguenots and other pioneers laid the foundation of the renowned wine and fruit industries in the present-day Franschhoek Valley."[69]

Above all, the periodical remains entirely uninformed by developments in urban history abroad. Quantitative history has never sullied its pages and the methodological articles are confined to items such as the value of newspapers as an historical source.[70] Comparisons are never made and the existence of the social history produced at the University of the Witwatersrand is obstinately ignored.[71]

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67 Editorial, Contree, 1, (Jan. 1977), 3; K.S.O. Beavon and C.M. Rogerson, "The persistence of the casual poor in Johannesburg", Contree, 7, (Jan. 1980), 15-21; G.H. Pirie, "Municipal hawking: Johannesburg's mobile markets, 1944-1952", Contree, 12 (July 1982), 26-30.

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Part of the problem may lie in the lack of any tradition of urban or social history amongst historians of the Afrikaans universities. The most catholic Afrikaner historian, F.A. van Jaarsveld, promoted a major research project at the Rand Afrikaans University in 1973. Van Jaarsveld's survey suggests greater familiarity with American historians like A.F. Weber and Lewis Mumford than with British work, although he does make brief reference to H.J. Dyos. His preoccupation is with the process of urbanisation rather than with the experience of urban life.[72] The RAU project has promised more than it has achieved since only one volume has so far emerged and this is conventional in method and approach.[73] Pirie's useful survey of South African urban history lists innumerable histories of South African towns but the repetitive similarity of their titles suggest the conventionality of their approach.[74] For all their value in emphasising the Afrikaners as an urban phenomenon, they show no awareness of recent historical developments elsewhere.

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68 E. Immelman, "Die St John-Anglikaanse kerk, Victoria Wes", Contree, 1, (Jan. 1977), 29-30.

69 H.S. Joubert, "Landboubedrywighede in die Franschhoekvallei, 1688-1827", Contree, 24, (Sept. 1988), 27-32.

70 D.M. Moore, "The local historian and the press", Contree, 19, (Jan. 1986), 5-15. In itself this is a useful article.

71 P.H.R Snyman, "Die stand van stedelike en streekgeskiedenis in die RSA", Contree, (July 1984), 30. Pirie expresses a similar unease about Contree. Pirie, "South African urban history", 20.

72 F.A. van Jaarsveld, Stedelike geskiedenis as navorsingsveld vir die Suuid-Afrikaanse historikus, (Johannesburg, Die Geskiedenis van die Afrikaner aan die Rand, 1973).

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By 1989 it is clear that "a distinctive [South African] historiography of urbanism is in the making".[75] Major gaps still remain. As yet little has come from Natal and the Journal of Natal and Zulu History has published only four "urban" articles since its inception in 1978.[76] More serious is the isolationism which is common to almost all South African urban studies. South Africa is not alone in this problem. A.J.C. Mayne, writing about Australian urban history, has said:

> "There is sometimes a tendency, when considering Australia's past, to adopt an isolationist historiography which treats local events and developments as being unique to Australia. On occasions, no doubt, this is amply justified. Misplaced, however, the tendency can lead to the most pedestrian of parochialism: at the very least, it robs otherwise fine local studies of the extra dimensions of meaning and relevance which may reward a comparative analysis."[77]

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73 Afrikaners in the Goudstad, (Pretoria, H.A.U.M, 1978). (There is, apparently a second volume which has been published recently but I have not been able to obtain details about it).

74 Representative examples include H. Stander, "Die onstaan en ontwikkeling van Vereeniging, 1882-1912", M.A. thesis, (University of South Africa, 1946); W.M.C. Scholtz, "Die geskiedenis van Roodepoort-Maraisburg tot 1952", M.A. thesis, (Rand Afrikaans University, 1981); W.H. Venter, "Die geskiedenis van Winburg tot 1902", M.A. thesis, (University of the Orange Free State, 1975); A.J.J. du Preez, "Die geskiedenis van Standerton tot 1900", M.A. thesis, (University of Potchefstroom, 1978).

75 Pirie, "South African urban history", 25.

76 P. La Hausse, "The dispersal of the regiments: African popular protest in Durban, 1930", Journal of Natal and Zulu History, X, (1987), 77-102; M.W. Swanson, "The urban factor in Natal native policy, 1843-1873, III, (1980), 1-14; P.S. Thompson, " 'The Zulus are coming!': the defence of Pietermaritzburg 1879", VI, (1983), 28-47; L. Torr, "Lamontville - Durban's 'model village': the realities of township life 1934-1960", X, (987), 103-117.

77 A.J.C. Mayne, "The question of the poor in the nineteenth-century city", Historical Studies, 20(81), (Oct. 1983), 557.

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In the South African situation, where historians are engaged with the uniqueness of the society and its injustices, the lack of comparative studies can lead to worse than pedestrian history. The result may be a failure to grasp the complexity of the South African past at best and downright distortion at worst. Both Bickford-Smith and Saunders have commented on the need for comparative work to understand Cape Town history better. Bickford-Smith has pointed out that Cape Town probably had more in common with ports such as Buenos Aires, Rio de Janiero or New Orleans, than mining towns like Kimberley and Johannesburg, while Saunders has noted the value of the richer Australian urban history for an understanding of Cape Town's past.[78]

So far these statements have been programmatic rather than indicative of actual work performed. At present, there are not even comparisons of South African cities. There are only two attempts at comparison with examples abroad. Of these the most successful is that of Brian Kennedy comparing Broken Hill in Australia with Johannesburg, seeing both as "shock" mining cities whose later development was decided by the speed with which they were established.[79]

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78 Bickford-Smith, "Commerce", 16-17; Saunders, "Cameos and class", 8-9.

79 Kennedy, A tale of two mining cities; J. Western, "Undoing the colonial city: exploring the context, contrast, and comparability of Tianjin (Tientsin) and Cape Town", 27th Annual meeting of the African Studies Association, Los Angeles, (1984), 84:112 (1-16).

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This thesis is an exercise in urban, medical history. It attempts to examine the origins of health care in South Africa as they occurred in the capital city in the Cape Colony. Above all, the thesis is concerned with the impact of the public health movement on local society at all levels, arguing that it tended to reinforce the development of segregationist thinking of the British ruling élite. The key figures were the medical practitioners who gave legitimacy to notions of residential segregation. In the process, the health of whites in the town, the dominant élite, improved markedly but that of blacks, who formed the majority of the labouring classes, did not. Although some epidemic disease was eliminated the classic disease of deprivation and overcrowding which was declining in Britain and Australia was on the increase at the turn of the century.

The boundary dates of the thesis are 1880 and 1910. They were selected in order to provide a sufficiently broad span of time to make it possible to examine processes of change at a crucial stage when South Africa was entering the industrial era. Although diamonds had been discovered by 1880, the full impact of the economic transformation had not yet been felt. In 1880 Cape Town was still relatively similar to the town of the pre-mineral age. 1910 marks the date when the colony entered union. The direction of medical and social affairs passed to Pretoria and the place of Cape Town in South African society altered drastically. For this reason it seems an appropriate date at which to end the

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thesis.

The second chapter of the thesis gives a brief outline of public health reform in Britain in the nineteenth century in order to explain the power of the sanitary metaphor as it was evoked in Cape Town. This is followed by a descriptive analysis of the emergence of the medical profession at the Cape and some of its most salient characteristics. The third chapter is an account of the smallpox epidemic of 1882, locating it within the context of Cape Town in the early 1880s, particularly the sanitary state of the city. It considers the medical, political and social impact of the event. Chapter four examines the most dramatic result of the 1882 smallpox epidemic, the decision to close the town cemeteries, and the opposition which it produced. It argues that Muslim resistance should be seen especially in relation to that of the Dutch since both communities felt their social identity was threatened by a British medical hegemony.

There are two parts to chapter five. The first describes the creation of a medical bureaucracy in the colony within the Colonial Office and the passing of significant legislation including the Births and Deaths Registration Act of 1894 and the Public Health Act of 1897. The second part explores the context of sanitary reform in Cape Town in the affluent decade of the 1890s, noting especially the reluctance with which it was undertaken by the municipality. A water-borne sewerage system was only instituted after the issue became a

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matter of concern at a parliamentary level. Chapter six looks at the plague epidemic of 1901 in the wake of these reforms. It argues that central government was able to deal fairly efficiently with the disease compared with the 1882 epidemic but that the experience promoted social tension within the city. The decision to move the Africans into a location at Ndabeni - the central point of Swanson's article - sprang partly from a realistic appreciation of the situation while the methods adopted were those developed elsewhere, most recently in India where several of Cape Town's plague doctors acquired their experience of fighting the disease.

The importance of the Indian experience is also invoked in chapter seven which deals with the implementation of the Contagious Diseases Acts in Cape Town. It emphasises that these acts involved issues of imperial security and were not a purely national issue as most of the British literature suggests. Initially prostitution in Cape Town was mainly indigenous in character but acquired a strong foreign component in response to developments on the Rand. The final chapter, taking advantage of the improved statistics available, looks at issues of poverty, housing and the rising incidence of tuberculosis and infant mortality. The character of poverty in Cape Town during the depression years of 1904 to 1910 is examined as well as the ideology of poor relief and the way in which it was allocated. The thesis concludes by discussing the measures which had been taken to deal with tuberculosis and infant mortality

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by the time that the Cape entered Union in 1910.

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CHAPTER TWO

The medical profession in the Cape Colony, 1880-1910

A study of public health and society in Cape Town in the late nineteenth century first must take account of the place of the medical profession in the colony. Doctors were significant agents, although by no means the only ones, in transmitting ideas about health care in civilised society to the outlying regions of the Empire. At the Cape they were dependent on politicians to provide a legislative structure for health reform but, with the emergence of scientific medicine, they alone possessed the expertise to translate these concepts into action. Doctors acted, literally, as "agents of empire", both in conveying imperial values, defined in terms of health, to the colony and in contributing to the creation of the type of efficient, paternalist administration so prized by the imperial pro-consuls of the Cromer school. In attempting to introduce sanitary notions and to reform public health the medical profession tended to reinforce and to legitimise the values of the white ruling groups in the colony.

To understand why and how the medical profession should have performed this function, and why the medical metaphor had such a powerful motive force at the Cape it is useful to examine briefly the public health movement as it emerged in Britain in the nineteenth century, since it embodied a host of ideas and values to which doctors constantly made reference, consciously or unconsciously.

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They were heirs to a tradition in which bureaucratic modernisation, technical and scientific advances and changing moral perceptions were intermingled in a complex fashion. The public health movement was the product of industrialisation in the sense that the forms of scientific thought which produced technical advance also gave rise to the methodology and tools of health reform brought about by members of the emerging industrial middle class.

1. "The highest priesthoods".[1]

The Reform Act of 1832 and the new Poor Law of 1834 had marked Britain's emergence into the industrial era in legislative terms. From this point Victorian government had begun to grapple seriously with the social problems arising from population growth, industrialisation and urbanisation. In the process government itself was transformed. In a seminal article published in 1958, MacDonagh argued that an administrative revolution had occurred which, although less spectacular in scale and form than the industrial and agricultural revolutions, was comparable with them.[2] England moved from a form of government dominated by the aristocracy and local landed gentry, by patronage and local interests, to one which with a wider suffrage, was more highly centralised and more bureaucratically efficient.

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1 "... the profession of the Human Healer being radically a sacred one and connected with the highest priesthoods." T. Carlyle, Latter-day pamphlets, (London, Chapman & Hall, 1903), 160.

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MacDonagh's article provoked a debate which extended the exploration of the origins of this administrative revolution, to consider whether it was utilitarian, evangelical or humanitarian, and whether it was the consequence of the exposure of social ills or of expediency. It also explored in some detail the nature and form of this revolution including the reform of the civil service and the passing and implementation of acts such as the factory acts, the poor law, and the public health acts of 1848.[3]

Altering intellectual perceptions and social attitudes underlay administrative transformation. The prevailing ideology of the emerging middle class which was so characteristic of the Victorian era also gave shape to government policy. An evangelical emphasis on the virtues of thrift, hard work and cleanliness was part of this ethos. A tendency to view all life in moral terms - Houghton's "moral earnestness"[4] - endowed even sanitary issues with moral connotations. In an illuminating study Bruce Haley has drawn attention to the middle-class Victorian obsession with health. A healthy body

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2 O.R. MacDonagh, "Nineteenth-century revolution in government: a reappraisal", Historical Journal, 1, (1958), 52-67.

3 For part of this debate see H. Parris, "The nineteenth-century revolution in government: a reappraisal reapraised", Historical Journal, 3, (1960), 17-37, and J. Hart, "Nineteenth-century social reform: a Tory interpretation of history", Past and Present, 31, (July 1965), 39-61. Surveys of the debate may be found in W.O. Aydelotte, "The conservative and radical interpretations of early Victorian social legislation", Victorian Studies, 10(2), (1967-8), 225-236; G. Sutherland, "Recent trends in administrative history", Victorian Studies, 13(4), (1969-70), 408-411.

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reflected a whole person, at one physically and spiritually with his world. Exploring this theme Haley points to the familiar words of The Book of Common Prayer:

> "We have left undone those things which we ought to have done;
> And we have done those things which we ought not to have done;
> And there is no health in us."[5]

As so often, the Scot Thomas Carlyle expressed the preoccupations of his age when he used medical metaphors to delineate the problems of contemporary society. For Carlyle, Haley points out, "the national health came to be a totally comprehensive issue. One could not isolate the diseases which ravaged the slums and suburbs of Britain from the social conditions which made them possible. Political and sanitary reform must be companion activities; more than this, they must be undertaken as part of a more general reformation of the nation's state of mind". Reform, Carlyle declared, must begin at home. If the social body were to be restored to a state of health, it must first be purified:

> "Perhaps one of the moral things a man, in common cases, has it in his power to do. Strip thyself, go into the bath, or were it into the limpid pool and running brook, and there wash and be clean; thou wilt step out again a purer and a better man. This consciousness of perfect outer pureness, that to thy skin there now adheres no foreign speck of imperfection, how it radiates in on thee, with cunning symbolic influences, to thy very soul!"[6]

For Carlyle cleanliness came next to godliness, indeed.[7]

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4 W.E. Houghton, The Victorian frame of mind, 1830-1870, (New Haven, Yale University Press, 1957), ch.10.

5 B. Haley, The healthy body and Victorian culture, (Cambridge, Mass, Harvard University Press, 1978), 19.

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While Carlyle's handling of this sanitary metaphor was characteristically polemical, other social reformers such as Christian Socialists like Charles Kingsley were equally fascinated by the moral and educational problems of health reform.[8] Both these writers were part of the culture of the educated middle classes, read widely and often quoted by them, both in Britain and in the colonies, and reflected part of their vision of society.

The medical profession was by no means immune to these influences. On the contrary, not only were the emergent general practitioners amongst the most passionate in advocating a cleaner and healthier Britain, but they possessed an evangelical zeal in promoting their cause which was philosophical as much as it was rational, especially in the first part of the century when there was little scientific basis for their theories. The Scottish medical schools were central to the development of a medical philosophy of social reform. Edinburgh schools were at their height in the early nineteenth century. They offered a scientific training, partly derived from Leyden and Paris, which was far in advance of anything obtainable in England. Teaching emphasised observation and experiment.[9] Unlike the English system, students were trained both in surgery and

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6 Haley, The healthy body, 70.

7 T. Carlyle, Past and present, (London, Dent, 1960), 225. The sentence structure is Carlyle's.

8 C. Kingsley, Health and education, (London, Macmillan, 1882).

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medicine while they gained practical experience not only in the hospitals but also in the poor dispensaries of the Scottish slums. The quality of education was particularly high since the Scottish Enlightenment provided a lively intellectual context for the teaching. A. Chitnis remarks that "the emphasis of that professional education was on effective practical experience and on public health. Social medicine accompanied social philosophy in the university curriculum".[10]

M.W. Flinn agrees that "there was more to it than merely the ardent insistence of medical purists for cleanliness and sanitation for its own sake". Public health reformers were looking at medical problems in a wider social context. Like Chitnis, he saw the springs of their thinking in Edinburgh University. Here, for over seventy years, two of the most influential teachers, Dugald Stewart (1753-1828), Professor of Moral Philosophy, and his disciple William Pulteney Alison (1790-1859), Professor of Medicine, left their mark on the minds of many of the major social and medical reformers of the late eighteenth and early nineteenth centuries.[11] The ideas of the Scottish Enlightenment which were disseminated most effectively by Stewart, whether they had to do with "the numbing intellectual

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9 N. and J. Parry, The rise of the medical profession. A study of collective social mobility, (London, Croom Helm, 1976), 105; W.J. Reader, Professional men. The rise of the professional classes in nineteenth-century England, (London, Weidenfeld and Nicolson, 1966), 23.

10 A. Chitnis, The Scottish Enlightenment and early Victorian society, (London, Croom Helm, 1986), 13.

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effects of the division of labour and the provision of working class education, or the necessity for concerting the institutions of society with the circumstances of society, or with property", contributed substantially to the intellectual milieu of early Victorian industrial society.[12]

The Scottish influence was extraordinarily pervasive in early Victorian society. The majority of British doctors in the early nineteenth century came from the Scottish medical schools. Scottish-trained practitioners worked in all parts of the world. They were particularly prominent in the British armed services, carrying their message to the corners of the Empire. In England they led the way in founding scientific societies in provincial towns and in establishing Scottish-style educational institutions.[13] Most significant of all for the development of public health reform was the influence of the Scottish medical environment on the formation of a philosophy of social reform. James Arnott, James Kay-Shuttleworth and Thomas Southwood-Smith, three of the most prominent health reformers in nineteenth-century England were all Edinburgh-trained.[14]

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11 E. Chadwick, Report on the sanitary condition of the labouring population of Great Britain, (Edinburgh, University Press, 1965), 22-23.

12 A.C. Chitnis, The Scottish enlightenment. A social history, (London, Croom Helm, 1976), 117-8.

13 D. Hamilton, The healers. A history of medicine in Scotland, (Edinburgh, Canongate, 1981), 126-131; Chitnis, The Scottish Enlightenment and early Victorian society, ch. 5.

14 A. Chitnis, "Medical education in Edinburgh, 1790-1826, and some Victorian social consequences", Medical History, 17, (1973), 181-182.

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It is possible that Scotland may also have had a more pernicious influence in forming the consciousness of the early Victorian medical practitioner. Anatomy, one of the great strengths of Edinburgh medical education, was one of the cornerstones of early nineteenth-century anthropology as well. One of the most successful anatomy teachers in Edinburgh until his downfall in the Burke-Hare grave-robbing scandal in 1829 was Dr Robert Knox, described by Philip Curtin as "the real founder of British racism and one of the key figures in the general Western movement toward a dogmatic pseudo-scientific racism."[15] His major work, The races of men appeared in 1850, long after he had left Edinburgh, so that it cannot be said that his extreme views on race were transmitted directly to his students. Nevertheless, his work in anatomy played a part in the formation of his ideas.[16]

There is little evidence to show how emergent and changing ideas about race influenced early Victorian doctors but their training may have made them

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15 P. Curtin, The image of Africa. British ideas and British action, 1780-1850, (London, Macmillan, 1965), 377. In early nineteenth-century Edinburgh it was difficult to obtain bodies legally for dissection in anatomy classes. Like his colleagues, Knox employed graverobbers to solve the problem. He was unfortunate enough to use the services of Burke and Hare who took a short-cut by murdering their victims, rather than digging them up.

16 For a discussion of Knox's thought see N. Stepan, The idea of race in science: Great Britain 1800-1960, (London, Macmillan, 1982), 41-45. D.A. Lorimer implies that Knox's work influenced prominent medical men of the day. Colour, class and the Victorians. English attitudes to the negro in the mid-nineteenth century, (Leicester, University Press, 1978), 137.

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particularly susceptible to ideas about scientific racism. What is clear is that doctors were prominent members of the Anthropological Society of London, founded in 1863 by one of Knox's apostles, James Hunt, also a medical practitioner.[17] In 1865 sixty of the 450 members were doctors. Other medical members were to be found amongst government servants, some of them serving in colonial and foreign posts.[18] Doctors were also often instrumental in founding provincial scientific societies. While the opinions of doctors varied as much as any other members of the educated classes, they shared the common views of the day and a proportion of them were active in promoting scientific ideas about race. In the European context such beliefs were purely academic.[19] It was when doctors went into the colonies that the ideas they had absorbed determined their actions toward colonial peoples. Curtin observes that, although such shared assumptions were often unstated, they were still an element in the formation of colonial policy.[20]

The shifting social status of the medical profession in the nineteenth century was also an important element in their perception of society and their response to it. Most public health reformers were members of a new breed of doctors which had emerged

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17 For a suggestion of the medical role in the formation of the new racial theories see Lorimer, Colour, class and the Victorians, 137-139.

18 Ibid., 56.

19 Lorimer emphasises that Victorian racial attitudes were formed at home as much as by the experience of empire. Ibid., 13.

20 Curtin, The image of Africa, vii.

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earlier in the century. These were the general practitioners who had fought a prolonged battle in the first half of the century to improve their standing in the profession and the quality of their education. Numerous writers have pointed to the association between the rise of the middle class and the emergence of the profession. "An industrialising society is a professionalising society", notes one.[21]

English medicine at the beginning of the nineteenth century was hierarchical and exclusive. At the summit was the Royal College of Physicians. Its fellows alone had status as gentlemen and could command commensurate fees. These were not matched by their training which was purely theoretical. In London they

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21 Parry, The rise of the medical profession. 20. The Parrys' work is primarily a sociological exercise and relies entirely on secondary sources. They conclude that the creation of the medical profession, institutionalised in the Medical Act of 1858, was a process of "successful upward social mobility". (p.253). A more strictly historical study is that of Reader, Professional men. Although it provides a useful summary of the steps by which the medical profession organised itself, it is not grounded in medical history. Quite the most comprehensive work, based on extensive primary research and careful analysis, with implications for places beyond London is M.J. Peterson, The medical profession in mid-Victorian London, (Berkeley, University of California Press, 1978). Taken in conjunction with two articles, I. Waddington, "General practitioners and consultants in early nineteenth-century England, the sociology of intra-professional conflict" and I. Inkster, "Marginal men: aspects of the social role of the medical community in Sheffield 1790-1850", both in J. Woodward and D. Richards (eds), Health care and popular medicine in nineteenth century England. Essays in the social history of medicine, (New York, Holmes & Meier, 1977), a detailed picture now exists of the process by which the medical profession achieved status in Victorian society. A more recent work is I. Loudon, Medical care and the general practitioner 1750-1850, (Oxford, University Press, 1986) which is not available in South Africa.

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protected their privileges fiercely but in the provinces there was growing pressure for change, for reform in medical education and for a restructuring of the profession. It came mainly from the surgeons and apothecaries and from Scottish-trained doctors whose superior qualifications were not recognised in England. These men, coming from a society where a university training was more readily available to the less affluent, were particularly mobile socially. Many sought their fortunes in England and resented the restrictions imposed by the ignorant and arrogant London physicians. Because of their lowly origins, their descent from the barber-surgeons and their connections with trade, surgeons and apothecaries were not regarded as gentlemen. Rarely were they public school men or university educated. On the other hand they were often able and ambitious scions of the rising middle class. As far as the surgeons were concerned their training, though crude, was at least practical - "they cut up people to see what really went on inside" - and their inquiring minds led to many of the advances in knowledge.[22] Increasingly they resented the intellectually stultifying division of the profession into its three branches of physician, surgeon, and apothecary. Not only was it impractical but in addition it was often difficult for the surgeon to make his living through surgery alone. Well before the changes in the law, these boundaries had begun to disintegrate.[23]

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22 Reader, Professional men, 32.
23 Peterson, The medical profession, 10-11.

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The efforts to achieve a recognised professional status culminated in the Medical Act of 1858. This created the concept of the registered practitioner, qualified by certain recognised examinations and regulated by his own professional body. Unregistered practitioners were not outlawed but they were greatly restricted in their sphere of operation. Anomalies still existed. Above all the quality of the examining bodies, twenty-one in all, varied greatly. The profession remained hierarchical, ranging from the fellows of the Royal College of Physicians at the top to the lowly licentiates of the Society of Apothecaries at the bottom. Nevertheless it had started to shake off the taint of trade and its members gained in social standing as the doctors became more crucial to the administration and shaping of nineteenth-century society.

The process by which medical men gained status and authority was not simple. For much of the nineteenth century general practitioners were "marginal men" both in the sense that they were in the main socially mobile, striving for position in provincial society, and as members of a profession in the making.[24] They tended to be poorly remunerated, struggling to live genteel lives on inadequate incomes. At the same time their attempts to achieve social standing drew them into a host of associations, not only professional but also religious, political, scientific, educational and charitable organisations. The example of medical membership of the

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Anthropological Society was a case in point. In such organisations they frequently played dominant roles. "Marginal men felt the need to identify with a social image (or a series of social images) and they did so through committees, donations and public addresses", Inkster claims.[25] Whatever their private struggles and tensions may have been in a competitive and striving Victorian society, in the process many medical men did succeed in their aspiration to become local worthies, fit to dine with if not wholly accepted by the gentry.[26]

The achievement of status, Peterson argues, had relatively little to do with any increase in medical knowledge. "The demonstrable efficacy of medical practice was not the source of the profession's prestige and authority, any more than the status of the Anglican clergy derived from the demonstrable effectiveness of prayer and ritual."[27] Prestige had far more to do with the way in which society valued this knowledge. As Victorian society became more secularised and more concerned with health, so it placed a higher value on the men who claimed an expert knowledge of the human body. The changing social environment created a milieu in which society at large began to place the value of the medical man's expert knowledge at his own estimate.[28]

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24 Inkster, "Marginal men", 128.
25 Ibid., 146-149, 152-3; Peterson, The medical profession, 135, 221.
26 Reader, Professional men, 62-3.
27 Peterson, The medical profession, 4.
28 Ibid., 3-4, 285.

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In the course of this transition doctors began to usurp the role of the clergy, to become "the new priesthood, ministering to the physical and psychic needs of patients".[29] At the same time, because they were "marginal men" - insecure members of the rising middle class - medical men rarely challenged the norms of conventional society. On the contrary they frequently used their knowledge and standing to give scientific authenticity to current beliefs about sexuality, the proper function of women in society and other social and family issues.[30] "Medicine recast social norms in the form of health", Figlio suggests. "The physician's marginality supported an exaggerated normativeness of the middle-class values, now medically reformulated."[31] It has been argued, for instance, that Victorian attitudes to menstruation - that women were weak, little more than invalids for much of their active lives - were given scientific respectability by doctors like the mental specialist Dr Henry Maudsley in his attack on feminist aspirations. He claimed that "women are marked out by nature for very different offices in life from those of men, and the healthy performance of her special functions renders it improbable she will succeed, and unwise for her to persevere, in running over the same course at the same pace with him."[32] Another example was the extreme medical hostility to birth-control, especially to artificial methods of contraception.[33] Although feminists have drawn particular attention to the way in which nineteenth-century medical science perpetuated the inferior status of women, the latter were not the only

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sufferers. A number of writers have pointed also to the tensions and anxieties instilled into young men through the hysterical criticism of masturbation and the emphasis on the virtues of sexual self-discipline.[34]

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It was in this context of the improvement of medical education, professionalisation and the struggle to attain status in a competitive Victorian society that the public health movement took place. The immediate

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29 Ibid., 285.

30 Much of the literature following has been surveyed in J. Weeks, Sex, politics and society. The regulation of sexuality since 1800, (London, Longman, 1981).

31 Figlio, "Chlorosis and chronic disease in nineteenth-century Britain", 176.

32 E. and E. Showalter, "Victorian women and menstruation" in M. Vicinus (ed), Suffer and be still. Women in the Victorian age, (London, Methuen, 1980), 42. Similar arguments are discussed in J. L'Esperance, "Doctors and women in nineteenth-century society: sexuality and role" in Woodward and Richard, Health care and popular medicine, 105-127; C. Smith-Rosenberg and C. Rosenberg, "The female animal: medical and biological views of woman and her role in nineteenth-century America", Journal of American History, 60, (1973), 332-356.

33 A. McLaren, "The early birth control movement: an example of medical self-help" in Woodward and Richards, Health care and popular medicine, 89-104. McLaren sees the social insecurity of the medical profession as a vital element in this hostility, owing to their fear of associating themselves with disreputable doctrines. (p.96).

34 P.T. Cominos, "Late Victorian sexual responsibility and the social system", International Review of Social History, 8, (1963), 18-48, 216-250; C.E. Rosenberg, "Sexuality, class and role in nineteenth century America", American Quarterly, 25, (1973), 131-154. The views of Dr William Acton have been most frequently discussed in this context, but recently historians have begun to question how representative he was of average medical opinion. F.B. Smith, "Sexuality in Britain, 1800-1900: some suggested revisions" in M. Vicinus (ed), A widening sphere. Changing roles of Victorian women, (London, Methuen, 1977), 182-198.

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impetus, however, was the demographic and economic change occurring with industrialisation. By 1875 Britain had thirteen towns in addition to London with populations of over 100 000 inhabitants and 103 with more than 20 000. The overcrowded and insanitary conditions which resulted led to a rocketing mortality rate. In Glasgow, for instance, the death rate climbed from 41 per 1 000 people in 1837 to 56.4 per 1 000 in 1847. A more sensitive indicator of living conditions was the infant mortality rate which continued to rise throughout the century, reaching a record in 1899 of 163 deaths per 1 000 births for children under one year.

Initially Victorians were unaware of such statistics. Indeed, without an adequate registration of births and deaths there was no means of measuring the growing mortality rate accurately. Incorrectly identified fevers were so prevalent that they aroused no special alarm. It was for this reason that the cholera epidemics, starting in 1832, were so significant. Precisely because cholera was exotic, unfamiliar and greatly feared, and because it seemed to be a disease of the poor, it drew attention to Britain's sanitary condition in a way that typhoid, typhus or tuberculosis could not. The cholera epidemics have attracted a good deal of scholarly attention.[35] For the social historian, as "a disease of society" cholera has had a particular attraction.

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35 Briggs, "Cholera and society in the nineteenth century". For a concise bibliography of the

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Historians of the public health movement tend to point to the 1832 cholera epidemic as the turning point in reform.[36] Although local boards of health were established they were temporary. What is far more striking is the extent to which the 1832 epidemic demonstrated the inability of government or the medical profession to take effective action in the days before research had lightened the epidemiological darkness. Miasmatists, those who believed that bad air and gases were the source of disease, wrangled with contagionists who held that cholera was transmitted through direct personal contact. These theories had a practical importance for on them depended the nature of government action. The result was unfortunate as Morris observes, for the government faced two choices, "contagion meant quarantine with loss of trade and disruption of family life - miasma meant cleansing and poor relief on a massive scale, expensive for rates and charitable subscriptions". Without any scientific guide the government chose to do a bit of each, neither very well.[37] In the early nineteenth-century, in fact, men could do no more than they could in the middle ages to combat epidemics.

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nineteenth-century history of cholera see M. Pelling, Cholera, fever and English medicine 1825-1865, (Oxford, University Press, 1978), 4. The most wide-ranging and illuminating study of a single epidemic is R.J. Morris, Cholera 1832. The social response to an epidemic, (London, Croom Helm, 1976). A useful comparison is provided by C.E. Rosenberg, The cholera years. The United States in 1832, 1849 and 1866, (Chicago, University Press, 1962), which also demonstrates the intellectual and medical changes over time.

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If medical men were unable to offer any solutions to cholera, the furious debate which raged over its character did reflect the growth of scientific thinking in the eighteenth and early nineteenth centuries. Much of this was crude. One important feature, however, was the way in which a small number of men, mainly medical practitioners, began to make detailed studies of the distribution of cholera, its relationship to the environment, its victims and their community.[38] Work of this type drew attention to the consequences of urban poverty and contributed to the development of the statistical movement, so vital to public health reform. Together with the engineers it was these medical practitioners who were acquiring the techniques of systematic observation and analysis which were necessary if they were to apply their minds constructively to the ills of an industrialising society.[39]

The statistical movement in early nineteenth-century Britain was as much a product of the age of reform as any of the more familiar manifestations. Indeed, even in its origins "political arithmetic" had an avowedly social purpose. When William Petty published

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36 C.F. Brockington, A short history of public health, 2nd ed, (London, Churchill, 1966), 28-9; F.F. Cartwright, A social history of medicine, (London, Longman, 1977), 98-101.

37 Morris, Cholera 1832, 35.

38 Ibid., 186.

39 G. Kitson Clark, " 'Statesmen in disguise': reflections on the history of the neutrality of the civil service". Originally published in Historical Journal, II, (1959), 19-19; MacDonagh, Early Victorian government, 3-4.

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his Natural and Political Observations on the Bill of Mortality with John Graunt in 1662 his desire, it has been argued, was less the collection of facts to elucidate unknown problems than the demonstration of the need for specific reform.[40] This trend was also an intrinsic feature of the nineteenth century statistical movement. The work of the provincial societies which sprang up in the 1820s, of which the Manchester Statistical Society was the most notable example, was imbued with moral purpose. Statisticians, Cullen suggests, embarked on surveys in which their main conclusions were anticipated and preconceived. Their real motive was propaganda, to reveal the condition of the population to the public by means of "facts".[41]

Although some form of quantitative analysis had long been used by actuaries and a few early social scientists, the concept was ill-defined. The term "statistics" entered the English language only in the 1790s and it was a long time before it was taken to imply the use solely of quantitative data. Indeed the Manchester Statistical Society did not even make any reference to numbers in its statement of aims.[42] Then, as now, statistics were by no means impersonal, devoid of political or moral intent. In the early nineteenth century, however, the context was characteristically Whig and reformist.[43]

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40 M.J. Cullen, The statistical movement in early Victorian Britain. The foundations of empirical social research, (New York, Harvester, 1975), 5.

41 Ibid., 146.

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In his work on the nineteenth century statistical movement Cullen is somewhat dismissive of the value to contemporaries of the vast number of figures so assiduously compiled. However partisan the motive might have been though, however much the work was imbued with specific moral values, there can be little doubt that the statisticians provided reformers with a form of propaganda which appeared objective to contemporaries and could be remarkably telling in a scientifically-minded age. The movement gave rise to two major pieces of legislation which introduced familiar elements of modern life. One was the initiation of the decennial census, the first of which was taken as early as 1801 against some opposition. The second was the passing in 1836 of the Registration Act for births, marriages and deaths. In 1836 only the registration of deaths was made obligatory. The compulsory registration of births was blocked in the Lords by resentful Anglicans who quite rightly feared that it would demonstrate the decline of the established church in the face of nonconformism. (Compulsory registration of births was finally instituted in 1874). An important reforming feature, instigated by Edwin Chadwick, was the registration of cause of death.

After the Registration Act was passed the General Register Office was set up with William Farr as the leading statistician. Recent historians have been

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42 Ibid., 10-11, 112.
43 Ibid., 85, 103.

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inclined to wax lyrical about this previously neglected figure.[44] As a medical man one of his central concerns was public health and his main efforts were in this direction. Apart from his general contribution in the annual analyses produced in the General Register Office and his specific contribution to Chadwick's work, he was most notable, perhaps, for his collaboration with John Snow in confirming the water-borne distribution of cholera. Above all, Farr gave quantifiable respectability to the developing theory that environment was a primary cause of ill-health.[45]

The advance of public health reform in the years that followed owed relatively little to the cholera epidemic. It owed far more to a limited collection of quantified data and to concern over the high cost of poor relief. The decision to amend the archaic Elizabethan poor laws culminated in the passing of the new Poor Law of 1834. Out of this emerged the Poor Law Commission whose annual reports became a significant tool for reform. The local surveys conducted by medical men, most notably James Kay (later Kay-Shuttleworth), Neil Arnot and Thomas Southwood Smith, sometimes using statistical techniques, highlighted the condition of impoverished Britain and gave rise to further inquiry. As Secretary of the Poor Law Commission the key figure in poor law reform, Edwin Chadwick, had come gradually to the

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44 V.L. Hilts, "William Farr (1807-1883) and the human unit", Victorian Studies, XIV(2), (1970-1), 144; Cullen, The statistical movement, 34.

45 Ibid., 36; Hilts, "William Farr", 145.

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conclusion that poor environmental conditions were primarily responsible for the ill-health which he considered drove Britain's able-bodied workers into destitution. In 1842 he gave expression to these views in his Report of an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain - "a masterpiece of persuasion, subtly blending fact and fiction".[46]

The solution which Chadwick offered was in engineering rather than medical terms. As a proponent of the miasmic theory that disease was a product of bad air emanating from dirt, Chadwick was convinced that effective sanitation was the answer. Unlike most of his contemporaries, Chadwick propounded a total solution. His concern was not confined to house drainage; he saw "house drainage, street drainage, main drainage, water supply and street cleansing and paving as all necessarily interconnected, indissoluble constituents of one great and general problem".[47] Waste was to be disposed of thriftily on sewage farms. Although the techniques existed for giving effect to Chadwick's ideas, his proposals were too revolutionary to find ready acceptance amongst engineers of the day.[48]

By no means everyone accepted Chadwick's argument. It was disputed by William Pulteney Alison of

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46 Cullen, The statistical movement, 56.

47 O. MacDonagh, Early Victorian government 1830-1870, (London, Weidenfeld and Nicolson, 1977), 137.

48 Chadwick, Report on the sanitary condition, 61.

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Native Affairs Department reported unavailingly,

> "The result is from lack of water to flush the water closets, the effluvia from them constantly pervades the whole of the inner premises where the occupants are confined to their desks during the day, and have to submit to the danger of inhaling the noxious stench".

The situation was even worse the next summer when the New Somerset Hospital was in such a plight that it did not have enough water to cook the patients' food, let alone wash them.[24] Indeed, the economic lifeblood of the town was being threatened for technical improvements in shipping had also added to the problem. The change from double to triple expansion engines meant that ships required more fresh water for their boilers. By 1887 the demand at the docks had increased from twenty-five to about 135 tons of water a day and ships often had to continue to Port Elizabeth to get what they needed.[25] Most serious of all was the plight of Cape Town's labouring poor. Few of their houses had water leadings and they still had to fetch their water from the forty-two pumps scattered through the city. When these operated at all they had to wait in long queues and carry buckets back to their homes. Small wonder that they found middle class standards of cleanliness difficult to maintain. Small wonder that The Lantern angrily enquired if there were "another city in the world, that can show a larger number of people upon a smaller and dirtier bit of ground, cursed with a wonderful variety of exhalations, and with a worse Town Council...?"[26]

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23 Cape Times, 24.11.1879.

24 3/CT 1/1/5/176-68. Secretary, Native Affairs Department to the Town Council, 13.1.1880; 3/CT

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Edinburgh University who saw lack of income rather than the environment as the primary cause of indigence.[49] On the whole, however, informed opinion held to the miasma theory and the need for sanitary reform. Encouraged by another anticipated outbreak of cholera, the Report was followed in 1848 by the first Public Health Act. Because of local suspicion of central direction and hostility to Chadwick who seemed to represent this unEnglish and undemocratic tendency, the Act was largely permissive and did little to combat the 1848-1849 cholera epidemic. It proved to be the most devastating to hit Britain, killing 50 000 to 70 000 people in England and Wales, 30 000 in London alone. Despite vigorous debate very little obvious advance had been made since 1832.[50]

For a number of reasons real strides were taken in the improvement of public health in the period between 1848 and 1875. One was the emergence of the medical officer in a position of authority in local and central administration. The most striking example was that of Sir John Simon, first as Medical Officer of Health for the City of London and subsequently as Medical Officer to the Privy Council from 1858 to 1871. Because he retained his post at St Thomas's Hospital while he was in the latter position he was able to keep in touch with new medical developments and combine active research with his work as an administrator. His reputation and expertise gave him a

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49 Pelling, Cholera, 41-42; Cullen, The statistical movement, 57.

50 Note that Rosenberg makes a similar observation about the United States. The cholera years, 151, 232.

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standing which was rare in the civil service of the day and greatly enhanced the status of the medical officer.[51] Drawing on outside experts he instigated a series of inquiries which did much to diminish contemporary ignorance on public health issues. These inquiries ranged from investigations into specific diseases such as diphtheria and infant diarrhoea to more general questions of infant mortality and industrial illness.[52]

Apart from his crew of experts Simon's investigations were heavily dependent on the co-operation of local doctors, especially medical officers of health. These were gradually becoming more common. The first local MOH to be appointed was in Liverpool in 1847 and the City of London followed with Simon himself the next year. The passing of the Public Health Act in 1848 and Simon's success encouraged a few more boroughs to make similar appointments but it was only in 1872 that it became compulsory for local authorities in England to appoint medical officers. By 1888 these men were required to be qualified doctors with diplomas in public health which involved a remarkably comprehensive training.[53]

Despite the ignorance and carelessness with which

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51 R. Lambert, Sir John Simon 1816-1904 and English social administration, (London, MacGibbon & Kee, 1963), 29-34.

52 For a full account of Simon's work as Medical Officer to the Privy Council see Lambert, Sir John Simon, pt 4.

53 A.S. Wohl, "Unfit for human habitation" in Dyos and Wolff, The Victorian city, II, 605.

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they were chosen, despite the paucity of their salaries, and despite the apathy or active obstruction of many local authorities the calibre of these men was remarkably high and they achieved a great deal.[54] In particular, through the innovation of house-to-house inspections they came to understand the evils of overcrowding. Their revelation of its physical and moral effects, publicised in their annual reports, forced Victorians to face the intractable problem of housing the poor.[55] Education was as much a function of the medical officer of health as sanitary reform. He had to persuade public authorities of the value of expensive engineering projects and he had to re-educate the poor in their attitude to illness.[56] Inevitably he encountered resistance at all levels of society but by the late nineteenth century there existed within local government in England a body of highly-skilled professionals who often contrasted sharply with the amateurs who employed them.

There was another aspect to the appointment of sanitary officials which has been little discussed. This was the use of force in implementing sanitary regulations. Coercion had probably been practised in epidemics for many centuries but the nineteenth century differed in creating a body of public health legislation

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54 The best account of the role of the medical officer of health, although it is confined to London, appears in A.S. Wohl, The eternal slum: housing and social policy in Victorian London, (London, Arnold, 1977).

55 Wohl, "Unfit for human habitation", 611-613.

56 A. Wilkinson, "Disease in the 19th century urban economy: the medical officer of health and the community", SSHM Bulletin, 27, (Dec. 1980), 24-26.

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which not only punished transgressors but enabled sanitary officials to use the power of the law to exact obedience. Except in rare instances, such as the case of smallpox vaccination or the Contagious Diseases Acts, this new power accorded to medical inspectors seems not to have been seriously questioned.

A few historians have viewed health reform as part of the process whereby the capitalist state moulded working class culture to its own ends. Mort has argued that the purpose of these reforms, which equated poverty and immorality, was the "greater surveillance and regulation of the poor". The medical profession, he suggests, played a key role in "campaigning for moral reform, providing the intellectual rationale for state intervention into working-class culture".[57] Undoubtedly in the colonial context this criminalisation of health care had the potential for being arbitrary and tyrannical.

Research techniques also advanced during this period. The best known is the work of John Snow in demonstrating the waterborne distribution of cholera in the Broad Street pump incident in 1849. His theories were confirmed in 1854 when he examined the water supplies of the London water companies. Further advances were made by William Budd of Bristol. Not only did he substantiate Snow's findings but he broke new ground in differentiating typhus fever and typhoid and in showing

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57 Mort, Dangerous sexualities, 16, 26-27.

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that the latter also owed its dissemination to contaminated water. In the era before the germ theory had evolved these men were able to make a contribution to public health because of their careful observation and their intelligent use of statistical techniques.[58] Their work, with that of Simon and his team, gave the miasmatists a hard knock but it also added weight to the contemporary emphasis placed on sanitary reform.

By the late 1860s a body of evidence existed which pointed clearly to the drastic need to clean up the towns. The political circumstances were propitious. The widened suffrage after the 1867 Franchise Act brought to power an invigorated Liberal government which was willing to undertake decisive reform. Three acts followed in quick succession. Through the first, the Local Government Act of 1871, public health and poor relief continued to be linked for it merged the staffs of four offices - the Poor Law Board, the Local Government Office, the Registrar-General's Office and the Medical Office of the Privy Council. Under the aegis of the new Local Government Board, two Public Health Acts were passed. The first, passed hastily in 1872, aroused the opposition of the medical profession and was superseded in 1875 by a second Act. It was in the 1875 Act that the previous forty years of public health reform culminated. Essentially it was a consolidating act, drawing together the piecemeal legislation which had been passed over the

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58 A detailed discussion of their discoveries appears in Pelling, Cholera, ch. 6-7.

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years and replacing many of the permissive clauses with compulsory direction. For all its weaknesses, the worst being the failure to provide for the notification of disease, it was the most effective Public Health Act in Europe.[59]

The second half of the nineteenth century saw advances of a different kind which were to change the face of medical practice. Until the 1860s sanitary reform had been based on the application of a few theories derived from fairly simple observation. The doctor's ability to treat disease itself was still rudimentary. Several interrelated discoveries transformed the situation. One was the development of anaesthesia. The use of ether in the United States of America is dated from 16 October 1846.[60] In Britain Sir James Young Simpson demonstrated the use of chloroform in Edinburgh in 1847 but it only received widespread acceptance after it was administered to Queen Victoria in 1853 during the birth of Prince Leopold.[61]

Anaesthesia made invasive surgery possible on an entirely new scale but this meant little as long as patients continued to die of infection. More significant was Pasteur's conception of the germ theory of disease and Lister's recognition of its importance in the

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59 J. Brand, Doctors and the state: the British medical profession and government action in public health, 1870-1917, (Baltimore, Johns Hopkins Press, 1965), 20.

60 A.J. Youngson, The scientific revolution in Victorian medicine, (London, Croom Helm, 1979), 51.

61 Ibid., ch. 2 and 3.

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operating theatre where he developed the technique of antiseptic surgery. In 1858 Louis Pasteur published a paper on fermentation in which he began to demonstrate that fermentation was caused by micro-organisms and was not a result of spontaneous generation. The importance of his findings was quickly recognised by the Glasgow surgeon, Joseph Lister, who attempted to apply them to the problem of wound infection. In 1865 he began to use carbolic acid as an antiseptic with growing success. In 1869 Lister transferred to Edinburgh and in 1877 to London after which his techniques became more readily acceptable.[62]

A further development in this medical revolution was the identification of micro-organisms which were responsible for disease. In 1876 Robert Koch discovered the anthrax bacillus and in 1883 the cholera vibrio. Building on this knowledge Pasteur was responsible for developing vaccines from attenuated organisms and by 1885 the principle was being applied to rabies in man. These discoveries appeared to herald a transformation in the control of disease but it soon became clear that this was not the case. Although vaccines were easily developed for some diseases, others proved obdurate. The tuberculosis organism in man, mycobacterium tuberculosis, was revealed by Koch in 1882 but it was only in 1921 that an effective vaccine, BCG [Bacille Calmette-Guèrin], was developed by Albert Calmette and Camille Guèrin. Methods of destroying the micro-organisms had to await the emergence of

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62 Ibid., ch. 4 and 5.

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antibiotics, largely after World War II.

By the late nineteenth century a paradoxical situation had arisen in which medical science appeared to give doctors revolutionary new tools for the control of disease while, in fact, except in occasional instances, the methods of sanitary reform developed in the first half of the nineteenth century remained the most effective way of limiting mortality. To some extent it is this paradox which has contributed to the criticism of modern medicine which has already been discussed. Medicine became more invasive and the doctor's relationship with his patient, based on an esoteric expertise, more authoritarian, despite the fact that engineering seemed more valuable than medicine in reducing the mortality rates of the community.

2. "... a most effete and useless body".[63]

The consciousness of Cape doctors was formed by the innovations of the first half of the century and the ethos of the public health movement. Because the majority were British-born or qualified in Britain, they possessed a common medical culture. British immigrant doctors, like many of their compatriots, shared assumptions about the superiority of British civilisation. The same was true of Australia where practitioners "became part of a peculiarly self-regarding medical pride partly because

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63 James Rose Innes, speaking in the House of Assembly on the Colonial Medical Committee. House of Assembly debates, 1889, 203.

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the doctors could think of themselves as part of British medicine".[64]

Colonial-born doctors, especially the Dutch, might not wholeheartedly support this conviction, but they usually shared a belief in the "civilising mission" of the medical profession. Civilisation was equated less with political freedom than with a clean water supply and a society educated in sanitary principles. The colonial environment in which the doctor was often the best-educated man in the community and the ethos of late British imperialism, with its emphasis on "the white man's burden", tended, if anything, to reinforce the characteristics examined above. But the full effect of the inheritance was felt only towards the end of the nineteenth century, after a fully professionalised body of doctors had emerged, which could act more effectively as a pressure group.

Public health reform came to the Cape only in the last decade of the nineteenth century with the emergence of larger bureaucracies as resources increased after the discovery of gold on the Rand in 1886. Pressure for reform came mainly from the colonial medical profession which increasingly regarded the state of affairs at the Cape as intolerable in a country with any pretensions to

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64 B. Egan, " 'Nobler than missionaries': Australian medical culture c.1880-c.1930", Ph.D. thesis, (Monash University, 1988), 47. Permission to cite this reference was given by Dr Egan who kindly provided this information.

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civilisation. To understand their role it is necessary to look more closely at the structure and organisation of the profession.

The practice of medicine at the Cape in the first part of the nineteenth century was regulated by a Supreme Medical Committee established in 1807.[65] It existed with some interruptions from 1807 to 1830. In that year it was replaced by the Colonial Medical Committee which performed a similar function.[66] Its stated purposes were to "superintend the civil medical concerns" of the colony and to license physicians, surgeons, accoucheurs, surgeon-apothecaries, chemists and druggists. It also exercised some control over the vending of drugs and poisons. The committee consisted entirely of nominated medical men. Although theoretically pharmacists were included, in fact they were represented only for a few years.[67] The ordinance remained the means by which the medical profession was regulated for most of the nineteenth century.

Up to a point the Colonial Medical Committee performed a useful function. It made some attempt to keep up with advances in medical training abroad by introducing more stringent terms for licensing and it

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65 Cape Town Gazette, II(67), (25.4.1807).

66 Ordinance No. 82-1830. It was repealed by Ordinance No. 12-1836 but when the latter was not confirmed by the British government, the 1830 ordinance was revived.

67 M.G. Ryan, "Aspects of the history of organized pharmacy in South Africa, 1885-1946", M.A. thesis, (University of Cape Town, 1983), 21-22.

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exercised some control over the medical qualifications which were accepted. From about 1868 the Colonial Medical Committee also published a list of registered practitioners twice a year. The list gave the public and the profession some protection against quacks but it had no standing in law. Nor did the Committee have the power to strike off the register any practitioner who had been convicted of a misdemeanour or felony, although in fact it did so.[68]

Over the years anomalies began to creep in and the 1830 ordinance became more and more inadequate. The government itself was a sore offender in employing unlicensed men in medical posts. Men like Thomas O'Hare and H.W. Dieperinck held official positions without possessing formal medical qualifications.[69] Common sense often forced the Colonial Medical Committee to close its eyes to the situation. It pointed out to an overzealous licensed dentist, "There are very few qualified dentists here (only twelve have availed themselves of registration) and if the public had to rely solely on their services throughout the colony the victims of toothache would be in a sorry plight".[70] Nevertheless it was not happy. By 1888 the Committee was reprimanding the government for continuing to appoint men with chemists' qualifications as district surgeons. "They feel strongly on this matter and respectfully suggest that the

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68 SC 25-1883, Report of the select committee on medical law reform, 1-2; MC 30. Secretary of the Colonial Medical Committee to the State Attorney, Orange Free State, 6.33.1890; MC 13. Under Colonial Secretary to the President, Colonial Medical Committee, 13.2.1890.

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Government will be able to give qualified medical practitioners who have complied with the government regulations, that protection which they are obviously led to expect."[71]

A major source of confusion lay in the lack of definition of the general practitioner. Frontier conditions and a sparse, scattered population made European distinctions between physician, surgeon and apothecary inappropriate. This may have been a feature of colonial medicine since hierarchical divisions fell away in New South Wales for the same reason.[72] In both cases versatility mattered more than status. The Colonial Medical Committee had never differentiated between surgeons and physicians, accepting either qualification as adequate for practice in all branches of medicine in the colony.[73] It was taken aback, therefore, when the Griqualand West appeal court ruled that Frederick Rutherfoord Harris was not entitled to seek payment for medical advice since he was only licensed as a surgeon and accoucheur. (He held the Edinburgh LRCS and midwifery diploma).[74] In response, in the ad hoc fashion in which it worked, the Committee suggested to the government that after a fixed date all applicants for licence should be required to produce proof of the double quali-

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69 SC 6-1890, Report of the select committee on the Medical Practitioners' Bill, 5-9, 12, 56-8. Neither of these men was incompetent and both were licensed to practise after 1891 in terms of a special clause.

70 MC 30. Secretary of the Colonial Medical Committee to the Colonial Secretary, 10.2.1882.

71 MC 30. Secretary of the Colonial Medical Committee to the Colonial Secretary, 11.5.1888.

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fication. In the meantime a notice in the Government Gazette should authorise all doctors to practise in both branches of the profession.[75]

Such intermittent arrangements were manifestly unsatisfactory as the numbers of doctors in the colony increased and society became more complex. The list of registered practitioners was unreliable, full of errors and often contained the names of doctors who were deceased or no longer in practice.[76] There was pressure for reform from other directions as well. The pharmacists in particular were dissatisfied with their subjection to the doctors and wanted greater autonomy.[77] By the late 1880s even parliament was beginning to express its disapprobation.[78] Parliamentary criticism revealed more of the ignorance of the lay public concerning the needs of the medical profession than it did of the deficiencies of the Colonial Medical Committee. In the absence of an effective public health system the Committee seemed to be responsible for the general health of the colony yet that had never been its official function. Complacent and unenterprising it may have been but it had been created

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72 M. Lewis and R. MacLeod, "Medical politics and the professionalisation of medicine in New South Wales, 1850-1901", proof copy kindly supplied by the editors of Medical History.

73 MC 30. Secretary of the Colonial Medical Committee to F. Rutherfoord Harris, 16.5.1884.

74 MC 17. Ruling of the Griqualand West court of appeal, 8.5.1884 and attached correspondence.

75 MC 30. Secretary of the Colonial Medical Committee to the Colonial Secretary, 16.5.1884, 5.9.1884. It is not clear if the government followed this recommendation but the Colonial Medical Committee seems to have demanded the double qualification from this point.

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purely as an advisory body and it was never intended to be a substitute for a full-scale public health department.

The rising tide of criticism provoked the appointment of two commissions of inquiry in 1883 and 1890. The delay in passing a new bill arose mainly from dilatoriness in parliament. The profession was not well represented in the legislature before the 1890s. In 1891 there were still only two doctors in the House of Assembly and one in the Legislative Council. A greater impediment was the lack of a medical bureaucracy. The Colonial Office had as yet no medically-qualified personnel and it was for this reason that the Colonial Medical Committee had taken on inappropriate functions.[77] On the other hand, unlike New South Wales where there was substantial resistance to medical professionalisation, there were few active opponents to the improved registration of doctors. Pharmacists were equally anxious for a change in the law. "Alternative" medicine formed part of the fabric of colonial existence but it was practised domestically and had virtually no public voice because it was associated with alien and despised African, Muslim or Dutch superstition. Resistance to the pretensions of scientific medicine existed but it was

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76 SC 25-1883, 21; MC 12. Acting Under Colonial Secretary to the Secretary of the Colonial Medical Committee, 18.3.1880; MC 30. Secretary of the Colonial Medical Committee to the Colonial Secretary, 23.9.1881.

77 Ryan, "Organised pharmacy", discusses in detail the position of the pharmacists.

78 Cape of Good Hope. House of Assembly, Debates [hereafter House of Assembly debates], 1889, 203.

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manifested mainly in local authority objections to the implementation of sanitary regulations rather than to the institutionalisation of the profession.

Finally in 1891, without undue difficulty, a new Act was passed.[80] In some respects it was a curious hotch-potch, a response to criticism made of the first bill by the 1890 select committee. The affairs of the pharmacists and doctors were separated with the creation of a Colonial Medical Council for the latter. This was to consist of four members elected by the profession and four (including a dentist) nominated by the government. The functions of the Council were not stated but they would seem to have been confined to the regulation of the profession and to the certification of nurses and midwives; its former advisory powers were not mentioned. A medical practitioner was defined as anyone licensed as a physician, surgeon or accoucheur before the Act or afterwards as "every person duly qualified by licence and registration under the Act to practise as a physician and surgeon within the Colony". This automatically included the right to work as an accoucheur. In a colony not noted for its feminist sympathies, clause 33 explicitly stated that no person should be disqualified merely because she was female.[81] Although laymen were not prevented from practising medicine they could not recover charges in a court of law, hold any official appointments nor sign medical certificates.

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79 See ch. 5 for a discussion on the development of a colonial health service.

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Much has been made of the novel features of the 1891 Act, particularly of the registration of nurses and midwives.[82] For the purposes of this study, however, the importance of the Act lay in the fact that by its passing the Cape medical profession came of age. It had acquired all the attributes of full professionalism - the right to regulate itself, the legal authority to enforce its decisions, recognition by the state and the protection of its status from the lay public.

3. "Agents of Empire" - the colonial medical profession.

The men who composed the Cape medical profession gave it a distinctive character. Its most striking feature was its Britishness - an anomaly in a country in which English-speaking people were in a minority, but an element which was probably common to other colonies of settlement like Australia. Several historians have commented on the Britishness of Australian medical culture. Bryan Egan has observed, "Australian medicine was British in many of its characteristics before any medical students had graduated from Australian universities".[83] T.S. Pensabene, in a study of medical practitioners in Victoria, observed the same phenomenon despite the fact that a medical training was available in

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80 Act No. 34-1891, Medical and Pharmacy Act.

81 Presumably this clause was inserted to protect the interests of Dr Jane Waterston, at that time the only woman doctor in the colony.

82 C. Searle, The history of the development of nursing in South Africa 1652-1960, (Cape Town, Struik, 1965), 102-3; Burrows, A history of medicine, 332-2.

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Australia.[84]

The number of medical men rose considerably in the period between 1880 and 1910 when the doctors on the Cape register trebled. Many may have been driven out of Britain by excessive competition. There the doctor to population ration had altered from 1:1 392 in 1861 to 1:1 500 in 1891 but it was much more competitive in affluent urban areas like Kensington.[85] The second Anglo-Boer war put South Africa on the map medically speaking and the years after 1899 saw a flood of names added to the Cape register. Many of these practitioners first entered the country as medical officers attached to the British army. As military doctors they made a considerable contribution to the care of wounds but their long-term influence at the Cape was less than in the Transvaal and the Orange Free State where an anglicised administration was created from scratch. A significant proportion left the country when severe depression struck in 1904 so their impact was brief.

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An analysis of 1 593 doctors on the Cape register between 1880 and 1910 provides a more detailed picture:

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83 Egan " 'Nobler than missionaries' ", 42-43.

84 T.S. Pensabene, The rise of the practitioner in Victoria, (Canberra, Australian National University, 1980), 57-69. This reference is cited by Egan, Ibid., 42. The work is not available in South Africa. Dyason also makes this point. D. Dyason, "The medical profession in colonial Victoria, 1834-1901", in MacLeod and Lewis, Disease, medicine and empire, 195.

85 J. Woodward, "Medicine and the city: the nineteenth century experience", in R. Woods and J. Woodward (eds), Urban disease and mortality, (London, Batsford, 1984), 67-70. See also Peterson, The medical profession, 126.

NUMBERS ON THE CAPE MEDICAL REGISTER 1880-1909[86]

1880	1885	1893[87]	1895	1900	1905	1909
306	422	512	522	720	868	961

As might be expected, the great majority of Cape doctors were general practitioners. Few possessed the most prestigious British qualifications such as the FRCP or English university degrees although by the 1890s London and Cambridge university degrees were becoming more common. Only one London FRCP placed his name on the Cape register. The English FRCS appeared occasionally - three in 1880 and twenty-nine altogether between 1880 and 1910. The Scottish universities, on the other hand, were popular. The single most common qualification in 1880 was the English MRCS, held by 121 doctors of 290 on the register but this was not usually combined with the LSA as had occurred in mid-Victorian England.[88] Apart from the prevalence of German doctors, the picture is similar to that of the general practitioner in mid-Victorian England or Australian colonies like Victoria.[89]

86 Since the early registers were very inaccurate these figures are not exact.

87 The slight increase in 1892-3 over 1885 may be attributed to the fact that this was the first register to be published since the passing of the 1891 Medical and Pharmacy Act. An exact figure was always difficult to obtain. The SAMR calculated that the 1903 register was the first to be reasonably accurate. Of 844 names on the register it estimated that 141 were dead, resident elsewhere or out of practice. This left 740-750 medical men in practice in the colony at that date. SAMR, I(10), (Dec. 1903), 163.

88 Loudon, "Two thousand medical men in 1847", 4.

89 Ibid., 4-8; D. Dyason, "The medical profession in colonial Victoria", in MacLeod and Lewis, Disease, medicine and empire, 195-197.

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GENERAL DISTRIBUTION OF QUALIFICATIONS ON CAPE REGISTER

	1880	Total 1880-1909
English licence	197	876
English degree	5	148
Scottish licence	73	583
Scottish degree	128	1000
Irish licence	29	157
Irish degree	23	150

TEN MOST COMMON QUALIFICATIONS IN 1880.IN ORDER OF PRIORITY

MRCS(Eng)	128
LSA(Lond)	53
LRCP(Edin)	44
MD(Germany)	42
MD(Edin)	22
LRCS(Edin)	20
CM(Aberd)	19
CM(Edin)	18
MB(Edin)	17
MB(Aberd)	15

This educational pattern was determined both by conditions in the colony and by legislative requirements for registration. By 1890 doctors were exceptional in belonging to the one major profession which still required qualification in Europe. The situation was a reflection of the backwardness of tertiary education at the Cape rather than that of the medical profession. The University of the Cape of Good Hope was constituted in 1873 but it was only an examining body for additional courses taught at some high schools. The chief of these was the South African College in Cape Town which misleadingly possessed the accoutrements of a university with professors and departments. In actual fact it was poorly equipped to provide an adequate background for a

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medical training.

This situation only began to change in the 1890s. In 1893 the Colonial Bacteriological Institute was established in Grahamstown to conduct research into animal diseases and after the second Anglo-Boer war new chairs were instituted at the South African College.[90] Although the establishment of a medical school at the Cape was occasionally considered, at least one colonist thought that education overseas was desirable. Only by the broadening of its intellectual horizons could the medical profession avoid "the narrow aims and contracted provincialism of doctors who have never left the Colony".[91] In the event, financial penury prevented any substantial moves in this direction before 1911.

The Colonial Medical Council did recognize the Staats Examen of Holland and Germany. For some students the attractions of a continental training were considerable, particularly since it was reputed to be fairly cheap. One student explained. "I have £65 a year at my disposal, with which sum, as far as I can find out, it is impossible to study medicine in England."[92] Unfortunately, although he could obtain the MD from the University of Berlin, he could not present himself for the Staats Examen without first passing the "Abiturienten Examen"; in other words, he had to attend a

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90 A.C. Brown (ed), A history of scientific endeavour in South Africa, (Cape Town, Royal Society of South Africa, 1977), 66-67.

91 Cape Monthly Magazine, 2, (Jan. 1871), 35; (Feb. 1871), 109.

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German gymnasium. It would seem, therefore, that there were severe impediments to acquiring a continental qualification. Of the 306 doctors on the 1880 register forty-two had German diplomas and twelve had Dutch. Only one man registered a Dutch degree thereafter, while there was a total of 116 German degrees in the period from 1880 to 1909.[93]

The 1830 and 1891 licensing regulations, therefore, virtually ensured that colonial doctors would qualify in Britain. They also ensured that colonial doctors came from reasonably affluent homes, that they were, by definition, middle class or aspirant middle class. The need for access to wealth and education virtually excluded all blacks. Throughout this period only three colonial-born black men managed to become doctors. One, William Anderson Soga, was the son of Tiyo Soga, the first black ordained minister of the United Presbyterian Church of Scotland, and a Scottish mother. Soga, a Xhosa missionary, had educated his son in Scotland to avoid the limitations his colour imposed on him at the Cape. W.A. Soga became a medical missionary, founding the Miller Mission at Elliotdale in the Transkei.[94] The other two, Mohammed Omer Dollie and Abdullah Abdurahman, were both Muslims. Dollie was the son of a Cape Town fish merchant who had retired from business to settle in England where he educated his son.

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92 MC 17. R.J. Reinecke to the Secretary of the Colonial Medical Committee, 4.11.1883.

93 Many of these, of course, were German or Dutch immigrants.

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Dollie returned to Cape Town in 1906 after acquiring the London LSA to work mainly amongst "his own people".[95]

Abdullah Abdurahman is well-known because of his leadership of the African Political [People's] Organisation [APO], one of the earliest black political organisations founded in 1902. Abdurahman was the grandson of slaves and was, uniquely for a Muslim, educated at the South African College. He qualified in Edinburgh and returned to Cape Town in 1895. While much has been written about him as a politician,[96] little has been said of his medical career. He was the first black member of the Cape Town municipal council on which, at least in his earlier years, he espoused the "dirty party" cause of the small property owners who objected to expensive water schemes.[97] As a Muslim doctor he seems to have attempted to reconcile Muslims, who had a rich medical tradition of their own, to white medicine. The one point which is clear is that it was his status as a Scottish-trained doctor which gave him standing in the white ruling establishment.

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94 D. Williams, Umfundisi. A biography of Tiyo Soga, 1829-1871, (Lovedale, Lovedale Press, 1978), 87-88, 118.

95 Obituary, SAMR, XX(22), (25 Nov. 1922), 443.

96 DSAB, I, 1-4; G. Lewis, Between the wire and the wall: a history of South African 'coloured' politics, (Cape Town, David Philip, 1987), 27 passim; R.E. van der Ross, The rise and decline of apartheid: a study of political movements among the coloured people of South Africa, 1880-1985, (Cape Town, Tafelberg, 1986), 28 passim.

97 For an explanation of Cape Town "clean" and "dirty party" politics see Bickford-Smith, "Commerce", 112-144.

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Two black immigrant doctors completed the tally. Umedram Lalbhai Desai was an Indian with the triple diploma from Edinburgh and Glasgow but, although he retained his name on the Cape register, he appears never to have lived in the colony. Andrew Christopher Jackson, who was probably a West Indian, had Edinburgh (LRCP) and London (MRCS) qualifications. He had trained at Guy's Hospital and emigrated to Cape Town in 1866, immediately after qualifying. In his younger days he identified himself with the "coloured" community, occasionally taking a public stand against racism.[98] Perhaps hoping for freer conditions, he moved to the Transvaal in the 1890s but soon returned to Cape Town, driven out by the rampant prejudice of the South African Republic. His obituary in the South African Medical Record suggests that he was accepted into the Cape medical community but he probably played a less prominent part than he was capable of.[99] Life could never have been simple for these black doctors in the colonial community for they were placed in an extraordinarily ambiguous position. On the one hand they espoused the values of their profession with its interventionist as well as its humanitarian features. On the other, they represented the interests of the black community which felt the brunt of coercive, regulationist sanitary reform.[100]

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98 Bickford-Smith, "Commerce", 86.

99 SAMR, 3(4), (April 1905), 86.

100 For a sensitive discussion of these contradictions see S. Marks, The ambiguities of dependence in South Africa. Class, nationalism and the state in twentieth-century Natal, (Johannesburg, Ravan, 1986), vii-viii, 1-14, 55-56.

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Women doctors were almost as rare. In all ten women placed their names on the Cape register between 1880 and 1910. Four doctors came to the colony as married women and it is not known whether they practised. Others remained at the Cape only for a few years. The only colonial-born woman doctor seems to have been Edith Gertrude Pycroft, the daughter of a Cape Town pharmacist. She started her practice in 1906, having obtained Edinburgh degrees. Edith Pellatt was a medical missionary who established an Anglican mission to the Cape Town Muslims in 1896. Her career was cut short by the onset of blindness and she returned to England in 1903. The most prominent was Dr Jane Waterston, South Africa's first woman doctor.[101] The majority of women doctors had qualifications similar to those of the men, most training in Scotland. A few, like Edith Pellatt and Emmy Rose Neukirch, were relatively underqualified with only the London LSA. Jane Waterston had qualified too early to be eligible for a Scottish licence, obtaining that of the King and Queen's College of Physicians of Ireland in 1879. Dissatisfied with this, in 1888 she returned to Europe to take the Edinburgh LRCS and Brussels MD, since she still could not obtain a British degree. She admitted proudly that the Belgian degree was awarded with "great distinction". She had, she explained, wanted "to perfect myself a little more in medicine".[102]

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101 This epithet is usually applied to Dr James Barry, an important medical figure at the Cape in the 1810s and 1820s. As Barry was believed to be a man during his/her lifetime and may have been one, this claim seems irrelevant. For Jane Waterston's career see L. Bean and E.B. van Heyningen, The letters of Jane Elizabeth

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The Cape medical profession was overwhelmingly male, white, middle class, British-born and educated in Edinburgh. The reason for the popularity of Edinburgh was not confined to the Cape. Pensabene has commented on the same characteristic of medicine in Victoria where, although English qualifications more or less equalled Scottish and Irish diplomas in 1883, by 1911 Scottish first qualifications outstripped the other two together.[103] Colonial-born doctors exhibited a marked preference for Edinburgh.[104] Although it is difficult to identify colonials on the Cape registers some estimate can be reached.[105] Edinburgh qualifications predominated amongst the 263 colonial doctors identified on the Cape registers between 1880 and 1909.

Edinburgh	360
English/Irish qualifications	115
Other Scots qualifications	63
Other	37

This preference of colonial doctors for Edinburgh may be explained partly by the influence of Scots educators in the colony. The example of Hans Sauer is a

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Waterston 1866-1905, (Cape Town, Van Riebeeck Society, 1983).

102 Ibid., 197, 212.

103 Pensabene, The rise of the medical practitioner, cited in Egan, " 'Nobler than missionaries'", 42-43.

104 Burrows, A history of medicine, 347.

105 A crude estimate has been reached by counting those doctors who are known to have been colonial-born or those who appear to have Cape names. Such a method does give a considerable bias towards Dutch-speaking colonists. An additional complication occurs because many students had multiple diplomas, the "triple licence" - LRCS (Edin), LRCP (Edin), LFCPS (Glasg) - being particularly common. Usually these students had studied at Edinburgh and taken the Glasgow licence as an addition.

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case in point. His father had been a landdrost in the Orange Free State who had invested in land both there and in the Cape, eventually owning about ten farms. Sauer was educated at Burghersdorp Public School where he came under considerable Scots influence. Not only was Mr Elliott, his headmaster, a Scot - "a very learned and excellent teacher who had been Professor of Literature at Glasgow" - but he boarded with the local Dutch Reformed minister, who was also a Scot. Immediately after finishing his schooling in South Africa, Sauer went to Britain, first to London where he matriculated and then to Edinburgh, "then the foremost medical school in the world", he claims.[106]

These young men were familiar with Scottish Calvinism, preached by the Scots ministers imported earlier in the century by the British government. In addition Scots influence pervaded the entire educational system of the Cape, from the first superintendent-general of education, James Rose Innes, through mission colleges such as Lovedale to country schools like Bedford Public School presided over by the remarkable Robert Templeton. The South African College was staffed largely by Scots. One of the most successful teachers was Roderick Noble who hailed from Inverness and obtained part of his education at Edinburgh University. From 1859 to 1875 he was professor both of English and of Physical Science and was also the editor of the Cape Monthly Magazine.

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106 H. Sauer, Ex Africa, (London, Bles, 1937), 7, 20, 27, 33. In the nineteenth century Burgersdorp was spelt "Burghersdorp".

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Recalling Noble's influence on himself, his pupil J.H. Hofmeyr, "Onze Jan", noted the lectures he gave on the philosophy of Dugald Stewart and Thomas Reid.[107] Colonial students studying abroad, then, were likely to be familiar with the Scottish intellectual milieu and may well have been directed to Scots educational institutions by their teachers, doctors and ministers.[108]

Taken in conjunction with the large number of immigrant doctors who were Scots or Scots-educated, the influence of the Scottish medical schools on the Cape profession must have been considerable but the precise quality of this influence is difficult to determine. Scottish medical education was less distinctive by the end of the nineteenth century. Its influence had transformed English medical schools, many of which offered a training of good quality. Academically British medical education was being surpassed by that of the continent, especially Germany. There physiology and pathology were becoming prominent in response to new developments in medicine. The organisation of German institutions encouraged research, unlike Scotland where the main emphasis was still placed on teaching.[109]

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107 R.V. Turrell, "A Cape periodical. The Cape Monthly Magazine 1870-1875", B.A. (Hons) thesis, (University of Cape Town, 1974), 25-6. Others confirm this influence. See, for instance, W.C. Scully, Sir J.H. Meiring Beck. A memoir, (Cape Town, Maskew Miller, n.d.), 12-13.

108 One has only to look at Lovedale for an example. Tiyo Soga studied in Scotland and even African women occasionally went to Scots schools.

109 Hamilton, The healers, 157-160.

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On the other hand, the ethos of the early Scottish medical schools may have lingered on into the latter part of the century and it may have contributed to a sense of social purpose amongst Cape doctors. This evangelical zeal may also have been reinforced by a strong missionary component. The Scottish missions placed a particular value on a medical education for reasons which have not been adequately explained. Dr David Livingstone was, of course, a potent model for later missionaries to follow.

Chief of these was Dr James Stewart, principal of Lovedale Institution from 1867 to his death in 1905 and founder of the Livingstonia Mission in Nyasaland. As a young man Stewart had accompanied Livingstone on one of his expeditions into central Africa and this contact almost certainly persuaded him to qualify as a doctor and to become a missionary. Although Stewart had a greater impact as an administrator than as a doctor, medicine was at the heart of his missionary vision. Not only would a medical training enable him to relieve human misery but it would also combat the influence of African medicine, "one of the mightiest and most malignant influences in Africa". Stewart believed that European medicine could be used as an ally of the gospel by eradicating African superstition since "the union of medical and spiritual work seems reasonable to the African, as his doctor is also his priest".[110]

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110 J. Wells, Stewart of Lovedale: the life of James Stewart, D.D., M.D., (London, Hodder and Stoughton,

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While Stewart saw medicine as a means of combating African superstition, he was not primarily interested in practising his skill. The case was different with his protegée and friend, Jane Waterston. Like Stewart, Jane Waterston believed that medicine had an evangelical and moral purpose. A Scot from Inverness, the daughter of a bank manager, Jane Waterston had been recruited by Stewart in 1866 to start a girls' school at Lovedale. Although she was an extremely effective teacher, Jane Waterston was determined to work as a medical missionary in the north. In letters to Stewart, she explained her views. An African mission, she considered, "should be a civilizing, and an energizing, as well as a Christianizing Agent". Her main goal was to help "these poor wretches of women up country". She felt she had a special understanding of their plight. "I am a woman myself and it haunts me more than I can tell you, the thought of these poor wretches whose present life is misery, and their hereafter."[111]

In 1874 Jane Waterston returned to Britain to train as a doctor and was one of the first intake of students at the London School of Medicine for Women. After qualifying in 1879 she went to Livingstonia Mission but she found the experience bitterly disillusioning and

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1908), 94-96. For a recent study of Stewart see S.M. Brock, "James Stewart and Lovedale: a reappraisal of missionary attitudes and African response in the Eastern Cape, South Africa, 1870-1895", Ph.D. thesis, (University of Edinburgh, 1974).

111 Bean and van Heyningen, The letters of Jane Elizabeth Waterston, 21, 22.

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left after six months. Eventually she moved to Cape Town where she practised as a doctor to the end of her long life in 1932. In Cape Town the same sense of mission motivated her. She expected to find a niche as a women's doctor but she soon acquired a larger practice, including black patients. "They feel, I think, that I treat them like human beings and not niggers as the term is here".[112] Her patients included African dock labourers, female prisoners, and the women of the slums. In 1888 she founded the Ladies' Branch of the Free Dispensary to improve maternity care.

While the number of medical missionaries in the colony was small, many of their sons also became doctors. It is possible that medicine offered a means of upward mobility for these young men, promising them status and an assured income and securing for them their entrance into the middle class. Many missionaries, especially those of the London Missionary Society [LMS] and the Wesleyans, came of fairly humble origins.[113] Drs Charles Thompson Anderson and George Elliott Caldwell Anderson were both sons of an LMS missionary. George Arthur and Henry Thomas Batchelor were the sons of a Wesleyan missionary. This pattern was, however, most striking amongst the Scots missionaries. John Ross was the son of Bryce Ross and grandson of John Ross, one of the founders of the Glasgow Mission Society in South Africa. John Mackenzie's son became a doctor. At least three sons of William Girdwood (himself a licensed but unqualifed

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112 Ibid., 196.

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doctor) entered the medical profession, as did William Anderson Soga.

John Ross epitomised the evangelical as doctor. In 1887 he published a small study on public health. In this practical little book, dedicated to Dr James Stewart of Lovedale Institution, "my old teacher, who first gave me a liking for scientific study", he wrote:

> "Hygiene is a study of all the conditions and influences which affect mankind for good or evil. These influences may be mental, moral or physical, and they must be studied not only as they affect individuals or families, but also as they have an influence on communities and nations. ... Attention to the laws of health is a public as well as a private duty. ... People must be taught that attention to public health is a moral duty, that cleanliness, avoidance of excess, and health preservation go hand in hand with mental and moral training, and that morality consists as much in a hearty submission to the precepts of health as to the observation of creed".[114]

Although he was writing forty years after Chadwick and the early public health reformers, John Ross still reflected very faithfully in the colonial context the ethos which they had originally propagated.[115]

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113 Geoffrey Moorhouse comments on the "artisan flavour" of some of the early missionary societies. The missionaries, (London, Eyre Methuen, 1973), 45.

114 J. Ross, A few chapters on public health, adapted for South Africa, (King William's Town, Hay, 1887), 1.

115 Anthony Wohl repeatedly draws attention to the evangelical moral fervour of public health reformers. Endangered lives. Public health in Victorian Britain, (London, Methuen, 1983), 6-7, 175-7. Mort also makes much of the nonconformist background of early sanitary reformers. Of James Kay [Shuttleworth] he says, "His early work was characteristic of the way many early nineteenth-century intellectuals combined theoretical research with a commitment both to evangelical religion and to the politics of state administration". Dangerous sexualities, 19.

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The ability of the Cape medical profession to shape the character of the colony depended on a number of factors. One was its institutionalisation as a profession, protected by law, and achieved in 1891. A second was its status in the colony in the eyes of the ruling establishment and a third was the ability to articulate its views effectively.

Colonial doctors were sensitive to the difficulties of achieving status. Disunity was a major problem, caused mainly by overcompetition. If the immigrants had hoped for easier prospects at the Cape, they had queered their own pitch. By the end of the century the medical profession was becoming more overcrowded than it was in Britain.

RATIO OF CAPE DOCTORS TO POPULATION 1875-1904

	Number of doctors[116]	Total population	Ratio	Total white population	Ratio
1875	145	720 984	1:4972	236 783	1:1633
1891	336	1 527 224	1:4545	376 987	1:1122
1904	629	2 409 804	1:3831	579 741	1:922

Since very few blacks consulted white doctors even in the urban areas where the poor often resorted to the cheaper unlicensed practitioners, most of their patients were white.[117] Even these were drawn from a limited portion of the population. Particularly in the rural areas the Dutch had a long tradition of folk medicine and were resistant to the expensive encroachment of scientific medicine. At best they made use of patent medicines.[118]

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The result was a heavy concentration of medical practitioners in the towns. There were forty-five doctors in Cape Town in 1893 giving a ration of one doctor to every 1 138 people.[119] According to the 1891 census only forty-two of the 336 doctors lived in the rural areas.

Doctors repeatedly exhorted their colleagues to overcome their differences. In his address to the British Medical Association [BMA] in 1894 Dr Beck had urged that, if doctors were to make their influence felt they must discipline themselves and learn that union amongst themselves alone would put them into a position to command influence.[120] Overcompetition had been deplored precisely because it endangered this unity. Fees were forced down and bickering doctors presented a divided front. The result, Dr Darley Hartley, the editor of the South African Medical Record, complained, was that

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116 G 42-1876, Results of a census of the Colony of the Cape of Good Hope ... 1875; G 6-1892, Final report of the census ... 1891; G 19-1905, General report of the census for 1904. These figures, taken from the census reports, are lower than the numbers on the medical registers. One reason may be that doctors in fulltime government employment appeared under a different heading. The numbers taken from the medical registers would give an even more unfavourable ratio. As a comparison, in 1847 England and Wales had a ration of 1:1 133 and in 1975 a ratio of 1:2 280. Loudon, "Two thousand medical men in 1847", 8.

117 SC 25-1883, 6, 23; SAMR, II(12), (Dec. 1904), 231.

118 Cape Medical Register, (1893). This was the revised register. There was no register for 1891, the year of the census.

119 One enterprising pharmacist climbed on this bandwagon by making up a "Huis Apotheek" comprising a number of these "Dutch medicines" in a tin box retailing for about 20/-. Ryan, "Organised pharmacy", 2-3; P.C. Borcherds refers to the Halsche medicynen from Halle in Germany, which were supplied in a similar fashion. An auto-biographical memoir ..., (Cape Town, Robertson, 1861), 197.

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politicians held medical practitioners in low regard.[121]

Only in the 1890s did the Cape medical profession begin to organise itself more efficiently. Numbers had increased sufficiently to make a medical organisation viable. So did the need for such an institution increase. As medicine became more sophisticated the need to keep up-to-date was more urgent. By 1880 circumstances in the colony had altered considerably. With the growth of the urban population, particularly that of Cape Town, the nature of the medical problems confronting the profession intensified. For the young doctors now entering the colony, coming from a Britain where health care had made huge advances and was imbued with all the enthusiasm which exciting discoveries generate, the Cape must have seemed extraordinarily backward.

This was particularly true of the rural areas where isolation had a demoralising effect. In an address to the third South African medical congress W.T.F. Davies explained, "If he was the only one in the district, he would have no competition, no medical brethren with whom he could have a chat on medical subjects, talk over difficult cases, and exchange thoughts thereon, thereby preventing his knowledge becoming rusty and himself apathetic".[122] Some years later the South African Medical Record agreed that the "dorp man" was inevitably doomed to a professional and moral rot if he could not get away

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120 SAMJ, II(6), (Oct. 1894), 148.
121 SAMR, III(6), (June 1905), 119-120.

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sometimes.[123]

Yet if they were to bring any effective changes, doctors needed to speak with a single voice, and they needed to be heard. In 1883 the South African Medical Association was founded in Cape Town, largely at the instigation of two young men, Drs C.L. Herman and J.H. Meiring Beck, with the support of Dr Henry Ebden (the editor of the defunct Cape Town Medical Gazette). Despite its title and the formation of several country branches the Association remained local. The associations established in Kimberley, Grahamstown and elsewhere soon exhibited fissiparous tendencies and the membership of the South African Medical Association failed to grow. In 1889 it was ousted by the formation of a local branch of the British Medical Association.[124]

The formation of a branch of the BMA was not without significance as T.J. Johnson and M. Caygill have pointed out in an illuminating article on the imperial role of the BMA.[125] They note that its expansion was often a result of the efforts of military doctors who felt professionally isolated in their regiments and lacked the authority and status accorded to line officers. These men were familiar with the work of the BMA at home in protecting the rights and professional

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122 SAMJ, III(5), (Sept. 1895), 125.
123 SAMR. IV(8), (May 1906), 124-5.
124 Burrows, A history of medicine, 350-352; C. Blumberg, "The provision of medical literature and information in the Cape, 1827-1973", M.Bibl. thesis, (University of South Africa, 1974), 30.

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status of general practitioners. They hoped to enlist its support in negotiations with the London government and at the same time they expected that it would draw together a group of colleagues who would aid in enhancing their status and authority.[126] The BMA itself actively encouraged such expansion. It prided itself on being an imperial institution which linked members of the profession in one body, animated by a common purpose - "the advancement of scientific medicine and the social well being and dignity of its associates".[127]

The Cape of Good Hope branch of the BMA (later the Cape Western branch) conformed remarkably closely to the broad picture drawn by Johnson and Caygill. It was founded largely at the instigation of Surgeon-General J.G. Faught, the Principal Army Medical Officer. The membership consisted mainly of the more active and imperially-minded British doctors, Sir Edmund Stevenson, Jane Waterston and Darley Hartley among them, although the presence of such men as Beck testified to its larger value.

There can be little doubt that the BMA in Cape Town did much good in improving professional standards. In the early 1890s it established a library the use of which, however, was hampered by the lack of an adequate home until it finally found a place in the new university

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125 "The British Medical Association and its overseas branches: a short history", Journal of Imperial and Commonwealth History, 1, (1972-3), 303-329.
126 Ibid., 304, 306.
127 Ibid., 303.

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buildings in 1907.[128] By the following year it housed some 1 250 books as well as a fair range of periodicals.[129] At times the BMA acted as a pressure group. When the 1891 bill was before parliament several deputations from the Association discussed the clauses in detail with the Colonial Secretary.[130]

Whatever its virtues, the BMA also had its limitations. Despite the proliferation of branches in the British colonies, its imperial character prevented it from achieving wider South African acceptance.[131] Doctors soon felt the need to overcome these divisions. In 1892 the first South African medical congress was held in Kimberley in conjunction with the Kimberley Exhibition. In an attempt to overcome the problems of a disunited profession two motions were put forward - to form a South African medical association and to publish a South African medical journal, the latter to be the medium through which obscure facts in medicine and surgery, of colonial interest, might be placed on record and made available to others. The move to create a larger association was abandoned "as being liable to interfere with the working of the various branches of the British and other medical associations.[132] The South African Medical Journal, however, was launched a few months later in May 1893 with Dr Alexander Edington, the Cape government bacteriologist in Grahamstown, as editor. He was succeeded later by Dr George Eyre of Cape Town. The

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128 Ibid., 33-38.
129 Ibid., 68.
130 BMA. Annual reports, 1890-1891.

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South African Medical Journal remained in existence until the second Anglo-Boer war brought about its demise. Its obvious success and the clear need for such an organ encouraged Dr Darley Hartley to found the South African Medical Record in 1903 as a business venture and this continued until 1926.[133]

As the colonial medical profession became more self-conscious, it began to express the belief that it had a special function to perform in colonial society. In his presidential address to the first South African medical congress in 1892 Dr Alfred Hillier commented on the unique conditions of practice in South Africa, conditions which did not prevail in older and more civilised communities. He considered that they broadened the demands on medical practitioners. "Throughout this country, in town and village, we are continually seeing the doctor speaking out or 'rubbing it in' in the cause of civilisation; and I feel most strongly that here, where the number of men of liberal education is small, the function of medical men is often wider than in the older countries of Europe."[134] Hillier, who became a member of the Transvaal Reform Committee a few years

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131 The first branch was established in Griqualand West in 1888, followed by the Cape of Good Hope (1889), Grahamstown and Eastern Province (1893), Natal (1896), Border (1907), Transvaal (1907), Rhodesia (1912), OFS (1913). Johnson and Caygill, "The BMA and its overseas branches", 314.

132 SAMJ, I(1), (May 1893), 1. A South African Medical Association was founded in 1897 but it had little influence in Cape Town. Burrows, A history of medicine, 360.

133 Darley Hartley had previously published a South African Medical Journal (1884-1889) in Port Elizabeth but this had failed.

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later, was partly expressing Britain's imperial mission in medical terms.

But less imperialistically-minded men also thought that the work of the profession should be performed on a larger stage. Dr J.H. Meiring Beck, one of the most distinguished of the Dutch-speaking doctors, and for many years a Bond member of the Cape House of Assembly, called upon medical practitioners to play a wider role in society. In a rousing presidential address to the Cape Western branch of the British Medical Association he remarked on the extent to which everything was being democratised. This threw a responsibility on all:

> "All that being so, it is impossible, undesirable, and wrong for an educated and intelligent profession like that of medicine to keep aloof from doing its share of public work. Whilst we should never lose sight of the necessity for equipping ourselves as well as our abilities and energies permit for our special medical work ... we should also bear in mind that, in the shaping of the destinies of a new country like this we ought to bear no inconsiderable share. ... We must see to it, gentlemen, that this medical influence as the years roll on is not lessened. In an age when public health legislation is rapidly and recognisably pushing its way as a first essential in good government, it would be disgraceful for us as a profession not to assist in shaping the laws. ..."[135]

Dr Darley Hartley, as well as editing the South African Medical Record, was an ardent imperialist and founder of the South African League, Milner's agency for imperial expansion. In the journal Darley Hartley explicitly championed the political cause of the medical

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134 SAMJ, I(1), (May 1893), 2.
135 SAMJ, II(6), (Oct. 1894), 147-8.

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profession. He drew attention regularly to the activities of those doctors who were engaged in politics and continually emphasised the need for the profession to be represented in parliament.[136] The prospect of union in 1910, particularly, provoked discussion on their future in the new South Africa:

> "We are to-day on the eve of entering upon a new era in South African life, and it should go without saying that, as men, women and children are the greatest assets of a state, legislation for their physical and mental welfare should be intelligently directed, for administration, however capable, is well nigh useless unless the legislation creating that administration is on sound lines. Therefore, it is above all things necessary that as many medical men as possible should find places in the ranks of our future legislators, and thus be in a position to secure for medical matters more than that perfunctory attention which has hitherto been all they have received."[137]

The Cape medical profession also achieved status through its engagement in the life of the community. It did so partly by assimilation into local societies. In the rural areas doctors who assumed positions of local leadership helped to erode traditional indifference to scientific medicine and as educated men they contributed to the maintenance and extension of civilised values. This seems to be the case particularly with immigrants who were assimilated into Dutch rural communities.

A typical example was Joseph William Castles, an Irish immigrant, who went into private practice in Montagu. There he married a Dutch woman, became a municipal councillor and later mayor. In addition he was

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136 SAMR, VI(2), (25 Jan. 1908), 24; VI(4), (25 Feb. 1908), 62; VI(7), (10 April 1908), 106.
137 SAMR, VIII(5), (12 March 1910), 49.

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the "manager" of the public library and a member of the local school committee.[138] John Stephen Gibbons, a Lincolnshire man, was district surgeon of Prieska for thirty years. "He had identified himself with the village in which he resided so long, and was regarded as the 'Father' of it, being the head and fount of every movement for the benefit of the people..."[139] Edward Roger Rowland was mayor of Dordrecht for nine years and chairman of the school board.[140] Similarly, Walter Henry Lawrence Welchman, an American, rooted himself in Graaff-Reinet while Andrew Whyte did the same in Swellendam, even standing as an Afrikaner Bond candidate. Indeed, several doctors who had made names for themselves in local politics went on to represent their districts nationally.[141]

The rewards of assimilation are nowhere more striking than in the case of two Cape Town doctors, Abdurahman and Jane Waterston, who were, by definition, outsiders in a male, white ruling élite. As a man of colour and a Muslim, Abdurahman was not assimilated into Cape Town society but he won an exceptional degree of acceptance. It has already been noted that Abdurahman was the first coloured man to be elected onto the Cape Town municipal council. Except in his personal presence, he rarely challenged dominant values. Like other early coloured political leaders he placed great emphasis on

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138 SAMR, II(3), (March 1904), 56.
139 SAMR, IV(11), (Nov. 1906), 335.
140 SAMR, XVIII(19), (9 Oct. 1920), 376.
141 SAMR, III(10), (Oct, 1905), 212; XXIII(1), (10 Jan. 1905), 6.

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"respectability", on teetotalism and other middle class priorities. His behaviour in council was cautious, even conservative for his policies were ones of compromise and negotiation.[142]

Jane Waterston's position was slightly different. She was received into the ruling establishment through a combination of ability, judiciousness and enthusiasm. Despite her exclusion from the franchise, she was a political animal and an ardent imperialist. Her passionate espousal of imperialism made her acceptable in the British community which dominated Cape Town at the end of the century. It also gave her access to the highest circle of power, that of the governor, Sir Alfred Milner, who thought highly of her ability. Almost certainly through his offices she was the only South African to be appointed to the Committee of Ladies, led by Millicent Garrett Fawcett, which was set up by Britain to inquire into the concentration camp conditions publicised by Emily Hobhouse. Although she challenged conventional society on the issue of women's education, she did so cautiously, emphasising the fundamental role of woman as mother and homemaker.[143] The result was that she occupied a prominent place in Cape Town society, both medical and lay. From 1905 to 1906 she was president of the Western Cape branch of the BMA and she was a member of innumerable boards and institutes.

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142 Lewis, Between the wire and the wall, 199.
143 Bean and van Heyningen, The letters of Jane Elizabeth Waterston, 287.

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By the 1890s a number of medical men were achieving positions of political influence in the colony. The most pre-eminent place was that of Dr Leander Starr Jameson, friend of Cecil Rhodes, leader of the ill-starred Jameson Raid, who was prime minister of the Cape from 1904 to 1908. Jameson is most interesting as a member of the middle classes seeking to make his fortune in the outposts of the empire. His father, evidently a spendthrift and drifter, died young, leaving a large family of sons with limited provision. It seems very likely that the diamond fields held out to Jameson the promise of quick wealth. His biographer, Colvin, gives the impression that Jameson revelled in the hurly-burly of life in the rough mining camp.[144]

As a medical man Jameson made little impact on the colony while he was prime minister. He was most notorious for his involvement in the smallpox scandal in Kimberley in 1883, when the disease was deliberately misdiagnosed to protect the flow of mine labour. His premiership fell during a period of severe depression when the Cape had no resources for expensive reform and was not marked by much change. His profession served him well personally but it had little impact on the colony.

Sir William Bisset Berry, the Speaker in the House of Assembly from 1898, probably exerted a greater influence on affairs. He followed the path of many other

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144 I. Colvin, The life of Jameson, I, (London, Edward Arnold, 1923), 10-11, 37.

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before the turn of the century, and one which had been much delayed.[147] Sir Thomas Smartt's tenure as Colonial Secretary was briefer than that of Te Water, following the latter for a few months in 1898. In any case, his interests were agricultural rather than medical and it is in this area that he made his mark.[148]

It has already been remarked that the Cape medical profession was predominantly urban. The greatest concentration of practitioners was in Cape Town where a variety of opportunities existed. There were a number of relatively well-paid official posts apart from the district surgeoncies and the railways. The Robben Island leper and lunatic asylums, the Lock Hospital and the Old and New Somerset Hospitals all had full-time appointments as well as part-time consultants.

In the only major urban centre in the country it was also possible to specialise. D.J. Wood was an ophthalmic surgeon at the New Somerset Hospital from 1893, while George Graves Eyre (at one time editor of the South African Medical Journal) practised as an anaesthetist in Cape Town.[149] Samuel Patton Impey specialised in skin diseases.[150] O.F.W. Somershield carried on a practice "mainly in the direction of massage and physical exercises" while in 1903 Francois Hendrik Wessels opened a sanatorium in Cape Town for physical therapeutics, X-ray and electric work.[151] The exam-

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147 DSAB, V, 766-767. For the passing of the 1897 Public Health Act see ch. 5.
148 DSAB, I, 725-727.

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ination of patients for insurance purposes was a lucrative source of income, especially for those doctors who were attached to the major insurance companies.[152] Competition, however, was fierce and many men found it difficult to establish themselves in the larger centres. Indeed, this was probably why the medical journals devoted so much attention to the problems of rural practice for it was usually in the country that the aspiring doctor started.

Although a few doctors played a prominent part in Cape Town, this should not be overstated. Most seem to have made a modest impact on the cultural and social life of the city outside the sphere of their own expertise. They were eclipsed by the wealthier and more dominant sectors of the middle classes - the merchants, financiers, legal practitioners, local politicians and higher civil servants. Nevertheless some senior medical men achieved local eminence. Meiring Beck and H.A. Ebden were early members of the Council of the University of the Cape of Good Hope,[153] while Beck, who was a composer himself, was one of the organisers of the University's musical examinations.[154] A handful of doctors belonged to the Philosophical Society of South Africa and Dr E. France edited the South African Magazine.[155] There is no

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149 Prominent men of the Cape Colony, South Africa, (Portland, Maine, Lakeside Press, 1902), 200; SAMR, X(16), (24 Aug. 1912), 354-5.

150 Men of the times. Old colonists of the Cape Colony and Orange River Colony, (Johannesburg, The Transvaal Pub. Co., 1906), 220.

151 SAMR, XV(7), (14 April 1917), 110; SAMR, VI(11), (June, 1908), 179.

152 SAMR, VI(2), (25 Jan. 1908), 2-23.

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evidence to suggest that members of the profession played leading roles in the city's exclusive societies, notably the Civil Service Club and the City Club, although a few enjoyed membership.[156] Involvement in commerce was rare. One exception was Dr J.P. Roux who was one of the directors of the Board of Executors and a member of the management committee of the Cape of Good Hope Savings Bank in 1883.[157]

The position of the medical profession in Cape Town society should be seen in perspective. Doctors in Cape Town did not enjoy the degree of status that they had in Melbourne.[158] Only a few were in the first rank of Cape Town society. This arose mainly from the fact that medicine was a source of modest affluence rather than great wealth. At the same time the examples of Abdurahman and Waterston demonstrate in their different ways that it did confer status, at least on marginal members of the middle class establishment. The cost of medical training ensured that colonial-born members of the middle-class establishment were recruited from families of some substance and they were usually readily accepted into that society. Power and influence, however, were more often dependent on an official position. For a few

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153 The South African Directory 1883-1884, (Cape Town, The Directory, 1883), 929.

154 Men of the times, 482.

155 Ibid., 171, 198-199.

156 C.G. Botha, The Civil Service Club 1858-1938, (Cape Town, Cape Times, 1939); A.I. Little, History of the City Club, Cape Town 1878-1938, (Cape Town, Cape Times, 1938).

157 The South African Directory 1883-1884, advertisements p.10.

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doctors like A.J. Gregory, colonial medical officer of health (1901-1910) and E.B. Fuller, city medical officer of health (1894-1901), who were both confident and energetic men, this could be considerable. While doctors might sometimes be in a position of leadership, they rarely challenged the dominant ethos. They probably played their most significant role in reinforcing values derived partly from the British industrial context and partly from notions of imperial control.

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158 G. Davison, The rise and fall of marvellous Melbourne, (Melbourne, University Press, 1979), 95-100.

CHAPTER THREE

The smallpox epidemic of 1882

1. "An atrophy of soul pervades us".[1]

In 1882 a severe outbreak of smallpox occurred in Cape Town. Although by no means the worst epidemic to devastate Cape Town, it occurred when the public health movement in Europe had begun to reduce urban mortality rates and the disease itself was declining. Consequently an epidemic of such severe proportions was a greater indictment of Cape Town's sanitary deficiencies than it had been in previous decades - and, by implication, of the quality of its civilisation. The local bureaucracies, still rudimentary themselves, responded by intervening more vigorously in the lives of the urban poor than they had ever done before. Their activities were a precedent for behaviour which was to shape and restrict the lives of the indigent more deliberately in the perceived interests of society as a whole than had been the case in the earlier part of the century.

The main features of Cape Town economy and society between 1875 and 1880 have been analysed in detail by Bickford-Smith.[2] The census of 1875 gave the total population of Cape Town as 33 239. When the suburban villages were included[3] the number reached 45 240. Compared with the major British cities or even those of Australia, Cape Town was still a fairly small

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1 Cape Argus, 5.5.1880.

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town.

Cape Town's economy was dominated by about 150 merchants who were engaged in an import-export trade stretching into the interior. They also controlled local banking and insurance businesses. Older mercantile families had invested substantially in property in the town but in the 1870s they also began to buy diamond and insurance shares.[4] Bickford-Smith defines a "grand bourgeoisie", including in its number the larger local retailers, professionals and leading civil servants. They intermarried, belonged to the same social clubs and, in such respects, appeared to be a self-conscious and self-perpetuating élite.[5] Both they and the "petty bourgeoisie", tradesmen, small shopkeepers and clerks, were predominantly white. There was, Bickford-Smith, argues, "a close correlation between whiteness and social and economic domination". They were also increasingly English-speaking.[6]

Relatively little wealth was generated within Cape Town in 1880. Industry was limited, confined overwhelmingly to the production of food, drink, clothing and shelter. The one exception was the Salt River railway

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2 Bickford-Smith, "Commerce", 47-91.

3 G 42-1876. The suburban villages, which did not receive municipal status until 1882, were administered by the Cape [district] divisional council. They comprised Woodstock [then known as Papendorp], Mowbray, Rondebosch, Claremont and Wynberg to the south and Green and Sea Point to the west. Maitland, to the east on the Durban Road, developed later.

4 Bickford-Smith, "Commerce", 48-50.

5 Ibid., 60-61.

6 Ibid., 67, 69.

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works just beyond the boundaries of the city.[7] Fishing was a major source of employment for at least part of the year, probably engaging over 1 000 people at peak times.[8] Above all, Cape Town's prosperity depended on the docks both for the vigour of its commerce and the work which it provided.[9] In the last resort Cape Town's economy was determined by its part in the larger imperial trading network. It was basically an entrepôt for wool and feathers in the Cape and, increasingly during the last years of the century, for the markets of Kimberley and the Rand.

The nature of dockwork, fishing and activities such as building ensured that the Cape Town economy was characterised by seasonal and casual labour.[10] No attempt has been made to calculate the extent of poverty in late nineteenth-century Cape Town as Judges did for the 1830s and 1840s. There is no reason to believe that the situation had altered much since that period when Judges estimated that there was a considerable amount of primary poverty.[11] In stormy winters and windy summers, when vessels could neither enter nor leave Table Bay and outdoor work had to be suspended, deprivation must have pressed hard on many residents. The poor were not necessarily people of colour. Bickford-Smith believes that "there was no absolute correlation between class and colour" in the middle and lower ranks of Cape Town society. At the same time the light-skinned tended to

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7 Ibid., 53.
8 Ibid., 55.
9 Ibid., 51-52.

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have easier access to better-paid employment of higher status. The result was that most coloured people were locked into structural poverty.[12]

The epidemic erupted in a Cape Town which was almost entirely unimproved. Its appearance was shabby and neglected. In 1861 Lady Duff Gordon had described it as "beyond words untidy and out of repair".[13] To British visitors, accustomed to the exuberant vitality of Victorian architecture, the elegant but decayed uniformity of eighteenth-century Cape Town represented only an alien lethargy. Bertram Mitford complained in 1882 that there was hardly a handsome building to be found - "all is ugly, Dutch and squat".[14]

During the prosperous years of the 1850s and early 1860s a few changes had been made. The Dutch grachten (canals), reduced to repulsive open sewers, had been covered over. Gas lighting had been installed and a start made on demolishing the stoeps which inconveniently blocked the pavements. Some streets had been paved. These efforts had been abandoned, however, when depression struck in 1865.[15] In 1880 Cape Town remained

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10 Ibid., 56-57.

11 S. Judges, "Poverty, living conditions and social relations - aspects of life in Cape Town in the 1830s", M.A. thesis, (University of Cape Town, 1977), 55 and Table 3.

12 Bickford-Smith, "Commerce", 77, 79.

13 Lady Duff Gordon, Letters from the Cape, (London, Milford, 1921), 28; A. Trollope, South Africa, (London, Chapman & Hall, 1878), I, 68.

14 B. Mitford, Through the Zulu country, its battlefields and its people, (London, Kegan Paul, Trench, 1883), 42.

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smelly and uncomfortable. Unrestrained winter torrents continued to gouge out the roads and flood homes. The sand raised by the raging summer south-easterly winds of which early travellers had grumbled, still enveloped the town "in clouds of red dust, which, tearing round corners, sweep over the unwary pedestrian, speedily reducing him to a state of helpless and frantic blindness".[16] On the other hand, a visiting Ulsterman noted in 1880, the "Cape doctor" still performed the necessary function of purifying the air of its noxious odours.[17]

Almost every activity in the town contributed to the offensive smell. The covered grachts were too large to act as effective sewers. Waste accumulated in them all summer. The gases which built up were released through "stink traps" which were notoriously unpleasant. Human ordure, which was supposed to be collected in tubs, was

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15 C. Pama, Bowler's Cape Town, life at the Cape in early Victorian times, 1834-1868, (Cape Town, Tafelberg, 1977), 14, 39; A.F. Hattersley, An illustrated social history of South Africa, (Cape Town, Balkema, 1969), 178. The streets remained unpaved until well after the Anglo-Boer War. As late as 1898 the Streets Regulation and Sanitary Committee of the Town Council was complaining about the quantity of mud which had to be removed after rain. This included 50 loads of mud from Adderley Street, 40 from St George's and Burg Streets while on the Queen's Birthday 52 loads were removed from Darling Street between the Castle and the Standard Bank before 9.30 in the morning and by 11.30 the road was deep in mud again. 3/CT 1/1/1/47. Report of the Streets Regulation and Sanitary Committee, 23.6.1898.

16 F. Valentyn, Description of the Cape of Good Hope with the matters concerning it, (Amsterdam, 1726. Republished Cape Town, Van Riebeeck Society, 1971), 63; C.J.F. Bunbury, Journal of a residence at the Cape of Good Hope ..., (London, Murray, 1848), 53; A Lady, Life at the Cape a hundred years ago, (Cape Town, Struik, 1963), 49; Mitford, Through Zulu country, 41.

17 Cape Times, 26.7.1880.

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more commonly poured into the streets since many people were unwilling or unable to pay the fee for its removal.[18] Refuse and night soil collection was always inefficient and the Town Council was constantly at loggerheads with the contractors who performed these tasks. Slaughtering was still carried on at the Shambles below the Castle walls and fish was cured at Roggebaai. In both cases the result was nothing less than nauseating. Animals roamed the streets including scavenging pigs which the Superintendent of Public Works claimed were being bred "by hundreds" in District Six.[19] Even the street watering contributed to the aroma since horses were used to carry polluted seawater from Roggebaai to the upper parts of the town.[20]

Above all the town suffered from a chronic shortage of water. Unfortunately the peninsula lacked any major rivers. The mountains rising behind the city produced only springs which, while they might be raging torrents in the winter, were often reduced to trickles in the long dry summers. In 1880 the Council owned six of them, the Main Spring and the Vineyard, Waterhof, Kotzees large and small filter, and the Platteklip springs.[21] The only other substantial sources which were untapped in 1880 were the fountains on the Van Breda estate of

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18 Cape Times, 24.2.1880.

19 3/CT 1/1/5/176-207. Report of the Superintendent of Public Works, 3.3.1880. In 1885 the Health Officer approved a pigstye in Long Street despite the fact that it had no drainage. 3/CT 1/1/5/204-145. Fisk to the Chairman, Public Works Committee, 3.2.1885.

20 3/CT 1/1/5/177. Superintendent of Public Works to the Secretary, Town Council, 3.3.1880.

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Oranjezicht. As the estate was entailed the Town Council could not obtain direct control over these supplies and the result was endless litigation as the municipality sought access to this water. The matter was settled only in 1882 when an Act was passed removing the entail.[22] But the acquisition of the Oranjezicht springs did not solve the problem. In addition Cape Town's ability to store the water produced by the winter rains was very limited. In 1880 Cape Town possessed only two small dams, one built as long ago as 1814 and the other in 1860. By 1880 these storage facilities were hopelessly inadequate and the municipality had reluctantly undertaken its most extensive construction work to date in the building of the Molteno reservoir.

Even when the Molteno Reservoir had been completed in 1882 the combination of an uncertain winter rainfall, long, dry summers, a growing population and a steady increase in passing shipping all ensured that demand surpassed supply almost every summer. Crises in water supply were a regular feature of Cape Town life. In the winter of 1879 only eighteen inches of rain fell as against forty inches the previous year.[23] As early as November water had to be turned off in the town between six a.m. and six p.m. Complaints from irate householders about the uncertain supply from their water leadings flooded into the municipal offices. The Secretary of the

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21 3/CT 1/1/5/178-942. Report of the City Engineer, 5.10.1880; "On the sources of water supply for Cape Town and Green Point", Cape Monthly Magazine, 6, (June 1873), 362-373.

22 Orangezicht Further Purchase Act, No.23-1882.

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Native Affairs Department reported unavailingly,

> "The result is from lack of water to flush the water closets, the effluvia from them constantly pervades the whole of the inner premises where the occupants are confined to their desks during the day, and have to submit to the danger of inhaling the noxious stench".

The situation was even worse the next summer when the New Somerset Hospital was in such a plight that it did not have enough water to cook the patients' food, let alone wash them.[24] Indeed, the economic lifeblood of the town was being threatened for technical improvements in shipping had also added to the problem. The change from double to triple expansion engines meant that ships required more fresh water for their boilers. By 1887 the demand at the docks had increased from twenty-five to about 135 tons of water a day and ships often had to continue to Port Elizabeth to get what they needed.[25] Most serious of all was the plight of Cape Town's labouring poor. Few of their houses had water leadings and they still had to fetch their water from the forty-two pumps scattered through the city. When these operated at all they had to wait in long queues and carry buckets back to their homes. Small wonder that they found middle class standards of cleanliness difficult to maintain. Small wonder that The Lantern angrily enquired if there were "another city in the world, that can show a larger number of people upon a smaller and dirtier bit of ground, cursed with a wonderful variety of exhalations, and with a worse Town Council...?"[26]

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23 Cape Times, 24.11.1879.

24 3/CT 1/1/5/176-68. Secretary, Native Affairs Department to the Town Council, 13.1.1880; 3/CT

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The appalling smell to which file upon file of complaints in the municipal records testify was indicative of a much more serious deficiency. Slums had existed in Cape Town at least since the 1830s when freed slaves left their ex-masters' homes to make independent but poverty-stricken lives for themselves in the back streets of the town.[27] By 1880 the chronic shortage of housing was exacerbated by a rapidly expanding population, the product of immigration both from the interior and from abroad. Cape Town had taken seventy years to double its size from 16 000 in 1806, to 33 239 in 1875. Although adequate statistics were lacking, by 1880 it was estimated that the population had reached about 40 000.

By 1880 the ethnic composition of the city was changing. Although Cape Town had an African community of longstanding, its numbers increased in the late 1870s. Some came as contract labourers to the Western Cape. Amongst the earliest were the Moçambicans - "Mozbiekers" as they were known - of whom 3 202 were indentured between 1876 and 1882. In the 1890s contracted Mfengu

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1/1/5/181-1243. Chief Inspector, Public Works Department to the Town Council, 15.2.1880.

25 3/CT 1/1/5/176-177. City Engineer to the Town Council, 17.12.1880; SC 9-1887, Report of the select committee on Wynberg and Cape Town water supply bills, 52.

26 The Lantern, VII(160), (31.7.1880), 2.

27 The existence of Cape Town slums is now well-established. See, for instance, Judges, "Poverty, living conditions and social relations"; E. Bradlow, "Cape Town's labouring poor a century ago", South African Historical Journal, 9, (Nov. 1977), 19-29.

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arrived in substantial numbers to work on the docks. Others, including Xhosa after the war of 1877-78 and Tswana after the Langeberg Rebellion in 1896-97, were transported as prisoners-of-war to work as farm labourers. Some were employed in the town while others deserted their ill-paid farm jobs to come to the city. By 1900 it was estimated that there were about 10 000 Africans living in the city, most of them housed in appalling conditions.[28]

Evidence is fragmentary but it seems that economic changes also favoured an inflow of population from the immediate hinterland. A migratory system may have existed in which labourers sought employment in the city after the harvesting season. The farmers complained repeatedly that the municipal works in Cape Town provided unfair labour competition, although this conviction may well have been exaggerated.[29] Depression in Europe and the invitation of the diamond fields attracted young men to the Cape. "Every steamer is bringing fresh permanent residents to the colony", the Cape Argus claimed in 1880. The result was "a famine" in accommodation.[30]

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28 P. Harries, "Mozbiekers: the immigration of an African community to the Western Cape 1876-1882", Studies, 1, (1984), 153-164; C. Saunders, "Africans in Cape Town in the nineteenth century: an outline", Studies, 2, (1984), 15-40; Bickford-Smith, "Commerce", 102-103.

29 3/CT 1/1/5/229-106. Skead, Cowling and Co. to the Mayor, 1.1.1890; P. Scully, "The bouquet of freedom: social and economic relations in Stellenbosch district 1870-1900", M.A. thesis, (University of Cape Town, 1987), 85-98; T. Vienings, "Stratification and proletarianisation: the rural political economy of the Worcester district, 1875-1910", B.A. (Hons) thesis, (University of Cape Town, 1985), 46, 57; G 39-1893. Report of the Labour

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Housing was central to the possession and exercise of power in Cape Town. It was a major source of wealth in the pre-industrial city and it was closely integrated into the structure of municipal government. Between 1840 and 1893 it was the key to election to the town council where the propertied interest could be protected most effectively.[31] In 1880 the municipal franchise was based on the possession or occupation of property valued at more than £10. Theoretically this gave the vote to most occupants but two factors militated against the wider exercise of power. One was the low poll in municipal elections[32] and the second was the accumulation of property in a relatively small number of hands. Some individuals acquired astonishingly large holdings in urban property. The Wicht family owned 496 houses in 1875. Amongst others, L.P. Cauvin possessed property valued at £10 694, C.G. Prince at £3 760 and R.H. Arderne at £7 490.[33] A few Muslims also accumulated holdings of some substance. The most prominent included the entrepeneurial Effendi family.[34]

Many of these places were notorious slums. Since

Commission, 29, 39, 49, 207 passim.

30 Cape Argus, 7.4.1880.

31 In 1893, by Act No. 26-1893 the system of voting was altered, giving an increased number of votes to owners of more highly rated property. This favoured the merchants and businessmen of the city centre as opposed to the householders, especially in District Six.

32 Bickford-Smith, "Commerce", 108-109.

33 Ibid., 137.

34 Work remains to be done on this subject. Research conducted by third-year History students at the University of Cape Town suggest that many Bo-kaap houses were owned by a small number of Muslims.

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building regulations were almost non-existent, they were erected without sewers, drainage or water supply. The older slum areas in the 1830s had been found in the lanes and alleys of Ward 1 behind the fish market, Ward 4 on the slopes below Signal Hill off Hilliger and Rose Streets, and between Boom Street and Barrack Street in Ward 10.[35] While these old places still existed, by 1880 speculation in property was most active in District Six where buildings were flung up hastily with no regard for basic amenities.[36] It was in these quarters that the bulk of Capetonians lived.

To "respectable" Cape Town the slums were a repulsive and alien world into which they rarely, if ever, ventured. Although recurrent epidemics periodically brought these districts to their attention, as far as possible prosperous white Cape Town responded either by vacating the city for the more salubrious suburbs or by ignoring their existence. This distaste for a foreign, barbarian world for which it felt no responsibility was reiterated repeatedly in the English press of the day. A typical example was an extended article, "In the slums", appearing in the Cape Argus in January 1876. Pallas Lane, a narrow thoroughfare between Waterkant and Strand streets was, it declared,

> "a perfect hive of people of all shades of colour and all degrees of dirtiness; men and women who for the most part spend a considerable proportion of the

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35 Judges, "Poverty, living conditions and social relations", map.

36 3/CT 1/1/5/202-883. Report of the City Engineer on houses to be built by Mr Levin and correspondence, 11.9.1884.

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year in gaol....The children seem to be as thick as caterpillars, and, like their parents, spend most of their time quarrelling and fighting. From the time they draw their first breath, they subsist in an atmosphere of vice and degradation, and each succeeding day tends only to harden them in their degenerate career".[37]

This perception of urban slum-dwellers as repellent and immoral was not confined to Cape Town. It was common to much of the English-speaking world. In cities as diverse as Liverpool, Sydney and New York similar comments were made. The poor, A.J.C. Mayne contends, were not regarded as normal human beings; "Descriptions of inner-city working-class neighbourhoods [in Sydney] were regularly presented in the imagery of expeditions to foreign and unkown lands".[38] Mayne considers that popular Protestantism was largely responsible for this view of slum life:

> "Firstly, it presented a world view dominated by the starkly contrasting images of the darkness of Sin and the sublimity of Grace. Secondly, it taught individual accountability: what one sowed, one reaped. Thirdly, its spiritual concepts had entered to such a degree into secular ways of thought that the secular and the religious had become but the two sides of one coin: middle class attitudes and culture. Religious and secular codes of behaviour were so intertwined that the one served as a measure for the other."[39]

In Cape Town in 1880 there was distaste and alienation but only a limited desire to bring about reform. Middle class property-owners were confronted by a dilemma. Their prosperity depended on the possession of

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37 Cape Argus, 8.1.1876.

38 Mayne, " 'The question of the poor' ", 562-565. This vision of the slum world reached its apogee in the writing of the Salvation Army leader, William Booth, epitomised in his well-known book, In darkest England and the way out, (Chicago, Sergel, [1890]).

39 Ibid., 563.

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slum property, yet the existence of the slums was an indictment of the civilisation whose values they were upholding in darkest Africa. Only when the contradiction became too blatant did they respond but, in the nature of the situation, their response tended to be inconsistent and ambivalent.[40]

In general the slum-dwellers did not threaten the daily existence of the social order. Drunkenness, street violence, and petty theft might be deplored but they could be contained. Some forms of disorder, however, demanded vigorous action. At least slum-dwellers lived indoors. Squatters, on the other hand, spilling out into the open were more visible, forcing the ugly face of poverty before the public eye. It is impossible to estimate the extent of squatting but it seems to have been fairly widespread. On several occasions there were reports of huts "composed of old tins, rags and bags", built on the slopes of the mountain below Zonnebloem College and housing up to a hundred people. They were not necessarily unemployed. Many worked at the docks. There are hints, however, that they may have been outsiders who did not have the support of family and connection of the traditional urban dweller. As a result they may have been excluded from even the cheapest and most overcrowded quarters. Some at least were Africans who, the Cape Times believed, were justified in their claims that they had no

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40 For an examination of middle-class attitudes to poverty at this time see V. Bickford-Smith, "Dangerous Cape Town: middle-class attitudes to poverty in Cape Town in the late nineteenth century". Studies, 4, (1984), 29-65.

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choice but to live on the hillside. Nevertheless, offending the social order, they were repeatedly rounded up as vagrants.[41]

But the line between squatters and slum dwellers was a thin one. The slum dwellers were not always contained within the city either. The evidence during a murder case in 1879 gave a rare glimpse of the shifting instability of their lives. Charles Jones was murdered at Roggebaai. "Fatima" deposed, "I am a washerwoman, and live with my sister at Kanaldorp [District Six]. I sleep sometimes behind the stones"; Annis (John Phillips), "I worked at the docks as a coolie at 4s a day. I sleep at the quarry behind the gaol. I know Dinah Kok, Fatima, and all the prisoners. We all sleep together at the quarry"; David Phillips, "I work at the docks and sleep at my mother's house behind the market. I used to sleep at the quarry. ... The night before [the murder] I slept behind the market"; Dinah Kok, "I get a living by picking bones and scrubbing... I sleep by the spars on the beach or anywhere I can ..."[42] The point about such testimony is that homelessness and degrading poverty were clearly part of the fabric of Cape Town life, contributing to ill health and a high mortality rate.

What role did the Town Council play in this unhappy state of affairs? The general impression of Cape Town municipal government about 1880 was one of sordid

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41 Cape Times, 7.8.1880, 17.9.1881; The Lantern, VIII(222), (1.10.1881), 4-6.
42 Cape Times, 9.10.1879.

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lethargy. Trollope in his restrained fashion observed that the officers of the municipality did not appear to be alert.[43] As if purple prose could inject life into the city the Cape Argus exclaimed in exasperation,

> "Immobility and sham, inertia and hollowness, reign over us ... There is a cloud on the spirit and a veil before the eyes. ... There is a grave-like torpor, a mouldering stagnation, a dream-like unsubstantiality about us, that is stamped on all our corporate life. No brisk enterprise, no wakeful speculation, no bubbling enthusiasm ever breaks its dull monotony. ...A state of intellectual cramp, a frost-bitten fancy, an atrophy of soul pervades us; limping gait and lack-lustre eyes betray the heavy spirit; speculation sleeps; suggestion falters; capacity for effort there is none ...".[44]

Reports of Town Council meetings confirm the contemporary impression. Meetings were sometimes abandoned for lack of a quorum.[45] The level of debate was low, noisy quarrels and pointless interjections frequently interrupted the proceedings. Decisions were postponed from meeting to meeting and referred from committee to committee until the matter died.[46] Vigour and enterprise were conspicuously absent.

Why? The explanation most commonly given by contemporaries was the poor social standing of the men who were elected to the Council. It was suggested that the more able and intelligent men had moved to the suburbs. Those who remained were deterred from engaging in municipal affairs because the rates were so low (2d in the £) that the resources were too small to accomplish

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43 Trollope, South Africa, I, 68.
44 Cape Argus, 5.5.1880.
45 3/CT 1/1/1/30, 31.12.1879; Cape Times, 23.12.1880, 19.5.1881.
46 Cape Argus, 6.5.1880.

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anything. They remained low because the ratepayers would not sanction a higher rate.[47] The solution seemed to be in the reform of the franchise. The Cape Argus was particularly vigorous in pressing for a new act which would emancipate the Council from the control of the "tag-rag-and-bobtail" of the city.[48] Apart from the franchise which, it believed, led to the election of incompetent and unduly self-interested men, it was critical of the practice of the public meeting of ratepayers to empower the Council to raise quite small loans. It was "a relic of barbarism ... an antiquated and coarse device" which made nonsense of the authority granted to men under representative institutions. The best men would not waste their time planning improvements if they could be upset by an appeal to "any ignorant and prejudiced mob". The model which it would have Cape Town follow was that which had done such wonders for all the large towns of England.[49]

Such an analysis was hardly satisfactory, as Bickford-Smith has shown in his detailed examination of the weaknesses of municipal government during this period.[50] Since electoral polls were often as low as 100 or 200 votes out of a potential electorate of about 5 000, policy was not determined by the mob. In reality municipal power was exercised mainly by a group to whom the appellation "Dirty Party" was given in 1878. They

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47 Cape Times, 26.2.1880. J.M. Brown speaking at the annual general meeting of the Free Dispensary.
48 Cape Argus, 26.2.1880.
49 Cape Argus, 12.2.1881, 17.2.1881.

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were led by substantial property-owners resident within the city, unlike the reformers, whose main source of income was commercial and most of whom had their homes in the suburbs. Many of the former were also Dutch-speaking.[51]

By 1880 opposition to change was informed both by economic considerations and by a growing sensitivity on the part of the Dutch to the assertion of English hegemony. The statements of Zoutendyk, one of the few Dutch-speaking municipal councillors, suggest both class and ethnic hostility, a faint resentment against the dominant English establishment. He considered St George's Street, the site of the Anglican cathedral, to be the centre of the reform movement. "The minister also who preached against them and sowed discord between councillor and councillor was interested in St George's-street, and in all men, even in the ministers of the Gospel, he looked always for selfish motives." The rich merchants, "who were now so eager for reform", he observed sourly, escaped the smells of the city at night, leaving poor householders like himself to sniff the morning and evening stenches.[52] The same antagonism was often implicit in the behaviour of the other prominent Dutch-speaking member of the Council, J.C. Hofmeyr.[53] These were not ignorant men of poor social standing elected by the rabble of the city. They did, however, represent the older urban residents, people whose

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50 Bickford-Smith, "Commerce", 104-112.
51 Ibid., 118.

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livelihoods were drawn partly from investment in local property and who themselves still lived in the town. In an ironic nexus, their interests were closer to the poorer inhabitants, their neighbours and tenants, who shared their desire to keep rates low.

It was clear that the more progressive merchants and professional men did not feel that the municipal council represented their interests. In 1881 a number of these men were driven to the length of petitioning the House of Assembly to protest against the neglected state of the town. The deficiencies, they urged, were a public scandal, threatening its residents with an epidemic and preventing "Strangers and Visitors remaining in this Town to the detriment of its Trade and prosperity".[54] Their agitation culminated in the election of the "Clean Party" to the Council in 1882, eventually inaugurating an era of greater municipal expenditure and a degree of sanitary reform.[55] It also confirmed English dominance, infused by sanitation rhetoric, in municipal affairs.[56]

2. "The Angel of Vengeance".[57]

In its overcrowding, its poverty, its lack of amenities, Cape Town, like most unimproved cities of the

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52 Cape Times, 5.8.1880.
53 For a full discussion of Hofmeyr's role see Bickford-Smith, "Commerce", 119-128.
54 HA 783-151. Petitions to the House of Assembly, [9.6.1881].
55 For a full analysis of this conflict and its implications see Bickford-Smith, "Commerce", 128-141.
56 Ibid., 124.

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nineteenth century, was little better than those of the mediaeval world. Statistics were kept so badly that the mortality rate could only be calculated crudely. The registration of births and deaths, though not of the cause of death, was introduced in Cape Town in 1869, perhaps as a result of the severe fever epidemic of 1867-8[58] but since there was no compulsion, the figures were hopelessly inaccurate. In 1881 the Colonial Medical Committee optimistically estimated the mortality rate at 21.8 per 1 000 in a "shifting population" of 50 000. As they had probably overcalculated the population by about 10 000 the Cape Times was rightly sceptical of this computation. A more accurate pointer to the health of the town was infant mortality. In 1880 1 092 births and 411 deaths under the age of five were registered.[59]

The mortality rate was increased by the epidemics which periodically swept through the city. Of these undoubtedly the most terrifying was smallpox. Severe epidemics occurred in the colony in 1713, 1755 and 1767. In the British period and after Edward Jenner's

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57 "The smallpox has come! The Angel of Vengeance of outraged sanitation hangs over the city." The Lantern, IX(260), (1.7.1882), 1; For a general account of the 1882 smallpox epidemic in Cape Town see A. Lombaard, "The smallpox epidemic of 1882 in Cape Town with some reference to the neighbouring suburbs", B.A. (Hons) thesis, (University of Cape Town, 1981).

58 Laidler and Gelfand, South Africa, 386; Proclamation No.48-1869, promulgated Government Gazette, 4140(1), (20.7.1869).

59 CO 1154. President, Colonial Medical Board to the Under Colonial Secretary, 14.1.1881; 3/CT 1/1/5/182. President, Colonial Medical Board to the Secretary, Town Council, 14.1.1881; Cape Times, 2.2.1881.

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discoveries there were major outbreaks again in 1807, 1812, 1840 and 1858. Although it spread into the rural districts, smallpox was very definitely an urban disease at the Cape. In Cape Town a quarter of the Europeans and over a third of the slaves died in 1713 and later epidemics were almost as severe.[60]

Smallpox was a highly infectious contagious disease caused by a virus, variola major. It manifested itself after nine days in a headache, backache and fever, followed a few days later by eruptions of the skin appearing first on the face and spreading over the rest of the body. These could be extremely severe, having the effect of burning or scalding and resulting in death in about 25% of cases. Survivors were often left with characteristic scarring which could be very disfiguring since it usually appeared on the face. They were also sometimes blinded. Smallpox was a disease of humans, surviving only where there was a susceptible population and was transmitted mainly through droplet infection in face-to-face contact with patients, although infection could be passed through contaminated clothing. In 1895 a milder variant form, variola minor, was recognised in

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60 In an enterprising paper Robert Ross questions whether smallpox had the cataclysmic effect upon the Khoikhoi population which it is traditionally reputed to have had. He implies that the very high mortality rate was confined to Cape Town. R. Ross, "Smallpox at the Cape of Good Hope in the eighteenth century", University of Edinburgh. Centre of African Studies, African historical demography, 416-428. Later work confirms that smallpox was probably not the main determinant in destroying the Cape Khoikhoi population. A.B. Smith, "Khoikhoi susceptibility to virgin soil epidemics in the 18th century", SAMJ, forthcoming.

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southern Africa where it was occasionally called Amaas.[61]

As a disease smallpox presented a number of paradoxes. It was not a bacterial infection, so it could not be identified by nineteenth-century bacteriologists, and it could not be cured. On the other hand, it was the first major infectious disease for which immunisation was developed. At first inoculation was most common, using matter from infected people in the belief that a mild form of the disease could be induced which would confer immunity from more lethal attacks. In 1798 Edward Jenner demonstrated that vaccine taken from the victims of cowpox, a related, non-lethal sickness, was equally effective and much safer. Thereafter this form of vaccination was widely used in Britain and in 1853 it became compulsory.

Despite the apparent success of vaccination in preventing the disease in the first half of the nineteenth century, there is continuing controversy about its role in the decline of smallpox in Britain. S.M.F. Fraser has argued that the "Leicester Method" was a viable alternative in a town in which there was violent resistance to vaccination.[62] The Leicester Method involved:

> "prompt notification of a case of smallpox to the Medical Officer of Health, isolation of all cases in the town's Fever and Smallpox Hospital, and quarantine for all the immediate contacts of the original case. The premises were thoroughly disinfected and latterly all quarantined were

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61 D.R. Hopkins, Princes and peasants. Smallpox in history, (Chicago, University Press, 1983), 3-9.

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financially compensated for time lost from work".[63] The Leicester Method is relevant to any study of epidemic disease in Cape Town for it was, essentially, the means adopted there for combating severe contagious disease.

Successful vaccination was probably not the only reason for the decline of smallpox in Britain. In the late 1850s, after it had been made compulsory, the disease appeared to increase in virulence and there was a particularly severe mortality rate between about 1870 and 1885.[64] Although medical men of the day continued to laud vaccination as the complete panacea, historians have recognised that smallpox control demanded more wide-ranging protection, including a system akin to the Leicester Method and the prevention of reinfection from abroad. Ports were particularly vulnerable which was why smallpox was such a scourge in London. The establishment of a port sanitary authority in 1873 was a crucial factor in reducing London's incidence of the disease.[65]

Although the 1882 smallpox epidemic has been treated discretely in other countries it was probably part of a pandemic of some scale.[66] In Cape Town it erupted in a city which was, in theory, protected by vaccination. Vaccination was introduced into the Cape surprisingly early, possibly in 1801, and a Vaccine

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62 S.M.F. Fraser, "Leicester and smallpox: the Leicester method", Medical History, 24, (1980), 315-332.
63 Ibid., 315.
64 A. Hardy, "Smallpox in London: factors in the decline of the disease in the nineteenth century", Medical History, 27, (1983), 120-121.
65 Ibid., 125.

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Institution was established by the British in 1811.[67] But the introduction of vaccination only partly mitigated the severity of the disease. Until the Colonial Bacteriological Laboratory was established at Grahamstown in 1891, the use of calf lymph was very undependable. Even the Grahamstown lymph was only intermittently reliable. As late as 1898 the official vaccinator in Cape Town was still deploring its quality and urging the municipality to set up its own laboratory.[68] When lymph was imported from Europe, it was often inert by the time it arrived in the colony. Consequently arm-to-arm vaccination was the form of immunisation most commonly used. Unfortunately this was unpleasantly intimate, as the cowpox vaccine was taken from the arm of an infected individual, usually a child. Describing the novel process in 1812 P.B. Borcherds wrote, "I had the satisfaction of seeing that, from out of the arms of my second daughter, then about four years old, whom I held on my lap during the operation, not less than one hundred and eighty individuals were vaccinated".[69] As a result, opposition to vaccination was widespread. Even when the Vaccine Office emphasised that lymph was taken only from healthy white children, never from black or coloured children, vaccination was still rejected.[70]

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66 Ibid., 121, 132. Ironically since the disease seems to have been introduced from Britain, in 1882 the London port authorities apparently feared reinfection from the Cape. Australia was also affected. A. Mayne, " 'The dreadful scourge': responses to smallpox in Sydney and Melbourne, 1881-2" in MacLeod and Lewis, Disease, medicine and empire, 219-241.

67 Burrows, History of medicine in South Africa, 97-101.

68 3/CT 2/1/1/11-2854. S.P. Impey to the Mayor,

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The public health authorities tended to assume that resistance to vaccination arose mainly from aversion to arm-to-arm inoculation and that the use of local calf lymph would "quiet the prejudices of our Philistines".[71] While objections to inoculation on the part of some whites may have owed their origin to a concern for cleanliness inculcated by the public health movement, the opposition to vaccination per se was more complex. Apathy and ignorance played their part. F.B. Smith notes that in Britain, while the rich accepted vaccination, the poor did not. He suggests that the harshness of their existence led them to place less value on its efficacy. "Their small expectations were reinforced by apathetic ignorance shading into resentment and resistance to interference from superiors whose authority derived from knowledge, practices and status outside the relationships and understandings prevailing within their stratum and neighbourhood."[72]

In the beginning the Vaccine Institute claimed some success in vaccinating Cape Town's population. By 1812, however, it was already clear that many were escaping immunisation despite the energetic publicity

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9.9.1898. A reliable vaccine was only developed in 1891 when the virtues of glycerine for reducing bacterial contamination was realised. Hopkins, Princes and peasants, 95.

69 Borcherds, An autobiographical memoir ..., 154.

70 Cape Times, 22.2.1893. For the real dangers of vaccination see Smith, The people's health, 162-167.

71 Cape Argus, 3.11.1891.

72 Smith, The people's health, 158-9.

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campaign on its virtues. Muslims developed a reputation for preferring "some particular mode of treatment of their own" although the medical authorities were aware that they objected to hospitalisation because of the difficulty of obtaining halaal food and the fear that they would not be able to carry out the proper burial rites.[73]

In general resistance to vaccination was passive rather than active. While Cape Muslims were identified as exceptionally obstructionist, it is by no means clear that they were any more hostile to vaccination than other sectors of the population.[74] What they did possess was a religion which could provide a focus for their grievances. Davids argues that ignorance, fatalism based on the will of Allah, and a faith in their own medical practices all played their part. Amongst the last were prescriptions for smallpox appearing in the writings of the Imam 'Abdullah Qadi 'Abd-us-Salaam (Tuan Guru), a prince from Tidore in the Trinate Islands, which he had produced when he was a prisoner of the Dutch VOC on Robben Island in 1781. His teachings had become part of the Cape Muslim religious tradition. These prescriptions, spiritually based, involved the drinking of a brew of lemon water and herbs combined with the recitation of verses from the Quran.[75]

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73 CO 490(4). Report of a meeting of the Colonial Medical Committee, 7.1.1840; CO 490(11). L. Liesching to the Secretary to the Governor, 29.1.1840; CO 490(34). Report of the Colonial Medical Committee, 20.4.1840; South African Commercial Advertiser, 15.4.1840, 27.10.1858.

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By 1882 Cape Town citizens had a long tradition of resistance to vaccination. Doctors complained regularly over the years that coloured children were rarely brought in for immunisation. The failure of successful cases - children with sore arms - to return exacerbated the problem since it meant that the supply of lymph sometimes dried up entirely and had to be reintroduced from Europe.[76]

Despite the relative failure of vaccination, smallpox seems not to have been endemic in Cape Town, or perhaps the more virulent form, variola major, had been transmuted to the minor form. Most epidemics were introduced by sea from abroad. The colony had limited control over these incursions. For, if Cape Town was unimproved so was the Colony. In 1880 very little of the bureaucratic, centralising, reforming legislation of nineteenth century England had been introduced at the Cape. Act No. 16 of 1857 granted the government power to quarantine ships but no quarantine station existed. The only general public health legislation was the Contagious Diseases Act, No. 1 of 1856. This was explicitly intended

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74 SC 12-1859, Report of the select committee on the Vaccination Bill, 13.

75 A. Davids, " 'The revolt of the Malays' - a study of the reactions of the Cape Muslims to the smallpox epidemics of nineteenth century Cape Town", Studies, 5, (1984) ", 64-69.

76 G 51-1877 [1878], Report of the Vaccinating Surgeon for 1877; CO 1125. P. Landsberg, Vaccinating Surgeon to the Colonial Secretary, 2.4.1880. Complaints about the failure of coloured children to arrive for vaccination appeared with regularity in almost every medical report.

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to prevent the spread of contagious or infectious diseases "of a fatal or dangerous character" in the colony.[77] The Act was extremely limited in its scope. Briefly, it empowered an authority such as the resident magistrate to declare the Act in force in a particular district, and when it was, to enter buildings to search for disease, to mitigate overcrowding (but making no provision for housing), to vaccinate compulsorily and to remove any person suffering from the proclaimed disease. No financial provision was made for costs incurred under the Act. The burden apparently fell on the local authorities.

In principle health care was the responsibility of the Colonial Office but the control which the central government was able to exercise was very limited. It employed no health officer and the only medical advice to which it had formal access was that of the Colonial Medical Committee. This, as has been seen, was purely an advisory body. No town in the colony had a health officer and municipal health regulations, where they existed at all, were rudimentary in the extreme. In legislative terms the colony had almost no weaponry with which to fight disease.

The legislative nakedness of the colony was forcibly demonstrated by the smallpox epidemic of 1882. The disease was probably transported to the Cape from

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77 The term "contagious" was used in the conventional sense.

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Britain.[78] The mechanism by which it was introduced into Cape Town is not entirely clear but it was almost certainly through the agency of ships entering Table Bay. By 1882 several ships had arrived with cases on board. The Italian barque Vigilante appeared with a convalescent case in December 1880.[79] In December 1881 the Garonne arrived with a smallpox victim and a few weeks later in January 1882 the Drummond Castle followed.[80] Both the latter ships, the crews and all the passengers were quarantined at Saldanha Bay, about 100 miles north of Cape Town, in what must have been appallingly uncomfortable conditions.[81]

These episodes demonstrated how very easily smallpox could be imported from abroad. They also emphasised the deficient quarantine provisions for the colony, for no lazaretto for smallpox victims existed at all. The Saldanha camp, set up on a remote, inhospitable and windy bay, was a hasty and desperate resort and lacked any amenities.[82] Although the situation was sufficiently scandalous to be debated in the House of Assembly and Robben Island was favoured as a quarantine station, no decision was taken and the unfortunate Drummond Castle found itself in quarantine at Saldanha

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78 3/CT 1/1/5/183-391. Report of the Public Works Committee, 20.5.1881.

79 CO 1124. Port Captain, Table Bay to the Colonial Secretary, 29.12.1880.

80 The Garonne also carried smallpox to Australia. Mayne, " 'The dreadful scourge' ", 223-224.

81 Cape Times, 9.12.1881, 27.1.1882; CO 1194. Papers relating to the quarantining of the Garonne and Drummond Castle and the isolation camp at Saldanha, Jan.-Feb. 1882.

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again in May 1882.[83]

Some weeks later, on 23 June 1882, a case of smallpox was discovered in Aspeling Street in Cape Town. The victim was a boy of seventeen from Saldanha and it was suspected that he had had access to the isolation camp or had acquired discarded clothing from the quarantine station.[84] As the young man was living in a house with seventeen inmates it was not surprising that the disease spread rapidly. Within a day another case had occurred in Hilliger Lane and a third at Salt River.[85]

Despite the predictions of smallpox in the city its appearance took Cape Town by surprise. It was quite unprepared to cope with an epidemic of this kind which required special facilities for the patients. There was nowhere for them to be cared for since the New Somerset Hospital, with no isolation ward, could not take them. The suggestion that special wards should be built near the hospital provoked outraged opposition from nearby residents. For several weeks the patients had to be

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82 Cape Times, 25.3.1882, 4.5.1882; SC 7-1882, Report of the select committee on the quarantine regulations, iii-iv. The report had recommended in April 1882 that a quarantine station be established on Robben Island.

83 Cape Times, 5.5.1882. The incident of the Drummond Castle is discussed at some length in Lombaard, "The smallpox epidemic of 1882", 33-40.

84 CO 3397. G.H. Fisk, Police Surgeon to the Colonial Secretary, 23.6.1882; MC 30. Secretary, Colonial Medical Committee to the Colonial Secretary, 24.6.1882; Cape Times, 27.6.1882. For a discussion of the origins of the 1882 epidemic in Cape Town see Lombaard, "The smallpox epidemic of 1882", 41-45. Most of the early cases were reputed to work at the docks. Cape Times, 6.7.1882.

85 Cape Times, 27.6.1882.

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housed in tents on Paarden Island. Here their isolation inadvertently became greater when heavy rains and flooding rendered the quarantine station completely inaccessible.[86] Eventually the problem was solved when a farm near Salt River was offered to the Council by Mr Renskie. Consisting of sixty-four acres and two homesteads, it provided accommodation for eighty patients. Somewhat reluctantly, after an interview with the Mayor, the government agreed to contribute to the purchase of the farm and other expenses on a pound for pound basis. At the beginning of August the patients were finally moved to the new quarantine station.[87]

At first the epidemic spread fairly slowly. Starting on 23rd June 1882, it escalated gradually until, a month later, both the Council and the government agreed that it had become firmly established. By the beginning of September fifteen to twenty cases a day were being reported and on 4th September it was claimed that no less than 104 cases had occurred. Accommodation at Rentzkie's Farm was scarce. The original eighty beds were full and had had to be supplemented by another 100. As always at this stage in Cape Town's history accurate figures are difficult to obtain. It was rumoured on 4th September that 2 000 people out of a population of 55 000 had died in the preceding four months but this was an exag-

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86 MC 30. Secretary, Colonial Medical Committee to the Colonial Secretary, 7.7.1882; Cape Times, 10.7.1882.

87 3/CT 1/1/5/190-661. T. Cairncross, City Engineer to the Mayor, 13.7.1882; Cape Times, 13.7.1882, 14.7.1882, 4.8.1882. The spelling of the name varies but was most usually "Rentzkie".

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geration. Figures issued by the Rentzkie's Farm hospital were more conservative.[88] For the week ending 2nd September there were a total of 108 patients in hospital.[89] By the 18th this had risen to 244.[90] The epidemic seems to have reached its height about this time. In November it was on the wane and by the turn of the year officials considered that it had ended.[91] The final figures are somewhat confused. The last report from Rentzkie's Farm gave the total admitted as 1 072 and deaths at 322. An extract from the municipal death register put the total number of deaths in the city, excluding the smallpox hospital, at 824 out of a total number of 2 606 deaths.[92] If these are accurate the total number of smallpox deaths, including a few from the suburban municipalities, was 1 146 in a population of about 40 000 to 45 000. The case rate is less certain but, with a mortality rate of about one third at the hospital, it may have stood at about 3 500, giving a mortality rate of 2.54% and a case rate of 7.7%.

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88 Cape Times, 22.7.1882, 4.9.1882.

89 The full report for the week gives an indication of sex and race ratios. Cape Times, 4.9.1882.

	Male	Female	Total
Total number in hospital	72	36	108
Whites	-	-	11
Number admitted during week	54	23	77
Number of vaccinated admitted	13	8	21
Number of unvaccinated admitted	41	15	56
Discharged	10	2	12
Died	-	-	31

90 Cape Times, 18.9.1882.

91 MC 30. Secretary, Colonial Medical Committee to the Colonial Secretary, 8.1.1883.

92 3/CT 1/1/5/193-23. Returns from the Municipal Smallpox Hospital for 26 June-31 Dec. 1882.

	Admitted	Died
European males	241	44
Coloured males	558	192
European females	42	13

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Up to a point the Town Council responded promptly to the crisis. Indeed, on one level its response was both direct and personal. Throughout most of the epidemic it met daily to gather reports and discuss the latest issues. Councillors made themselves available to petitioners of opposing camps, from self-interested Green Point residents to troubled and angry Muslims. They went out themselves to inspect the city slums and there is no reason to doubt that some were shocked by conditions which they had not examined in situ before. The impact may have been transient but it was sufficient to goad them into some action. Thirteen "overseers" were appointed to supplement the existing streetkeepers [sanitary inspectors] in reporting on the sanitary condition of the lower classes.[93] Apart from the question of accommodating the smallpox patients, it defined a number of other problems. These included the appointment of a sanitary officer to direct operations, the quarantining of contacts and the means by which the town should be brought into a sanitary state and the provision of housing.

Finding a sanitary officer was simple enough. The municipality had been debating such an appointment for some years. Moreover the Council had a suitable candidate to hand in the person of George Henry Bradwell Fisk, MRCS

Coloured females	231	73
Total	1072	322

93 3/CT 1/1/1/33, 27.6.1882; Cape Times, 29.6.1882.

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(Lond) LRCP (Edin), (1852-1893), police surgeon and physician to the Free Dispensary. A local man, the son of an Anglican clergyman, speaking Dutch, he was already well acquainted with the Cape Town slums and known to its inhabitants.[94] Despite the relative promptitude of Fisk's appointment it is clear that the Council did not at first have any idea of the scale of the task confronting him. His initial appointment was part-time at twenty guineas a month but as the epidemic grew in intensity his services had to be supplemented by Dr Whitrock at Rentzkie's Farm and Dr Falkiner in the town. Finally in October, and much against its will, the Town Council had to sanction the employment of three more doctors - all, including Fisk and Falkiner, at two guineas a day and cab hire.[95] Later that year the municipality decided to convert Fisk's appointment into a permanent one and in May 1883, after advertising the post, Fisk was appointed as municipal sanitary officer.[96]

Fisk's appointment was a landmark in Cape medical history since he was the first medical officer to be attached to any public authority in the country. If nothing else, it provided a precedent for other bodies to follow. Anthony Wohl has drawn attention to the key role of medical officers of health in Britain in bringing

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94 Cape Times, 28.6.1882, 3.7.1882; 3/CT 1/1/5/194-395. G.H. Fisk to the Town Council, 9.4.1883.

95 Cape Times, 3.7.1882, 20.7.1882, 9.9.1882, 11.9.1882, 12.9.1882.

96 3/CT 1/1/1/33, 27.9.1882, 4.4.1883, 2.5.1883. Fisk's appointment was apparently on a part-time basis since he remained police surgeon. 3/CT 1/1/5/232-889. G. Fisk to the Mayor, 9.10.1890.

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about public health reform:

> "The medical officers of health, with their highly specialized education and increasing competence in preventive medicine, gave local government in the second half of the nineteenth century an authority and expertise hitherto lacking, and they supplied a lead in the agitation for, and administration of, sanitary legislation which laymen were quick to follow. As a group they stood in the forefront of vigorous urban administration, and played a critical role in the development of civic government."[97]

The first medical officer of health in Britain was appointed in 1847 but more significant was that of John Simon in London in the following year. Although some other cities followed suit it was only in 1872 that it was made compulsory for local governments to create such posts. In New South Wales the appointment of medical officers of health for Sydney and Newcastle was only made possible through the passing of the Public Health Act of 1896.[99] If Cape Town was tardy in making Fisk its first medical officer, therefore, it was no slower than other larger and wealthier colonial cities.

Not that Dr George Fisk could be described as a notable social reformer. He did his work conscientiously enough. Within days of taking up his new post he issued a report on the sanitary state of the town.[100] In the months and years that followed he pressed faithfully for improvements in drainage, for a proper registration of births and deaths, for an abatement of overcrowding, and for effective building regulations, but it was not until 1888, for instance, that new building regulations were

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97 Wohl, "Unfit for human habitation", 603.

99 M. Lewis, "Sanitation, intestinal infections, and infant mortality in late Victorian Sydney", Medical History, 23, (1979), 334.

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framed.[101] Up to a point the municipality did fall in with his suggestions. They agreed to increase his staff of sanitary inspectors from two to four and to give him more control over them.[102] They closed the city cemeteries and built public washhouses. In general, however, it is probable that these changes were made only when there was nothing at stake or when Fisk's recommendations accorded with predetermined intentions of the Town Council. Indeed, it would appear that most of the Council had limited respect for his position. Even his official title - medical sanitary inspector - was faintly derogatory. Fisk himself preferred the more authoritative "medical officer of health".[103] Members of the Council persistently tried to have him replaced by a cheaper and less highly qualified sanitary inspector. When such an official was appointed in addition to Fisk, Fisk's salary was reduced.[104] This lack of respect for the city's professional adviser did not escape the notice of the Cape Times which commented critically on the limited authority granted to him.[105]

While this situation may have been a comment on Fisk's temperate personality, on the amateur Council

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100 3/CT 1/1/5/195-487b. G.H. Fisk to the Mayor, 15.5.1883.

101 3/CT 1/1/5/195-697. G.H.Fisk to the Mayor, 26.7.1883; annual reports 3/CT 1/1/5/198-27, 1.1.1884 and 3/CT 1/1/5/215-139, 14.2.1887; 3/CT 1/1/5/222-586. Report of the Regulations Committee, 2.7.1888.

102 Cape Times, 3.5.1883; 3/CT 1/1/5/195-697. Fisk to the Mayor, 26.7.1883.

103 3/CT 1/1/5/198-27, 1.1.1884.

104 3/CT 1/1/1/39, 18.9.1890, Hofmeyr's resolution; 3/CT 1/1/5/235-264. G.H. Fisk to the Mayor, 14.3.1891.

105 Cape Times, 25.1.1893.

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members' chronic hostility to professionals, and on their unwillingness to incur expenditure on thoroughgoing reform, it should also be remembered that Fisk was appointed in a medical vacuum. His authority was not backed either by the provision of staff or by legislation on a central government level and he had no brother officers to whom he could appeal for support or example. His real significance lay less in what he achieved than in the fact that he was there at all.[106]

Fisk's appointment was probably the most striking by-product of the epidemic as far as the municipality was concerned. The only other direction in which it stirred itself with any vigour was in the matter of housing. The personal investigations of the councillors revealed to them the extent of squatting on the mountain and of overcrowding in the town. In a small way housing became a public issue. The Cape Argus was not unsympathetic to the position of the Town Council. The Council could do little, it pointed out, in the face of high rents, which led to overcrowding even amongst moderately paid clerks and shop assistants "who would be highly indignant if they were spoken of in the same breath with Malays or Dock coolies".[107]

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106 Fisk made little impression on later medical historians. Burrows, for instance, includes no biography of this important Cape Town doctor. His death at the early age of 42 may partly account for this neglect although he does not leave the impression of a dynamic reformer. Fisk was the son of the Diocesan Secretary in Cape Town, the Rev. G.H.R. Fisk. Born at George in the Cape, he was appointed as city medical officer at the relatively young age of 31. Cape Times, 25.11.1893; MOOC 6/9/323-2519; MOOC 7/1/568-2017.

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The attempts of the councillors to deal with the problem, however, demonstrated very clearly the limited intellectual context of social reform in the colony. There was no searching discussion of the principles involved and the assumptions on which they based their actions were confused and contradictory. Above all, they failed to define where the greatest need lay. Although they knew very well that overcrowding was worst amongst the poorest classes, their inclination was to provide accommodation for 'respectable' artisans from whom some return on their investment could be anticipated. Understandably such limited action as they took was sabotaged by the ratepayers who had little insight into the scale of the problem and, their social education neglected by the authorities, were concerned simply to protect their own interests.

The most obvious need, and one which was easiest of solution, was housing for the dock labourers. By the 1880s large numbers were being recruited from the Transkei. Since there was an obvious value to the Harbour Board in having a greater control over their labour they agreed to erect barracks at the docks. Docks housing had the virtue, also, of restricting the movement into the town of precisely those people who were most vulnerable to epidemic disease which was introduced by sea. While self-interest undoubtedly played a part in the promptitude with which the docks barracks were erected, there

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107 Cape Argus, 4.7.1882.

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was a very real need for some provision for these labourers, for many lived under the most appalling conditions. As long as access was free and the standards reasonable, the docks barracks did make a genuine, if limited, contribution to Cape Town's housing problem.[108]

The measures of the Town Council were neither so elementary nor so effective. At a special meeting they decided to erect twenty cottages on Green Point Common for the relief of overcrowding in the houses of the poorer classes. Local residents were outraged. Resolutions and deputations poured in objecting to the proposals. The land was too low, drainage was too poor, it was too close to the New Somerset Hospital, the Common should be kept as an open space, it was a district which was more suitable for the expansion of the better classes - these were all arguments which were raised. Somewhat taken aback, the Council pointed out that they were not planning to house the indigent on Green Point Common, but the working classes - "the bone and sinew of the country and the class to which he was proud of himself belonging", as one of the councillors, the ebullient T.J. O'Reilly said.[109] Nevertheless, the outcry had its effect. Any enthusiasm the Council had had for housing reform was severely dampened. In the end only ten cottages were erected on the Common. The other ten, intended at one stage to be placed below Zonnebloem College, were in fact set up at Rentzkies's Farm to take

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108 Cape Times, 6.7.1882; Cape Argus, 6.7.1882, letter of Archdeacon Lightfoot to the Harbour Board.

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in the overflow from the hospital.[110]

In many respects the 1882 smallpox epidemic had more impact on the central government. While the influence of the Cape Town epidemic was undoubtedly a factor, events in Kimberley may have been as important. For in Kimberley, to which the epidemic had spread, the vital diamond industry was threatened, and a serious medical scandal developed over the attempts of the diamond magnates to conceal the existence of the disease. As a result the loss of life was needlessly great and the epidemic was stemmed only after the pestilence had spread to the white inhabitants of the town. No research has been done to analyse the government response, but the contagion must have demonstrated forcibly how the economic prosperity and the social stability of the colony could be threatened as long as legislation remained so inadequate.[111]

The most immediate response to the epidemic was the passing of the Public Health Act No. 4 of 1883. This Act belied its title. It was not a general public health

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109 Cape Times, 11.7.1882, 17.7.1882, 20.7.1882; 3/CT 1/1/5/190-661. Resolutions opposing the siting of cottages on Green Point Common. For a lengthy discussion of the housing question see Lombaard, The smallpox epidemic of 1882, 69-83.

110 3/CT 1/1/1/33. Minutes of the Town Council meeting, 19.7.1882.

111 R.V. Turrell, Capital and labour on the Kimberley diamond fields 1871-1890, (Cambridge, University Press, 1987), 138-139; Marks and Andersson, "Typhus and social control: South Africa: 1917-1950", in MacLeod and Lewis, Disease, medicine and empire, 261-264. It is doubtful that the 1883 Public Health Act was passed solely in response to the Kimberley episode as Marks and Andersson assert, (p.263).

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measure but was concerned solely with the control of epidemic disease. Indeed, it was little more than an extension of the 1856 and 1857 Acts. It made no provision for the notification of infectious diseases and smallpox was the only one to be mentioned by name. It provided for the quarantining of infected ships; it granted additional powers to the local authorities for house-to-house visitation, the detention of infected persons and the cleansing and disinfection of houses; and - most significant as a unique effort at preventative medicine - it provided for the compulsory vaccination of all children.

Compulsory vaccination was probably the most stringent public health measure which had yet been passed in the colony. It was introduced largely in response to pressure from the Colonial Medical Committee which was critical of quarantine as a security against smallpox. "The only real safeguard against the ravages of Smallpox is vaccination and revaccination by qualified practitioners." Indeed, they dreamed of a much more elaborate network of control than the Colonial Treasurer, the purseproud John X. Merriman, was prepared to sanction. He believed that the Act could operate effectively only in the towns and he was determined that the municipalities should bear the costs - "but how to get them to do so ..."[112] In the event, compulsory vaccination was virtually unenforceable. It was actively or passively resisted by a large proportion of Cape Town's population and, despite a penalty of a £2 fine for evasion, the

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government lacked the will to impose vaccination on the population at large.[113] More important, perhaps, it lacked the machinery to do so for, without a Births and Deaths Registration Act, there was no means of tracing eligible children.

The passing of the 1883 Public Health Act amounted to little more than a case of shutting the door after the horse had bolted. The provisions for the quarantining of shipping were antiquated. Quarantining was expensive and served only to deter shipping from putting in at Cape ports. On both counts it was uneconomical. By this time medical authorities were convinced that prevention - adequate vaccination facilities - was much more effective, but the Act did little to ensure the acquisition of viable vaccine. The weakest features of the Act were the financial terms: the local authorities were expected to pay half the costs of combating an epidemic. While this may have been fair, it was not realistic. Cape Town was not prepared to foot the bill in this way for epidemics for which it did not feel responsible. The result was that these clauses guaranteed that the Act would never be enforced more than half-heartedly.

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112 CO 1221. Secretary of the Colonial Medical Committee to the Colonial Secretary, 9.1.1882; MC 30. Secretary of the Colonial Medical Committee to the Colonial Secretary, 19.10.1883; CO 1221. J.X. Merriman's comments to H. Willis, Under Colonial Secretary, on H. Ebden's recommendations for vaccination regulations, 2.11.1883.

113 For the failure of compulsory vaccination see the annual reports of the Vaccine Officer, e.g. G 5-1889, 5; G 36-1892, 4.

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3. "The accursed Abdol and his filth."[114]

The importance of the 1882 smallpox epidemic should not be measured simply in legislative terms. In the first place it brought about severe economic hardship when the breadwinner was struck down or contacts who had been isolated were prevented from pursuing their work. This was the case particularly amongst people such as the tailors or washerwomen who worked from home. By mid-August distress amongst the poor had become a matter of public concern. The Cape Town response followed the conventional lines developed during earlier periods of adversity.[115] On 17 August a public meeting was held to set up a relief committee. It was dominated by Cape Town worthies. The mayor was in the chair, councillors were present as were a number of clergy, most notably Canon Lightfoot, as well as other prominent Cape Town citizens such as Saul Solomon, MLA for Cape Town and leading liberal politician at the Cape, F.Y. St Leger, ex-missionary and owner-editor of the Cape Times, W. Searle, a Cape Town merchant, and others.[116]

The business of the Smallpox Relief Committee was not large. When the epidemic ended it had collected £1 295 16s 3d and paid out £1 282 15s 3d. Where possible it had preferred to provide relief in kind.[117] The work

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114 CO 1177, T.C. Scanlen to J.X. Merriman, 9.11.1883.

115 M. Naude, The role of the Free Dispensary in public health care in Cape Town, 1860-1910, B.A. (Hons) thesis, (University of Cape Town, 1987), ch. 2-3.

116 Cape Times, 18.8.1882.

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of the Smallpox Relief Committee was aided by other organisations, most notably the Free Dispensary whose quarterly expenses had risen from an average of £18 to £58 8s 6d. The Council agreed to contribute £30 of this excess. Canon Lightfoot, probably the most experienced philanthropist in Cape Town, offered another explanation for the small scale of the Committee's relief work. He attributed it to "the remarkable manner in which the poor helped each other, as accounting in some degree for the comparatively small number of claims on the fund". But by the third week of September the resources of the poor were diminishing, especially amongst the Muslims who tended to turn first to their own institutions in preference to aid from public organisations which pried into their lives before granting them rice or candles.[118]

The careful public accounting of the Smallpox Relief Committee and the Free Dispensary was typical of charitable activity of the day when thrift and cautious business methods were held to be intrinsic to morality. Equally typical was the need to justify charitable relief. The Cape Argus, at this stage still under the influence of its owner, Saul Solomon, took on this function. "We are all verily guilty, and those who, having leisure, influence, and wealth, have failed to lift a finger to reform Municipal ways, or worse still, have offered a dogged resistance to the taxation without which sanitation must remain a dream, are most guilty of

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117 Cape Times, 13.1.1883, 23.9.1882.
118 Cape Times, 6.10.1882, 31.8.1882, 23.9.1882.

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all." Yet the Cape Town labouring classes were not blameless, it continued. They earned enough to don tawdry finery and preferred to take frequent holiday jaunts rather than work hard and live thriftily. As a result they existed in squalor and filth and were particularly susceptible to disease. "Our lower class, from their manner of life, have very little stamina indeed with which to make a stand against distress and deprivation." However, true charity relieved first and reproached after and a large part of the working class was respectable. Whatever the faults of the indigent the immediate duty of Capetonians was to relieve their distress.[119]

For the Cape Times the epidemic was an opportunity to explore the problems of Cape Town society. Cleaning and scavenging merely attacked the symptoms of the epidemic, it declared. Its real causes must be sought elsewhere, in the habits and style of life of Cape Town's poor. "The fact is, and it is as well to face it, there is a very large element in the population of Cape Town, that exists only to propagate dirt, and in this they move and have their being. They make dirt as silkworms make cocoons. They are dirty by instinct, dirty by habit, and alas! dirty by necessity." The Cape Times argument was permeated with the contradictions and confusion so common in thinking on poverty in Cape Town in the late nineteenth century. While arguing that the poor were inherently dirty it still believed in the value of education; "... they must be moulded to sweeter

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119 Cape Argus, 18.8.1882.

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prepossessions and weaned from their coarse idols. ... Not only sanitary knowledge, but a sanitary disposition must be diffused among its inhabitants, a love of clean ways, clean houses, clean surroundings". The issue, the Cape Times believed, was one of education rather than of law.[120]

Patronising and confused though the views of the two newspapers may have been, their attitude did have its merits compared with those which came to be expressed at the end of the century. Relief came first, reprimand after. While they did not acknowledge the structural origins of the poverty, they did at least see the issues in terms of education rather than of repressive legislation and large-scale social engineering. Whatever the unwritten assumptions, the problem was expressed in class rather than ethnic terms, and there was no sign of the tender and special regard for the silently suffering middle class or respectable British working man which was a feature of later discussion on relief. At the same time it has to be admitted that the reason for this omission was probably the limited impact of the epidemic on the white middle classes and the small size of the white artisan class in the early 1880s.

A more serious consequence of the epidemic was the effect which it had on class and ethnic relationships in the city. Social conflict, tensions between rich and poor, dominant and subordinate, have long been recognised

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120 Cape Times, 11.9.1882.

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as the products of epidemics when fear tends to heighten social stress.[121] By the 1880s the advances of the public health movement served to give a new justification for radical social intervention. The actions of the authorities, shaped in accordance with advice from the medical profession, had repercussions which reverberated through Cape Town for years afterwards. Ironically, while an understanding of the epidemiology of disease had advanced, the tools to combat it had not. Consequently recently acquired knowledge led doctors to emphasise even more strongly the age-old and proven remedies of isolation and quarantining which had always been so socially divisive. They advocated compulsory vaccination but the obstacles in the way of perfect success were too great for them to be able to rely entirely on the immunisation of the population. Their efforts thus came to be directed largely to the isolation of patients and contacts and the destruction of all infected articles. Contrary to the Leicester experience where such techniques were adopted as a humane alternative to compulsory vaccination,[122] in Cape Town they appeared both unfeeling and interventionist, constituting a direct attack on the social mores of Cape Town's poor. They involved the intrusion of the authorities into domestic privacy, they ripped apart families and they were often in conflict with vernacular medical practices which engaged the community as a whole in the illness of the individual and the mourning of his death.

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121 P. Slack, The impact of plague in Tudor and Stuart England, (London, Routledge & Kegan Paul, 1985),

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Even before 1882 the medical profession had tended to single out Cape Muslims as peculiarly prone to disease. Ross considered that their religious habits made them particularly vulnerable to consumption, even their temperance being regarded with disfavour. "Then, too, the fasting and religious customs of the coloured or Mohammedan population, combined with overcrowded rooms and a meagre diet of fish and rice and greasy ragouts, are by no means conducive to perfect assimilation of food, to soundness of lung, or to support of vital necessities. Thus the distaste for stimulants enjoined by the Koran, the frequent fasts, the crowded lodgings, and the poor diet are all very decided drawbacks to the maintenance of robust health ..."[123]

While Muslims were seen as contaminating it was their religion as much as their poverty which was perceived as a threat. To many Christians Islam was not only unfamiliar but alien and distasteful. It was also threatening, especially to evangelicals who feared that Islam in Cape Town was gaining ground at the expense of Christianity.[124] In some cases intimacy provoked antagonism as when H. Dawes and others complained of

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45-7, 295-303; C.M. Cipolla, Faith, reason and the plague: a Tuscan story of the seventeenth century, (Brighton, Harvester, 1977); C.M. Cipolla, Public health and the medical profession in the Renaissance, (Cambridge, University Press, 1976); Morris, Cholera, 101, 104-114;

122 Fraser, "Leicester and smallpox".

123 W.H. Ross, "Our climate: in its relation to health and disease", in R. Noble (ed), The Cape and its people and other essays, (Cape Town, Juta, 1869) 34.

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Malays "singing and bawling" from the minarets of their mosques in Chiappini Street every morning between three and five.[125] Ignorance and contempt played their part. The Lantern could always be relied upon to express the crudest prejudice. The account of a "Califa", a "nondescript religious festival" was typical. In a "stifling den" in Keerom Street, a couple of "very perspiring and indecent natives were wildly throwing themselves about in a limited space, and pretending, clumsily enough, to wound themselves with the betasseled knives they were flourishing".[126]

Bickford-Smith has traced the development of a negative stereotyping of the Muslims in some detail. He argues that it was becoming prevalent towards the end of the 1870s, gaining momentum in the early 1880s.[127] It reached its height in the 1882 epidemic when Muslims were the central focus of fear and hostility. The medical authorities fuelled these emotions when they reported that the smallpox mortality was almost entirely amongst unvaccinated Malays and "other uncleanly apathetic natives".[128] The most visible manifestation of Muslim illness and death was the walking funeral so it is not surprising that criticism centred on this practice. A Cape Times leader complained about the appropriation of the roadway and pavement by the straggling procession of

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124 Bickford-Smith, "Commerce", 155; M.A. Bradlow, "Islam, the colonial state and South African history; the 1886 cemetery rising", B.A. (Hons) thesis, (University of Cape Town, 1984-5), 145-160.

125 3/CT 1/1/5/194-318. Report of the Public Works Committee, 30.3.1883.

126 The Lantern, VIII(194), (19.3.1882), 6.

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donations which might go to Muslims who, they believed, were disseminating the disease and who had not contributed to the fund themselves.[131] Publicly the Muslims responded to these slurs with dignity pointing out the evils of British slums and arguing that they had the right to be treated with respect.[132]

Were the Muslims unique in their resistance to sanitary precepts? The evidence suggests that they were not. In 1882, as in previous epidemics, there were episodes of violence directed against the sanitary authorities. Evidence is fragmentary but it suggests that in the early days of the 1882 epidemic Cape Town's poor did not respond to bureaucratic intervention with a clearly articulated resistance. It was often inchoate, an angry reaction to discomfort and the disruption of their lives. After the first case was discovered and before quarantine stations had been established the first contacts were isolated in their overcrowded homes for days or even weeks. It was soon reported that they were becoming "unruly" or "obstreperous". In Helliger Street they demanded more food. A group of twenty-eight residents in a house in Keerom Street threatened to break out and were only conciliated when Fisk promised them a case of beer.[133]

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131 Cape Times, 23.9.1882, 4.10.1882.

132 Cape Times, 19.10.1882; The Lantern, IX(285), (23.12.1882).

133 MC 30. Secretary, Colonial Medical Committee to the Colonial Secretary, 24.6.1882; Cape Times, 3.7.1882, 10.7.1882. The Keerom Street residents were shut up for over eight days and the seventeen inhabitants of Aspeling Street for fifteen.

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Race and religion almost certainly knew few distinctions in this common misfortune of the poor. In the example of the Keerom Street house the smallpox victim was described as a white man and it is probable that other whites and coloureds were involved in incidents of hostility. On the other hand, Cape Town's Muslims had a long history of resistance to vaccination and smallpox precautions.[134] Very soon it became clear that their objections to the intrusion of the sanitary authorities were deep rooted and less amenable to the bribery of food and beer. Streetkeepers were verbally attacked and threatened with assault. The Cape Times related that "The Malays in Chiappini and other streets had been very sulky towards them for the past few days, and on their visiting a house, No. 8, Rose-street, the occupier and four other Malays abused them in a most fearful manner, threatening, if they did not at once leave, to break their --- necks. One stout Malay invited them to come to his house where he had a nice knobkerrie. There had been several cases in which resistance had been offered, and in some cases the people refused to give their names."[135]

Without denying the depth of Muslim opposition to the smallpox precautions it should be recognised that there are problems in the interpretation of this

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134 A. Davids, " 'The revolt of the Malays' ", 47-79; Bradlow, "Islam, the colonial state and South African history", 202-211.

135 Cape Times, 31.7.1882.

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a 'Malay' funeral, while a pseudonymous letter to The Lantern encapsulated all the aggression, opportunism, repulsion, ignorance, and vulgarity of mind which characterised the racism of the period:

> "While endorsing the tenor of your remarks on the epidemic now raging in our midst, I would point out that, seemingly in open defiance of rule and order, ... the Malays parade the streets at all hours, in increasing numbers, with loathsome corpses slightly covered, returning from the burials with the infected shawls flaunted about in the most open manner, and appearing to consider the spread of the contagious disease among the white people as a 'fine lark'. That such conduct is permitted surely shows a supineness on the part of the powers that be, and as it is a matter of constant comments, I would suggest, Mr Editor, that if no steps are taken 'officially' to stop the arrogant and dangerous assumptions of these people, a 'vigilance committee' be formed for our own protection, and to show that they will have to obey."[129]

There were, indeed, rumours of a Malay conspiracy to destroy whites by infecting their clothing but it is difficult to know how seriously these were taken.[130] They were, more probably, symptomatic of the underlying insecurity of the dominant whites attempting to impose a minority culture on people whose existence made nonsense of their claims to hegemony.

It is difficult to judge how widespread such attitudes were. The reports of the Smallpox Relief Committee certainly suggest that they were fairly common. On several occasions it noted that despite Canon Lightfoot's arguments that the Muslims had already done much to help one another, some people were withholding

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127 Bickford-Smith, "Commerce", 154-163.
128 Cape Times, 4.9.1882.
129 Cape Times, 23.9.1882; The Lantern, IX (269), (2.9.1882).
130 Ibid.

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evidence. Lack of analysis and an easy stereotyping may have led reporters to make a facile association between resistance and the Muslims, and to ignore the less identifiable response of other sectors of the labouring classes. The result has been a tendency on the part of writers such as Davids, Bradlow and Shell to see resistance as something unique to the Muslim community rather than the reaction of the one segment of the underclasses which possessed both an ideology and sufficient unity to focus and express their resentment against medical intervention.[136]

The Muslim community was unique in that it was bound together by a heritage which included vernacular medical practices well suited to the psychological needs of a beleaguered society in the days before scientific medicine. These often sprang from the position of the Muslims in Cape society, first as slaves uprooted from their distant homes and forced to accommodate to an alien environment and later to their minority position in a society dominated both by an increasingly proselitysing and evangelical Christianity on the one hand, and by secular, materialist science on the other. As Shell has observed, "Islam at the Cape offered an identity as well as a religion".[137]

Illness and death were communal matters as whites

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136 R. Shell, "Rites and rebellion: Islamic conversion at the Cape, 1808 to 1915." Studies, 5, (1984), 1-46.

137 Ibid., 37; A. Davids, " 'The revolt of the Malays'", 48, 60-61.

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were dimly aware. "The discovery of this case proves how these Malay people are in the habit of going to houses where sickness is, and congregating together there for the purpose of discussing the nature of the cases". Unfortunately although such practices were common to many pre-industrial societies including those of the West, they ran counter to sterile sanitary prescriptions.[138] Fisk, not surprisingly, quarantined everyone involved.[139] Even more perplexing than illness was the question of death and burial. Cape Muslim burial practices have been well documented. The main point that all the writers emphasise is the social participation and support in the process of dying and the physical contact in the last rites.[140] One element in the conflict was a very profound clash, not simply of Eastern and Western cultures, but also of pre-industrial and industrial perceptions of the place of death in society.

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138 P. Aries, The hour of our death, (New York, Knopf, 1981), 18; Slack, The impact of plague, 40.

139 Cape Times, 17.7.1882.

140 Shell, "Rites and rebellion", 32-35; J.S. Mayson, The Malays of Cape Town, South Africa, (Manchester, Cave and Sever, 1855), 26-27; I.D. du Plessis, The Cape Malays, (Cape Town, Maskew Miller, 1944), 28-31. "When it is at last realized that another soul has passed on, the dead man's eyes are closed and his mouth secured with a handkerchief tied around his chin. A bench, which is known as a katil is then brought into the room. Underneath this cane bench is placed a big bath, and there the corpse is laid with its face towards the ancient Mecca, known to the Muslims as Quiblah. During this time friends and relatives come in, and while they sit around portions of the Koran will probably be recited. The ceremonial ablution known as Abdas then follows. The body is washed and persistently massaged with hot water until all the limbs are as soft and pliant as those of a living person. Then the body is washed down with soap and the nails cleaned. After this it is dried. The mystic three rules in this process, for the water is poured three times over the face, legs, arms and head. In the succeeding ceremonial, known as the Ghusl, the water

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In addition there may have been a tradition of resistance to vaccination and to smallpox measures which readily sprang into life again when they were renewed. The extent to which the memory of earlier epidemics was retained is not known but it was forty-two years since the 1840 epidemic which was, after all, within living memory.

Nevertheless Muslim opposition might well have remained inchoate if it had not been for leadership to give expression to their resentment. Prior to 1882 this leadership had been religious, provided by the Imams, but on this occasion it was articulated by a local cab-driver, Abdol Burns. Part of Burns's strength as a leader lay, perhaps, in his readiness to express the pent-up passion and emotion of the beleaguered Muslims. Clearly he was infected by the excitement around him. On more than one occasion he apparently threatened to shoot his children rather than have them removed to the isolation hospital.[141] Unlike most Muslims who were Dutch-speaking and inclined to be deferential in the face of authority, Burns was articulate in English and confident enough to

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is poured three times down the right side, and three times down the left. A treatment with camphorated water is then given and the body is again carefully dried. In the meantime three shrouds will have been prepared. A number of aromatic oils, benzoin and rose petals are used to perfume the body. Cotton wool is pressed into all the hollow portions and an application of benzoin and comphorated oils is again made. The shrouds are wrapped round the body and the ends tied below the feet and above the head. The body is then transferred to the katil, so placed that it points towards Mecca. The priest at this time begins his prayers, with behind him the relatives, friends and mourners in three large rows. ..."

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confront the Town Council in debate on the problem of smallpox control. This occurred when he represented the Muslims at a Town Council meeting on 31 July. The Cape Times commented somewhat drily on the encounter that he "bowled over councillor after councillor like so many ninepins". Stigant tried to persuade him that he had been wrongly advised by his co-religionists. "It was no use their saying, however, that religion did not allow this and did not allow that, for the law was superior to religion." Burns responded, "No, I beg your pardon."

This exchange captures precisely the essence of the immediate conflict. For any believer God-given instructions necessarily override those of man. And for the Muslims their religion was the central point of their existence. For the municipal authorities there were other issues at stake. In the first place, in general their own religious beliefs had been weakened by nineteenth century secularism. As the Cape Times observed, Burns avowed principles "irreconcilable with sanitary precedence."[142] On every count the Muslims appeared to materialist modernists as obscurantist. "It is not as though the Malays had a rational and successful method of treatment peculiar to themselves," declared the Cape Times. "Their curry-powder and Hottentot fig specifics are but a delusion and a snare ..."[143]

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141 Cape Times, 1.8.1882, 2.8.1882.
142 Cape Times, 1.8.1882, 2.8.1882. The emphasis is mine.
143 Cape Argus, 17.8.1882.

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Behind these conflicts of belief lay also the question of power. Although the issues emerged much more clearly during the cemetery riots in 1886, the ruling élite was at all times extraordinarily sensitive to situations which might undermine its authority.[144] On the other hand considerations of power also moderated the Council's handling of the Muslims. The Cape Times was inclined to attribute their caution to self-interested concern for their electoral appeal, claiming that Town Councillors were reluctant to bring pressure to bear on the Muslims for fear of losing the votes of a "numerically powerful and united caste".[145] The vulnerability of the councillors to the Muslim vote was to be deplored. The Lantern observed crudely, "A fine state of matters these same Councillors who are bidding for the Malay vote have already brought us to!"[146]

It is difficult to judge how correct this perception was of the strength of the Muslim vote. Given the low polls, it would appear not to have been exercised to any great effect before 1880. Bickford-Smith has pointed out, however, that the rhetoric of the "Clean Party" had depicted the unclean Muslims as allies of the "Dirty Party" led by the Dutch property-owners. "This means that Malays were in part the victim of English ethnic mobilisation, which grew by distinguishing itself

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144 Bradlow argues that Islam at the Cape posed a substantial threat to the hegemony of colonial interests. "Islam, the colonial state and South African history", 187-188.

145 Cape Times, 2.8.1882. See also T.J. O'Reilly's comments, Cape Times, 3.8.1882.

146 The Lantern, IX(265), (5.8.1882), 4.

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from the 'Otherness' in the rest of Cape Town's population", he suggests.[147] Such an interpretation, predicated upon the association of modern sanitary standards and civilisation, made it reasonable for reformers to promote the evisceration of the non-racial franchise on the grounds that the barbarous beliefs of the Muslims threatened the health and security of society as a whole.

At the same time, later events suggest that Cape politicians were well aware that conflict could also be dangerously corrosive of authority. On the whole they were reluctant to press health reform too far in the Muslim community. Nor did they possess the powers either to enforce compulsory vaccination or to coerce smallpox victims into hospital. As a result, to some extent they did attempt to discuss the problems with the Muslim leaders and to seek acceptable solutions to the contradictory demands of religious ceremony and sanitary precautions.[148]

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147 Bickford-Smith, "Commerce", 161.

148 Cape Times, 5.7.1882, 2.8.1882, 22.8.1882; 3/CT 1/1/1/33. Burial regulations, 13.9.1882. "The bodies of all persons who may die, from any disease or cause whatsoever, shall be completely covered with a cotton or linen sheet soaked in a weak solution of carbolic acid and water before they shall be removed from the room in which the death shall have occurred and the person who is responsible for the interment of the dead shall be liable in case this regulation is not complied with, to imprisonment for a period not excluding three calendar months." and "That all funerals or funeral processions of persons who have died or shall die during the said period [of Act 1-1836 being in force] while proceeding to or returning from the place of interment shall as far as possible avoid all narrow streets and lanes, and keep to the centre of the street and any persons wilfully contravening this regulation shall be liable to a penalty

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Bradlow has claimed that the 1882 smallpox epidemic was an opportunity for the imperial state to restructure the social existence of the Muslims in conformity with the broader imperialism of the colony. It was part of a fifty-year struggle to subordinate the Muslim community to the imperatives of an expanding colonial system and arose from the conflict between Islam and the secularism of the imperial state - "the main thrust of the colonial experience was secular, religious practice only being tolerated insofar as it either contributed towards the establishment of colonial hegemony (as was the case with the various Christian missions) or insofar as it did not directly impinge upon the operation of this hegemony. Clearly where it did however, the full weight of the colonial repressive and ideological apparatuses was brought to bear".[149] Bradlow's argument is convincing in many respects. Undoubtedly the white, Christian ruling élite saw Islam at the Cape as an obstacle to the implementation of a healthy and efficient society. Deep-seated religious prejudices were mingled unconsciously with the observations of secular rationalism.

Nevertheless, one must question whether there was any deliberate policy or strategy involved which was unique to late nineteenth-century imperialism. The universality of the experience suggests that this kind of

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of not exceeding £10 ..."

149 Bradlow, "Islam, the colonial state and South African history", 2, 50, 111, 135.

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conflict was common when an emergent bureaucracy attempted to impose controls over a loosely governed society. In Italy the creation of Health Boards and the institution of health legislation was the product of the "administrative talents" of Italian Renaissance society. The extremely thorough and sophisticated measures which they undertook gave rise to hostility ranging from passive resistance to physical violence.[150] Similarly in Tudor and Stuart England government policy, more far-reaching than it had been in the middle ages, gave rise to popular disorder and, in turn determined popular disorder.[151] The Russia of Catherine II's Enlightenment had the same experience. During the epidemic of plague in Moscow in 1771 infuriated citizens turned on the emergent medical profession in a major riot. In that case there was the additional incentive that most doctors in Russia were foreign.[152] The examples can be proliferated - in British India for instance, health control could be ruthless. For much of the early modern and modern world the imposition of health administrations, usually associated with the rise of capitalism, has been socially disruptive and fiercely resisted. The Cape experience was very familiar.

There is another aspect to the issue of sanitary control and resistance which has been obscured by the

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150 Cipolla, Public health and the medical profession, 21, 35-37.

151 Slack, The impact of plague, 35-37.

152 J.T. Alexander, Bubonic plague in early modern Russia. Public health & urban disaster, (Baltimore, Johns Hopkins University Press, 1980), 29-60, 202-228.

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narrow focus on the Muslims which is highlighted by a comparison with events in England. In that country a vigorous anti-vaccination movement developed, gaining strength after 1871 when vaccination regulations were tightened and leading ultimately to the withdrawal of compulsory vaccination in 1898.[153] The anti-vaccination movement was often inconsistent and contradictory, drawing support from a variety of sources including religious objectors, those promoting alternative medicine, and radical liberals concerned about the growth of state intervention in the private lives of individuals.[154]

Wohl suggests that "The underlying fear, for so long evident in the country at large, that interest in public health might lead to dictatorial decrees had, in the opinion of many, finally been realized. The government, hitherto an agent of information and persuasion, had now emerged in its true colours, as a monster of control".[155] While this might have been an extreme interpretation on the part of those who were anxious to preserve political liberties in the face of government encroachment, it was probably also associated with popular unease about the advance of scientific medicine.[156] Gaining strength after an amended Smallpox Act was passed in 1871, the movement reached its height

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153 Smith, The people's health, 158-168; A. Beck, "Issues in the anti-vaccination movement in England", Medical History, 4, (1960), 310-319.

154 D. and R. Porter, "The politics of prevention: anti-vaccinationism and public health in nineteenth-century England", Medical History, 32, (1988), 231-252.

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in Leicester. Here numbers of people were imprisoned for failing to comply and the protest culminated in a mass demonstration in 1885.

No such movement developed in Cape Town when vaccination was made compulsory in 1883, despite the imitative nature of British immigrant society. While there may have been passive supporters of anti-vaccinationism, one lone figure took a public stand. This was James Eayrs, probably a recent British immigrant. Eayrs was fairly typical of one element in anti-vaccinationism. A Londoner and a master shoemaker, Eayrs was also an active evangelical, a Wesleyan who was one of the leaders of the Wesleyan Forward Movement and a member of the Law and Order League.[157] Charged in Cape Town in 1894 for failing to have his child immunised, Eayrs stated that he had very strong objections to vaccination. He had lost one child through vaccination, while another had been permanently injured. When the smallpox attacked his family his unvaccinated child had been least affected. In Eayrs' view calf lymph was even more dangerous than arm-to-arm inoculation. It had proved so disappointing, he claimed, that the Local Government Board in London was recommending a return to the arm-to-arm system. The vaccination law was one which he believed ought to be defied as a matter of principle. He cited the Leicester stand with approbation.

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155 Wohl, Endangered lives, 132-134.

156 For anti-vaccinationism as a political movement see R.M. MacLeod, "Law, medicine and public opinion: the resistance to compulsory health legislation 1870-1907", Public Law, (1967), 107-128, 189-211.

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The repeated complaints of the Vaccination Officer about the failure of residents to come forward for vaccination after 1883 suggests that reluctance to undergo the process was widespread in Cape Town. It was probably the poorest classes who usually did not participate but it was almost certainly not confined to them. The failure of an articulate resistance movement other than that of the Muslims may have been the result of several circumstances. Vaccination was always vigorously promoted by Dutch-speaking doctors. Objections from the Dutch community, which might otherwise have been expected, may have been moderated by this fact. The English-speaking community was largely united by the assertion of British values of which sanitary reform was one. However they might feel and act privately, they probably had no desire to be associated with Muslim resistance which they had so publicly denigrated so Eayrs was unusual in actively protesting the imposition of vaccination.

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157 Cape Argus, 26.2.1894, 28.2.1894, 16.4.1894, 18.4.1894, 18.10.1894.

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CHAPTER FOUR

The cemetery riots of 1886

Smallpox did not disappear entirely from the peninsula after 1882. Sporadic cases did occur thereafter. In 1884 people from Kimberley infected Cape Town. A more serious episode in 1893 involved the introduction of the disease into the city via infected passengers from the steamer, the Scot, who had been allowed to land in the town. There was another outbreak in 1898.[1] Notification, vaccination, the careful inspection of shipping and isolation of victims at Rentzkie's Farm had all become part of the armoury against the disease and, on the whole, these precautions worked effectively. As the incidence of the disease declined in Europe, the greatest problem was the introduction of smallpox from the Transvaal but it was usually successfully contained.

Nevertheless the 1882 epidemic left its legacy in a minimum of legislation and a heightened sense of social tension which was exacerbated by the depression that gripped the colony in the next few years. Anti-Muslim prejudice, far from diminishing, was fed by the medical authorities backed by the central government who were concerned about the possibility of the introduction of cholera through pilgrims from Mecca returning with

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1 Cape Times, 30.1.1884, 13.1.1898; 3/CT 1/1/5/246-202. Under Colonial Secretary to the Mayor, 31.1.1893; 3/CT 1/1/5/247-222. Report of the Health Officer, 9.2.1893.

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bottles of holy water from the East. Urging the confiscation of this water, the prime minister, Thomas Scanlen, wrote to John X. Merriman:

> "I am entirely at one with you regarding the accursed Abdol and his filth. Sec. 14 of Act 16, 1857, gives the Govt. the power to quarantine any vessel arriving here 'under any alarming or suspicious circumstances as regards the public health'; and if such circumstances cannot be said to exist in the case of a shipload of dirty Malays arriving from Arabia with bottles of poisoned water, there is no meaning in words. ... I take it none of us would be likely to yield to a panic, but if these brutes are allowed to bring cholera into the place we shall bear a heavy responsibility."[2]

1. "Let Cemeteries win the people's heart".[3]

The Public Health Act No. 4 of 1883 was a direct product of the 1882 smallpox epidemic. The only clause not directly related to epidemic control made provision for the closure of the Cape Town cemeteries. In terms of the Act the establishment of cemeteries within the limits of any municipality was prohibited and the government was granted the power to close those deemed to be a risk to public health.

The closure of the graveyards seems a trivial enough improvement yet it evoked one of the most violent public reactions in the annals of Cape Town history in

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2 CO 1177. T. Scanlen to J.X. Merriman, 8.11.1883.

3 "But oh! let love be first, and second art,
Let Cemeteries win the people's heart;
Though lowly lay secure the weary head,
And in the tomb domesticate the dead."

Anon, The Cemetery. A brief appeal to the feelings of Society on Behalf of Extra Mural Burial, (1848), quoted in J.S.Curl, The Victorian celebration of death, (Newton Abbott, David & Charles, 1972), 137.

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the nineteenth century. It was the only occasion when a sector of the labouring classes rose in a co-ordinated response to the actions of the authorities; in resistance, moreover, which was distinguished by a coherent ideology and an articulate leadership. It is hardly surprising that the riots have attracted the attention of several historians.[4] Their work has been important in analysing the place and function of the Muslims in Cape society but the focus on Islam has led them to ignore the wider context in which the riots occurred; the reactions of other sectors of the population to the establishment of the Maitland cemetery illuminate the distinctive quality of the Muslim response and provide a counterpoint to it. The incident raises a host of questions about the role of bureaucratic institutions in decision-making, about the distribution of power in colonial society, about the relationship between dominant and subordinate cultures, about colonial mentalités and attitudes to death. Despite considerable concentration on the cemetery riots themselves these issues have hardly been explored at all.

The old Cape Town cemeteries, separated by denomination, had been situated in Somerset Road, just west of the central city area and immediately below the

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4 Bradlow, "Islam, the colonial state and South African history"; A. Davids, The history of the Tana Baru. The case for the preservation of the Muslim cemetry [sic] at the top of Longmarket Street, (Cape Town, The Committee for the Preservation of the Tana Baru, 1985); A. Davids, The mosques of Bo-Kaap. A social history of Islam at the Cape, (Athlone, The South African Institute of Arabic and Islamic Research, 1980); Davids, " 'The revolt of the Malays' "; Shell, "Rites and rebellion".

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"Malay Quarter" on the Lion's Rump [Signal Hill]. At the beginning of 1886 they were closed by act of the central government and moved to a vast necropolis seven miles out of town on the Maitland Road. Why were people so hostile to the removal of the cemeteries, graveyards which appear in the modern view to have been repulsive in the extreme? They were overcrowded, human bones often lay on the surface of the ground, the air hung with the odour of putrefaction, the tombstones were crumbling and the vaults collapsed and exposed. And why were the authorities so determined to push ahead with such an unpopular reform, particularly when they were so dilatory about other aspects of public health?

There has been surprisingly little research on death in the nineteenth century in Europe, let alone in the colonies.[5] Phillipe Ariés has argued that cemetery reform was a phase in the centuries-old process of the development of Western attitudes to death.[6] In Dutch South Africa the European practice of burial in or near the church was retained in the first centuries of settlement. The governor, Simon van der Stel, had been buried inside the original Groote Kerk. When the new building was erected in the 1830s the floor was paved with slabs taken from the graves of notables who had been buried right next to the wall of the old church. Common people were interred in the Somerset Road cemetery which was opened in 1775.[7]

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5 C. Ford and B. Harrison in A hundred years ago. Britain in the 1880s in words and photographs,

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The main Muslim burial places had probably always been on the slopes of Signal Hill. The first official grant of land, however, was made in 1805 to Frans of Bengal by the Raad der Gemeente and formed the original site of the Tana Baru.[8] The Muslim cemeteries consisted of two public and five private burial grounds stretching from a lane opposite Dawes Street to August Lane, along Longmarket Street to the slope of the Strand Street quarry.[9] Of these the most important was the Tana Baru at the top of Longmarket Street where a number of kramats, shrines of saintly persons, were situated, the most important being that of Tuan Guru. The Tana Baru seems to be venerated chiefly for its historical value. The Committee for the Preservation of the Tana Baru comments, "For, a people who cannot show affinity to the noble guidelines of its past, can have no love for its future, and therefore no right to a destiny, except a miserable one".[10] The closure of the cemeteries in 1886 did not, however, involve an attack on this tradition since there was no question of demolishing the graves. What was at issue was the method of burial.

(Harmondsworth, Allen Lane/Penguin, 1983), comment on the neglect of the subject, p. 319.

6 P. Ariés, The hour of our death, (New York, Knopf, 1981); P. Ariés, Western attitudes toward death: from the middle ages to the present, (Baltimore, Johns Hopkins University Press, 1974), 36-49.

7 Standard Encyclopaedia of Southern Africa [SESA], V, 363; SC 2-1875, Report of the Select Committee on the Cemeteries Bill, 17.

8 Davids, The history of the Tana Baru, 5.

9 Ibid., 30.

10 Ibid., viii.

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While Muslim burial practices differed in detail from those of the West - in the burying of uncoffined bodies, for instance - they were sufficiently similar not to cause much offence. In the mid-nineteenth century some medical authorities considered their methods the more sanitary.[11] It was with the smallpox epidemic that public antipathy to Muslim burials began to be expressed. Antagonism was probably related as much to the congregation of Muslims in the main streets and to the uncoffined bodies, as to the carrying of bodies through the town. The "walking funeral" was one of the rituals of Cape Town life and it was by no means confined to the Muslims. The funerals of public personalities were major spectacles including horse-drawn vehicles as well as pedestrians. When Sir Christoffel Brand was buried in 1875 a funeral procession of three mourning coaches and sixty private carriages was led through the streets of Cape Town by the members of the Goede Hoop masonic lodge dressed in full mourning regalia. The flags of the town were hung at half mast and the bell of the Dutch Reformed Church tolled as the cortege wended its way to Somerset Road.[12] Every member of a Friendly Society would expect that his associates would bury him with as much ceremony as possible. Indeed such an injunction was often a requirement of membership.[13] As long as Cape Town remained a walking city, walking funerals were amongst the events which added colour and interest to the daily round.

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11 SC 2-1875, 6-7.
12 Cape Argus, 22.5.1875.

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The great European cities ran into difficulties with overcrowding in their cemeteries long before Cape Town. arising from the huge growth of population and periodic epidemics. Concurrently with this other pressures were at work. Secular influences reduced the role of the church in one of the most significant passages of man's life. Medical hostility to contemporary burial practices seems to have developed quite early in some parts of the Western world, well before the full blooming of the public health movement. In France doctors resisted the expansion of an intra-urban cemetery in Paris in the 1760s and the Parisian cemeteries were closed in 1785.[14]

In nineteenth century Britain fear of pollution from cemeteries became an established although minor motif in the public health movement. The ubiquitous Chadwick produced the first report on cemeteries in 1843. A Cemeteries Clauses Act had been passed in England in 1848 along with a series of other urban improvement legislation. By the middle of the nineteenth century, led by the doctors "who are now the leaders of public opinion"[15] the concept of the urban cemetery as a health hazard had taken firm root in the minds of the educated, although their belief, usually resting on the miasma theory, had little scientific basis. The conviction

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13 CO 1232, Request for registration of the Lodge of Free Gardeners, 31.7.1883. Constitution included.

14 Ariés, The hour of our death, 479-519.

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became established that civilised societies had airy and dignified cemeteries situated well beyond the city limits and administered by secular authorities.

For mid-Victorians cemeteries had a moral and educational function as well. The romantic melancholy and the historic and moral lessons to be derived from contemplation in a graveyard are all illustrated in Gray's Elegy written in a country churchyard. Although an eighteenth century poem Gray's Elegy was extremely popular in the nineteenth century:

> "The solemn and affecting nature of the poem, applicable to all ranks and classes, no doubt aided its sale; ... the elegy went home to all hearts; while its musical harmony, originality, and pathetic train of sentiment and feeling render it one of the most perfect of English poems."[16]

Unfortunately mephitic, decaying urban cemeteries gave rise to no such elevated flights. Consequently reformers urged not only sanitary but aesthetic reform. The influential J.C. Loudon, editor of Gardener's Magazine, agreed that the first concern was that cemeteries should be healthy. "A secondary object is, or ought to be, the improvement of the moral sentiments and general taste of all classes, and more especially of the great masses of society."[17] As the opening quotation suggests, the new cemeteries had yet another purpose as well. They served to bolster the Victorian cult of domesticity. Families should be preserved in death as

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15 Wohl, Endangered lives, 149; Ariés, The hour of our death, 481.

16 Encyclopaedia Britannica, XI, 9th ed (1880), 77-78.

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well as in life.[18]

All these ideas were transmitted to Cape Town, perhaps unconsciously sometimes, by those who saw themselves as the purveyors of civilised values. In 1858 Sir George Grey drew the attention of the Town Council to the threat to public health arising from the insalubrious condition of the cemeteries. A special municipal committee appointed to inquire into the matter agreed that the burial grounds were unsavoury. Medical opinion held firmly to the miasma theory, urging the dangers of the "offensive and death-fraught gases resulting from the decomposition of decaying corpses".[19]

Although the Cape Town cemeteries were not closed until 1886, the Act had been almost thirty years in gestation. The 1858 report had brought no action and in 1873 the attention of the municipality was again attracted to the problem, this time by a medical man, Dr J. Christie. Once again an inquiry was held and the result this time was the drafting of a bill which came before parliament in 1875, leading to yet another inquiry. The parliamentary select committee largely confirmed the conclusions of the earlier investigations although some fresh data emerged. The worst cemeteries were the White Sands burial ground behind Gallows Hill and the Dutch Reformed Church cemetery. The former was

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17 Quoted in Curl, The Victorian celebration of death, 82-3.
18 Ariés, The hour of our death, 289, 316.
19 SC 2-1875, Appendix, ii-iii.

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merely a piece of waste land on which pauper burials took place with no regulation or control. The question of the DRC cemetery was more problematical. Not only was this the oldest proclaimed graveyard, dating back to 1775 and badly overcrowded, but the Dutch practice of placing the coffins in vaults above ground was considered to be particularly unhealthy.[20]

It is clear from the evidence that most of the Cape Town cemeteries were in a sordid state, badly overcrowded and neglected with crumbling tombstones and decaying vaults. Why, then, was there opposition to the Cemeteries Bill? An intriguing and suggestive variety of explanations were put forward at the time.

What might be termed the political and economic objections were made by a dissident group on the Town Council in a petition to the House of Assembly. They argued that not only had the draft bill never been discussed by the Council, but the allegations contained in the preamble (that the cemeteries were dangerously overcrowded) were not borne out either by the facts or by the evidence taken; that the municipality did not have the powers or resources to obtain and administer land outside the boundaries of the municipality; and that the "undisputed rights, titles and transfers" in the possession of religious denominations, families and individuals could not be taken away without compensation which the Council could not afford.[21]

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20 SC 2-1875, 17, 22, 24.

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While the argument that the municipality lacked the resources to administer a cemetery outside Cape Town was pertinent, the property view was more frequently expressed at the time. A Town Councillor, C.G. Prince (one of the "Dirty Party" in later years), urged that additional ground could be provided if the cemeteries were overcrowded, "but let them leave other people's property alone. ... they ought not to disturb the proprietors of private vaults of their rights". Similarly, the Town Clerk, J.A. Roos, considered that owners would have to be compensated if they could not use their places.[22] Concern for property rights was one aspect of the resistance to the Cemeteries Bill. But there were other issues. Titles to property protected more tenuous social rights; customs which might be alien to other sectors of the community. Some treasured the ability to keep their family together in death. For C.G. Prince the point of owning a piece of ground in the cemetery was that it enabled his family to lay their dead together - "for us all to be buried in one place as a family was my chief reason for having it".[23]

Not only did the Dutch share this domestic desire but their practice of maintaining family vaults above ground seems to have been related to a wish to keep some contact with the mortal remains of their relatives. W.A.J. de Smidt, an elder of the DRC and Kirkhof Meister

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21 SC 2-1875, Appendix, xxv-xxvii.
22 SC 2-1875, 53, 109.
23 SC 2-1875, 117.

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[superintendent of the cemetery] related the events surrounding the examination of the de Vos family vault from which it had been rumoured some coffins had been removed:

> "Someone said, 'I don't see so and so's coffin,' and that was found; and then someone else said he could not see his grandmother's coffin, and that was found; and then a Mr Pentz, whose wife was buried there, said something, and the coffin was opened, for I was determined that the matter should be looked into, and she was recognised by a sort of wig she used to wear, and then the man with tears in his eyes said that was the wig his wife used to wear."[24]

When the committee members suggested with distaste that it was a desecration of the dead to pile up bones in the vaults to make room for more coffins another witness, the Hon. J.G. de Korte MLA, replied, "I don't see any harm in that, if they are dry bones what harm can there be in that?"[25]

Both the English and the Dutch, but more particularly the latter, evinced a strong proprietorial sense in relation to their dead; a sense of family which they expected to have protected in law through title deeds. More than this. The Dutch still clung to practices which had become outmoded in western Europe or were continental rather than British in origin. This was true both of the casual piling up of bones in the vaults which so offended the sensibilities of the members of the commission, and in the use of the vaults themselves, for the latter seem to have been alien to British tradition at the Cape.[26] And the Dutch were clearly reluctant to

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24 SC 2-1875, 160.
25 SC 2-1875, 170-171.

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abandon habits which were intrinsic to their special heritage. Underlying the evidence of the Dutch witnesses there was often a note of tension which took the form of obstinate rejection of the apparently logical and dispassionate facts laid before them by the enlightened professionals, the doctors and the clergy. The Hon. W.A.J. de Smidt, MLA, for instance, denied flatly that the cemetery was either overcrowded or unhealthy. Once a section was full, he pointed out, it ceased to be used for twelve years. After that the undecomposed bones were buried deeper and new burials were placed on top. As to health, he lived in Somerset Road opposite the English cemetery and had brought up fourteen children there with no ill effects.[27]

One senses in these witnesses a faintly resentful resistance, perhaps not clearly articulated even to themselves, to the imposition of alien values and unfamiliar bureaucratic standards which interfered with the cherished rites which defined their distinctive identity as Dutch South Africans. Yet this concern for their dead on the part of white Capetonians did not preclude a complete lack of concern about the physical condition of the graves. While some people were moved by their loss to visit the graves - Rees, the City Engineer saw a woman weeping over remains at the dreadful White Sands burial ground - there is no suggestion that

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26 Ariés, The hour of our death, 53-59, 347.

27 SC 2-1875, 140-1. Compare this with the similar practice in the French country cemetery of Minot, discussed by Ariés, The hour of our death, 551-554.

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visiting neatly tended graveyards formed a part of white Capetonian culture.[28]

The position of the Muslims was more clearcut. The Christian churches did not prescribe burial rites. Indeed, the Christian clergy seemed relatively unconcerned that the secularisation of burial, of a central social act, was at stake. The English language press, so often in the vanguard of reform, pointed the way. What of the dead Agnostic, the Cape Argus asked. "Cemeteries should be under public control; and they should be well without the city; but not at an inconvenient distance."[29] The Muslims, on the other hand, believed that their religion enjoined them very precisely to carry their dead to burial. If the cemetery were too far this was impracticable. Any new cemetery, even in Salt River as was mooted in 1875, was likely to involve a walk of several miles.

For some Muslims the removal of the cemeteries presented an impossible dilemma. This is evinced most strikingly in the case of Abdol Burns, the cab-driver who had resisted the hospitalisation of his children during the smallpox epidemic. Burns is one of the few Muslims whose personality emerges with any clarity in the sources of nineteenth-century Cape Town, dictated as they are by middle-class interests. Recent Muslim writing on Burns is extraordinarily contradictory. To Achmat Davids he was a

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28 SC 2-1875, 22.
29 Cape Argus, 12.5.1882.

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hero, a man who sacrificed himself for his faith. To Bradlow, on the other hand, he was a sell-out to Cape liberalism who exploited the notion of "malayism" for his own benefit. Lacking an adequate understanding of the subtlety of Islam, he secularised Muslim political activity and contributed to the demise of traditional Islam at the Cape.[30]

Relatively little is known of Burns' life but the information we have suggests that he was a man of two worlds, a colonial leader trapped in the "ambiguity of dependence", as Marks has suggestively phrased it.[31] Burns was born in Cape Town about 1835, of a Scottish father, a private soldier, and a coloured mother. His parents died when he was a child and he was brought up by Dutch people who had employed his mother, and educated at St Stephen's School, the DRC coloured mission institution. He appears to have been a Muslim from birth but his faith was probably confirmed when he married a Muslim woman. Unlike most of his co-religionists, he was English-speaking and preferred pure Dutch to the "taal". At one stage he was the president of the Union Cricket Club, a Muslim body, and he sent his children to English church schools, two to the Catholic Marist Brothers' College and two to the English church school. He had no objection to mixed schools, he said, because they would teach coloured children to be clean. He favoured compulsory education:

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30 Davids, The history of the Tana Baru, 111-112; Bradlow, "Islam, the colonial state and South African history", 170-173.

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"A parent has to give his child food and shelter, and he should also see to its education, so that the child may know how to conduct himself and know his superiors from his inferiors, as I do. Personal experience has taught me that. If we had a law for compulsory education, there would be less loafing and rascality carried on among the poorer classes, because education will teach them how to conduct themselves." [32]

Despite this partial appropriation of British cultural values, Burns had turned his back on them. Although a teacher, he had become a cab-driver, preferring manual labour, he explained. Above all his religious faith was clearly central to his existence. As a Muslim, however, he was also an integral part of the "Malay" community whose concerns he repeatedly espoused and championed. He described himself in the 1880s as the "Secretary to the Malay Community". He negotiated for land on Green Point Common for the Muslim cricketers and he agitated successfully on behalf of the cab-drivers over licences.[33]

Burns had also for long been politically active. He was said to be a follower of the Empire League. Apparently he made his political debut in 1869 at a meeting organised by Professor Roderick Noble and Saul Solomon amongst others to protest against the harsh amendments to the Masters and Servants Act. Describing

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31 Marks, The ambiguities of dependence, 2, 55-56.

32 Cape Argus, 11.6.1898; AG 2881-7, Preliminary examinations, 1.2.1886; Cape Argus, 1.6.1892; G 9-1891, Report of the Education Commission, 95; 3/CT 1/1/5/255-1831, A. Burns to the Mayor, 21.11.1893.

33 3/CT 1/1/5/176. Report of the Finance Committee, 20.2.1880; Davids, " 'The revolt of the Malays'", 69; A. Davids, "Politics and the Muslims of Cape Town: a historical survey", Studies, 4, (1984), 190.

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himself as a tradesman, Burns elicited enough applause to suggest that he was familiar at least to part of his audience. The Cape Argus, to the end of his life a friendly supporter, commented on that occasion, "He spoke English more correctly and with a purer idiom than many Africanders who have had a good education. He seemed a cool, self-possessed, intelligent man".[34]

Despite the favourable impression which Burns sometimes made there were contradictions in his behaviour. His actions during the smallpox epidemic were not those of a self-possessed man. Grief and worry may have played their part but there was an uncharacteristic wildness in his manner when he threatened to shoot his infected children rather than give them up to the hospital authorities.[35]

The paradoxes in his behaviour were to become more striking in 1886. Burns' status in the white community, and probably to some extent amongst Muslims as well, rested on the fact that he had a Western education, that he had internalised Western standards and that he acted as a bridge between Western and Muslim culture. Now he would be torn. If he accepted the values of the one, he necessarily rejected the values of the other. Both he and the committee members realised this when he was interviewed by the 1875 cemeteries select committee. When Hofmeyr asked him, "If this law were passed would you

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34 Cape Argus, 22.7.1869.
35 Cape Times, 1.8.1882, 2.8.1882.

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still bury in your place?" he replied, "I should be bound to go there, but I must submit to the law". To Boyes' more blunt question, "You mean that the law would force you to violate your religion?", he answered simply, "Yes". In 1875 he said that, if the law were passed, as an educated man he would submit, but he was well aware that "our ignorant Malays" would not, "because it affects our religion".[36] Here, indeed, lay the crux of the matter. For some Christians the removal of the cemeteries affected their culture, it touched their social being but it did not violate their most central beliefs. Moreover it did not present them with a direct conflict of values. For the Muslims the removal of the cemeteries did just that.

2. "While care for the dead is a sacred duty, regard for the health of the living is of paramount importance".[37]

In the lingering afterglow of reform following the smallpox epidemic and egged on by the press and the Smallpox Relief Committee which threatened to bypass the municipality and take the matter direct to the central government, the Town Council finally decided in September 1882 to act in the matter of the cemeteries.[38] There were two incentives. Not only was the problem more amenable to solution than such thorny matters as housing, but the removal of the cemeteries beyond the boundaries of the city would pass the buck to other authorities. It is

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36 SC 2-1875, 183-188

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hardly surprising, therefore, that from the first councillors favoured a site on the Maitland [Durban] Road, some six miles from city for the new "necropolis" as they were starting to call the cemetery.[39]

In coming to this decision the municipality was influenced mainly by the medical profession. After 1882 its new medical officer of health added his voice to the earlier chorus. The choice of the site was largely that of the city engineer, the only other professional employed by the Council. After extended discussion and the refusal of the government to grant the municipality the Outspan adjoining Maitland village,[40] by March 1884 the choice had been reduced to two sites. One was a piece of ground between Mowbray and Maitland, then owned by the South African Brick and Lime Company, and the other was the seven mile site on the Maitland [Durban] Road.[41]

The growing chorus of protests against the latter must have made it perfectly clear that Maitland was not acceptable to a substantial proportion of Cape Town's

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37 CO 1304. Secretary, Maitland Cemetery Board to the Colonial Secretary, 29.4.1885, and notes from the Attorney General's Office and Colonial Secretary, 1.5.1885, 2.5.1885.

38 Cape Times, 5.11.1879, 23.2.1880, 15.11.1880, 9.9.1882, 12.9.1882.

39 Cape Times, 2.10.1882; 3/CT 1/1/1/33, 4.10.1882

40 3/CT 1/1/5/195-615. G.H. Fisk to the Mayor, 17.6.1883; 3/CT 1/1/5/194-403. City Engineer to the Mayor, 24.4.1883; 3/CT 1/1/5/194-420. Report of the Public Works Committee, 28.4.1883; 3/CT 1/1/5/196-799. Office of the Commissioner of Crown Lands to the Town Clerk, 25.8.1883; 3/CT 1/1/5/196-837. Office of the Commissioner of Crown Lands to the Town Clerk, 6.9.1883.

41 3/CT 1/1/1/34, 4.3.1884.

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population. Moreover the strength of the objections was clarified when a survey was taken of meetings on the subject. Almost every religious group was opposed to the seven mile site. Only the Lutherans expressed a preference for the most distant site while the Baptists left it to the discretion of the Council. The DRC favoured the third milestone, the German Lutheran Church wanted Green Point Common (as did Canon Lightfoot), and the South African Missionary Society, the Ebenezers, the Muslims and the Anglicans all expressed the wish that the new cemetery should be as near to town as possible. The municipality, however, ignored this articulated opposition. Possibly the councillors shared the view of the Cape Times that the discussion had been of "a languid sort". On 25th April they voted for the seven mile site, only Dormer (the editor of the Cape Argus) dissenting.[42]

As the cemetery inquiries had suggested, the hostility to the new site was not purely a matter of distance, although that was certainly one of the principal arguments. The more conservative of the English papers, the Cape Argus, pointed this out. The Maitland site, it considered, was too inaccessible. The changes on the trains and delays in getting to the cemetery would be harrowing to close family mourners. From Sea Point the journey would be extremely complicated, involving several changes. Nor, it pointed out, were walking funerals confined to the poorer classes. The ceremonial funerals

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42 Cape Times, 26.4.1884; 3/CT 1/1/1/34, 25.4.1884.

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of the Volunteers and the Friendly Societies with large numbers of followers were a Cape custom. Moreover the Malays had to be considered. They would be rated to pay for the cemetery and had a right to a voice in the matter.[43]

The Anglican objections were voiced most strongly by Canon Lightfoot although it is clear from the dissent that not all the Anglican clergy shared his humanitarian stand. Lightfoot opposed the seven mile site because it was too far for the poor to visit their departed. (When one remembers the high mortality rate in Cape Town, especially of children, the force of this point becomes clear). Moreover Lightfoot considered that the Malay objections should be taken into account. After all, he argued, they had come to Cape Town against their will. They had been brought for the benefit of Christians and it was due to Christian negligence that they had remained Mahomedans. Unusually amongst the Anglican clergy he agreed with them that "sanitary ideas may be carried too far".[44]

There was some validity in the comments of the Argus but it was Lightfoot had who put his finger most precisely on the greatest loss in the removal of the cemeteries. The poor as a whole had no articulate voice. But the case was very different with one segment of their community. The smallpox epidemic had already demonstrated

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43 Cape Argus, 27.2.1884.
44 Cape Times, 26.3.1884, 27.3.1884; Cape Argus, 26.3.1884.

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that the Muslims had a coherent ideology around which their resistance could coalesce. In their Imams and individuals such as Abdol Burns they had a leadership which could help them to focus and express their discontent. As far back as 1875 Burns had warned the indifferent inquiry committee that the matter could become politicised. In 1858 Muslim religious leaders had not studied the interests of their fellow men but they did on this occasion. "But now, when they see what the Town Council is carrying out, the people themselves study the matter, and take an interest in council elections, and in the election of members of Parliament."[45]

The Muslims were perfectly willing to move and throughout the conflict made repeated efforts to find other ground. But they were determined to preserve their ritual religious observances at all costs. In the last resort it was a conflict between reason and belief. Years before, both the Shafee and Hanifa sects had explained their objections to a distant site. In a letter to the municipality Jongie Siers, the trustee for the Hanafite congregation, insisted that they were prohibited by faith, not custom from carrying their dead in any vehicle. Moreover, a great distance imposed an unbearable burden on the poor - "to walk six miles in heat and dust or rain and mud is more than human beings can do", he pointed out, and the poor would have to do a double journey. He urged, in a refrain that was to become familiar, that Cape Muslims be allowed to practise their

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45 SC 2-1875, 187.

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religion with the same freedom as other Muslim subjects of the British Empire.[46]

As has been seen, white reaction to the Muslim stand was ambivalent. On the whole it was sympathetic. Initially the Dutch, in a similar plight themselves, were prepared to make common cause with them. Moreover there were political advantages to be gained from such an alliance. At an electoral meeting M.L. Neethling, then campaigning for election to the Legislative Council, promised the Muslims that if wrong were done to them, he would see it remedied if they returned him to parliament.[47] Not all Capetonians, however, shared this attitude. The legacy of the smallpox epidemic was a deep-rooted suspicion of the Muslims, especially amongst the most sanitary-minded sector of the population. Indeed, to the reformist Cape Times Muslim resistance presented an opportunity for radical social engineering. The Muslims must learn to subordinate their scruples to common sense, it declared. The alternative should be removal to a suburban village.[48]

More serious to the authorities was the growing Dutch opposition to the seven mile site. At a formal meeting the DRC consistory resolved that, in their opinion the cemetery could still be used for a number of

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46 Cape Times, 19.10.1882. The Shafee sect was the original Muslim sect at the Cape. Hanafite congregations were introduced by Abu Bakr Effendi from Turkey. They differed in observances but both groups were Sunni Muslims. Davids, The mosques of Bo-Kaap, 51-52.

47 Cape Argus, 10.4.1884.

48 Cape Times, 24.10.1882, 14.3.1884.

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years without inconvenience to the public.[49] Dutch resistance was muted at this stage, however, remaining at the level of the church council. The Dutch made little effort to take the lead in any form of public protest or even to raise their voices loudly.

Once the Council had taken the decision to establish the necropolis at the seven mile site, and the government had acceded to the proposal, the matter passed out of its control. The municipality washed its hands of any obligation, taking no responsibility for what followed. In fact the cemetery issue lay dormant for several months until, in August 1884, the Cape Peninsula Cemetery Board (as it was officially designated at first) was formally constituted. With the creation of the Maitland Cemetery Board the controversy entered a wholly new phase for, once in existence, the Board developed an imperative of its own.[50]

The original members of the Board were Dr H.A. Ebden, president of the Cape Medical Committee, W.E. Moore, lawyer and later mayor of Woodstock, the Hon. P. Marais, MLC and a member of the DRC synod, J.C. Smith, D. Mudie and Chas. Lewis. Despite the interest of the community, no Muslim was appointed, a slight which did

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49 Cape Argus, 16.4.1884. The reporting of the cemeteries controversy in the Dutch press was very limited in the early stages. Since it was usually preoccupied with rural and political issues it was confined to brief notices clearly culled from the English newspapers.

50 4/CT Add 1/1/1. Minutes of the Cape Peninsula Cemetery Board, 27.8.1884.

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not escape them.[51] In the initial stages the Cemetery Board was concerned with two matters. The first was the necessary business of laying out and organising the administration and functioning of the cemetery. The second was the problem of finance for the Board had no resources at all, not even the funds to secure the title deeds to the land. It was the latter issue which was to be so crucial. Once it had come into being the Board not only had to justify its existence but it had to pay its way.[52] This necessity made it a determined instrument for implementing the closure of the urban burial grounds.

In terms of the Public Health Act the Somerset Road cemeteries were to be closed in March 1885 but the financial difficulties of the Cemetery Board prevented this for months. In October 1884 it was recorded that there had been a delay in the transfer of the ground from the government. By January virtually no decisions had been taken about the laying out of the ground. It was decided to ask for a postponement of the closure until June. At that stage the meetings of the Board, which had previously been held in camera, were opened to the public on account of the general interest and they were fully reported in the press.[53]

By March the problems facing the Cemetery Board were more serious than ever. It was becoming clear that

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51 Davids, The mosques of Bo-Kaap, 72
52 4/CT Add 1/1/1, 9.10.1884.
53 CO 1304. Secretary, Maitland Cemetery Board to the Colonial Secretary, 5.2.1885, 7.2.1885; Cape Argus, 16.1.1885, 29.1.1885.

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their clients were going to vote with their feet. To many Capetonians almost any alternative was preferable to burial at Maitland. Two major constituencies, the Dutch and the Muslims, were applying for exemptions.

The different ways in which the two cases were treated is instructive. The DRC, with representation in parliament, was able to operate on a very different political level from the Muslims. In October 1884 a deputation to the prime minister asked for an exception to be made to the closing of certain family vaults. The prime minister agreed to look into the matter. The Dutch did have some legal justification for their stand, as H.H. Marais explained to the Colonial Secretary, since money had been left in wills for keeping some of the vaults in a state of repair. Moreover, unlike the Muslims, they could make a direct appeal to parliament through their political representatives.[54]

Government handling of the Muslim requests was much more ambiguous. While the government did not refuse to meet the Muslims, the latter did not have access to the highest levels of government. Moreover, there seem to have been repeated delays in the government responses to their requests. Abdol Burns, now describing himself as the Secretary to the Malay Community, explained to the Cemetery Board that they had been kindly received by the government. He believed that the "cruelty and hardship" in forcing them to use the Maitland Cemetery had carried

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54 Cape Times, 18.10.1884, 7.2.1885.

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weight with the Colonial Office. He took their silence to mean consent. He was mistaken. Clearly the authorities were reluctant to alienate the Muslims by an outright refusal if it could be avoided, but the Colonial Office at least had little sympathy for their cause. Only when the Cemetery Board pressed the government was a decision made. It was not in favour of the Muslims:

> "He [the Colonial Secretary] had every wish to avoid doing violence to the religious convictions of the Malay Community and he trusts that so respectable and law abiding a Community will see that while care for the dead is a sacred duty regard for the health of the living is of paramount importance ..."[55]

In fact both the Cemetery Board and the government were in a dilemma. Given its financial obligations the Cemetery Board was reluctant to accede to the escalating number of requests for exemptions from burial at Maitland. Moreover the problem was not confined to the religious communities. There was also the question of free burials. Figures from the preceding year had shown that, of 1 272 burials, 122 had been free by order of the magistrate, and 137 from the New Somerset Hospital and forty-four from the Old Somerset Hospital had also been free, a total of 303, nearly a quarter of all burials. As Mudie pointed out, such a large number of free graves would be a heavy burden on the Cemetery Board.[56]

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55 CO 1304. Abdol Burns, Secretary Malay Community to W.E. Moore, Secretary, Maitland Cemetery Board, 31.3.1885; CO 1304. Secretary, Maitland Cemetery Board to the Colonial Secretary, 29.4.1885, and notes from Attorney General's Office and Colonial Secretary, 1.5.1885, 2.5.1885.

56 Cape Argus, 26.3.1885.

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The financial difficulties of the Board were compounded by its lack of resources. By May 1885 they had already spent £629 8s 1d and estimated that by the time the cemetery opened they would have spent at least £3 500. They needed some formal income and decided to apply to the government for a loan of £4 000 under the Local Works Loans Act of 1882. Even this did not resolve the difficulty since the cemetery did not fall under the Act. Government records suggest, however, that Maitland was seen as a special and important exception and it was finally decided to pass a special act to enable the trustees to raise a loan.[57] The decision was significant in adding to the financial obligations of the Board.

Economic considerations were not the only factors in delaying the opening of the new cemetery. Heavy rains interfered with the preparation of the grounds and the date of closure of the Somerset Road cemeteries was repeatedly postponed, from June to November, to December, and finally to January 1886.[58] In the meantime resistance to the new cemetery was mounting. The Dutch took full advantage of their standing in the community to gain some remission. In July the consistory of the Cape Town DRC presented a petition to the House of Assembly. They requested specifically that burials in certain vaults should be allowed to continue. They appealed to the peculiar position of the DRC as "the only established Church of this Colony". Its members, they urged were

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57 Cape Argus, 14.5.1885; CO 1305-157. Secretary Maitland Cemetery Board to the Colonial Secretary, 10.7.1885.

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"representatives of the earliest pioneers of civilization, many of the most distinguished colonists are related to those whose remains lie buried in the said cemetery. Ties have thus been cemented, the severance of which will be keenly felt".[59]

The Dutch petition was considered sufficiently important to be referred to a select committee consisting entirely of Dutch MLAs. It is not surprising to find that they were sympathetic to the petition. The report argued that the vaults had been built "at considerable expense" with the express intention of keeping relatives together in death, that many still had ample room for burial and that, provided bodies were placed underground, well-covered with earth, and regulations properly complied with (a careful legalistic touch), the vaults should continue in use.[60] Even at a national level economic and social interests combined to resist the implementation of new-fangled sanitary precepts.

The prime minister, Sir Thomas Upington, was utterly opposed to the granting of any concession knowing full well that it would be the thin end of the wedge. In the event no decision had been reached by the end of the session and the report of the select committee was felt

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58 CO 1305-186. Secretary, Maitland Cemetery Board to the Colonial Secretary, 15.8.1885, and notes, 18.8.1885, 22.8.1885.

59 HA 798-229. Petition of Hugo Henry Marais, Elder of the DRC on behalf of the Consistory of the DRC of Cape Town, [10].7.1885].

60 SC 33-1885, Report of the select committee on the petition of H.H. Marais on the Dutch Reformed Church Cemetery Vaults, iii.

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to be inadequate. The Dutch case had to hang fire until after the official closure of their vaults. All the same they were not at the end of their resources. In November the Kerkraad decided to ask for an extension of time on the grounds that it had been shown in parliament that further inquiry was necessary.[61] A tense meeting in December between the Cemetery Board and a deputation from the DRC consistory indicated something of the strength of the feeling involved. The usually pacific Rev. A.I Steytler (of the Groote Kerk) insisted that the cemetery was not yet in a fit state to receive interments to which Ebden retorted that the objections were just sentimental. Farm burial grounds, for instance, were much more rough.

Not to be deterred, the Dutch then insisted on an inspection with trial pits dug. The results, they declared, were unsatisfactory. Although no water appeared on the Episcopalian site, the story was different on the Presbyterian land where water was reached at five foot, and on the DRC ground where it was seen at six foot. The trenches which were supposed to drain the water were choked with sand. Shelters for mourners were absent. The whole effect, Steytler considered, was to render the place unusable for some years to come.[62] The wet ground was a godsend to the angry Dutch and they were inclined to make the most of it. At their own consistory meetings they expressed themselves much more strongly, Mr Denyssen declaring that "Had it yet been the time of slavery, he

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61 House of Assembly debates, 517, 533; Cape Argus, 27.11.1885.

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would not even have agreed to bury a slave there (cheers)". The action of the government was disgraceful.[63]

By the end of the year antagonism to Maitland was undiminished. Much of it was related to bureaucratic actions of the Maitland Cemetery Board arising from its growing financial difficulties. The loan was to be granted from 1 January 1886 and interest (5% over 35 years) of £122 3s 4d was to be paid each half year. Already the acquisition of income was delayed when the Board was forced to request another deferment of the closure of the cemeteries until 1 December 1885. Moore observed that they would be unable to meet the initial demands and it was decided to ask that the first payment of interest be delayed for six months.[64] It was against this background that fees were set. At £2 10s graves were substantially more expensive than the 15s paid in Cape Town. Already shocked by the high costs, the Anglican Church was further angered by the proposal that paupers could not be buried in the denominational allotments, but together in a special area.[65]

Most serious, Muslim opposition was becoming more focused and resolute. It was deliberately and consciously conducted in the most formal and constitutional manner.

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62 Cape Argus, 1.12.1885; Cape Times, 21.12.1885.

63 Cape Argus, 23.12.1885.

64 CO 1308-500. Assistant Commissioner to the Under Colonial Secretary, 15.10.1885; Cape Times, 27.8.1885, 10.9.1885, 5.11.1885.

65 Cape Times, 24.9.1885; Cape Argus, 24.9.1885.

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On 12 June 1885 the Muslims held a public meeting in the Council Chamber of the Town House. The crowded meeting emphasised its loyalty and sense of obligation at being allowed to meet there, an honour never accorded before. Burns, the chairman, urged, "let us agitate in a just and constitutional manner ...". Nevertheless the urgency and determination were embodied in the resolutions which warned of calamitous results if the grounds were closed.[66]

This careful agitation evoked no response from the government. When the public announcement was made that the cemeteries were to be closed on 1 December, it was decided to send a deputation to wait on the Colonial Secretary. The newspaper reports are redolent of rising tension. The deputation was supported by a crowd of three to four thousand Muslims, a "grand sight" which Burns invited John Tudhope, the Colonial Secretary, to observe. The demonstrations remained peaceful and Tudhope was markedly conciliatory in his manner. "I only want to find some way of meeting your objections", he assured the deputation. It was clear that Tudhope was not to be budged on the closure of the grounds. If the Muslim request were granted, he pointed out, he would have to accede to those of the DRC, the Scotch Church, and all the others. Compromise appeared to be possible since the Muslims only wanted time to look for a suitable site outside the town. They had not been able to make

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66 3/CT 1/1/5/206-672. A. Burns to the Mayor, 8.6.1885; Cape Times, 13.6.1885; Cape Argus, 13.6.1885.

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arrangements before because they had been kept in suspense for fourteen months. The atmosphere of the discussion was friendly. Tudhope agreed that the Muslims should be granted a twelve months delay if they could find suitable ground temporarily, and Burns responded by leading the assembled Muslims in a march up the Avenue in a display in honour of the Colonial Secretary.[67]

It is difficult to judge whether Tudhope was playing for time or whether he was genuinely seeking a compromise. Whatever his intentions, there were strong pressures against conciliation. For the Maitland Cemetery Board and the government which had invested in the ground, an alternative cemetery was no solution. The chairman, Lewis, protested vehemently. Other denominations were likely to ask for postponements as well and, if they were granted, the Board would be unable to pay its interest. Burns saw the Board as an enemy to the Muslim cause and he was cynical about its motivation - "... the question with the Cemetery Board is now made clear. It is not justice or equity, but merely £.s.d. What a noble object!"[68]

Throughout November and December the Muslims searched urgently for an alternative site. All their proposals were turned down, either by the city health officer or by the city engineer. The rejections only added to the grievances of the Muslims since the land

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67 Cape Argus, 14.11.1885; Cape Times, 14.11.1885.

68 Cape Times, 19.11.1885, 25.11.1885.

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proposed, on the Lion's Rump, had been acceptable to the municipality in 1858. A second suggestion, of land above the docks, was regarded as equally undesirable. Tudhope was not prepared to ignore the recommendations of the medical authorities. At the same time it would appear that he wished to avoid a confrontation for it was he who suggested that, although burials in Maitland would start on 1 December, the cemeteries should not be closed until 15 January 1886.[69] But the tone of Burns' correspondence with the Colonial Office hints at the growing sense of grievance amongst the Muslims. "It is ... clear", he wrote, "that neither reason nor justice is considered in our case ..."[70]

Muslim agitation was not the only reason for the obduracy of the authorities. As the time approached for the closure of the cemeteries the Dutch were also becoming recalcitrant. After the Colonial Secretary had refused requests for a further postponement the consistory met to consider its next steps. An interdict from the Supreme Court was felt to be too expensive. Instead it was decided to hold a public meeting of all denominations. For the Dutch the cemeteries issue had become a betrayal, not only of their culture, but of the

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69 CO 1315-54. Health Officer, Cape Town to the Colonial Secretary, 25.11.1885; CO 1305-283. A.Burns to the Under Colonial Secretary, 26.11.1885; CO 1305-290. A. Burns to the Under Colonial Secretary, 27.11.1885; CO 1305-296. Secretary, Maitland Cemetery Board to the Colonial Secretary, 30.11.1885; CO 1315-64. Health Officer, Cape Town, to the Colonial Secretary, 16.12.1885.

70 CO 1338-3. A. Burns to the Under Colonial Secretary, 4.1.1886.

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constitution bequeathed to them by the British, by a government which was unreasonably influenced by the medical fraternity. "Men moest protesteren tegen de handelwije van een Regering die de dooden in water wilde laten begrave; en als een Gladstone en een Disraeli geweken waren voor openbare vergaderingen, dan zou de Regerering hier ook niet onverschillig blijven", the chairman, ds Steytler declared.[71]

The meeting which followed the next day was uncharacteristically rowdy for a DRC gathering but it had attracted followers of the Ebenezer and St Stephen's churches, both with coloured congregations, and some Muslims as well. Emotions clearly ran high but discussion differed from that of the Muslim gatherings because objections to the Maitland cemetery, although strong, were far more inchoate. Christians had neither rational nor religious reasons for resisting the closure of the Somerset Road cemeteries and had to fall back on a variety of emotional arguments. Poor drainage was the most cogent. "Waar leek het naar dat de dooden in de graven zwemmen in hun nabestaanden ze in schuiten bezoeken moesten?" ds Botha asked.[72] When Mr Berks Hutchinson enquired if this were the only objection to the Maitland cemetery and suggested that it would become an acceptable place, pandemonium resulted - "Neen, neen!

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71 Cape Times, 13.1.1886; Cape Argus, 13.1.1886; Zuid Afrikaan, 14.1.1886. "They had to protest at the action of a government that would permit burials of the dead in water; and if a Gladstone and a Disraeli were swayed by public meetings, then the Government would also not remain indifferent."

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werd er geschreeuwd". Despite the excitement the results were inconclusive for all the protesters were prepared to do was to petition the government yet once more.[73]

At this late stage the Colonial Secretary was prepared to prevaricate no longer. The Cemetery Board had assured him that the grounds were suitably prepared and other opposition was dwindling. Lightfoot, who had disliked the distant site from the first, felt that he had not been adequately supported in the early stages. Now they must support Maitland loyally, he declared. The Dutch Reformed Church was told that they must bury at Maitland and public opinion, also, seemed to be swinging behind the authorities. The Cape Argus expressed its pleasure that the Colonial Secretary had stood firm. In a few months the use of Maitland would become a habit, its readers were assured.[74] On 15 January, in the face of continuing Muslim and DRC protests, and with their problems still unresolved, the Somerset Road cemeteries were closed.

3. "We ... were quite prepared to die for our faith".[75]

The position of the Muslims had not been clarified when the cemeteries were closed on Friday, 15

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72 Zuid Afrikaan, 14.1.1886. "Would it happen that the dead floated in the water and that next-of-kin visiting them would have to use boats?"

73 Cape Times, 14.1.1886; CO 1338-18. Rev.A.I. Steytler to the Colonial Secretary, 14.1.1886.

74 Cape Times, 14.1.1886, 15.1.1886; Cape Argus, 15.1.1886.

75 Cape Times, 18.1.1886.

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January. The search for alternative sites was still continuing, most of them impatiently rejected by the Medical Committee. Obviously aware that the crisis could be averted only by a prompt decision, on the 15th and 16th Burns shuttled urgently between the Colonial Office, the governor and the prime minister, to no avail. The government was prepared neither to override the vetoes of the Medical Committee nor to suggest any other burial ground. Burns claimed later that he met the Imams at 6.30 on the evening of the 16th to explain the position. He left it to them to determine what should be done until a new ground could be found and they decided to go to the old cemetery. He warned them, whatever they did, not to touch anyone.[76]

The story of the riots has been told on several occasions.[77] However, the sources are problematic and there are omissions in the existing accounts. The main sources are the newspapers and the record of proceedings of the trials of the rioters.[78] Neither Davids nor Bradlow have commented in much detail on the actions of the government in relation to the riot and they have not attempted to locate the episode in the larger literature on riot and social protest.

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76 CO 1345-3. Secretary, Colonial Medical Committee to the Colonial Secretary, 15.1.1886; Cape Argus, 14.1.1886; Cape Times, 20.1.1886.

77 Davids, The mosques of Bo-kaap, 62-84; Davids, The history of the Tana Baru, 95-112; Bradlow, "Islam, the colonial state and South African history", 233-235; Shell, "Rites and rebellion", 32-36.

78 A missing issue of the Cape Times for 18 January has been located and incorporated into the SAL microfilm. Unfortunately the records of the trial

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On 17 January, the child of Amaldien Rhode, a Woodstock fisherman, died and the coffin was carried that afternoon along Sir Lowry Road, through Darling and Shortmarket Streets, up to the Tana Baru at the top of Longmarket Street. It was accompanied by a procession of about 3 000 people. At this point accounts are confused. According to the Cape Times, when the procession met a small assembly of about thirteen police in Chiappini Street, it divided. When the majority went on to the cemetery for the burial, a proportion split off and surrounded the police. For some reason the latter were then attacked.[79]

The Cape Argus thought that it had started with some white men who had been hustled and had pushed back. These men appear to have followed a small police contingent of fifteen men who had accompanied the procession. In the ensuing confusion stone throwing started and some police were injured, one fairly seriously since he was stabbed and his jaw broken. The trouble ended when Mr Shaw, the Commissioner of Police, appeared and addressed the leaders, explaining that it was not the duty of the police to interfere with the burial.[80] The Cape Times had two versions to offer. The Muslims, they claimed, had said that the assault was made on the police because one of the constables had tried to seize hold of the body to prevent the priest from interfering with it, "but this is emphatically denied".

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proceedings have recently been mislaid by the Cape Archives. AG 2881-7, Preliminary examinations, 1.2.1886.

79 Cape Times, 18.1.1886.

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Another account suggested that "a gentleman" who had followed the police to Chiappini Street, had been gratuitously attacked by some Muslims and the police had gone to his assistance, triggering off the assault.[81]

Later in the afternoon the crowds massed again in a second demonstration when the coffin of a child was taken to the DRC cemetery:

> "In Overbeek-square there was a large crowd, and much excitement. A few Malays were on roofs, and of a crowd of some seven or eight hundred people two-thirds were probably Malays ... I do not suppose there was a man, woman, or child who could walk, inside of their homes. They were either in knots at street corners, in groups in the streets, on their stoeps or on the house-tops, whilst on the wooden balcony of a Mosque-minaret a priest and his followers were looking down on the scene as if directing the defence of a beleagured city. The people, although quiet, were expectant of something about to take place."[82]

At 5 o'clock a vast crowd assembled in Somerset Road outside the cemetery, consisting "of the noisiest of street urchins and the roughest of hobbledehoys, mostly - almost to a lad, coloured." The police watched quietly. Just after six a crowd came down Buitengracht Street, at the centre of which were two or three coloured and Malay men, one carrying a pick and a small coffin under his arm. The gates of the churchyard were forced open, the crowd poured in, the coffin was quickly buried, and the people dispersed, having first set up "a ringing shout of triumph and defiance".[83] The Cape Times confirmed this sense of victory:

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80 Cape Argus, 18.1.1886.
81 Cape Times, 18.1.1886.
82 Cape Times, 18.1.1886.

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"Several of the Malays spoke with exultation of the feat they had accomplished in openly defying the law, and the expression, 'Dit was goed gedaan', (that was well done) was heard on every side."[84]

This second burial was obscure. Some days later a coloured man claimed that the body of his child had been stolen from his home in Bree Street by a group of Muslims while he was absent. Others suggested that the coffin was empty. Neither rumour was ever confirmed.[85]

The "riot" was confined to this single episode of stone throwing. The following day there was much suppressed excitement and, at one point in the afternoon, a large crowd of "Malays and coloured people" assembled, some armed with knobkerries. The crowd was noisy and vituperative, cursing the police and cheering other passers-by, but no violence occurred. The Volunteers had by this time been called out and may well have been a deterrent, although they were not, apparently, marched provocatively on the crowd but mingled in plain clothes.[86]

More evidence emerged when some rioters were arrested and appeared in court on succeeding days. Charles Henry Fowler, a photographer, who had been attacked, saw evidence of conspiracy. The crowd, he claimed, had been led by a man in a turban, who had given a word of command and made a signal with a white

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83 Cape Argus, 18.1.1886; CO 3547-11. Shaw, Commissioner of Police, to the Under Colonial Secretary, 18.1.1886; Cape Argus, 23.1.1886.
84 Cape Times, 18.1.1886.
85 Cape Argus, 23.1.1886.
86 Cape Times, 19.1.1886.

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handkerchief, whereupon the people had commenced shouting and had turned on Fowler, crying "down with the bloody nasty Christians".[87] One of the constables also believed that the riot had been led by Malay priests who had shouted "Come on" in English to their followers. The only other words he could identify was "Kill the deeners [police]".[88] On 21 January Abdol Burns was arrested and charged with throwing stones and striking Police-Sergeant Stewart Taylor, evidence to this effect being given by Hercules Crasse Vos, an employee in a soda water factory.[89]

Despite the apparent seriousness of the episode, the sixteen rioters who had been arrested, appeared only in the Resident Magistrate's Court. Although they were committed for trial on 1 February, the case was remitted again to the inferior court. Little evidence apart from their names is available about the rioters. Abdol Burns at fifty-one was rather older than the others, most of whom were thirty-five to forty, with only one or two in their twenties. Instructed by the Attorney-General, the men were charged with assault rather than riot, on the grounds that the Muslims had behaved themselves. All but Burns were sentenced to two months' hard labour. Burns, singled out as the chief offender who had failed to exert himself in preventing the others from throwing stones, was sentenced additionally to a £10 fine. To the

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87 Cape Times, 19.1.1886.

88 Cape Times, 20.1.1886. "Dienaar", i.e. public servant, is an old term for the police dating back at least to the early nineteenth century.

89 Cape Times, 22.1.1886.

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indignation of the police, the magistrate, Crosby, saw their presence as the cause of the disturbance. "It is my opinion that if they had not gone there there would not have been any misconduct on the part of the Malays."[90]

4. "But whether they are good or bad laws, they must be respected".[91]

Despite the attention excited by the cemetery riot, analysis has been restricted. The tendency has been to see it in terms of heroic resistance against colonial domination in defence of religion. There is, however, a considerable body of literature on riot and popular protest which may provide a framework for examining events in Cape Town. Radical historians like E.J. Hobsbawm, E.P. Thompson and George Rudé have attempted to explain pre-industrial forms of social protest in circumstances which were, perhaps, partially comparable with Cape Town.[92]

Bradlow prefers the term "rising" to "riot" because of the connotations of riotous behaviour and mob action which "riot" bears.[93] "Rising", however, implies a political action of a larger scale than the events of 17 January suggest. Whatever its deficiencies as an

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90 Cape Times, 2.2.1886.
91 Cape Times, 18.1.1886.
92 E.J. Hobsbawm, Primitive rebels. Studies in archaic forms of social movement in the 19th and 20th centuries, (Manchester, University Press, 1959); E.P. Thompson, "The moral economy of the English crowd in the eighteenth century", Past and Present, 50, (February 1971), 76-136; G. Rudé, Ideology and popular protest.

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analytical tool, "riot" is the word most usually associated with pre-industrial forms of social protest.

Both Rudé and Hobsbawm have discussed pre-industrial or pre-political riot in some detail. Rudé defines four features which generally occurred in the eighteenth century episodes in England. Protest was marked by direct action methods and violence to property but it was singularly free of injury to life and limb. There was generally great discrimination in the selection of targets. Protest was usually spontaneous although it often followed a course dictated by custom, especially in food riots. Leadership "from within" the crowd was comparatively rare except in shortlived affairs in which one or more people had a commanding presence.[94] Similarly Hobsbawm suggests that the urban mob of nineteenth and early twentieth century societies rioted partly because they expected to get something from their protest. "It assumed that the authorities would be sensitive to its movements, and probably also that they would make some sort of immediate concession ..."[95]

These criteria do not apply neatly to Cape Town, nor should it be expected that they would. The particular social conditions of the small colonial town and the circumstances of the riot must necessarily shape its character. Nevertheless these analyses do much to help in

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93 Bradlow, "Islam, the colonial state and South African history", 11.
94 Rudé, Ideology and popular protest, 141-143.
95 Ibid., 111.

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arriving at an understanding of the place of the cemetery riot in Cape Town history.

An immediate difficulty is the absence of large-scale riot as an element of Cape Town existence. On the other hand, violence and assault were regular features of life amongst the poor. Occasionally these incidents may have had some element of popular protest. The intermittent but often individual resistance to vaccination and hospitalisation has already been observed. More germane to this discussion, perhaps, were assaults on the police. The police had long been unpopular amongst Cape Town's underclasses and petty attacks on them were common. In the 1830s they had numbered about fourteen a year but this trebled after the reformed police force introduced a more vigorous presence into the city. In the 1860s and 1870s assaults became, if anything, more frequent.[96] They happened often enough to suggest that they did constitute some form of popular group action engendered by shared responses to authority.

One factor precipitating the riot was the social condition of Cape Town in the mid-1880s. Bickford-Smith has pointed out that this was a period of depression.[97] The precise links between deprivation and riot are not entirely clear but it undoubtedly contributed to the social tension of the period. The political ideology of

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96 K. Elks, "The police and the people: Cape Town 1825-1850", Cabo, IV(1), (1986), 14-15; K. Elks, "Crime, community and police in Cape Town, 1825-1850", M.A. thesis, (University of Cape Town, 1986), 35, 39.

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the Muslim élite which was, in Rudé's sense, "derived" from Cape liberalism had been seriously eroded in the last few years by the experience of the smallpox epidemic and the encroachments of a bureaucratic state.[98]

The events of recent weeks may have added to the atmosphere of excitement. Bickford-Smith notes that the riots occurred only a couple of weeks after the first known occasion of the "Coon Carnival". In an intriguing analysis he explores the origins of this festival, noting its association with "Emancipation Day" of 1 December and the New Year celebration in slave culture.[99] Remarkably little is known about this familiar event but the "missing" issue of the Cape Times reinforces the impression that there were links between the New Year festivities and the riots. "The spirit of fanaticism, or of fervent faith, or whatever it might be called, has been aroused, and this at that festival of the Mohammedan year when these people are given to much religious excitement."[100]

The existing literature conveys most vividly the sense of expectancy, of waiting, which was released briefly in that one outburst of stone throwing and assault. Given the high level of tension, the violence seems to have been limited. As soon as the police were withdrawn it ended. While it could not be said that life

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97 Bickford-Smith, "Commerce", 356.
98 Ibid., 348-354.
99 Ibid., 356-360.
100 Cape Times, 18.1.1886.

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and limb were entirely secure, neither property nor person was seriously threatened.

More striking was discrimination in the selection of targets, both in the burials in the Muslim and DRC cemeteries and in the attacks on the police. In the last respect the latter appear to have been following a course dictated by custom for, it has been argued, the "dieners" had been objects of hostility amongst Cape Town's underclasses for at least half a century. The selection of the DRC cemetery for the second burial is particularly intriguing for it implies both a sense of kinship with the Dutch community and a testing, as it were, of the Dutch waters. As one Muslim told a Cape Times reporter, the second burial in the DRC cemetery was carried out because "they wished to find out if Christians were treated differently to Malays".[101]

One of the most provocative features of the riot was its ideological content. While it was not an explicitly political protest, the episode was powerfully informed by concepts of legitimacy, justice, "fairness". The riot was shaped in the first instance by Muslim religious beliefs. In this sense it was, in Rudé's term, "inherent", in that it was profoundly part of popular Muslim culture.[102] As the English-speaking daughter of one of the "chief priests" told a Cape Times reporter, "this was a question beyond all earthly loyalty and ... the women with the men were prepared to die rather than

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101 Cape Times, 18.1.1886.

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depart from the form of their faith".[103]

"Derived" elements, that is those which were borrowed from a more structured system of ideas, formed part of the context of 17 January. The events of that day were a response to and a reaction against, the failure of constitutional negotiation as it had been conducted by Abdol Burns. Except on 17 January the discourse was that of Cape political liberalism. E.P. Thompson has suggested that the food rioters of the eighteenth century were informed by a "legitimising notion"; that they believed they were defending traditional rights and customs and that they were supported by the wider consensus of the community. "On occasion this popular consensus was endorsed by some measure of licence afforded by the authorities. More commonly, the concensus was so strong that it overrode motives of fear or deference."[104]

Such an interpretation does much to explain the contradictions of the cemetery riot. The Muslims had every reason to believe that legitimate authority supported their resistance. Protest had been conducted on the terms dictated by the white colonial rulers in faithful expectation of success. They followed constitutional procedures meticulously and had been praised for it by the Colonial Secretary amongst others. They had searched assiduously for an alternative burial site, to

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102 Rudé, Ideology and popular protest, 27-31.
103 Cape Times, 18.1.1886.
104 Thompson, "The moral economy of the English crowd", 78.

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be thwarted by medical professionals with whom the Dutch, including parliamentarians, were not always in sympathy. They knew very well that other religious communities, especially the Dutch, objected to the seven-mile site. Only when their expectations of constitutional agitation were betrayed did the Muslims take to the streets. Even then they did so in the reasonable belief that their resistance would achieve its ends.

This expectation was not unjustified. If the Muslims were faced by a dilemma, so was the state. At first glance this was not necessarily apparent. Bickford-Smith has argued that the Cape Town élites between 1875 and 1902 were confronted with the problem of maintaining social order in a society in transition arising from immigration, urbanisation and industrialisation.[105] Higher echelons of government had the same problem. The press recognised clearly that the Muslim defiance was a challenge to this social order - "whether they are good or bad laws, they must be respected". The response, literally, was to bring out the guns.

Although the police presence was withdrawn, the Volunteers were called up on 18 January. White fears were pacified by the public fanfare and ceremony associated with the calling out of the Volunteers. They turned out on the Parade in full uniform, they camped on Green Point Common for several days in full view of the cemeteries and they patrolled the town at night. The publicity given

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105 Cape Times, 18.1.1886.

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to their actions emphasises their purpose as an intimidatory force but it is unlikely that the authorities expected to put their fighting to the test.[106] On the face of it the government seemed to respond to the Muslim riot with swift action, even over-reaction. Excitement and a faint hysteria pervaded the town. The central government firmly demonstrated its determination to impose order. Ringleaders were rapidly identified, arrested, and brought to court. Abdol Burns, now distinguished as the key malefactor, was rejected as an intermediary.

A closer examination of the subsequent actions of the central government suggests a modified intrepretation. The Volunteers behaved with cautious discretion. Gatherings of Capetonians on subsequent days were carefully watched but they were allowed to disperse of their own accord. Punishment was meted out in a markedly restrained fashion. Although there was plenty of evidence of their active involvement in the riot, no religious leaders were arrested. In the end only Abdol Burns was singled out for special punishment yet the evidence for his involvement on 17 January is questionable. Burns was the one Muslim leader known to white Cape Town which may partly explain his victimisation. On the other hand it may be that he was also the one man whom it was safe to treat in this way. He was not protected by special religious sanction and his education and assimilation of

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106 Cape Times, 20.1.1886; Cape Argus, 20.1.1886.

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Western values may, ironically, have marginalised him within the Muslim community. As Davids notes, he was never a member of the Gamidya Cemetery Board which administered the Mowbray cemetery. Davids sees this as a principled stand on Burns' part but he may have been excluded from participation. Although in later years he surfaced occasionally over such minor issues as the cricket grounds, he never regained his former status.[107] The other rioters were treated relatively leniently. As we have seen, the cases were deliberately not brought to the superior courts. At no point did the government force the Muslims to bury at Maitland and negotiations for another cemetery were continued after the 18th and 19th January.

Why should the government have acted with such restraint? Why should it, on the one hand, have made such a dramatic display of force, while on the other have punished the rioters so lightly? The press had one explanation. The Cape Argus commented,

> "In the absence of further riots, the bringing to bear of the whole force of the volunteers to do what is at present only police work may appear beyond the necessities of the case, but it would have done irreparable harm to Cape Town if, by demonstration of numbers, the Malays had been allowed to carry their point. The town would have been ungovernable for years to come."[108]

Most whites seem to have shared the view that violence had put the Muslim cause beyond the pale. At the heart of their criticism was their concept of the civilised society; of what constituted law and order for "... if

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107 Davids, The mosques of Bo-kaap, 12. For Burns' obituary see Cape Argus, 11.6.1891.

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law and order are to be publicly defied and triumphed over by excited and fanatical crowds, we may well give up the idea that we are civilised, and allow the Colony again to become the 'country of the Hottentots'". They tended to accept that law, once created, must be obeyed even if it were unreasonable. Thus the Cape Argus, while it had always admitted the justice of the Muslim grievance, argued that once the decision about Maitland had been reached, "... it became the duty of every loyal citizen to stand by the new arrangements".[109] Even the Dutch accepted this argument. Despite its unfairness, they were all subject to a uniform law, the Zuid Afrikaan insisted.[110]

What was at issue, then, were ideas about the right ordering of society. The government was confronted by a dilemma. On the one hand it did not want to cast a patently law-abiding community beyond the pale of civilised society by reacting to the riot too harshly, while at the same time it needed to ensure that its notions of ordered and civilised society were enforced. Such notions included both sanitary precepts and methods of protest. The caution of the central government in its handling of the cemetery disputes may have arisen partly from this contradiction and partly from its relative weakness. Undoubtedly the state did not want to be committed to outright conflict or to long-term urban unrest even though, in the event, its resources were not

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108 Cape Argus, 21.1.1886.
109 Cape Times, 19.1.1886; Cape Argus, 18.1.1886.
110 Zuid Afrikaan, 19.1.1886.

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seriously tested.

Government action, particularly its dilatoriness, insensitivity and patronage in handling the Muslim protests, contributed to the frustration of the Muslims but, once the demonstrations had broken out, the government showed a considerable willingness to compromise, not to push the point too far.

A similar point has been made by R.J Morris in his examination of the cholera riots in Britain in 1832. The British crisis was mild compared with those of Russia and Hungary. In the latter countries hospitals were sacked and physicians and rulers, perceived as responsible for the disease, were murdered by armed bands. Nothing of this kind occurred in Britain where, he suggests, limited violence during the pre-industrial period derived "not so much from the organisation of the crowd, but from common notions of fairness in their relationships with grain dealers, employers and their rulers".[111] The same constraints operated in 1832, he contends, and were indicators of the inherent stability of British society.

While there are too few incidents of this kind in Cape Town history to arrive at a satisfactory conclusion, the restraint exercised on both sides does suggest some degree of stability in Cape Town society. At this stage the Muslims, along with the rest of the population,

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111 Morris, Cholera 1832, 112-115.

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accepted the legitimacy of the existing state while government, for its part, was not wholly committed to costly medical reform or to the restructuring of society. Relationships were unequal and often tense but there was, in the 1880s, some room for manoeuvre and adjustment.

5. "The streets of the City of Sleep are given over to quiet".[112]

In the days after the riot negotiations for another cemetery continued with the tacit support of the government. Most proposals were rejected by Fisk, the municipal health officer, or by the Colonial Medical Committee.[113] Eventually the Muslims found a piece of land owned by Mostert, just outside the boundaries of the Liesbeeck Municipality on the Observatory Road beyond Mowbray. The Mowbray Anglican church, St Peter's, already had a cemetery nearby. Since the land did not fall within the boundaries of a municipality it did not fall within the provisions of the 1883 Public Health Act either. Object though they might that this salubrious spot would become "a seed-bed and centre of pestilence and disease", local residents could not prevent burial on the land.[114] One of the local Dutch worthies, Wrensch, chaired the meeting which formally established the Gamidya Moslem Cemetery.[115]

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112 Cape Times, 10.1.1905.

113 CO 1345. Secretary, Medical Committee to the Colonial Secretary, 19.1.1886, 20.1.1886, 23.1.1886; CO 1345, Fisk to the Colonial Secretary, 21.1.1886.

114 Cape Argus, 6.3.1886, 22.3.1886; Cape Times, 8.3.1886, 15.3.1886, 19.3.1886; CO 1346-159. Petition

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If anything, the central government took a tougher line with the aggrieved Dutch. They were also still determined not to bury at Maitland, to lay their dear ones in water, as the Rev. A.I. Steytler put it.[116] The Dutch had firmly dissociated themselves from the actions of the Muslims. They could not avoid some fellow-feeling while others occasionally implied that Dutch disobedience had encouraged Muslim recalcitrance.

A Cape Times leader suggested that it was the noisy meetings at the Commercial Exchange, i.e. the meeting of 13 January that had incited the Muslims to demonstrate.[117] In this awkward situation, linked with Muslim rioting on the one hand and their determination to reject Maitland on the other, the Dutch blamed an arrogant Medical Council for the crisis. They were convinced that Parliament, which was not inspired by the spirit of the Medical Council, would right all wrongs.[118]

Like the Muslims the Dutch attempted to bury at Mowbray but they had more difficulty in getting government sanction since the neighbouring land which they chose fell within municipal limits. Exchanges at a consistory meeting suggest a bitter undercurrent of

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from priests, Imaums, heads of congregations, representatives of the Moslem Cemetery Management Board and the Moslem Community of Cape Town; HA 801-145. Petition of the Maitland Village Board and householders of the Maitland district; House of Assembly debates, 1886, 247.

115 Cape Times, 29.12.1886.

116 Cape Times, 3.5.1886.

117 Zuid Afrikaan, 19.1.1886.

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feeling against the English-dominated Medical Committee and the government which appeared to be favouring the Muslims above themselves. Apropos of the objections of the Liesbeeck Municipality, Wrensch said angrily, "Oh! they are all English", while a worried Kotzé replied that he objected to "certain expressions" which might create race hatred.[119] Debates in parliament reflected similar divisions. J.H. Hofmeyr launched an attack on the Medical Committee in particular. The objections to Mowbray, he argued, were specious since such cemeteries as Highgate in London and others in Paris, Glasgow and Lucerne, were all built on rising ground. "He could not conceive how any body of scientific gentlemen could have sent in such a report, based on such flimsy reasons, to Government." Finally, acceding to Dutch pressure and perhaps reluctant to stir up more ill-feeling, the government agreed to Dutch petitions to bury their dead at Mowbray.[120]

For the Muslims and the Dutch the burial problem was temporarily and partially solved by the establishment of the Mowbray cemeteries. While the difficulties were to recur as the suburbs became more populated, at least face was saved. The Maitland Cemetery Board, however, was left with its financial crisis unresolved. The example of the Muslims and the Dutch had led others to repudiate Maitland. The Cape Town Hebrew Congregation resisted the closing of their cemetery in Woodstock. Their negotia-

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118 Cape Times, 20.1.1886.

119 CO 1338-62, A.I. Steytler to the Colonial Secretary, 2.2.1886; Cape Argus, 2.3.1886; Zuid Afrikaan, 4.3.1886.

120 House of Assembly debates, 1886, 374-375.

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tions followed the familiar pattern of petitioning and postponement which has already been seen.[121] Worse still, a group of Friendly Societies associated with the South African Cemetery Company proceeded to petition the government to be allowed to carry out burials on land in Mowbray as well. Like the Dutch, they objected to the condition of Maitland, to the high costs of burial, and to the distance. The latter move was too much for the government which responded by extending the boundaries of Maitland to incorporate the land which had just been acquired.[122]

Despite this limited support from the government Maitland Cemetery was under-utilised for many years. Although burial rates and train fares were reduced Capetonians preferred Mowbray. The Trustees calculated that they had lost two-thirds of their revenue through the defection of the Muslims and the Dutch. By the end of April the total income was only £62, not even enough to pay the labourers.[123] In 1890, however, the Board could claim that 73% of those whose deaths were registered in Cape Town were interred at Maitland and by 1892 the

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121 CO 1339-288. A.F. Ornstein to the Colonial Secretary, 18.10.1886; CO 1347-163. The Secretary, Woodstock Municipality to the Under Colonial Secretary, 26.10.1886; CO 1347-168. The Secretary, Woodstock Municipality to the Under Colonial Secretary, 6.11.1886; CO 1347-212. The Secretary, Woodstock Municipality to the Under Colonial Secretary, 29.12.1886.

122 CO 1339-326. Secretary, Maitland Cemetery Board to the Colonial Secretary, 18.11.1886; CO 1372-171. Petition from Friendly Societies [Ancient Order of Druids, Ancient Order of Foresters, Irish Foresters, Scottish Mechanics, Excelsior Benefit Society, Tradesmen Benefit Society, Weldadig Genotschap, Mowbray Benefit Society], 27.8.1887. In fact this land is now part of Mowbray.

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battle had, apparently, been won for in that year the cemetery began to show a small profit. Commenting drily on the glowing phrases of the Maitland Cemetery Board report of that year, the Cape Argus observed, "After this we may expect a boom in burials. Who would not wish to be buried with all possible speed in so popular a resort?"[124]

The Somerset Road cemeteries continued to decay. In September 1887 Fisk reported that the vaults were collapsing and skeletons were visible. The Dutch cemetery was in the worst state[125] The publicity given to the graveyards led to intermittent attempts to improve their condition. In 1888 a board was established by some local residents to tidy them up, one of the leading spirits being Charles Ayres, a florist who supplied funerary wreaths.[126] Nothing much was achieved for there was renewed agitation in 1891 and again in 1904. The churches were divided over the disposal of the land. While the Catholic Church wanted to use their property to build a Salesian Institute for teaching "white waifs and strays", the Church of England preferred to see the area converted into a public park.[127] Eventually, after a select committee inquiry in the Legislative Council and debates in parliament, the churches were given permission to deal with their cemeteries as they thought fit, provided they were cleaned up.[128]

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123 Cape Times, 21.1.1886, 28.1.1886; Cape Argus, 28.1.1886, 29.4.1886.

124 Cape Times, 28.4.1891, 17.8.1892; Cape Argus, 20.8.1892.

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The cemetery question lingered on in the suburbs. In 1893 there were signs that the incident would be repeated when the decision was taken to close the suburban cemeteries. Again there was opposition to Maitland. One practical difficulty was the absence of hard roads from the suburbs to Maitland. The longstanding objection of the Muslims to the distant necropolis remained. The issue simmered all through the 1890s without coming to a head. A status quo seems to have been achieved with a number of people carrying out their burials unobtrusively in outlying graveyards.[129] Mowbray cemetery remained in use until after World War II.

As for Maitland, by the 1900s the Cape Times believed that, with the building of Maitland Cemetery, the ideal, romantic Victorian necropolis had been achieved. Here, in the City of Sleep, many came daily to visit, tidy and put flowers on the grave. All was tranquil and melancholy:

> "The shadows of the cypress trees rain down upon the sunshot pathways; the streets of the City of Sleep are given over to quiet; ... Each tenement is laid out behind a low hedge of myrtle, cropped evenly, and marking off in beautiful green the graveyard streets and avenues. I wandered by the wild geraniums, their pink, starlike flowers uplifted to the sun, swayed gently in the slight

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125 3/CT 1/1/5/218-748. Fisk to the Mayor, 15.9.1887; Cape Argus, 15.9.1887.

126 Cape Argus, 12.12.1888, 17.6.1889.

127 C 2-1904, Report of the select committee on the Somerset Road burial grounds, v-vii; House of Assembly debates, 1905, 336-337.

128 Act No. 28 of 1906, Disused Cemeteries Appropriation Act.

129 Cape Argus, 27.9.1893, 7.10.1893, 12.4.1894, 17.4.1894; Cape Times, 27.2.1896, 18.11.1896, 15.1.1897.

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breeze."[130]

The cemetery controversy was of real importance in Cape Town history because it demonstrated the shifts occurring in that society. Perhaps for the first time government decisions were being determined by the advice of the medical authorities despite the fact that political expediency was the more desirable course. The politicians followed the medical recommendations not so much because they were correct but because they accorded with modern notions of the conduct of an ordered and civilised society. The result was socially divisive, emphasising the minority status, not only of the Muslims, but of the Dutch in Cape Town, and contributing to the creation of a new political consciousness in both communities.[131]

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130 Cape Times, 10.1.1905.

131 Bickford-Smith, "Commerce", 348-393 discusses this process in the case of the Muslims.

CHAPTER FIVE

Sanitary reform in Cape Town, 1885-1899

1 "The first aim of every government".[1]

The events of 1886 had demonstrated forcibly that sanitary reform had major social implications in a city like Cape Town with a diverse ethnic and class composition. This was a lesson which was only partially learned by sanitary reformers who were, by 1886, confronted by mounting problems of urbanisation. The extent of disease in the city was not known, but the 1882 smallpox epidemic had been a salutary reminder of the dangers existing in the city slums. Fisk's reports confirmed that Capetonians could not afford to be complacent.

Reform was closely associated with economic change. The colony entered a brief boom period as the discovery of diamonds after 1867 and gold on the Witwatersrand in 1886 transformed the South African economy. Immigrants poured into the country. They were essentially urban dwellers and a substantial proportion remained in the one sizeable town in the land:

POPULATION OF THE CAPE COLONY AND CAPE TOWN 1875-1906

	Cape Colony	Cape Town	Suburbs
1875	720 984	33 239	12 001
1891	1 527 224	51 251	15 800
1904	2 409 804	77 668	94 746

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The crisis of the next two decades in Cape Town was partly related to this population increase. Dr Charles Simkins estimates that immigration accounted for 39% of the total growth of the white population in the colony between 1891 and 1906 - a total of 88 236 people. It was strongly sex-selective. Amongst whites 69 417 men and 18 819 women immigrated, the ratio rising from 108.2 to 124 per 100.[2] Cape Town became a predominantly male city, adding to the problems of maintaining order in a volatile, mobile society.

If the Cape had greater problems to deal with in its towns as a result of this population growth, it also had larger revenues to cope with them.[3] Municipal revenues increased from £36 705 in 1880 to £543 752 in 1899.[4]

Public health reform at the Cape was never a popular movement. In the 1880s only a few people were really active in pressing for change. The most obvious bodies to initiate improvements were the local

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1 "To preserve the national health, and physical well-being of the people in as perfect a manner as possible must be the first aim of every Government that professes to have the well-being of the community at heart." Dr T. Te Water, Colonial Secretary, speaking in the House of Assembly debates, 1896, 433.

2 C. Simkins and E.B. van Heyningen, "Fertility, mortality and migration in the Cape Colony, 1891-1904", The International Journal of African Historical Studies, forthcoming. Bickford-Smith estimated that there were about 70 000 immigrants of all races in the city of whom about 36 000 were white. "Commerce", 275-278.

3 For an extended discussion of the economic boom of the 1890s see Bickford-Smith, "Commerce", 264-273.

4 Cape Blue Books and Statistical Registers, 1880-1909. See Appendix No. III.

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authorities. Their powers had been granted through a group of local government acts. Principally these were the Villages Management Act No. 29 of 1881, the Municipal Act No. 45 of 1882 and the Divisional Councils Act No. 40 of 1889. Cape Town and some of the other larger towns were governed by local acts. This legislation did little to equip the local bodies to cope with their growing burden for the powers granted to them were limited and permissive. Those few authorities who wished to improve their amenities lacked the right of compulsion. The rural areas, even after the Divisional Councils Act was passed, had no health regulations at all, except during proclaimed epidemics.

Sanitary reform was hindered partly by the ignorance and incompetence of local officials. The district surgeon of Caledon commented pungently in 1887, "I can only attribute this spread of typhoid fever to the incompetency of the Public Health Board at Caledon. This board consists of the members of the Caledon Municipality without the addition of a medical man, and the board as now consitituted is as obstinate as it is ignorant of the rudiments of sanitation."[5] Above all, local élites feared the costs of undertaking public works. In this respect the Cape Town municipality was typical of the average local authority in the colony. Education and publicity were necessary to persuade them to invest in costly sanitary improvements and this was hindered by a complete lack of statistical evidence.

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Under these circumstances, reform initiatives had to come from elsewhere. There was a small body of enlightened opinion which, influenced by the British example, pressed for similar legislation and public services in the colony. The most vocal was the English language press in Cape Town which self-consciously attempted to mould public opinion, constantly exhorting colonials to adopt the civilised standards of the metropolitan. They varied quite widely in tone. The Cape Times often adopted the most radical stance, criticising and challenging the municipal council, while the Cape Argus tended to point out the Council's difficulties. In the hands of vulgar weeklies like The Lantern, sanitary rhetoric was infused with bigotry and used as a weapon to create ethnic prejudice and division.

The other major platform for publicity in the colony was the pulpit. Evangelical movements in Britain such as the Christian Socialists, of whom the best-known was Charles Kingsley, imbued with nineteenth century philanthropic thinking, had played an active role in propagating the new sanitary values.[6] English-speaking clergy at the Cape often shared this inspiration. The Anglican clergy repeatedly emphasised the moral importance of cleanliness and health. On St Luke's Day in 1884, Canon Baker preached a sermon in Kalk Bay on the subject of the local health exhibition. Similarly, at a

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5 G 13-1888, Report of the District Surgeons for 1887, 9.

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special service for the Law and Order League the Dean preached a sermon on the duties of the citizens and the municipality:

> "The health of the people should be the main motives of the Municipal authority. He believed the death-rate should be, and could be, brought down; the slaughter of infants by neglect should be ruthlessly punished. Disease should be rooted out and drunkenness prevented. Women and children should be protected against the vileness of men. Were we to drift back into the pagan barbaric savagery? Their Houses of Mercy and Lock Hospitals were full of inmates, the victims of salacious brutes with understandings. Parents were to blame for bringing up their children in ignorance of differences between right and wrong, and suffering them to hear filthy conversation. In conclusion, he advised all to be of good courage, for their true citizenship was in Heaven."[7]

In Cape Town this evangelical influence received its fullest expression in the Free Dispensary. This was a philanthropic establishment based on the dispensary system as it had been developed in Britain. Like its counterparts, Cape Town's Free Dispensary was intended to provide basic medical care for the "deserving poor" but the system of issuing "lines" by which subscribers could act as patrons of deserving applicants and thus exert a subtle form of social control, was not introduced in the city.[8] The Cape Town Free Dispensary made no ethnic distinctions, nor is it clear that the "undeserving" were turned away. It was probably more significant as an educative instrument, inculcating sanitary practices and attempting to subvert folk remedies.

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6 See p. 38; Mayne, "The question of the poor", 263.

7 Cape Times, 3.11.1884, 7.8.1893.

8 Naude, "The role of the Free Dispensary", 17-19.

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The initiative for the foundation of the Free Dispensary had been provided by the Cape Argus which, in the late 1850s, had repeatedly condemned the insanitary state of the city. It had also played a more active role in supporting and facilitating the establishment of a charitable institution to aid the sick poor. As a result of these efforts a committee was elected and a dispensary opened in 1860.[9] After it had been established the Dispensary proved to be the only useful agent through which reformers could press for sanitary improvements in Cape Town. The Dispensary doctor, William Ross, collected information about the health and the condition of the poor and this was faithfully and regularly publicised at the annual general meetings.[10]

The value of the Dispensary was forcibly demonstrated during the fever epidemic of 1867. Quite apart from the wide-ranging efforts in which it engaged to combat the epidemic, the Dispensary undertook the only serious investigation into the state of Cape Town during the middle decades of the century.[11] The results were published in a pamphlet written by R. Thornton, Staff Surgeon Major, and the Rev. Thomas E. Fuller, a Baptist minister and editor of the Cape Argus from 1864.[12] This remarkable little work revealed only too vividly the deficiencies of the town, and of the collection of statistics. Deaths had to be calculated partly from the returns of the Old and New Somerset Hospitals and partly

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9 Ibid., 19-26.
10 Ibid., 27.

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from the returns of the signalman on Signal Hill [Lion's Rump], who could count the number of funerals in the cemeteries below.

The efforts of the Free Dispensary were probably responsible for the regulation issued in 1868 by the municipal council that births and deaths in Cape Town should be registered at the Town House.[13] Praiseworthy though the step was, it was ineffectively implemented. The signalman was still a better guide to deaths in Cape Town. As late as 1886 burials in Maitland Cemetery provided a more reliable count of deaths than the Town House register, despite the fact that many Capetonians would not bury in the new cemetery.[14]

The most obvious group to press for health reform was the medical profession. It has been argued that in the 1880s they were too poorly organised to play such a role effectively. The passing of the 1891 Medical Practitioners Act gave them a new unity which was helped by the development of their own professional structures. In the 1890s, therefore, the Cape doctors were a much more valuable agent for reform but their role was necessarily subordinate. They could not, of themselves,

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11 Ibid., ch. 3.

12 The epidemic in Cape Town, 1867-68, (Cape Town, Juta, 1868). They were unable to identify the fever which did not appear to be typhoid or typhus and they concluded that it was some form of continued fever.

13 Cape Argus, 21.7.1868. These figures are only intermittently available, scattered through the archival files.

14 Cape Times, 14.10.1886. Of the first 474 interments in the cemetery, 250-300 had not been certified.

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initiate legislation or public works programmes.

Even in the 1880s, however, there was a unique colonial establishment which was useful. This was the district surgeon, the only local representative for health control. The institution of the district surgeon seems to have emerged by custom. The Dutch landdrosts had begun to appoint such officials in the Company period. By 1822 the practice had become well-established. Their main duties were to attend official employees and convicts and they were the local vaccination officers. The district surgeons provided the link between central government and the interior and they were well placed to monitor the health of the colony but their position was not effectively utilised. Impotence and frustration seems to have been the lot of any reformers amongst them. Although they were expected to report annually to the government, for most of the century the reports were submitted irregularly and never published.[15]

In the last resort initiative for reform at the Cape came from the central government, primarily the local Colonial Office, the department which was responsible for health and local government. Administrative history has evoked very little interest in South Africa. What has been written has been confined almost entirely to "the age of imperial reform" in the 1840s when John Montagu was Colonial Secretary.[16]

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15 Burrows, A history of medicine, 86-88.
16 J.J. Breitenbach, "The development of the

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The civil service may have been created at this time, as Fryer suggests, but the ideology of reform was largely absent as Kirk shows in his study of the self-interested administration created by Montagu.[17] This continued to be the case during the early years of self-government. What is most striking to anyone working through the body of Legislative Council and House of Assembly papers in the years that followed is the lack of reform. For almost thirty years the changes wrought during the periods of representative and responsible government in the Cape Colony were confined largely to the limited interests and concerns of the farming sector. The kind of social legislation being enacted in Britain had made virtually no impact on the Cape. However, from about 1880 the legislative life of the colony began to quicken. The number of parliamentary enquiries and the quantity of legislation introduced began to increase rapidly and to widen in scope. This was noticeable in the case of the Colonial Office. During the 1880s the colony began tentatively to tackle the problems of urbanisation.

The Colonial Office, which had evolved from the post of secretary to goverment, had not been a

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secretaryship to the government of the Cape of Good Hope under John Montagu, 1843-1852", Archives Yearbook, 22, II, (1959), 171-302; A.K. Fryer, "The government of the Cape of Good Hope 1825-54: the age of imperial reform", Archives Yearbook, 27, I, (1964), 1-156; T.E. Kirk, "Self-government and self-defence in South Africa: the inter-relations between British and Cape politics, 1846-1854", D.Phil. thesis, (Oxford University, 1972).

17 Kirk, "Self-government and self-defence", 147-150, 448.

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prestigious one for ambitious cabinet ministers since the granting of responsible government. Moreover, its inner workings are obscure. The archives of the Colonial Office do not contain the papers of the senior officials or of the Colonial Secretaries. The majority were undistinguished although men like J.W. Sauer and W.P. Schreiner held the post on occasion.[18] In these circumstances, the personality of the permanent head of the department, the Under Colonial Secretary [UCS], could be extremely influential but it was only with de Smidt's appointment that they made much impact on the administration.[19]

The Colonial Office did not seem to have any programme for fundamental reform in the 1880s. The improvements which were introduced were usually piecemeal and haphazard, generally ad hoc responses to local crises or occasional public demand. In 1882, however, the decision was taken to collect and publish the reports of the district surgeons. One can only surmise that the 1882 smallpox epidemic in Cape Town and the debacle of the smallpox epidemic in Kimberley may have precipitated the decision. Small though this move was, the consequences were considerable. The early reports were brief, uncoordinated and impressionistic but they did draw attention to some of the more spectacular health problems. Lacking any other data district surgeons tended to emphasise the

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18 For a list of Colonial Secretaries see Appendix I.

19 There were three Under Colonial Secretaries between 1880 and 1910 - Hampden Willis until 1891; Henry de Smidt from 1891 until 1898 and Noel Janisch thereafter.

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most visible health problems which they saw. The first report, in 1882, drew attention to the prevalence of syphilis and leprosy.[20] Evidence of the existence of such disfiguring diseases with such emotive associations was one of the few things that could arouse public concern but the events which followed illustrate the unsystematic approach to health reform during this period.

Further information was solicited by the Colonial Office and reports of syphilis escalated from twenty-three in 1882 to fifty-eight in 1884 and sixty-six (almost all districts) in 1885. It is possible that the numbers increased so spectacularly less because of an epidemic, as was believed at the time, than because the disease was being actively searched out. The authorities could hardly ignore the urgent reports of the district surgeons regarding the prevalence of syphilis, although by the end of the decade some doctors were inclined to question whether it had been correctly diagnosed. In 1885 the district surgeons of Graaff-Reinet and Herbert both thought that, although extremely contagious, it was merely a skin disease:

> "The disease has none of the accepted stages of ordinary syphilis, there being no trace of a primary sore, and the eruption retains one general characteristic thoughout its progress, and it does not generate into the tertiary form of syphilis, and seems to be readily curable."[21]

The response of parliament to the information was to pass the Contagious Diseases Act No. 39 of 1885. Although it purported to deal with a rural crisis, the main focus of

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20 G 91-1883, Reports by Civil Commissioners and Residents Magistrates and District Surgeons for 1882.

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the Act was on urban prostitution involving wholly different issues.[22]

The situation was similar with leprosy. The Leprosy Repression Act No. 8 of 1884 was promulgated only in 1892, introducing the compulsory segregation of lepers, usually on Robben Island. The control of leprosy, like syphilis, was fraught with medical and social difficulties. There were problems in diagnosing the disease although doctors believed that it was spreading, and the compulsory confinement of lepers raised a host of problems about conditions of restraint and the welfare of the patients. These were not matters which the government was inclined to deal with effectively so that the Robben Island settlement was a source of persistent scandal.[23] Apart from these Acts, and those which have already been examined, little else was achieved in this decade.

Integral to health reform in Britain had been the statistical movement. The collection and dissemination of data had made it possible for reformers to put their case with what appeared to be incontrovertible clarity. The Cape, however, had an almost complete dearth of such information. Apart from the rudimentary nature of the previous censuses in 1865 and 1875 and the incompetent registration of births and deaths in Cape Town, there had

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21 G 3-1886, Report of the district surgeons for 1885, 17, 18-19.

22 See ch. 7.

23 G 14-1893, Public health report for 1892, xxxiii-xxxv; J. Iliffe, The African poor: a history, (Cambridge, University Press, 1987), 102-107.

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been no professional, or even amateur, attempts to record exact details about Cape society. The special ward-masters' reports during the smallpox epidemic of 1840 were amongst the rare examples of any social investigation. The Cape had no statistical society, no Chadwick, no Mayhew, no Booth. The impossibility of bringing about reform in this statistical darkness explains the importance of the 1891 census.

The 1891 census was conducted in that year almost certainly because it coincided with the decennial British censuses. Since 1851 these had been partially extended to the Empire although the Cape had not participated before. The new government under C.J. Rhodes may have been more sensitive to its imperial duties than earlier regimes. Revenues had improved sufficiently to make it possible to finance a thorough census. Finally, the manpower existed with the knowledge and training to organise and conduct such a project. In 1891 Henry de Smidt was appointed UCS, partly for the specific purpose of conducting a census. De Smidt was known to have a flair for figures and he had been given the opportunity to examine systems abroad in Australia and America.[24] Yet the purpose of the census was not unambiguous. Although, as de Smidt pointed out, there was an urgent need to know the size of the colonial population, its composition was also a matter of concern. They wanted to know "how the European population has progressed, to what extent the aboriginal natives and other coloured races have increased, how many Indians, Chinese, and others of alien race have established

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themselves in our midst."[25]

Henry de Smidt was a member of a Cape Dutch family which had been assimilated into the English administration. The traditions of state service were strongly engrained in the family for his father had been Under Colonial Secretary before him and several brothers had also had civil service careers. He had married the daughter of Dr J.Z. Herman, one of Cape Town's more notable doctors, which may have contributed to an awareness of the role of health administration in the colony.[26] To deal with the vital statistics in the census he employed a newcomer to the colony, Dr Alfred John Gregory.

Gregory is rather an enigma. His medical qualifications included the MRCS(Eng) in 1886, MD(Durham) in 1891 and the conjoint Diploma in Public Health, also passed in 1891. Why he emigrated to the Cape is not known and there are a number of anomalies about his career. He was appointed as temporary medical adviser to the Cape government, apparently before his medical qualifications were known, and he registed as a doctor only in July 1892. Despite his obvious qualifications he was passed over when the colony appointed its first medical officer of health, perhaps because of his age and relative inexperience. Nevertheless he was given a permanent

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24 DSAB, III, 212.
25 3/CT 1/1/5/235-263. Memorandum from the Colonial Office, 12.3.1891.
26 DSAB, III, 212.

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appointment in the Colonial Office in 1893 and before his actual appointment as colonial medical officer of health in 1901, did, in fact, exercise that authority for much of the period. Gregory was an energetic and dominating man whose career was fraught with controversy. His importance for Cape history, however, lay in his determination to centralise the organisation of health care at the Cape and in his view of public health as encompassing many aspects of social life beyond that of the purely medical. The British medical heritage was clearly a vital influence in shaping his frame of reference which was also permeated with a mild jingoism.[27] Published government reports suggest that Gregory and de Smidt enjoyed a considerable rapport. While Gregory praised de Smidt's "admirable administrative foresight" in the 1893 public health report, de Smidt prefaced the report of the following year with an extraordinary eulogy of Gregory.[28]

The climate in which de Smidt and Gregory worked in the early 1890s was much more favourable to reform than the 1880s. Not only had colonial revenues improved, but pressures for a sanitary bureaucracy were also increasing. Doctors were able to make their voices heard more clearly. The president of the British Medical Association in Cape Town, Dr C.F.K. Murray, in his

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27 Civil Service List, 1910; CO 8048. Application for appointment as medical officer of health, 13.3.1895; Cape Argus, 18.7.1927; SAMJ, I(14), (23 July 1927).

28 G 19-1894, Report on public health for 1893, iii; G 24-1895, Report on public health for 1894.

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presidential address in 1889 urged that the time had come for the creation of an office of a Minister of Public Health. The Cape Argus favoured such a move. If town councils knew that their proceedings were being monitored by the government, it believed that there would be a speedy improvement in the existing state of affairs.[29] The publication of the district surgeons' reports appeared to have some effect in educating colonial legislators. Speaking in the debates on the Medical Practitioners Bill, James Rose Innes had suggested that a department of health be established. Although, as the prime minister, Upington, pointed out, this did not come within the scope of the present legislation, provision had been made in the estimates for a "General Health Officer" who would be responsible for creating such a department.[30]

De Smidt and Gregory jumped the parliamentary gun. Under de Smidt the Colonial Office was reorganised. Two new branches, of Statistics, and Health and Local Government, were established in December 1891.[31] Gregory remained on as medical inspector in the latter section. These changes were noteworthy. Not only had the department acquired a professional medical adviser but the reorganisation implicitly recognised the need for better evidence and the intimate connection between health and the local authorities. The reforms in the Colonial Office also encouraged more rapid developments

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29 BMA, Presidential addresses, 1889, 38-39; Cape Argus, 2.4.1890.

30 House of Assembly debates, 1890, 47-48.

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in public health legislation in the 1890s.

The changes in the department were first reflected in the district surgeons' reports which began to be shaped into a vehicle for initiating change. After 1890 the reports appeared with a general introduction, written by Gregory, which attempted to analyse the contents and which underlined the criticisms and suggestions the district surgeons made. In 1892 parliament voted £2 000 for the appointment of a medical officer of health and related expenses. This made a further reorganisation of the department possible and the public health reports began to be issued in a more formal style.

The reports emphasised three features above all. One was the need for an adequate births and deaths registration act. Doctors and others had campaigned for decades for such an act, to no avail. As far back as 1874 the Cape Monthly Magazine had pointed out that the Cape was, in this respect, well behind New South Wales or any other colony of importance.[32] Ten years later the district surgeon of Albert was forced to explain,

> "I regret very much to state that I am not able to furnish a statistical report of the health of the district with the slightest approach to any correctness. As there are about a dozen medical men practising in this district, and as a consequence my practice is almost entirely confined to the town, I have very little knowledge of the state of health of the district beyond the immediate neighbourhood of Burghersdorp."[33]

When Fisk was appointed as medical officer in Cape Town,

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31 Civil Service List, 1910, 157; G19-1894, iii.

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he added his voice to the chorus. He wanted certificates giving the cause of death as well for, he warned, "under the present unsatisfactory regulations, life is not safe, and crime can but be discovered by chance."[34]

These pressures had resulted in some local authorities introducing local registration but it was rarely put into effect. In Graaff-Reinet the district surgeon complained that it was a dead letter. Such information as could be gleaned suggested that mortality rates were abnormally high. Gregory attempted some analysis in 1892.

URBAN MORTALITY RATES IN THE CAPE COLONY 1890-1892[35]

Year	Cape Town	King William's Town		Kimberley	
	All races	European	Coloured	All races	
1890	24.08	13.55	36.08	36.61	
				Eur.	Col.
1891	24.94	10.68	20.37	25.69	41.14
1892	24.99	14.37	25.89	5.38	55.27

As he explained, these figures were unreliable both because they assumed that the population had remained static since 1891 and because deaths were seriously under-registered. It was obvious, though, that infant mortality was devastating. Efforts to compute the deaths of children in Cape Town varied wildly. The Maitland Cemetery figures, however, did emphasise the very high

32 Cape Monthly Magazine, 8, (March 1874), 165.
33 G 67-1884, Report of the district surgeons for 1883, 3.
34 CO 1315. Health Officer, Cape Town to the Colonial Secretary, 16.2.1885; 3/CT 1/1/5/195-575. Fisk to the Mayor, 9.6.1883.

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percentage of babies amongst pauper burials. If appeals to the consciences of the legislators did not work, Gregory could emphasise melodramatically the danger of undetected crime. In the existing circumstances, he pointed out, mothers could rid themselves of any inconvenient baby without fear of detection.[36]

Related to the high mortality rate was the need for improved sanitation in many districts. In a country which was plagued by drought, water was frequently in short supply and pollution was a constant hazard. Typhoid was widely prevalent. Even when the Colonial Office took up the matter with individual local authorities, representations were usually ignored.[37] It was for this reason that Gregory pressed his third point so hard, the need for a central public health department which could galvanise municipalities into some action. Permissive health legislation without a central guiding authority, he concluded, was a waste of time. Compulsory legislation was needed, shaped by central government.[38]

Despite the failure to attain fundamental legislation, by 1894 Gregory felt that some progress was being made. Looking back over the achievements of the past four years he observed that, where before there had been no systematic care for public health, now there was a Health Department "organised on sound and well recognised

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35 Deaths per thousand.
36 G 14-1893, xv-xviii, xl.
37 G 14-1893, iii; G 19-1894, iv.
38 G 15-1891, Public health reports for 1890, 6; G 14-1893, xl-xli.

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principles"; where before the local authorities had been utterly indifferent to all sanitary matters, now they were awakening to a keener sense of their responsibilities. Much remained to be done but a foundation had been laid.[39]

The following years represented a further stage on the road to sanitary reform. Three events, closely linked, occurred at this time. The first was the appointment of a medical officer of health for the colony. Provision had been made in the estimates for such a post as far back as 1890 but only in December 1893 was it filled in a part-time capacity by Dr Alexander Edington, the colonial bacteriologist. The circumstances surrounding his appointment were peculiar and Edington, a difficult man, was not suited to the job. He had secured it principally because of the considerable contribution he had made in manufacturing calf lymph vaccine in his laboratory in Grahamstown.[40] He held the post for only a few months during which time he visited Cape Town very briefly. Not only did Gregory continue to do most of the work but, by the end of 1894 it was clear that all Edington did, as Merriman pointed out, was to irritate an immense number of people.[41] In 1895, therefore, the post was widely advertised and Dr George Turner, a man of impeccable qualifications and extensive experience, was appointed.[42] Gregory, who had acted as health officer since June 1894, became his assistant. Turner, however, was soon involved in rinderpest and leprosy research.

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39 G 24-1895, iv-v.

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When war broke out in 1899 he was seconded to the British Army and afterwards settled in the Transvaal. Except for a brief period, Gregory was to all intents and purposes the dominant figure in the Colonial Office although he was only appointed colonial medical officer of health in 1901.

The second related event of this period was the introduction of the first comprehensive public health bill into parliament.[43] This remarkable document was probably the joint work of Henry de Smidt and Gregory. Drawing principally on British and Australian [Victorian] legislation, and above all on the English Public Health Act of 1875 - "the father of all acts" - it was intended to be a thoroughly comprehensive local administration bill. It was distinguished by the compulsory powers granted to the central government. It provided for the appointment of a battery of officials to watch over the health of the colony, including a civil engineer who should be an expert in sanitary matters, district health officers responsible to the government, and locally appointed medical officers of health. The bill consolidated all the scattered local authority legislation on adulterated food, cemeteries, dairies, sewerage, water supply and disposal of refuse, spelling out the powers

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40 G 5-1894, Report of the Colonial Bacteriological Institute for 1893, 18-19.

41 Cape Times, 6.1.1894; CO 7019. A.J. Gregory to the Colonial Secretary, 24.8.1894; House of Assembly debates, 1894, 477.

42 SAMR, XIII(6), (27 March 1915), 84; CO 8048. Files relating to the appointment of the medical officer of health, 1893.

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and duties of the local bodies with a precision which went far beyond anything attempted before. Further than this, in keeping with Gregory's belief that health legislation had a social function, it ventured into the delicate field of "native affairs", legislating also for urban locations and the "native territories". Most novel, perhaps, were the clauses providing for the regulation of lodging houses and tenement buildings, and for establishing and maintaining poor-houses for the accommodation of paupers. Finally the bill introduced the compulsory notification of infectious diseases and the vaccination of children within three months of birth, and it ameliorated the quarantine restrictions on ships.

The bill was not well received in parliament. Opposition hinged on the issues of compulsion and centralisation and came largely from the representatives of the local authorities. In the House of Assembly the MLA for Grahamstown, Mr Arthur Douglass, complained that it struck at the roots of self-government; that it bore the mark of an autocratic mind.[44] He was supported in the select committee on the bill by the evidence of the chairman of the Grahamstown Municipality sanitary committee, Major A.E. Nelson. Grahamstown, Nelson told the members of the committee, objected to the bill on the grounds "that the privilege of local self-government was threatened in it, that the power of governing ourselves

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43 AB 5-1894, Bill to amend and add to the law with regard to public health, and to consolidate, extend and define the jurisdiction and powers of local authorities, in respect to matters relating to public health.

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would be submerged by being placed under another authority." Present legislation, he claimed, was quite adequate. "It is one of our strongest contentions that the Health Acts ... and our Municipal Act fully empowers us to do everything. We don't want any new powers whatever. Health officers and new inspectors incur greater expense, etc."[45]

Three common strands ran through the evidence of the opposition witnesses. One was the fear of the cost of the reforms; the second was hostility to the expert, the professional; and the third, more muted, was suspicion of the newcomer from Europe. Major Nelson preferred a medical council to a single health officer, a medical council "composed of gentlemen who are far better able to give an opinion than an expert only just imported or fresh from school." Dr Hoffman of Paarl also wanted a medical board. "I think they [the Board] must be better acquainted with the wants of the Colony than a stranger fresh from Europe, who would take a long time to get rid of his European ideas and notions." Colonel Schermbrucker, MLA for King William's Town, expressed himself most volubly:

> "The result of that will be that you will have a general health officer and a general engineer, thirty-six district medical officers and thirty-six engineers, and every one of these seventy-two will make it their business to worry you day after day. He will detect nuisances here and nuisances there, and naturally so, because a professional man has no regard for the circumstances of cases, but will proceed on his peculiar scientific opinion in the

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44 House of Assembly debates, 1894, 34-36.

45 SC 3-1894, Report of the select committee on the Public Health Bill, 31, 34.

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way he thinks right. You would have these thirty-six doctors and thirty-six engineers worrying every municipal council and divisional council of the country, day after day, and in the end such will be their united power presided over by the chief medical officer, that the Government would be obliged at the expense of the taxpayer to make works of sewerage and waterworks, which are actually unnecessary, and will necessitate a great deal of taxing beyond what properties can stand."[46]

Even in its amended form the bill was too drastic to be acceptable to parliament. A major reason for the failure of the Colonial Office officials to fight for it successfully was their inability to furnish convincing facts and figures, especially on the rise of typhoid in the towns.

The third great step of the period, the passing of the Births and Deaths Registration Act No. 7 of 1894, went a long way towards rectifying this deficiency. As with other health reforms the act had been mooted for years but successive governments had been reluctant to introduce it, fearing the expense involved and ignorant of the value of such statistics.[47] The frivolous level of the discussion on the bill in the House of Assembly revealed this incomprehension only too clearly. The provision that parents must register births elicited the complaint that African farm labourers would take the opportunity to have a holiday. J.C. Molteno believed that the act would be a dead letter in the rural areas.[48] Fortunately members were generally too uninterested to block its passage, and the act came into force at the beginning of 1895.

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46 SC 3-1894, 33, 73, 117.

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The effect was immediate. For the first time it was possible to record with relative accuracy, not only the mortality figures in the colony, but also the causes of death. The initial report at once pointed to the very high number of deaths among children. In the first three months of 1895, of the total number of 3 950 deaths, 2 036 were of children under five.[49] The newly appointed medical officer of health, Dr George Turner, also made ready use of the information in his annual reports. He noted that in Cape Town alone the total number of deaths per thousand was 36.21 (26.83 for whites, 45.70 for coloureds) as compared with the standard death rate in England and Wales from 1871 to 1881 of 18.43 and he concluded that "preventable diseases are far too prevalent and prevail chiefly in the towns, and unless Municipalities are granted and exercise proper powers over the watersupply, drainage, and building, the mortality from these causes will continue to increase with the growth of the towns". An adequate public health act was an urgent necessity.[50]

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47 House of Assembly debates, 1892, 264.

48 House of Assembly debates, 1894, 24-25, 59-60, 76.

49 A 8-1895, Report of births and deaths registration, Jan.-March, 1895, 11.

50 G 74-1896, Report of the medical officer of health for 1895, 7, 22. Compare with Gregory's rough calculation in 1892. See p. 243. For a full analysis of vital statistics derived from this legislation see Simkins and van Heyningen, "Fertility, mortality and migration". Simkins points out that there are difficulties with Turner's methodology. More correctly, in the principal towns of the colony the total number of white deaths per 1 000 was 21.53. Had the age specific mortality rates in England and Wales from 1871 to 1881 applied, the figure would have been 18.82.

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Even with these alarming figures to back it, and considerably modified, the public health bill did not have an easy passage through parliament. It failed in 1896 and was eventually enacted only in the following year as the Public Health Amendment Act No. 23 of 1897. In its final form it differed vastly from the original draft; almost all the coercive powers had been abandoned. The medical officer of health for the colony was firmly entrenched and locally appointed health officers were permitted with certain functions specified under the Act. A measure of uniformity was imposed on the widely varied local regulations and the local bodies had their powers extended. The notification of infectious diseases was made compulsory and the government undertook to subsidise the full costs of combating an epidemic introduced from outside the colony. The real bite lay in Clause 15 of Part III which stated,

> "In cases of urgent necessity arising from the prevalence of threatened outbreaks of any infectious or contagious disease, mentioned in section thirty-eight, it shall be lawful for the Minister to make and proclaim such regulations to be in force within such district as may be required to prevent the outbreak, or check the progress of, or eradicate such disease".

Under cover of this clause the goverment was to undertake social engineering on a scale initially not envisaged by its authors.

The 1897 Public Health Act put new powers into the hands of the colonial medical officer of health. As the voluminous files of the Colonial Office indicate,

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little escaped the attention of an energetic man like Gregory. Bye-laws were carefully scrutinised and health problems carefully investigated. More than this, his opinion, sought in the investigations of major commissions of enquiry - the Native Locations Commission of 1900, the Cape Peninsula Commission of 1902, the South African Native Affairs Commission of 1905, to name only three - carried a weight which enabled him to have a major voice in the formation of social policies of the period.

Yet the position of the medical officer himself was somewhat anomalous, dependent on the the goodwill of the Colonial Secretary and the UCS for his executive authority. De Smidt and Dr T.W. Smartt, the Colonial Secretary in 1898, had both intended that Turner should have the rank and status of a head of department.[51] Gregory, however, complained that this policy was ignored and that he was subordinated, not only to the UCS, but even to junior clerks in the department.[52] He envied Dr G. Pratt Yule, the medical officer of the Orange Free State, who had started with "a fair field", with no vested interests to deal with. He had been faced with "the old story of the Lay Administration clinging with jealous tenacity to all power and patronage ... and ... every step forward has only been achieved after many hard-fought battles between the Lay and Professional sides".[53]

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51 MOH 338-P119c. Memorandum of T.W. Smartt on the position of the medical officer of health, 27.6.1898;

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This frustrating situation, in which responsibility was divided between the Colonial Office which administered local government and hospitals, and the health branch, was ended in 1906 after a bitter struggle on Gregory's part and as a result of rationalisation in the civil service precipitated by the depression. A sub-department was created which gave Gregory control over most sectors of public health and local government apart from hospitals and asylums.[54] Shortly after this he wrote to Pratt Yule giving a rare glimpse of his views of the role of the government medical officer of health. He was content that the Minister should have the final authority, he said:

> "An autocracy, however benevolent, wise and just, will not survive a week in these democratic days. And after all, a conscientious officer should be mainly filled with the desire to carry out his work to the best advantage rather than aspiring to an autocratic position."[55]

The 1897 Act gave shape to colonial health administration, instituting a medical bureaucracy which grew quite rapidly. By 1903 the government health department consisted of four doctors including Gregory and a clerical staff of twelve, mainly English-speaking. Gregory took on so much work that he failed to produce

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MOH 338-P119c. H. de Smidt to the Under Colonial Secretary, 9.7.1898.

52 MOH 338-P119c. A.J. Gregory to the Colonial Secretary, 13.9.1901.

53 MOH 79-320. A.J. Gregory to G. Pratt Yule, 21.3.1905; MOH 320-G117b. A.J. Gregory to G. Pratt Yule, 22.9.1906.

54 GN 53-1907 and GN 54-1907.

55 MOH 415-P119a. A.J. Gregory to G. Pratt Yule, 26.5.1908.

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annual reports for several years.[56] There was little rivalry from the local authorities. In 1905, apart from Cape Town, only Kimberley and Port Elizabeth had appointed full-time health officers, and the latter town retrenched theirs after a few months. Forty-three local authorities employed medical officers in a consultative capacity.[57] Consequently, by 1910 Cape Town was sharply differentiated from the rest of the colony in its provisions for public health since it had the colonial medical officer resident in the city and one of the few permanent health officers of its own.

2. "Brightness, purity, holiness, sweetness were the characteristics of the heavenly Jerusalem"[60]

Sanitary improvements in Cape Town took place against a background of increasingly sophisticated public health administration at the centre. The progress of sanitary reform was by no means unique. Comparison with other towns within the British Empire suggests that the structures of government and financing inherited from the mother country were significant factors in shaping the character and even the discourse of the struggle. Clean and Dirty Parties, by those or other names, were commonplace, usually the product of conflict between property-owners and the commercial classes. E.P. Hennock

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56 MOH 79-320. List of permanent staff, 11.3.1903; MOH 78-311. A.J. Gregory to the Under Colonial Secretary, 21.3.1904.

57 MOH 328-L117]. Memorandum on the provisions of the new Public Health Act, n.d. [c. 1906].

60 Sermon on sanitation preached by the Dean of Cape Town. Cape Argus, 3.8.1891.

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remarks that a common problem in English towns was their narrow financial base, resting on rates levied on real property, unlike some continental cities where the local authorities were able to gain access to the new wealth of commercial and industrial society.[61] The rating system encouraged the small man with investments in property to see increases in the costs of local government as detrimental to his interests and frequently put him in opposition to professional and commercial people.[62] Bickford-Smith has demonstrated very convincingly that political conflict in Cape Town was determined by such economic interests.[63]

A related situation emerged in a number of Australian towns. D. Clark, in writing of Sydney, suggests that the anti-reformist councillors displayed the same low calibre and limited technical expertise as those of Cape Town in the 1880s.[64] Merchants led the campaign for reform which followed a related course of inquiries, procrastination, shortage of funds and half-hearted central government involvement. As in Cape Town, water was a major issue.

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61 E.P. Hennock, "Finance and politics in urban local government in England, 1835-1900", The Historical Journal, VI(2), (1963), 214-215.

62 Ibid., 216-219. The phenomenon has been observed in more detail in a number of case studies of English cities including the work of Hennock himself on Leeds, E.P. Hennock, Fit and proper persons; ideal and reality in nineteenth century urban government, (London, Arnold, 1973); D. Fraser, Urban politics in Victorian England, (Leicester, University Press, 1976). There is some useful discussion on municipal financing in D. Fraser (ed), Municipal reform and the industrial city, (Leicester, University Press, 1982), 103-107, 140-146.

63 Bickford-Smith, "Commerce", 104-149, 280-292.

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Melbourne presents suggestive contrasts as well as similarities. Its rapid growth in the 1880s precipitated the familiar conflicts over the control of the council.[65] As in Cape Town financial strength rested partly on the system of rating in which the voting power of wealthier property owners was increased when the reformers took power.[66] Unlike Cape Town, the colonial government played a much greater role in municipal affairs, controlling the vital water supplies, for instance. The result was that, despite the fact that Victoria had a more sophisticated infrastructure than the Cape, Melbourne was remarkably slow to tackle major urban problems.[67]

Two factors seem to have been important in determining the timing of reform in nineteenth-century colonial cities. One was scale. When towns began to achieve populations of 30 000 to 50 000 demands for reform became more pressing. The second was the lack of finance, for the colonial economies were restricted and dependent while nineteenth-century budgetary thinking limited the willingness to raise loans for public works.

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64 D. Clark, " 'Worse than physic': Sydney's water supply 1788-1888" in M. Kelly (ed), Nineteenth century Sydney: essays in urban history, (Sydney, University Press, 1978), 54-65.

65 D. Dunstan, Governing the metropolis. Politics, technology and social change in a Victorian city: Melbourne 1850-1891, (Melbourne, University Press, 1984).

66 Ibid., 87

67 Ibid., 13.

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Szreter comments that public health reform should be understood in the light of the efforts of underpaid sanitary officials and a few allies like the local press, struggling against the parsimonious representatives of the ratepayers. "It is precisely the importance and necessity of this slow dogged campaign of a million Minutes, fought out in town-halls and the local forums of debate all over the country over the last quarter of the nineteenth century which has been missing in our previous accounts of the mortality decline."[68] The Cape Town example suggests the limits of this approach.

In Cape Town the accession to power on the municipal council of the "Clean Party", dominated by the local merchants, provided the motive force for change. An essential factor, however, was the state of the municipal economy. In the first half of the 1880s the colony was in the throes of depression and this affected local revenues. The mother city was regularly in debt. In 1883, with a tenants' rate of ½d in the £ in addition to the landlords' rate of 3d in the £, the overdraft had reached £89 797 and loans stood at £72 637 - at a price which put them at a level of a repudiating South American republic, the Cape Argus complained. For a total debt of £153 000 the Council had nothing to show but a reservoir of £80 000 which would not hold water, and a lawsuit.[69] The situation resulted from a compound of colonial penury, limited local revenues, lack of imagination and sheer

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68 Szreter, "The importance of social intervention", 25.

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mismanagement.

A changing power base, affluence and the possibility of affluence, "business confidence", all contributed to the emergence of a sense of civic responsibility in the 1890s. This should not be overstated. The notion of the "civic gospel" as it was understood in Britain, was grasped only in a dim and confused fashion in Cape Town.[70] Nevertheless, in the 1890s the merchants of the "clean party" were not only more willing to spend large sums on municipal improvements; they were also in a better position to do so.

As with central government reform, the building of a clean Cape Town fell roughly into two periods. The 1880s was an age of amateurism, obscurantism and limited change, much of which has been examined above. In the 1890s fairly substantial works were undertaken so that, by 1904 when the Hely Hutchinson reservoir was opened, Cape Town was a relatively sanitary city. This is not to say that mortality rates declined. What did occur was that the differential between whites and the other residents of the city increased as the former began to benefit from the improvements. For the majority, housing remained abysmal and was reflected in the incidence of

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69 Cape Argus, 9.8.1883; Cape Times, 14.8.1883.

70 The "civic gospel" as it emerged in Birmingham involved the application of a combination of evangelicalism and business principles to the governing of the city. A useful brief summary of the concept appears in D. Fraser, "Joseph Chamberlain and the municipal ideal", History Today, (April 1987), 33-39.

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tuberculosis and a terrifying infant mortality rate. The outbreak of plague in 1901, occurring at the end of this transitional period, explicitly demonstrated the nature of the problems still existing in the city.

In the earlier phase one of the difficulties in the way of reform was the reluctance of councillors to trust professional expertise. Conflict was the mark of the relationship between the municipality and its employees. This was particularly true of the city engineers. J. Tennant, the engineer who initiated the Molteno reservoir project, was hounded until he resigned.[71] Tennant was replaced by J. Stuart Swallow, who was recruited in Britain for the task. Swallow's career was fraught with trouble. Within weeks of his appointment he was being blamed for the parlous state of the municipal finances. The Cape Argus complained that the municipality had been too generous in responding to the overambitious demands of a new broom. He should be kept in check until he understood the needs of the city better.[72] By March 1882 Swallow was refusing to attend the meetings of the Public Works Committee. Shortly after, he resigned:

> "I would merely state that I have been astonished at the presumption with which Councillors have put forward statements invoking intricate engineering enquiry when they were, both from their lack of education and want of technical knowledge, totally incompetent even to express an opinion on the rudimentary principles involved. ... The twelve months that expired yesterday have been to me months of the most unmitigated disgust, without one redeeming bright spot."[73]

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71 3/CT 1/1/5/176-92. J. Tennant, City Engineer to J.A. Roos, Secretary to the Town Council, 27.1.1880;

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The municipality was probably not entirely to blame for this crisis. Swallow's intemperate language suggests that he lacked the patience and personality to deal with municipal councillors, however obscurantist they might be. An arrogant outsider could not hope to educate a colonial authority into sanitary improvement in a few months. The long-suffering T.W. Cairncross, who was appointed in his place, fared rather better. He could not, however, reform the department in time to prevent the bursting of the Molteno reservoir.

The history of this unfortunate scheme was farcical. The council had spurned professional opinion on the quality of the construction and only reluctantly appointed a clerk of works after months of delay. By that time it had already become clear that there were faults in the fabric. Tennant had warned that the puddle (the clay base which made the dam impermeable) was inadequate but the Council was unwilling to deviate from the original contract. In June 1881, just weeks before the reservoir was due to be opened, parts of the walls began to collapse during heavy rains. J.G. Gamble, the colonial hydraulic engineer, reported that the work was of a most inferior quality. "The mortar [in the wing walls] is without the slightest pretension to binding or adhesion properties and of no more use as affording stability to the wall than so much sand."[74] Despite the confusion and

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Cape Times, 12.3.1880.

72 Cape Argus, 23.6.1881.

73 Cape Times, 9.3.1882.

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uncertainty about the condition of the reservoir, it was opened with much fanfare and ceremony on 27 July 1881.[75]

A month later the Molteno reservoir was leaking badly and again in April and June. It finally burst on 27 August 1882, doing a fair amount of damage to Orange Street but fortunately to few buildings. Gamble's report on the damage made it clear that repairs would cost about £30 000, almost as much as for the reservoir itself. For months the Council procrastinated, reluctant to employ a resident engineer.[76] Even after they had done so their troubles had not ended. Capetonians, by now profoundly suspicious of the whole enterprise, refused at a public meeting to sanction a loan for the repairs. The Council was driven to a poll.[77] With a turnout of less than 400, ratepayers finally agreed to the loan. As the Cape Times pointed out, the whole affair had thrown considerable light on the financial mismanagement of the municipality with rates uncollected and considerable confusion. Only in 1886 was the reservoir finally opened after repairs costing £35 000.[78]

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74 3/CT 1/1/1/31, 7.4.1880, 6.4.1881, 19.5.1880, 1.9.1880; 3/CT 1/1/5/179. City Engineer to the Secretary, Town Council, 12.6.1880; 3/CT 1/1/1/31, 11.8.1880; 3/CT 1/1/5/181-1090. Report of the Public Works Committee, 12.11.1880; 3/CT 1/1/1/32, 1.6.1881; Cape Times, 2.6.1881; 3/CT 1/1/5/184-422. City Engineer to the Town Council, 7.6.1881.

75 3/CT 1/1/5/184-561. City Engineer to the Town Council, 5.7.1881; Cape Times, 28.7.1881.

76 3/CT 1/1/5/185-741. City Engineer to the Town Council, 19.8.1881; 3/CT 1/1/5/188-453. T.E. Cairncross to the Water Works Committee, 28.4.1882; 3/CT 1/1/5/189-621. T.E. Cairncross to the Water Works Committee, 29.6.1882; Cape Times, 28.8.1882; 3/CT 1/1/5/190-803. T.E. Cairncross to the Water Works Committee, 29.8.1880; 3/CT 1/1/5/193-180. J.G. Gamble to the Town Clerk,

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The saga of the Shambles was equally unhappy. Slaughtering in the town took place immediately below the walls of the Castle and the place was filthy. The British military establishment in the Castle complained bitterly and frequently. "The stench is such that on calm nights, when people pant for air, every door and window must be kept closed. Many suffer from nausea and diarrhoea in consequence of the sickening smell." Even after the matter had been raised in the House of Assembly the Council did nothing and the military were forced to resort to legal action.[79] Despite the fact that the court found against the municipality and threatened to place an interdict on the Shambles if they were not cleaned up, the Council continued to procrastinate. A second appeal to the law produced only a hurt response from councillors. De Waal was astonished at the judgment. "There were slaughter houses in every town, and even in Dublin they had pig butchers in the centre of the town. ... The Council was doomed in the Supreme Court. ... The voice of the people was law all over the world, and it should be the same here." [80]

19.1.1883.

77 3/CT 1/1/5/194-349. Report of the Water Works Committee, 9.4.1883; 3/CT 1/1/5/195-587. Report of the Water Works Committee, 19.6.1883; Cape Times, 23.6.1883; 3/CT 1/1/1/34, 27.9.1883; Cape Times, 25.3.1884; 3/CT 1/1/5/200-408. Minutes of the ratepayers' meeting, 29.4.1884; Cape Times, 30.4.1884.

78 Cape Times, 14.5.1884, 21.7.1886.

79 3/CT 1/1/5/183-201. General Officer Commanding, Cape to the Governor, and attached correspondence, 4.3.1881; Cape Times, 11.5.1882; 3/CT 1/1/1/33, 17.1.1883; Cape Times, 16.6.1883.

80 3/CT 1/1/5/197-1140. Van Zyl, Buissinne and Leonard to the Cape Town Council, 16.11.1883; 3/CT

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In the end complaining bitterly, the Council was forced to close the Shambles. This did nothing to solve the problem of slaughtering in the town. which now occurred in back streets, although the establishment of cold storage facilities did improve the situation. A municipal abattoir was built at Maitland only after Union.[81]

The two most fundamental and interrelated sanitary problems in Cape Town were those of water supply and drainage. In both cases the solutions would be expensive and it was not until municipal revenues improved that Cape Town was prepared seriously to contemplate the scale of public works which were needed. As early as 1880 it was clear that water would have to be drawn from the top of Table Mountain and a survey was made by Gamble for the Council.[82] Even after the Molteno reservoir had been completed, the water supply was hopelessly inadequate for the burgeoning population of the town. During the drought of 1887 ships were being turned away from the docks without water. After the failure of a private company, the Table Mountain Water Supply Company, to accomplish anything it was decided that a reservoir would have to be built on Table Mountain.[83]

1/1/5/197-1154. Fairbridge and Arderne to the Town Clerk, 23.1.1883; Cape Times, 16.1.1884, 32.1.1884.

81 Cape Town mayor's minute, 1915, 25.

82 Cape Times, 10.11.1880; 3/CT 1/1/1/31, 17.11.1880; 3/CT 1/1/5/181-1153. Commissioner of Crown Lands and Public Works to the Secretary, Town Council,

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The new scheme was received with acclaim by the press. The Cape Argus hailed it in grandiloquent terms:

> "The majestic mountain range of the Cape Peninsula is a vast watershed, accumulating countless streams which empty themselves into the sea. The reservoir of Nature is now to be turned to good account, and a volume of water tracking its course over unnumbered boulders and rushing down the dizzy chasms in the mountainside is to be turned on its way and conducted to the houses in the city far below."[84]

The scheme which had been envisaged was certainly the most complex that Cape Town had ever contemplated. Essentially it involved the construction of a tunnel through the mountain to the top at Slangolie Ravine and a system of pipes several miles long to deliver the water into the Molteno Reservoir. The building of the Woodhead Tunnel was a much more expensive project than the Cape Town municipality had anticipated. They had expected it to be finished within a year or eighteen months. It took almost three years from the start until the tunnel was "holed" on 7 August 1890, and another six months before water finally flowed into the Molteno reservoir. The cost had been nearly double the original estimate of £25 000. The Cape Argus reported hopefully that Cape Town would never be short of water again.[85]

27.11.1880; 3/CT 1/1/5/183-285. J.G. Gamble to the Town Clerk, 29.3.1881; 3/CT 1/1/1/32, 8.2.1882; 3/CT 3/1/1/14. Town Clerk to J.B. Currey, Secretary, Table Mountain Water Supply Company, 14.2.1882.

83 Act No. 47 of 1882, To incorporate the Table Mountain Water Supply Company (Ltd), repealed by Act No. 35 of 1887.

84 Cape Times, 22.4.1887; 3/CT 1/1/1/36, 28.4.1887; 3/CT 1/1/5/216-384. Papers relating to the building of a reservoir on Table Mountain, 16.5.1887; Cape Argus, 11.10.1887.

85 3/CT 1/1/5/231-698. Report on the Tunnel

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This was over-optimistic. In June 1891 Sir John Woodhead warned the Council that by the next summer Cape Town would be unable to provide shipping with an adequate supply of water. But investment in reservoirs was worthwhile. The Water Works Committee calculated that the revenues raised from water gave the town interest of 6½% on a loan raised at 5%. Urged on by Woodhead's enthusiasm for municipal improvements and encouraged by the belief that they were increasing the town's revenues, the Council decided to build a reservoir on the top of the mountain at £50 000.[86] After much consideration Thomas Stewart, at one time assistant hydraulic engineer to the colony, was appointed to take charge of the work. To be built on the lower table, the dam was expected to hold 35 million gallons of water. Work started in June 1893 and, after the height of the wall had been raised it was completed at the end of February 1897 and opened with the usual civic ceremonies on 2 May 1897. Sir John Woodhead's enthusiasm for water was commemorated once more in the name of the reservoir, the Woodhead Reservoir.[87]

Even this dam was not enough. 1895 had seen another severe water shortage. Just when the new dam was

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works, 13.8.1890; 3/CT 1/1/5/234-142. Report on the Tunnel works, 11.2.1891; 3/CT 1/1/5/235-284. Final report on the Tunnel works, 25.3.1891; Cape Argus, 24.2.1891.

86 3/CT 1/1/5/237-908. Report of the Water Works Committee, 2.10.1891; 3/CT 1/1/1/39, 19.10.1891.

87 3/CT 1/1/1/40, 15.3.1892; 3/CT 1/1/5/243-1070. Report of the Water Works Committee, 9.8.1892; 3/CT 1/1/5/251-[1061]. Report on the Table Mountain Reservoir, 30.6.1893; 3/CT 1/1/1/42, 15.2.1893, 5.4.1893; Cape Times, 12.1.1894.

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opened Stewart warned that, if the new reservoir had been full in September 1896, the increased demands of the city would have left very little water to spare in the summer. The new supply was adequate to meet the needs of the city during a dry season of 150 days only for the next two and a half years. More water must be found without delay.[88] At the end of 1896 it was decided to build the last of the Table Mountain reservoirs, the Hely Hutchinson dam, at an estimated cost of £112 000.[89] The last stage was opened on 5 March 1904.

The augmented supply of water lasted Cape Town during the Anglo-Boer war when the unusually heavy demand of the military, combined with the cleaning of the city during the plague epidemic of 1901, placed a heavy burden on the city. In that sense the schemes of the 1890s were a success. By 1902 the problems of the suburban municipalities were becoming so serious that a commission of enquiry, the Cape Peninsula Commission of 1902, was set up.[90] Apart from its administrative recommendations the commission made it clear that Cape Town and the suburbs would have to look beyond the peninsula for more water, either from Oliphant's Hoek in the Franschoek Mountains, or from the Steenbras River in the Hottentots Holland Mountains. Both schemes would be far more costly than anything undertaken before and it was to be years, only after the union of the municipalities in 1913, that the recommendations were to be given effect.[91]

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88 Cape Times, 3.4.1895, 3.5.1897; 3/CT 1/1/1/45, 25.3.1897.

89 3/CT 1/1/1/45, 24.12.1896.

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Although the improvement of Cape Town water supplies was costly, the solution was relatively clear cut. But clean water did not make a clean town. Sewerage, drainage and refuse removal were much more intractable issues. Developments in engineering had gone a long way to dealing with drainage but technology was not yet sufficiently advanced to dispose of sewage effluent adequately. It was true that Cape Town had the sea at its doorstep but the growing pollution in Table Bay and the uncertainty of the currents meant that an outfall into the sea was not necessarily the answer.

During the 1880s the night soil was collected in buckets by a contractor, H.H. Bessel & Co. and dumped at the sixth milestone on the Durban Road.[92] Collection tended to be irregular and unsatisfactory in the poorer districts.[93] Liquid effluent was poured into the drains, brick rather than the more effective glazed stoneware which began to be introduced only in the 1880s.[94] Brick drains were usually too large to flush efficiently and tended to become blocked and extremely offensive. Whatever the means of final disposal, water-borne sewerage was clearly needed. This could not be contemplated until Cape Town's water supplies had improved although councillors, and even engineers, did

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90 G 21-1902, Report of a commission to enquire into and report upon certain matters affecting Cape Peninsula municipalities and the Cape divisional council, 3 vols.

91 E.B. van Heyningen, "The 'small Greek cities' of the Cape Peninsula", Contree, 10, (July 1981), 5-8.

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not necessarily grasp this. Even then the methods to be used were a matter of debate and the costs were daunting.

The problems of an effective drainage scheme began to emerge in the 1880s. After some dithering it was decided that the best way to approach the project was to offer a prize of £250 for the best "essay" on the subject. The comments of the judges, Gamble, Cairncross and C.I. Wood, highlighted many of the issues which were to dog the various schemes. In the first place, it was clear that they, like the Council, had failed to draw any adequate distinction between storm water drainage and sewerage. For years it was believed that the same pipes could serve both purposes. They were critical of the terms proposed by the Council. "Sanitary", they considered, had put in the best plan but, in accordance with Council instructions, he had proposed some form of disposal at Salt River. This was completely unsatisfactory. An outlet into the sea at Salt River would pollute the surrounding beaches and the bay, and the land was too marshy for a sewage farm. Local residents would suffer. Mouille Point would be a better site for an outlet if the pipes were taken far enough out to sea. "Sanitary" 's scheme, therefore, while the best, needed substantial alterations. The estimate, of £57 750, they thought rather low.[93]

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92 3/CT 1/1/5/187-79. H.H. Bessell & Co. to the Mayor, 5.1.1882.

93 3/CT 1/1/5/189-620. Report of the Public Works Committee, 30.6.1882; 3/CT 1/1/1/33, 5.7.1882; Cape Times, 3.2.1885, 18.3.1855.

94 3/CT 1/1/5/180-883. City Engineer to the Secretary of the Town Council, 12.9.1880.

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Astonishingly, the Council made an immediate decision to press ahead with a modified version of "Sanitary" 's scheme, only to be met with instant protest from the Colonial Medical Committee which demanded a proper study of the currents in the bay. The Medical Committee was supported by the press which feared that conditions would lead to an outbreak of fever.[96] While the municipality hesitated, urgent demands for drainage at the Castle forced their hands. The unfortunate Castle was the site of the outfall from some of Cape Town's oldest and largest drains, including the Capel Sluit which, siphoning water from the mountain through District Six, had been canalised down Darling Street [Keisergracht]. It was joined by the effluent from Castle, Stuckeris and Russell Streets to flow out into the bay. It was hoped that the Imperial authorities would contribute to a sewer which would have an outlet opposite the Military Hospital on the Woodstock side of the town. The ratepayers agreed to a loan of £12 000 if the money could be borrowed cheaply from the Imperial Government at 3½%. The Woodstock Municipality and the Colonial Medical Committee were understandably strongly opposed to the scheme.[97] In some confusion, the Council presented the ratepayers with two uncertain plans, the intercepting sewer for £15 000 and a general scheme for £60 000. At the same time the Harbour Board had added its voice to those demanding a proper survey of the currents of the

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95 3/CT 1/1/1/33, 20.9.1882, 18.4.1883; 3/CT 1/1/5/201-709. J.G.Gamble, C.I. Wood and T.W. Cairncross to the Town Clerk, 26.7.1884.

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bay. The inducement of a contribution of £3 000 from the military, combined with the threat of legal action, decided the Council to press ahead with the intercepting sewer, at any rate, in blithe disregard of the various protests.[98]

In the meantime building in Cape Town continued apace, especially in District Six. Two hundred and thirty houses had been erected on the Wicht estate alone between 1883 and 1885. The lack of control over speculative building, combined with increasing overcrowding soon made itself felt in the deteriorating state of health in the town. In October 1885 Fisk reported nine cases of typhoid in a lane off Hanover Street. The New Somerset Hospital was quite unable to deal with this influx. Despite Fisk's denials, it soon became clear that the city was in the grip of a serious and prolonged outbreak. Deaths from fever rose from thirty-two in 1884 to sixty-nine in 1886 and 101 in 1887. So bad had the situation become at the New Somerset Hospital, that convalescents were being housed in two marquees in the grounds.[99]

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96 3/CT 1/1/5/202-818. Colonial Medical Committee to the Town Council, 30.8.1884; Cape Times, 3.2.1885; Cape Argus, 3.2.1885.

97 3/CT 1/1/5/209-1321. Report of the Public Works Committee, 9.12.1885; Cape Times, 17.2.1886, 19.2.1886; 3/CT 1/1/1/36, 18.3.1886.

98 Cape Times, 17.8.1886; Cape Argus, 30.8.1886; 3/CT 1/1/1/36, 9.9.1886; Cape Times, 1.10.1886, 23.11.1886.

99 3/CT 1/1/5/206-690. City Engineer to Public Works Committee on petition from inhabitants of District Six, 22.5.1885; 3/CT 1/1/5/208-1151. Fisk to the Mayor, 19.10.1885; 3/CT 1/1/5/214-1025. Fisk to the Mayor, 20.10.1886; 3/CT 1/1/5/219-871. Resident Surgeon, New Somerset Hospital to UCS, 20.10.1887; 3/CT 1/1/5/225-45. Health Officer's annual report, 12.1.1889; CO 1434-5.

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Although the poor suffered worst, middle-class citizens were affected as well. R.W. Hickson of Hickson and Sons wrote bitterly to the Town Clerk after the death of one of his children through diphtheria, "The fact is that we are being murdered. That such a state of things should be allowed to exist in the heart of the town and within a stone's throw of the Town House is surely a disgrace to a civilized community."[100]

In many respects, Cape Town was confronted with a greater crisis in health in the late 1880s than at any other time in its history. The scale of overcrowding was being compounded and the residents were facing the endemic diseases of slums to a greater extent than ever before. The authorities took a few belated steps to deal with the situation. In 1889 building regulations were finally issued which demanded that builders pay some attention to basic sanitary amenities. An infectious diseases hospital was mooted next to the New Somerset Hospital, although it was not opened until after the second Anglo-Boer war.[101] In this context, the question of drainage had become even more urgent.

In 1888 some of the inhabitants of Cape Town took matters into their own hands. A series of meetings,

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Annual report of the New Somerset Hospital, 28.1.1889.

100 Cape Argus, 5.2.1887; 3/CT 1/1/5/210-207, 16.2.1886.

101 3/CT 1/1/5/226-494. Health Officer's weekly report, 19.6.1889; 3/CT 1/1/5/223-897a. Report of the Health Officer, 6.10.1888; Cape Town mayor's minute, 1902, 162.

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letters and petitions demanded fundamental changes. There were a number of strands to this movement. One, permeated by a faint hostility to institutions on the English model, was led by M.L. Wessels and dominated by local businessmen. They attacked the existing style of local government. Wessels himself wanted "the complete abandonment of the English system of local government, and a reconstruction of the Town Council on the continental system". By this he meant the exclusion of the poorer residents from the franchise, the centralisation of authority in the hands of a small executive council, possibly of paid professionals, and a mayor with magisterial functions.[102] Not everyone shared this view. Politicians such as Merriman and "Onze Jan" Hofmeyr, who had participated actively in these protest meetings, were more sensitive to democratic demands. Both feared that a municipal executive would lead to the creation of government by a clique. Nor was the English-language press sympathetic. Apathy, not mob rule, was the real problem, the Cape Argus argued.[103]

Another strand was the demand for a comprehensive drainage scheme. At one noisy public meeting ratepayers pledged themselves to support the Council in the raising of the necessary funds. Public pressure was sufficiently strong to reach parliament where a select committee was appointed to inquire into the sanitary condition of Cape Town and its suburbs.[104] Parliamentarians were scathing

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102 Cape Times, 28.3.1888.
103 Cape Times, 22.3.1888, 23.3.1888; Cape Argus, 20.3.1888.

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about the state of Cape Town. J.W. Sauer complained bitterly that "last summer you could not walk up from the Railway Station to the Cathedral, without being nearly knocked down half-a-dozen times by the bad smell." The mayor, T.J. O'Reilly, retorted indignantly, "I think my olfactory nerves are as sensitive as those of any member of this Committee, and I was never knocked down by smells, and my office is in the centre of Adderley-street".[105] The select committee revealed little that was new. Resting mainly on medical evidence, it agreed that Cape Town was as bad as any town in Christendom and urged immediate action over drainage. More significant in the long term was the criticism of conditions in the suburbs and the recognition of the need for joint action to solve the sanitary problems of the Peninsula.

Despite the point correctly made by the Cape Argus that apathy was wide-spread in political affairs, political solutions to Cape Town's problems continued to eviscerate the popular franchise. A bill was introduced into parliament to abolish the tenant rate, inaugurated previously by Acts No. 44 of 1882 and No. 28 of 1885. As the select committee observed, this would have the effect of disenfranchising part of the population since only those tenants who paid a rent of over £12 were to have the vote. The mayor, D.C. de Waal, explained that this was deliberate:

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104 Cape Times, 17.2.1888, 18.2.1888; Cape Argus, 21.2.1888; SC 9-1888, Report of the select committee on Cape Town sanitation.

105 SC 9-1888, 36.

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"Yes, for the purpose of excluding what I may term the mob vote. In very many instances you find three or four people occupying a little hut and paying £10 a year, and these people have not the slightest idea of what is going on. It was therefore thought that by raising the rental it would exclude a voter of that sort."[106]

Bickford-Smith has estimated that Act No. 26 of 1890 deprived the occupiers and owners of about one-fifth of all property in the municipality of the vote.[107]

Municipal democracy was further weakened in 1893 by another Amendment Act, No. 25, which instituted the plural vote. There seems no doubt, as Bickford-Smith argues, that the intention was to strengthen the control of the commercial élite who were fearful of growing socialist influence in the towns.[108] But this seizure of control of local affairs was not a simple process. These acts were precipitated by hostility to the popular vote, more particularly that of the Muslims who had actually put forward a candidate for parliament in 1894.[109] They also arose from the need to do something about the parlous state of the town. The British experience and the medical profession assured the establishment that mortality rates would not drop unless water and drainage were improved. The early 1890s were permeated by a sense of desperation about the state of municipal affairs. The engagement of parliamentary politicians in Cape Town's local government suggests that the ruling élites saw the situation as a more than purely local crisis. Despite the narrowing of the franchise there were limits to the

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106 SC 8-1890, Report of the select committee on the Cape Town Municipality Act Amendment Bill, 7.

107 Bickford-Smith, "Commerce", 285.

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changes which the "Clean Party" could push through.[110] As long as large loans were subject to the ratepayers' approval, local politics continued to be an interplay between council members and different elements amongst the ratepayers.

Forced into reluctant action, the Council held yet another ratepayers' meeting, this time to sanction the expenditure of £3 000 to bring out an expert from Europe. The result was the appointment of E. Pritchard, who was called upon to present a new report.[111]

Pritchard's comprehensive report emphasised the need for a drainage system on entirely new principles. He wanted most of the rainfall to be excluded since, although a useful flushing agent, pipes would have to be so large that foul air would tend to accumulate and be driven into the higher parts of the town. He was extremely critical of the intercepting sewer with its outfall into Table Bay, preferring a main outfall near the southern mouth of the Salt River. As far as sewage disposal was concerned, irrigation on land he thought would be too expensive for Cape Town since suitable land could be found only on the Maitland Road, six or seven miles from Cape Town. Rather than polluting the bay, however, he favoured an outfall directly into the sea. A water closet system was recommended, especially for the

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108 Bickford-Smith, "Commerce", 301, 348-393.
109 Ibid., 286-287.
110 Ibid., 285-286.
111 Cape Times, 17.4.1888; 3/CT 1/1/5/222-632. Report of the Special Committee on Drainage, 17.7.1888.

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poorer districts. Refuse could be disposed of in a refuse destructor, widely used in England. The whole project, including Green Point, he estimated would cost £120 000.[112]

Pritchard's scheme was controversial from the start and, as a result the municipality deferred making a decision for months. The main point at issue was the intercepting sewer which was almost complete. Abandonment of the intercepting sewer was hardly practicable at this stage, though. Not only was it nearly finished but the Council was likely to be sued by the military if it were not used and would lose the £3 000 subsidy to boot.[113]

After arguing about the matter for months, the municipality decided to refer the question to the ratepayers. Given the confusion in their own minds, it is not surprising to find that the public meeting, ostensibly to sanction a loan of £85 000 for the drainage scheme, was abortive. It seems to have been badly conducted, the public being asked to vote on the Council scheme rather than Pritchard's. This meant that those who favoured the larger scheme were placed at a disadvantage. Voting was close, 110 in favour of the Council scheme and eighty-three against, including those who wanted the full scheme. J.A. Combrinck, one of Cape Town's larger merchants, demanded a poll, warning that if it went

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112 3/CT 5/4/3. Report on Cape Town drainage, 26.2.1889.

113 3/CT 1/1/1/38, 16.5.1889; Cape Times, 17.5.1889.

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adversely he would make it his duty to agitate for Pritchard's scheme.[114] The poll went against, with a majority of 293 in a tiny vote of 561. Cape Town was back where it had been a year before.[115]

By this time parliamentarians had become concerned about Cape Town's drainage problems. Merriman's presence at a public meeting was an indication of this. The government decided to consult its own expert and Clement Dunscombe was brought out in 1891 to make a separate report.[116] Dunscombe was scathing about the existing sewerage system. "There are at present no less than 5 200 'Tubs' or 'Pails' in use in the city, in which the excreta or urine is retained in close proximity to the dwellings for very long periods. The rate of removal per month is such that on average each 'tub' is removed in nineteen days."[117] He was optimistic, however, about the possibility of improving conditions. "The education of the lowest classes to appreciate the advantages resulting from improved sanitation is by no means such a slow process as many people are wont to consider it", he assured the municipality.[118]

Dunscombe's scheme, as the Argus pointed out, was not very different from that of Pritchard. Both placed their outfalls at the Salt River mouth, with disposal on

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114 Cape Times, 29.5.1890, 11.6.1890, 14.6.1890.
115 Cape Times, 17.6.1890.
116 Cape Times, 18.3.1891; G 51-1891, Report on the sewerage of the City of Cape Town and the disposal of its sewage.
117 Ibid., 9.
118 Ibid., 4.

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the Cape Flats as an alternative. On the whole Capetonians, apart from the unfortunate residents of Maitland, seemed to prefer a "broad irrigation scheme" on the Cape Flats to the possibility of pollution in the bay, even though it was more expensive.[119] In an unusually amicable public meeting a "very large number" of ratepayers authorised a loan of £162 000 for the scheme. The government was prepared to surrender Maitland Outspan for the sewage farm. Moreover the government, having paid for Dunscombe's services, was prepared also to subsidise some aspects of the scheme.[120]

Given Cape Town's previous record it was not to be supposed that all would continue so smoothly. The full contract drawings and specifications were not received until April 1893 by which time the municipality was becoming impatient. Then, as "a bolt from the blue" the Council learned in May that the Maitland Outspan was unsuitable for "Under Drainage" and that the entire scheme was to cost £230 000. Cape Town was back to an outfall in the bay or a works even further out of town on the Malmesbury Road.[121] Although they decided to go ahead with the main works, in 1894 the Council decided abruptly to terminate its relationship with Dunscombe. The Public Works Committee explained that it was thoroughly dissatisfied with the way in which it had been treated.

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119 Cape Argus, 19.6.1891, 22.6.1891; 3/CT 1/1/5/236-569. Report of the Public Works, Sanitary and Drainage Committee, 6.7.1891; Cape Argus, 21.7.1891.

120 3/CT 1/1/5/236-653. Minutes of the ratepayers' meeting, 3.8.1891; Cape Argus, 3.8.1891, 22.9.1891.

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The agreement between Dunscombe and the government had been altered without their knowledge and the project was costing far more than they had anticipated or felt necessary.[122]

The municipality which was struggling with the drainage problem was gradually becoming more professional. In 1893 J.C. Byworth became town clerk at a considerable salary and modernised the operation of the Town House which had been old-fashioned and cumbersome under J.A.Roos, a self-made man of limited education.[123] The city engineer's department grew steadily larger and more unwieldy while the medical officer of health found himself overshadowed by the chief sanitary inspector who was appointed in November 1890.[124] Only after a number of clashes was the Sanitary Department reorganised, control being removed from Fisk's hands to those of the Councillors.[125] The creation of three separate departments to deal with nuisances, a Sanitary Department, the City Engineer's and the Health Officer's, worked smoothly after J. Corben, previously chief sanitary inspector of Southampton, was appointed in October 1891.[126]

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121 3/CT 1/1/5/247-244. Report of the Public Works Committee, 16.2.1893; 3/CT 1/1/5/248-593. Assistant Commissioner of Crown Lands and Public Works to the Mayor, 12.4.1893; 3/CT 1/1/1/42, 28.9.1893.

122 Cape Argus, 9.10.1894.

123 3/CT 1/1/1/42, 5.10.1893; Cape Times, 20.6.1890. Obituary of J.A. Roos.

124 3/CT 1/1/5/232-804. Report of the Health Officer on the working of the Sanitary Department, 22.8.1890, Report of the Public Works Committee, 16.9.1890; 3/CT 1/1/1/39, 29.9.1890.

125 Cape Argus, 13.3.1891, 26.3.1891; 3/CT 1/1/1/39, 26.3.1891.

126 Cape Times, 3.4.1891; 3/CT 1/1/5/235-341.

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Fisk, as medical officer of health, had not been a powerful personality. When he died in 1893, however, his successor, Edward Barnard Fuller, made far greater impact although he was only a part-time employee. The intention of the Council had not been benevolent. The new medical officer of health was expected to act only in a consultative capacity as a salary of a mere £200 a year and he had virtually no executive authority.[127] The municipality had underestimated its new appointee for Fuller was a far more dynamic man than Fisk. The son of the Rev. T.E. Fuller, editor of the Cape Argus and co-author of the 1867 influenza pamphlet who was now himself a municipal councillor, Fuller had influential local connections. Energetic and zealous, he transformed the status of the Cape Town medical officer of health. When he resigned in 1899 to enter local politics, he had ensured that his successor, A. Jasper Anderson, should hold a full-time appointment with proper authority. Fuller brought to his work greater scientific exactitude, conducting careful investigations into such problems as typhoid, infant mortality and the housing of African labourers.[128]

Joint special meeting of the Public Works and Sanitary Committees, 13.4.1891; 3/CT 1/1/5/236-605. City Engineer to the Public Works Committee, 16.7.1891; 3/CT 1/1/5/237-906. Report of the Joint Committees of Public Works and Sanitation, 2.10.1891. Like other appointments in the colony of this time, Corben was recruited from Britain, often from a very extensive list, in this case of 85 applicants.

127 3/CT 1/1/5/255-1970. Duties of the Health Officer, 21.12.1893; 3/CT 1/1/1/42, 8.2.1894.

128 Burrows, A history of medicine in South Africa, 355-357.

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Sanitary improvements still proceeded very slowly in the 1890s. The new drainage scheme did not seem to Capetonians to be a success. Work was slow at two miles a month. Only five miles had been completed by January 1895 and the smells were worse than ever.[129] The new city engineer, W.T. Olive, appointed in 1895, drew up plans to replace those of Dunscombe. His scheme, at £295 000, cost £97 000 less than Dunscombe's, with an outfall near the Green Point lighthouse.[130] This was all very well, but Cape Town had only £162 000 on the estimates and Capetonians were becoming uneasy over the lavish expenditure of recent years as reservoir followed reservoir, the drainage scheme grew to gargantuan proportions and the town remained smelly, overcrowded, short of water and typhoid-ridden.[131]

Now, when the estimates were already overrun, they were faced with a new demand. The old stormwater sewers had become honeycombed with cesspools and needed replacing. This, it was estimated, would cost £300 000 to £400 000. In 1897 the Council went to the ratepayers to ask them to cover their existing debts and sanction another large loan, including £100 000 for the main drainage and £40 000 to complete the current reservoir, as well as sundries for recreation grounds and a housing barracks for the labouring poor. But the ratepayers would

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129 Cape Times, 8.1.1895, 15.1.1895; Cape Argus, 10.1.1895.

130 3/CT 1/1/1/43, 4.3.1895; Cape Times, 5.3.1895, 3.12.1895.

131 Cape Times, 19.3.1896.

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agree only to the main works, leaving the municipality with its debts. The result was bitter controversy.[132] A series of agitated meetings followed, during which the councillors desperately tried to persuade Capetonians to change their minds but a poll was even less successful with virtually every item rejected. Five councillors, Garlick, St Leger, Attwell, O'Reilly and Hay, resigned.[133]

The men who had resigned from the council had all been substantial and well-known Capetonians, men of the merchant and professional classes, members of the "clean party" who had come to power on a reform ticket.[134] They were replaced by people of a very different stamp, mainly small businessmen or artisans. None was well known in Cape Town. They were W.H. Brown, insurance manager; G. Cunningham, baker; Henry Carter, builder; and J.B. Eayrs, bootmaker - he of the anti-vaccination stand. T.J. O'Reilly was so incensed at the quality of the nominees that he withdrew his name from the list.[135] Yet the new councillors were faced with the same problems as the old and they could do little to change municipal policy. Moreover, prominent citizens were pressing them hard to clean up the city. Ludwig Wiener, chairman of the Harbour Board, led a deputation of MLAs and others to urge the sanctioning of the loans and a petition was presented to parliament asking for a select committee enquiry into the

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132 Cape Times, 1.9.1896, 22.1.1897; Cape Argus, 21.1.1897.

133 Cape Times, 2.2.1897, 5.2.1897, 9.2.1897, 10.2.1897; Cape Argus, 2.2.1897, 5.2.1897.

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state of Cape Town.[134]

The report of the joint committee of enquiry, headed by Gregory, emphasised the poor condition of the existing sewers and the need to do something about them. Constructed of brick or bluestone inverts, they were so worn that sewage had soaked through them into the surrounding soil.[137] Much of the conflict which followed seems to have related more to personalities than to issues. Led by O'Reilly and Advocate McLachlan a strident opposition tried to prevent the raising of new loans. They were not successful. Both at a ratepayers' meeting on 6 May and the poll which followed on 20 July the loans were granted by a substantial majority on a fairly large vote.[138]

		For	Against
New reservoir	£112 000	1255	345
Storm water sewers	£135 000	1194	380
Promenade and pier	£25 000	1066	444
Streets	£35 000	1274	288

The success of the poll, the Cape Times believed, had much to do with the new system of plural voting which had allowed larger property owners a greater say in town affairs. This was particularly necessary, it considered, in Cape Town where there was a class of small property owners who loved dirt.[139]

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134 John Garlick, retailer, owner of Garlicks department store; Frederick York St Leger, ex-missionary, proprietor and editor of the Cape Times; J.W. Attwell, baker; T.J. O'Reilly, agent, auctioneer and flamboyant personality; William Hay, insurance manager, the "Grand Old Man" of insurance in Cape Town, DSAB, IV, 222-223.

135 Cape Times, 13.3.1897, 26.3.1897; 3/CT 2/1/1/5-1566. T.J. O'Reilly to the Town Clerk, 13.3.1897.

136 3/CT 1/1/1/45, 25.3.1897; Cape Argus, 7.4.1897.

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The need for health reform was demonstrated again in a dramatic fashion the following year when, in March 1898, the mayor, Herman Boalch, died of typhoid. He had contracted the disease when he had been on a tour of investigation in connection with his work on the Streets and Sanitation Committee.[140] Most of the new councillors, apart from Cunningham and Eayrs, had been ousted by "Clean Party" men who pressed ahead with city improvements. The drainage scheme was largely completed by 1900 and a start was made on replacing the storm water sewers in 1899.[141]

Sanitary reform in Cape Town was undoubtedly "a slow dogged campaign of a million Minutes" in Szreter's words. The result was that by 1899 Cape Town had many of the amenities of the modern city including a reasonably adequate water supply, water-borne sanitation and efficient drainage. Within the next few years civic pride found expression in a new city hall built in the renaissance style which had found favour in Britain's industrial cities. The main streets were paved in the following decade and provision was made for the recreation of residents in a new pier. Yet the limitation of such improvements were demonstrated only too clearly

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137 3/CT 1/1/1/45, 4.5.1897.

138 Cape Times, 7.5.1897; Cape Argus, 19.7.1897; 3/CT 1/1/1/45, 22.7.1897.

139 Cape Times, 21.7.1897.

140 Cape Times, 9.3.1898. Boalch (1858-1898) was an American of German extraction, a butcher and grocer.

141 Cape Town mayor's minute, 1899, Appendix 4, lxviii; 1900, Appendix 4, lxvii-lxviii.

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when the plague epidemic broke out in 1901 for an ample water supply did not go hand in hand with fundamental social change.

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CHAPTER SIX

The plague epidemic of 1901

The value of the sanitary reforms which had been introduced in the preceding decade were to be tested when war broke out in South Africa in 1899. For one thing the colony was already sliding into depression by 1898, precipitated by natural disasters like drought and rinderpest on the one hand, and troubles in the Transvaal contributing to a collapse of the sharemarket on the other.[1] The spectre of unemployment reared its head. Indigent refugees from the Rand began to flow into the city after June 1899 while, paradoxically, young men seeking their fortunes on the mines also continued to pour into Cape Town.[2] In June 1899 the Public Works Department instituted relief works on the Duinefontein [Klipfontein] Road on the Cape Flats and a Citizen's Labour Bureau was established in the town at the beginning of July.[3] The institutions for dealing with relief were already in existence before the great influx of Uitlanders got under way in September and October 1899. It is possible that 20 000 to 25 000 people arrived in the city at this time and other groups came later as when Kimberley was relieved.[4] Added to this were the military, many of whom entered the country through Cape Town before 1901.

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1 G.C.W. Schumann, Structural changes and business cycles in South Africa 1806-1936, (London, King, 1938), 91-92.

2 E.B. van Heyningen, "Refugees and relief in Cape Town, 1899-1902", Studies, 3, (1984), 66-68.

3 Ibid., 68-70.

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This huge influx of people into Cape Town put great pressure on the already overcrowded housing, especially in District Six. Shelters of various kinds were provided for the refugees, ranging from the Dock Road shelter to relief works on the Cape Flats and tents for Indians who were particularly badly housed.[5] Even so, as the war was prolonged, many drifted into the town itself where they added to the pressure on boarding houses and rooms. They also had to compete with camp-followers of various kinds who were a source of irritation to the military. The result was inflation in rents and food prices and considerable political tension amongst the discontented Uitlanders.[6] Conditions were unusually ripe for some form of epidemic disaster which occurred when plague struck the city in 1901.

1. "... several councils were held about ways to prevent its coming over".[7]

Plague is one of the most ancient diseases known to man, associated with commerce and war. The most recent pandemic, starting in 1894, has had little impact in the West although it killed nearly twelve million people. This may be attributed principally to the fact that it barely touched Europe and Western historians, with their Eurocentric vision, have ignored it. It has become a less

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4 Ibid., 64-65, 74-83.
5 Ibid., 83-93.
6 Ibid., 93-107.
7 D. Defoe, A journal of the plague year, (Harmondsworth, Penguin, 1966).

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fearful disease since modern antibiotics and insecticides have reduced the danger, and its horror has been overshadowed by greater human tragedies in the twentieth century. Yet it is a fruitful topic for the historian.

Bubonic plague is a bacterial infection, Yersinia pestis (previously Pasteurella pestis), in which the flea acts as the vector, transmitting the disease to rats and in certain cases, notably when the rat mortality is very high, to man. In this form, although dangerous, the disease is not always fatal. In certain circumstances, however, usually during the course of a bubonic plague epidemic, it may assume a new form in which it is transmitted directly from man to man by droplet infection. In this pneumonic type, the disease is much more virulent with a high mortality rate, victims often dying within twenty-four hours. A third even more lethal and generalised form, septicaemic plague, may also emerge during the height of an epidemic, when patients survive only a few hours.[8]

In certain respects a city like Cape Town was particularly susceptible to plague. The bacteria of Yersinia pestis flourish in warm-weather, in a temperature range of 50-80°F and moderate humidity, while the main flea vector, Xenopsylla cheopis, multiplies best in temperatures between 68-78°F. Cape Town's climate,

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8 A useful discussion on plague as an historical phenomenon appears in Alexander, Bubonic plague in early modern Russia, 1-8 and Slack, Plague in Tudor and Stuart England, 7-17.

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falling within these ranges for most of the year, was unusually favourable for the breeding of plague. Rats undoubtedly existed in the squalid conditions of the town but they were rarely a matter for comment.

Plague in man is essentially a disease of commerce, spreading along the lines of the great trade routes - in the past along the caravan routes of the east, in more recent times along the sea routes of the European empires. It has often been at its most virulent in the great commercial centres. In Europe after the fourteenth century it appeared only intermittently, notably in Italy which pioneered plague control,[9] in London in 1665, in Marseilles in 1720, and in Russia in 1770. Towards the end of the eighteenth century it unaccountably died out and by the nineteenth century it was widely believed to be an antique disease. Its recrudescence in 1894 came as an unpleasant shock and triggered off the first scientific research into its origins.

The pandemic of 1894 started apparently in Yunnan province in China where plague was endemic and where it was observed by missionaries as early as 1871 when military operations disturbed conditions there. Military traffic also helped to break down the isolation of this somewhat remote region and encouraged contact with the nearest seaport of Canton. By 1894 the disease was active

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9 Cipolla, Public health and the medical profession, 11-66.

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in that city, and from Canton it was but a short step to the great trading emporium of Hong Kong, which had become infected by May. Two years later it had reached Bombay and from there it spread to other parts of India, gaining a footing in Calcutta in 1898. All these cities were heavily populated and poverty-stricken and the plague reached virulent proportions, 80 000 dying in Canton in seven months. The fact that the pandemic started in the east led many Europeans to conclude that Asiatics were particularly susceptible to the infection.[10] But whites were by no means immune. The disease spread rapidly along the routes of the European commercial empires and by 1900 such far-flung continents as Australia, South America, North America and Africa had all been affected.

Perhaps the most important feature of the third pandemic was the advance in medical understanding of the disease. The acceptance of the germ theory of infective disease had made effective research more feasible. Because Bombay, particularly, had such extensive commercial connections with Europe which was thereby endangered, a number of European states sent official commissions to study the plague. As one medical historian has observed, "Probably never before or since has such an imposing array of epidemiological talent assembled in one place for research into a particular disease".[11] Amongst these were the Bombay Plague Research Committee which included the bacteriologist, W. Haffkine, and the British

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10 Not everyone has abandoned this view. See, for instance, SESA, VIII, 588, which states, "Asiatics appear to be particularly vulnerable to the disease".

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Indian Plague Commission. Even before this, in 1894 in Hong Kong, Kitasato of Japan, a pupil of Robert Koch who had isolated the tuberculosis bacillus, and Yersin, a pupil of Pasteur, had separately isolated the plague bacillus. Yersin also showed that rats were the major vehicle for spreading the disease and this was confirmed by the Frenchman, Simond, and Hankin, in Bombay in 1897. Simond suspected that fleas might be the principal vector in conveying the plague from rats to man, but this view did not gain ready acceptance amongst medical authorities until the twentieth century. Although it was sufficiently widely disseminated to be familiar to South African doctors by 1899, such influential researchers as Professor W.J. Simpson favoured the alimentary theory of plague transmission which held that the plague bacillus was transmitted by the ingestion of infected food.[12]

The current knowledge of the disease influenced methods of plague control. Kitasato and Yersin had been greatly impressed by the insanitary state of the Chinese quarters of Hong Kong, and in India, also, officials believed that the plague was defined as a "disease which is essentially associated with insanitary conditions in human habitations, the chief of which are accumulations of filth, overcrowding and absence of light and

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11 L.F. Hirst, The conquest of plague, (Oxford, 1953), 106.

12 W. Darley Hartley, "Notes on plague", SAMJ, VI(11), March 1899, 233-235; W.J. Simpson, Memorandum on the influence of rats in the dissemination of plague, (Cape Town, W.A. Richards, 1901); Hirst, Conquest, 111, 158-159; B. Rosen, "Australia's contribution to the conquest of plague", Journal of the Royal Australian Historical Society, 63(1), (June 1977), 60-71.

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ventilation".[13] This was familiar stuff to contemporary medical health officers, deeply imbued with the discoveries of the nineteenth century sanitary reformers. All the emphasis was thus laid on the human factor in plague transmission. Hirst notes,

> "In accordance with this view immense importance was at first attached by Indian authorities, including the Central Government, to the segregation of contacts with the sick away from the healthy, and to the thorough disinfection of houses and personal effects; in short, to the measures generally in vogue at that time for the control of ordinary infectious diseases. Accordingly, an elaborate organisation was set up for obtaining accurate returns of sickness and deaths, for speedy removal of patients to hospital and their contacts for segregation for ten days in camps and especially for medical inspection of all travellers leaving infected localities by road or rail ..."[14]

In Bombay it was felt that nothing short of the complete evacuation of the locality would be effective in reducing human mortality. It was realised, however, that this was impracticable except in the case of small populations. The experience of plague control in India was to have serious implications for the control of the disease at the Cape. It has been suprisingly little explored for plague control led to major social disorder.[15] In March 1897 the Bombay government instituted a Plague Committee with formidable powers which could override local authorities. The campaign against plague in Poona, including house-to-house searching for victims, and isolation in hospital, was conducted like a military operation by British soldiers. The result was "a reign of terror" which offended against

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13 Hirst, Conquest, 292.
14 Ibid., 115.

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the religious and cultural sensibilities of the Indians and culminated in the murder of two British residents.[16] The methods adopted in India established a pattern of lack of consultation with local people, arbitrary coercion and insensitivity which British doctors from India, recruited to fight plague at the Cape, were prepared, even eager to establish there.

International control of plague was also seen primarily in terms of human transmission. The fact that the disease was spread through commercial contact complicated the issue for prolonged quarantine, a traditional means of isolating the disease, was too costly for modern empires to contemplate. Agreement on plague control by the European nations was reached in 1897 in the International Sanitary Convention of Venice. This provided for the prompt notification of plague outbreaks, and it concentrated mainly on the medical inspection of passengers and crews of ships, and the disinfection of their personal effects at the beginning and end of voyages. A few articles of merchandise, conventionally regarded as being susceptible to plague, such as sacking, raw hides and forage, could be prohibited entry. Both Great Britain and the Cape, as an Imperial colony, were party to this agreement.[17]

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15 A recently published article by I.J. Catanach, "Plague and the tensions of empire: India, 1896-1918" in D. Arnold (ed), Imperial medicine and indigenous societies, (Manchester, University Press, 1988?) is not yet available in South Africa.

16 B.R. Nanda, Gokhale. The Indian moderates and the British Raj, (Princeton N.J., Princeton University Press, 1977), 103-107.

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The South African authorities were as sensitive as any to the possibility of the importation of the disease into the country. Not only had places in constant contact with southern Africa, such as Madagascar and Mauritius, been declared infected areas, but the regular importation of Indians was felt to make the country particularly vulnerable. At the same time the lax control of the Portuguese at Delagoa Bay and Beira was believed to increase the danger. The Cape was the first government to take action on 19 January 1899. Shortly after declaring oriental or bubonic plague to be an infectious disease in terms of the Public Health Act of 1897, it issued regulations concerning ships arriving from infected ports or carrying persons suspected of having plague. Based on the Venice Sanitary Convention, the regulations differed mainly in providing for a quarantine period of twelve, rather than ten days.[18]

No sooner had these regulations been published than the government of the South African Republic issued an invitation to the Cape to attend a conference on plague control in Pretoria. The South African Republic, being a landlocked country, was in a particularly invidious position for without the co-operation of its neighbours, it could do little to prevent the importation of the disease. Under these circumstances joint control

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17 GH 1/466. Chamberlain to Milner, 28.1.1899.

18 Government Gazette Extraordinary, 20.1.1899, Proclamation No. 26, 1899; CO 7241-17. Circular No.34, 1898, 13.9.1898.

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was clearly desirable. The conference was held in February 1899. The Colonial Secretary, Dr T. Te Water, and Dr A.J. Gregory represented the Cape. Other delegates included Drs G. Messum and M.S. Lingbeek for the South African Republic, Dr J.A. Martins for Moçambique, Dr A.E.W. Ramsbottom for the Orange Free State, and Dr J. Hyslop for Natal.

Using the Cape regulations and the Venice Sanitary Convention as models, the delegates drew up an extensive series of regulations regarding the provision of pratique [clearance] and the quarantining of infected ships, the establishment of quarantine stations, and the treatment of cases within the country. Most notable were the recommendations for the creation of an inter-state Board of Health to advise on matters connected with the plague. The delegates also suggested that the advice of a medical expert be obtained and a plague centre and bacteriological laboratory in each country be set up, that inoculation material be acquired, and that quarantine stations be established at Saldanha Bay, East London or Port St Johns, Durban and Delagoa Bay. Plague was to be compulsorily notifiable and local authorities were urged to keep their sanitation in good order. Specific measures for sanitation were laid down. It was felt that the inland states could take no special measures, but the railways were adjured to exercise extra vigilance, including clause no. 15, "That as far as possible steps be taken for preventing vagrancy and the unrestrained movements of natives within or from any

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infected place". The most controversial clause, no. 17, stated that with a view to diminishing the dangers arising from the conveyance of plague to South African shores by immigration and its spread in South Africa when introduced,

> "... this Conference recommends that steps be immediately taken by all South African Governments:- (1) to provide for the prohibition or restriction of immigration into this country from countries in which Plague is prevalent; (2) to place under proper and sufficient restrictions the moving about of persons likely to contribute to the more rapid spread of the infection of Plague within their territories".

Three doctors, Gregory, Hyslop and Ramsbottom, put in a minority report disagreeing with the recommendation. Their reasons were political rather than medical for the Cape did not yet have legislation to exclude Indians born within the British Empire. The Cape Colonial Secretary, Dr Te Water, was not a signatory to the latter report.[19]

Ironically, even while the conference was in session, the fears of the medical authorities appeared to be vindicated, for a case of suspected plague was reported from Middelburg, Transvaal. Although the Transvaal government never confirmed the disease as plague, Gregory, who had been invited to investigate, concluded that the patient, an Indian recently come from Kholaud near Bombay, was indeed so infected. The man had travelled to the Transvaal via Delagoa Bay, and further inquiry led Gregory to the belief that he had contracted the disease, not in India, but in Moçambique. Although the Portuguese authorities denied this, when Gregory

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19 GN 295 of 1899, 4.4.1899.

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visited Lourenço Marques on 8 February he became convinced that three other suspicious cases were also plague. He thought that the outbreak was a mild one, however, and had been adequately controlled.[20]

A sense that the disease was coming closer, reinforced by the conference and the Middelburg incident, gave rise to a plague scare thoughout the country which took the form mainly of "anti-Coolie" agitation. The Transvaal placed restrictions on the movement of Indians. In Port Elizabeth violent protests were made over ships from infected areas which had been granted pratique by the port authorities. Cape Town, with its small Indian population, was less affected, but even here the newspapers were filled with plague news. Dr Darley Hartley, the founder of the South African League, then resident in Cape Town, was particularly active in warning the public of the need for action:

> "In conclusion let me remind your readers that many of the unsanitary conditions of Bombay are in evidence in the crowded, dirty, and ill-ventilated dwellings of our poorer coloured folk, and that plague, once domiciled amongst us, would lead to an appalling mortality and to enormous expense, for no measure short of wholesale segregation, and demolition of many houses in toto, would even shorten the epidemic.[21]

Finally, the Cape Town City Council, feeling that the government ought to introduce more stringent measures than those so far adopted, sent a deputation to the Prime Minister, asking for information and a quarantine period

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20 A.J. Gregory, "Notes on some recent cases of plague in South Africa", SAMJ, VII(4) (Aug. 1899), 81-85.
21 Cape Times, 25.1.1899, 11.2.1899, 14.2.1899.

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of thirty days. Schreiner, in reply, described the actions taken by the government, pointing out that the colony had been the first in the country to issue a code of regulations and explaining that the health officers had clear instructions regarding the introduction of the disease. As far as the Port Elizabeth protests were concerned, he said that the Cape could not legally refuse pratique to a ship from Asia or India merely because it had a number of Asians on board. Apart from its illegality, the colony was party to the Venice Convention and it would be breaking away from the civilised doctrine embodied in it if pratique were refused. As a rider, he congratulated the local authorities on their vigilance and told the city councillors that he hoped that it would lead to the local house being put in such spick and span order as to provide a very poor lodgment for the disease.[22]

Schreiner was opposed to the question of plague control being confused with that of undesirable Asiatic immigration and this theme was also taken up by the Cape Times in an attack on the Port Elizabeth panic. The agitation, it suggested, was more anti-Coolie than anti-plague. "We must dissociate the anti-Coolie movement from the plague aspect of the invasion", it urged, "otherwise great inconvenience is bound to arise". The Transvaal was trying to use the plague conference as an opportunity of flouting the London Convention and forbidding entry to

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22 Cape Times, 24.2.1899, 25.2.1899; 3/CT 1/1/1/49, 23.2.1899.

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British Indian subjects by making the Cape and Natal party to such a ban. Fortunately the British colonists had wisely refused to accede to such an agreement.[23]

Well before the plague visited Cape Town, many of the elements of conflict and tension had already manifested themselves in the country. The Pretoria conference and the incidents following on the Middelburg case illustrated vividly the social and political problems related to plague control, for it could not readily be dissociated from questions of poverty and overcrowding, and of alien immigration, Indian or African.

2. "The dreaded bubonic plague".[24]

The plague first visited Cape Town in March 1900. By this time Capetonians had become somewhat inured to the threat. It was true that the disease had diffused widely and that the sister colony of Australia had been infected as recently as February, when cases were discovered in Sydney. Nevertheless, the arrival of the SS Kilburn in Table Bay on 5 March with suspicious cases of illness on board, came as a shock. The ship had come from Rosario in the Argentine with a cargo of forage for the military. The captain had died during the voyage and three of the crew were ill. Dr Manikus, the acting port health officer, and Dr Gregory identified all as

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23 Cape Times, 27.2.1899.
24 A.E. Heyer, The mysteries of the scarlet phial, (Cape Town, Taylor, 1902).

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characteristic cases of bubonic plague. The next day arrangements were hastily made for opening up the quarantine camp at Saldanha Bay, established the year before in accordance with the agreement at the Pretoria conference, and on the 11th the entire crew was packed off under heavy guard.[25]

The quick action of the medical authorities contained the outbreak and there were no further casualties. Nor was there a public panic for Capetonians were told little of the incident beyond the barest facts, and the firmness with which the government had acted, even to burning the cargo, reassured them.[26] Nevertheless, the Kilburn case demonstrated again the insidiousness of the disease, for although local British officials had just reported the existence of plague in Rosario, the city had not been officially declared an infected port. Such dilatoriness on the part of certain nations made it difficult to check its spread.

In November 1900 evidence came that the plague had penetrated the interior of the colony, for an outbreak occurred in King William's Town. This episode was never satisfactorily investigated, perhaps because

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25 Because of the difficulties in communication, the MOH for the Colony, Dr Turner, would have preferred Robben Island, but Schreiner vetoed this for fear that the island administration would be upset by the presence of plague victims. CO 7266-32c. Dr Turner's report, 21.2.1899; MOH 19-84. Gregory to Turner, 10.3.1900; MOH 42-602. Dr Gregory's report, 7.3.1900.

26 MOH 19-84. Gregory to Turner, 10.3.1900. Gregory thought the burning of the cargo unnecessary, but Schreiner insisted for fear of a public outcry.

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of the role played by the military as carriers. No report was issued and the voluminous records of the Colonial Office contain only limited information. The official announcement stated that an infectious disease had broken out amongst Africans living at Izinyoka, eight miles outside King William's Town, originating in the family of a man called Reuben Mlabateki, who had recently returned from Modder River. Twelve people had been affected and there had been four deaths.[27] The outbreak was rapidly contained, and it did not spread beyond a limited area. It was never established how the disease had reached King William's Town, but it had apparently been brought into the interior, presumably to Modder River, by the military operations.

It was unfortunate that this outbreak occurred in an African community for it confirmed white Capetonians in their belief that Africans, because of their insanitary living conditions, were particularly susceptible to the plague. A persistent correspondent, Thomas Harris, complained in the Cape Times, that there were six or seven hundred Indian and Chinese shops in the city and suburbs kept by people oblivious of sanitation and cleanliness, and that thousands of "Kafirs" were living in overcrowded rooms and filthy conditions. At a special meeting of the Sanitary and Health committee of the Cape Town City Council, Mr Owen Lewis urged that the "Kafir"

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27 For a discussion of this episode see S.E. Caldwell, "The course and results of the plague outbreaks in King William's Town, 1900-1907", B.A. (Hons) thesis, (University of South Africa, 1987), 4; Cape Times, 16.11.1900.

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population was a source of great danger. Should the plague break out, he predicted, it would probably be in the quarters in which they lived. The Chief Sanitary Inspector, Corben, objected, arguing that there were fewer cases of infectious disease amongst Africans in Cape Town than whites in proportion to their numbers. But, said Lewis, the death rate was higher.[28]

Cape Town had plenty of warning, then, to get its house in order, and the local authorities were well aware that their city was "not exactly a model of cleanliness". A small effort was made. Two additional sanitary inspectors were engaged and a wholesale destruction of rats was supposed to be undertaken.[29] Any improvement was superficial. Poverty and overcrowding were endemic in some quarters of the city. One of the most devastating criticisms came from Professor W.J. Simpson, the British plague authority who became adviser to the colonial government. "Next to Bombay, Cape Town is one of the most suitable towns I know for a plague epidemic", he said; there was an extraordinary proportion of ancient and filthy slums, occupied by a heterogeneous population; the Africans were unfit for town life; the poorer coloured people were even dirtier in their habits, while the Malays and Indians possessed the habits of the Asiatic, and the poorer class Portuguese, Italians, Levantines and Jews were almost as filthy as the others. "Living in the same insanitary areas, often living in the same houses,

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28 Cape Times, 19.11.1900, 20.11.1900. Harris's estimate of the number of Chinese and Indian shops was grossly exaggerated.

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the different races and nationalities are inextricably mixed up, so that whatever disease affects the one is sure to affect the other".[30]

In addition, special factors operated to exacerbate the situation. Dr Gregory in his report to the government noted the old and insanitary condition of many parts of the city, especially ancient stormwater sewers which created a labyrinth of rat runs; the extraordinarily large numbers of rats distributed thoughout the town; the presence of a mixed population closely intermingled in their domestic relations; their filthy habits; the progress of a war and the military occupation, necessitating the accumulating of large masses of forage and other stores and their conveyance through the country, and the presence of large bodies of troops and their movements into and out of the infected area; and the overcrowded state of the town owing to the presence of refugees and persons attracted by the army.

Plague came to the city at the end of January 1901. On 1 February Dr Matthew Hewat, district surgeon of Mowbray, reported a suspicious case at Rondebosch Cottage Hospital which Dr Gregory, currently acting Medical Officer of Health for the colony, agreed appeared to be plague. The patient, a European man named E.A. McCallum, was a clerk at the South Arm of the docks, the section which had been taken over by the military. Further

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29 3/CT 1/1/1/52. 22.11.1900.

30 W.J. Simpson, Lecture on plague, (Cape Town, Cape Times, 1901), 8-9.

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investigation revealed a number of unpleasant facts. Lieut Bush, in charge of the Army Ordnance Stores, and Lieut Jones of the Army Service Stores, informed Dr Gregory that there had been a very large mortality of rats at the South Arm as far back as September 1900:

> "Lieut Bush volunteered the statement that the stench was unendurable, and that they had had to have the floors up to remove the dead rats. Also that they had found as many as from seventeen to twenty a day, and that he himself had seen numbers of sick rats coming out to the open in the daylight, in a dazed state so that you could catch them with your hand, and he had even seen them coming and drinking out of a bucket of water in close proximity to people."

In another case over two hundred rats had been found when a haystack was taken down. It also transpired that there had been several casualties before McCallum had fallen ill. An elderly sailmaker, J. McCarthy, and a coloured man, Joseph Gobert or Jonas Galeo, both of whom also worked at the South Arm, had recently died under suspicious circumstances.[31]

From his pathological examination of dead rats and the ill man, Dr Gregory was convinced that the disease in question was plague. The Colonial Bacteriologist, Dr Edington, was less sure. His tests, he believed, revealed some other, but virulent, rat disease. Only on 12 February, when more human cases had occurred, did he admit that bubonic plague had appeared in the city. Professor Simpson later supported Gregory's interpretation of the evidence, saying that he had been familiar with this slightly aberrant form of plague

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31 G 61-1901, Report of the Plague Advisory Board, 5-10.

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bacillus in India.[32] This disagreement over the identification of the disease led to some delay on the part of the government in declaring Cape Town an infected port in terms of the Venice Sanitary Convention. The official communication was made only on 15 February, and foreign powers duly notified. Ships arriving at and leaving Cape Town were now subject to sanitary inspections, a time-consuming nuisance especially in times of war.[33] Cape Town was not, however, declared infected in respect of the other South African ports, a fact which induced a certain amount of adverse comment and protests from the other port towns, notably Port Elizabeth.[34]

The first that the Cape Town public heard of the plague was a report on 7 February that the Sea Point Council had received enquiries from the Colonial Secretary regarding any observation of an excessive mortality of rats in the municipality. The next day an official announcement was made of McCallum's case, and that of a coloured man discovered in a house in Williams Street, District Six. He, too, had worked at the South Arm. Only now was the medical officer of health for the city, Dr Fuller, also informed. The newspapers were careful not to arouse public alarm. The Cape Times urged

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32 G 61-1901, 17-22. Dr Edington continued to maintain that the mortality of rats at the docks was caused by some other disease, and later brought out a paper on the subject; MOH 46-f668. Prof. Simpson's report, 22.5.1901.

33 Cape Times, 11.2.1901; GH 15/29. Prime Minister's minute, 15.2.1901.

34 Cape Times, 22.3.1901; Caldwell, "The course and results of the plague outbreaks", 7-10.

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an extermination of rats and a general thorough cleaning of the city. The South African News warned, "The prospect before the city and district is not without grave possibilities, for Cape Town is an old town and it is in some particulars Eastern, which is to say, it contains a vast number of people and places not unsuited for the purposes of breeding spots of plague ... Still," it added, "it would be foolish to sup trouble with a long spoon."[35]

The incidence of plague was small at first, but it gradually increased in numbers and virulence. The earlier cases had all been the bubonic form, but later the pneumonic type also appeared, thirty-eight cases having been identified by 21 May. Professor Simpson attributed the progress of the disease partly to the unseasonable weather, for January had been unusually cool and wet, the highest rainfall for that month since 1845 being recorded. These conditions, he believed, were favourable to the development of the plague bacillus, which had been present in Cape Town for some time but until then had made little headway. Thereafter, he noted that a rise in temperature was regularly followed in ten to fourteen days by a rise in the number of cases, partly explaining the fluctuating pattern of the disease.[36]

The plague reached its peak in the week ending 16

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35 Cape Times, 7.2.1901, 8.2.1901; South African News, 9.2.1901.

36 MOH 46-668. Prof. Simpson's report, 22.5.1901.

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March when 81 cases were admitted to hospital, although the largest number of fatalities occurred at the end of April and the beginning of May, with thirty-two to thirty-three deaths a week. The disease had virtually run its course by the end of October 1901 but the last human case was discovered on 2 January 1902 and the last infected rodent on 19 January 1902. The final figures were published by the colonial medical officer of health in 1904:[37]

TOTAL NUMBER OF PLAGUE CASES IN THE CAPE PENINSUA 1901

	Cases	Deaths	% Rate of mortality
White	207	69	33.66
Coloured	380	216	56.84
African	157	70	44.59
Asiatic	21	16	76.19
Chinese	1	--	--
Total	766	371	48.56

In the course of operations 106 981 rats were killed, 5 383 contacts removed from their homes and 1 671 premises cleaned.

These figures should be interpreted with care. Both Alexander and Slack have observed that the incidence of plague tended to be highest amongst marginal social groups who lived in the worst and most overcrowded quarters and lacked the resources to flee.[38] The same would have been true of Africans in Cape Town if the authorities had not, in their case, taken the drastic

37 G 35-1904, Report of the medical officer of health for the colony on public health ... for 1903, xxv.

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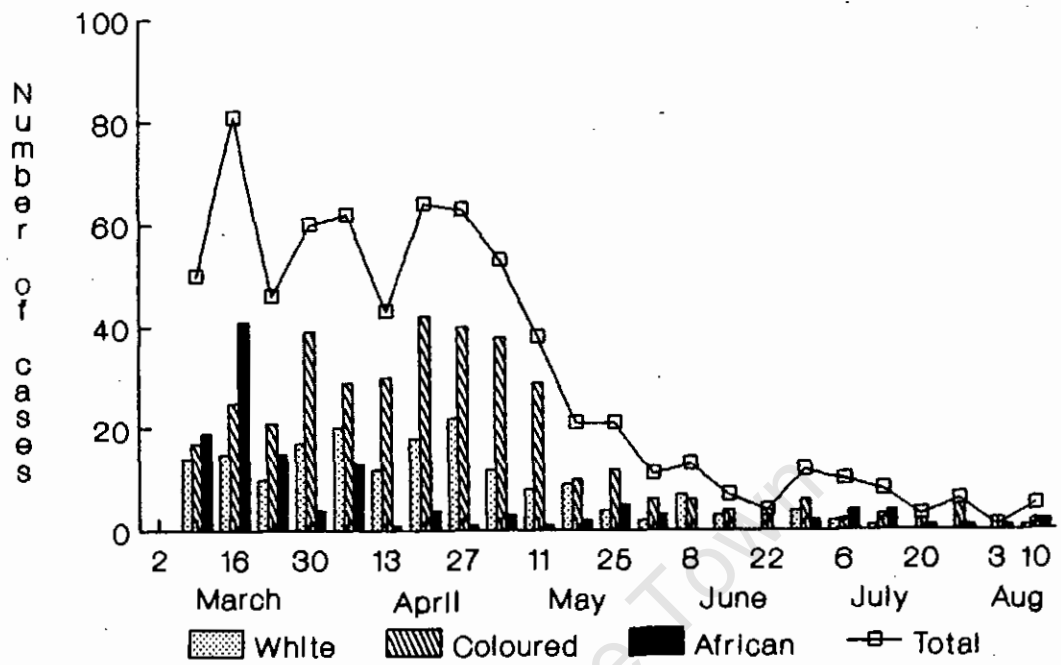
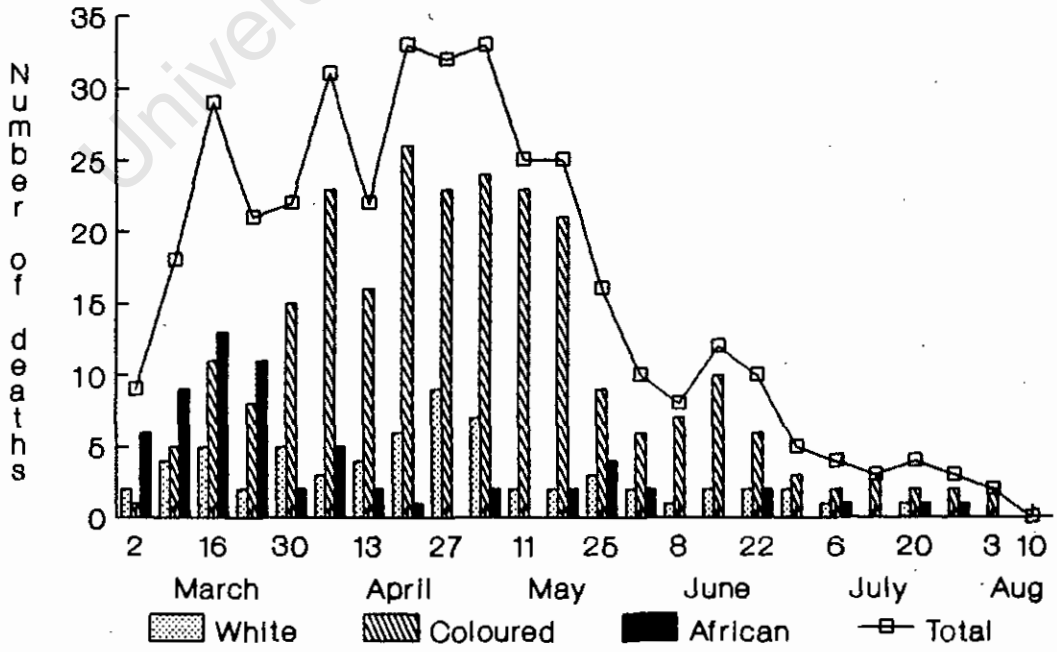
Incidence of plague cases per week
2 March 1901 to 10 August 1901



Source: Cape Times

Plague deaths per week
2 March 1901 to 10 August 1901



Source: Cape Times

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step of evacuating them to Uitvlugt location and forcibly inoculating them. In the beginning they were the most vulnerable for they were mainly dock workers and their housing conditions were appalling. Under the circumstances the number of Africans infected dropped sharply from forty-three in the week ending 30 March to six for the week ending 13 April. The sporadic cases which occurred thereafter were either from the military camps or the squatter settlements beyond the municipal boundaries. Consequently the community which suffered most severely was the "coloured", a term which apparently comprised Indians and Chinese, as well as the "Cape coloured" people.

3. "A Russian tyranny".[39]

When plague was first discovered in the city, the machinery for plague control went into action remarkably smoothly. By 9 February the Public Works Department had erected a hospital and contact camp at Uitvlugt Forest Station on the Cape Flats and the victims were rapidly transferred there. Action appeared to be vigorous enough. A special cabinet meeting was called, and the suburban municipalities met, as did the Harbour Board. A campaign against rats was set in motion, 3d to 6d a rat being offered for bodies brought to the official incinerators.

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38 Alexander, Bubonic plague in early modern Russia, 262-263; Slack, The impact of plague, 137-141, 165.

39 South African News, 11.5.1901.

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Special efforts were made to clean insanitary areas. But as it slowly became apparent that the disease had a much firmer grip on the peninsula than anyone had anticipated, the weakness of the plague administration and the scale of the task confronting it began to emerge.

From the beginning a major difficulty was that of divided authority. Plague control fell nominally under the Colonial Secretary, now Sir Thomas Lynedoch Graham, who depended heavily in his decisions on the advice of Professor Simpson. The latter was in South Africa on war service and had been temporarily seconded to the Cape government by the War Office. The execution of these decisions was in the hands of the acting medical officer of health for the colony, Dr Gregory, for Turner had been seconded to the British army. But the power of the colonial government was normally limited to a greater or lesser extent by local government legislation which made the local authorities responsible for most of the sanitary work of the peninsula. Much of this legislation was permissive and, moreover, the local bodies were not homogeneous. While Cape Town and most of the suburbs had municipalities, Maitland - a critical district because of its proximity to Cape Town, Woodstock and Uitvlugt, and because of the presence of the military there - had a village management board. The outlying areas on the Cape Flats where where squatter communities were proliferating, fell under the Divisional Council of the Cape District, which had very restricted jurisdiction. Then the docks, a crucial area where the disease had

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originated, was under the independent control of the Table Bay Harbour Board, while yet another presence, completely beyond the influence of the Colonial government, was the Imperial army which had almost certainly brought the disease to Cape Town. To complete the catalogue, there were also such peripheral organisations as the Cape Government Railways and the City Tramways, whose interests were involved.

Under these circumstances it is not surprising that the government felt the need for a co-ordinating body, and on 14 February 1901 the Cape Peninsula Plague Advisory Board met for the first time. The Board sat until 10 July 1901, its function being purely advisory. Its discussion ranged widely. For this reason its report is a valuable document, reflecting the jealousies and prejudices of the different administrations. It is an account, less of action taken, than of action which responsible men believed ought to be taken.[40]

Like their counterparts in other parts of the world, Cape Town authorities, especially the medical officers of health, saw the problem of eliminating the plague primarily in terms of sanitation and overcrowding. In the handbill issued to householders by the Cape Town Council, the Health Department announced,

> "For cleanly people in cleanly homes which are free from rats there is practically no danger of getting the plague. ...DIRT, OVERCROWDING, WANT OF VENTILATION, AND THE PRESENCE OF RATS encourage the presence of Plague in any home or locality".

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40 G 61-1901.

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In a memorandum issued to the public, Simpson laid emphasis on the role of rats in spreading the disease:

> "Rats and mice are very susceptible to Plague. They become infected by eating contaminated food, or by passing over infected clothing or places. They spread the Plague among themselves and convey the infection to healthy houses. Filth associated with darkness and dampness is peculiarly favourable to the growth of the microbe, whereas cleanliness, sunlight, air, and dryness are its most deadly enemies, and destroy it almost at once. Old, dilapidated, dark, unsanitary, and overcrowded houses, premises, and localities infected by rats are particularly dangerous. Rats and house vermin often carry the infection from dirty to clean houses".[41]

Views such as these shaped the campaign against the plague in the peninsula. But Simpson's influence was still more far reaching, for he was virtually given carte blanche by the Colonial Secretary to direct the attack on the epidemic. In a memorandum of 23 February he laid down the lines of action. The first important priority, Simpson stated, was the early discovery of cases. Although the disease was notifiable, notification had to be supplemented by the deliberate searching out of cases by special officers in daily inspections within an infected zone. Then, too, infected zones should be cleaned and disinfected, the municipalities being divided into districts, each with a medical man and sanitary inspector, and assisted by a vigilance committee. Where a case of plague occurred, the house should be evacuated and thoroughly cleaned, disinfected and limewashed. Clothing and household effects should be disinfected also and, if too dirty, destroyed. Inmates of the house

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41 G 61-1901, 14-15, 16.

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and other contacts should be inoculated. Rats and vermin should be killed.[42]

Such a programme, to be carried out efficiently, was expensive and demanded a large staff. At first the task was left in the hands of the municipalities although, in terms of the Public Health Act of 1897, the costs were to be defrayed by the colonial government. The Cape Town City Council, however, failed to undertake such a vigorous campaign, confining itself largely to issuing circulars to householders, and increasing its sanitary staff by a small number. By 27 February the Colonial Secretary had come to the conclusion that this was thoroughly inadequate, and informed the city fathers that the government required stronger measures to be taken.[43] The upshot of his letter was that the government took over all plague control in the city, leaving the municipality only the ordinary sanitary work. By contrast, Woodstock acted much more energetically, feeling the reputation of its rapidly growing community to be at stake. The municipality's extreme sensitivity about its African population may also partly explain its vigour, however, for its first cases occurred amongst Africans in an overcrowded lodging house in Grey Street. A special plague committee was established on 11 February, meeting daily to direct plague control measures.[44] Even before the government camps were established, contacts had been isolated under canvas on the beach, and by 22 February many of the African

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42 G 61-1901, 28-30.

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residents had been moved into a location on reclaimed ground at the sea. Although they were eventually transferred to Uitvlugt [Ndabeni], this location apparently remained in use for some months.[45] Because of the need for a united effort against the epidemic, however, Woodstock did not remain independent, and on 11 May the government extended its own authority, only the beach camps remaining in the hands of the plague committee.[46]

The immediate tasks facing the government were twofold. The first was the creation of a plague hospital and contact camp. These were at once erected on the site of the government forest station at Uitvlugt, where the African location was also later situated. The work involved was considerable, as the voluminous files of the Colonial Office, the Medical Officer of Health, and the Public Works Department testify. The last bore the brunt of the labour and reported later,

> "While the strength of the staff was at low ebb, the Department was called upon to cope with one of the most - if not <u>the</u> most - onerous and exacting services which the Department has ever been required to perform".[47]

The second job was that of cleaning the city. For this a substantial increase in medical and cleaning staff was necessary, but skilled staff was not readily

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43 G 61-1901, 43.
44 3/WSK 48. Minutes of the Woodstock Special Plague Committee.
45 3/WSK 48, 21.6.1901, 25.6.1901.
46 3/WSK 100, Gregory to the Woodstock Plague Committee, 5.11.1901.
47 G 48-1901, <u>Report of the Chief Inspector of Public Works for 1901</u>, ii.

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available in wartime Cape Town. Moreover, some of the local doctors hesitated to undertake plague work because of the effect on their practices.[48] A few doctors were recruited from the military but the majority were brought from Britain, as were the nurses.[49] Unskilled labour was as difficult for the work was unpleasant and trustworthy men were wanted. The army had mopped up much of the pool of unemployed. The city took on a gang of 160 Europeans at the fairly considerable rate of 10/- a day and the government cleansing superintendent, H. Creed, who had already been supplied with 100 Africans, was authorised to take the unprecedented step of recruiting convicts from the Breakwater prison. These were offered a remission of a day for each day's service and small luxuries. Over 400 volunteered and 280 were selected. It proved a successful experiment. It was cheap, and there was little loss of property. Creed reported, "The men showed thoughout an intelligent interest in their work and often expressed to me their gratitude for the indulgences and humane treatment accorded to them". That the work was hard and unpleasant is clear. Creed described the conditions facing the cleaning staff:

> "No words can, however, paint the indescribable filth in which many of the houses were found to be. On several occasions my men, on entering a room that had been closed for two or three days were overpowered by the foul air within, and in three instances men were dragged out of these dens by their companions in an asphyxiated condition".[50]

It was dangerous, too, as deaths amongst both cleaning and hospital staff testified. These included seven of Creed's staff, three ward "boys", one doctor, and two nurses, the sisters Kayser, one of whom was matron of the

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hospital and had nursed the first case in the city.[51]

It would be tedious and uninformative to enter into the minutiae of plague administration, the details of which fill hundreds of files in the records of the Colonial Office and Medical Officer of Health. The ramifications were vast - the creation of a separate location for Africans on the cleaning staff, the establishment of a doctors' home in Sea Point, and a rest home for nurses in Muizenberg, all forming part of the undertaking. One other aspect should, however, be mentioned. This was the question of rehousing, something which plague officers had not initially considered. They were less concerned with the ideological issues or matters of policy, which must be considered later, than with the practical problems of cleaning an overcrowded city. Immediate attention was directed at the Africans. A municipal location had long been felt to be desirable, and only conflicting interests and uncertain legislation had prevented its earlier establishment. The urgency of the epidemic smoothed the way, and at the end of February the first Africans from District Six (Horstley Street) were transferred to Uitvlugt, not far from the plague hospital.[52] The removal of the Africans to the Cape Flats had the additional advantage, it was felt, of freeing

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48 MOH 33-302. Dr Foulis to the Mayor, Simon's Town, May 1901.

49 MOH 27-231. Correspondence on the recruitment of nurses. Their terms were 4 guineas a week with a six month contract and return fare paid.

50 MOH 27-214. Creed's report, 26.9.1901.

51 MOH 46-668. Simpson's report. These deaths were commemorated in a memorial erected in Maitland cemetery.

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accommodation which could be used to relieve overcrowding elsewhere.

Before the scale of the disaster had emerged, the question of housing those who had been evicted from their homes did not apparently occur to the authorities. At first those primarily concerned were either plague victims or contacts, for whom provision was made at Uitvlugt. In time it was realised that, if plague measures were to be effective, many who had had no contact with the disease would need to have their homes cleaned and disinfected. As a temporary measure, therefore, a tent camp was set up on the municipal plantation adjoining Ebenezer Road near the docks. At the beginning of March room was made for nine families, but a few days later this was extended to receive 200 people.[53] By the end of the month the number housed there had risen to 649 and as winter approached, the authorities began to plan for a more permanent wood and iron camp behind Zonnebloem College to house about 1 000 from Districts Five and Six.[54] Eventually these plans were abandoned, however, presumably because of the cost and the fact that the epidemic was receding. The Ebenezer Road camp itself was finally closed at the end of October 1901.

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52 Swanson, "The sanitation syndrome"; C. Saunders, "The creation of Ndabeni: urban segregation and African resistance in Cape Town". Studies 1, (1979), 165-193.

53 MOH 19-80. Gregory to Chairman, Cape Town Sanitary Committee, 2.3.1901.

54 MOH 19-80. Report on Ebenezer Camp, 27.3.1901; Gregory to the Secretary, Public Works, 31.3.1901.

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The need to clean up the city slums remained after the epidemic was over, so in August 1901 the Colonial Office purchased from the Van Ryn Wine and Spirit Company fifty-three acres of land at Nieuwe Molen, Maitland, for £17 000, where a more permanent eviction camp was established.[55] The residents of the Ebenezer Road camp had been rehoused free of charge and supplied with rations, but the longer-term inhabitants of the Maitland eviction camp were expected to pay rent. This camp, like Ebenezer Road, was administered by the Public Works Department which noted with satisfaction that at the end of 1902, when the average number of occupants housed was 800, the camp was showing a slight profit.[56] The Maitland camp remained in the hands of the Colonial Office for some time, for Dr Gregory was convinced that it would be needed again. When the new Brickfields Company began to encroach on the land in 1903, he urged the Under Colonial Secretary that the camp be maintained in proper working order, for he did not regard another outbreak of plague as improbable, "... on the contrary, for my own part, I am more than surprised that a recurrence of Plague here should have been so long delayed. It is contrary to the history of outbreaks in almost every other part of the World".[57]

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55 MOH 6-7. Correspondence regarding the purchase of land, 17.8.1901.

56 G 36-1903, Report of the Chief Inspector of Public Works, 2. Rentals received amounted to £4 413 11s 6d and a balance of £973 18s 6d remained after interest and maintenance costs.

57 MOH 6-24. Gregory to the Under Colonial Secretary, 18.9.1903.

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Although neither racial nor class distinction was made at the Ebenezer Road and Maitland camps, the government did make one other effort to house more "respectable" members of the community. A number of properties in Vernon Terrace, Vandeleur Street, Mount Street and Caledon Street, owned by Marcus Arkin and condemned as unfit for human habitation, were temporarily taken over by the Colonial Office in April on condition that the government put them into a proper state of repair. Considerable correspondence ensued which is interesting for the light it throws on the actions of one slum landlord. Previously occupied by Africans, the properties had been in a thoroughly neglected condition. Arkin was prepared to evict the present tenants on the very favourable terms offered by the government. By May, however, the holder of the second mortgage on the Vernon Terrace properties, Benjamin Levin, was objecting to the government filling the houses with coloured tenants as, he complained, it was bound to affect the value of the houses. He demanded that the occupants be turned out and replaced with those of a more desirable class. The short-lived experiment ended in September when the houses were returned to Arkin whose lawyers proceeded to initiate an acrimonious correspondence with the Colonial Office over the condition in which the properties were finally left.[58]

The most delicate diplomatic problem confronting

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58 MOH 8-27. Correspondence between the Colonial Office and Silberbauer, Wahl and Fuller; W.E. Moore and Son to the Colonial MOH, 17.5.1901.

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the colonial plague administration was the relationship with the military, for the Imperial army played an ambiguous role throughout the epidemic. It was almost certainly the activity of the military authorities which introduced the disease into Cape Town in the first place, and their negligence in failing to report the rat epizootic at the South Arm which enabled it to get such a grip on the city. Moreover, apparently they transported the disease to the camp on Green Point Common from whence it spread into the surrounding suburbs. The army in the peninsula began to acquire an unenviable record with regard to the frequency of cases in its ranks. On 10 April, when the epidemic was at its height, Gregory reported to the Plague Administration Board that there had been 50% more cases amongst the military than amongst the civilian population, a case rate of 3.3 per 1 000 as opposed to 2.2 per 1 000 amongst civilians.[59] In consequence, the health authorities were dismayed to discover that Africans were still being transported to the interior in the service of the army, and it was only after protestations from the highest quarters that Kitchener agreed to desist.[60] Shortly after this Kitchener decided that the troops landed in Cape Town should be kept to a minimum and that the garrison should be reduced.[61]

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59 G 16-1901, 98.

60 PM 96. General Forestier-Walker to the Prime Minister, 8.3.1901; MP 45. Kitchener to Forestier-Walker, 8.3.1901.

61 MP 45. Kitchener to Forestier-Walker, 16.3.1901.

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Despite the questionable part played by the military in introducing and spreading the plague, there was little articulated criticism either by the colonial authorities or the public. The only serious difference of opinion arose over the determination of the military to take over the treatment of their own men. Until the end of March they had been treated in the civilian hospital because of the inadequacy of military facilities, but at that point it was decided to establish a military plague hospital. Gregory, backed by Simpson, was appalled at the prospect of such a dual administration, and a further source of friction was added when the colonial health officers were refused admission to military ships and camps to make sanitary inspections. The row began to assume massive proportions when Graham, the Colonial Secretary, threatened to appeal to the Supreme Court to coerce compliance.[42] Graham felt that he had a good case. He pointed out to Milner that there were already grave complaints against the Royal Army Medical Corps [RAMC]. Only very recently Simpson had inspected one of the prisoners' transports in Simon's Town and found it in a disgraceful state. Moreover, Simpson agreed that dual control would be a fatal error. The colonial authorities had the proper resources for combating the epidemic. Graham concluded his appeal to the High Commissioner with the threat that separate hospitals would lead to acrimonious litigation "in the course of which I would be compelled to place some extraordinary facts before the government".[43]

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Milner was sympathetic to the cause of the Colonial Secretary whom he considered "one of the best of the Cape Ministers, competent, loyal, and a good fellow". Dual administration, he told Kitchener, who had already sanctioned it, was bound to lead to friction and inefficiency. And the last thing they wanted was a row with the present Colonial Ministers, or fresh experience of RAMC methods. "Maitland Camp has not a nice record, if one had to go into it".[64] Kitchener's reply was conciliatory but he did not alter his position fundamentally and the military retained control of their own plague management. This was unfortunate for their record as far as plague prevention was concerned continued to be a poor one. Sporadic cases occurred at Green Point Camp as late as 20 October 1901 and 2 January 1902, the infection apparently being acquired in the camp.[65]

The epidemic in the peninsula, apart from these military cases, ended in October 1901, the last case being recorded on the 21st of that month. Medical officers were not confident that they had entirely eliminated the disease, however, for infected rats continued to be discovered as late as May 1902. Moreover, the possibility of reinfection remained, either from abroad, or from Port Elizabeth, Mossel Bay, or Durban,

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62 MP 45. Chowder to Kitchener, 30.3.1901, 11.4.1901.
63 MP 45. Graham to Milner, 10.4.1901.
64 MP 45. Milner to Kitchener, 18.4.1901.
65 MP 45. Milner to Kitchener, 18.4.1901.

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all of which had now fallen victim. Plague regulations were still in force in August 1902, ostensibly for this reason, although the illegal position of the Uitvlugt location if the regulations were withdrawn, may also have been a factor. The regulations were finally repealed in the middle of August 1902.[66]

For the Public Health Branch the plague was of critical importance in enabling Gregory to assert its independence from the Colonial Office. Although the work was enormous and fell upon the shoulders of himself and a couple of clerks, he was to admit later that without the epidemic he could not have established a separate health administration.[67]

4. "... the innocent - as before - were again the sufferers".[68]

How successful was the colonial plague administration? If the complete rooting out of the disease from the peninsula is the criterion, the authorities were remarkably effective. Nor do they appear to have been inefficient. It is true that Simpson complained to Graham of unsatisfactory organisation. "This inability to furnish information ... can only denote something radically wrong with the organisation in the Plague Administration", he argued. Creed, the sanitary

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66 3/CT 1/1/1/54, 14.11.1901, 23.1.1902.

67 MOH 338-P119c. Gregory to the Colonial Secretary, 13.9.1901; MOH 79-320. Gregory to G. Pratt Yule, Medical Officer of Health, OFS, 21.3.1905.

68 Heyer, The mystery of the scarlet phial, 11.

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superintendent, also commented on his work being hampered by the requirements and changing policy of the administrative heads.[69] Thus there would seem to have been extravagance and confusion at times but this was probably inevitable given the pressure under which officials were working during the early stages of the epidemic.

Nevertheless, the success in stamping out the plague suggested that the reorganisation of the Colonial Office during the previous decade had provided a strong framework for coping with such a crisis - especially when the country's resources were already stretched by war. By 1901, the Cape did have a relatively efficient and centralised public health bureaucracy, which could co-ordinate the work of the local authorities and could, in some circumstances, penetrate the lives of its citizens to a degree which was unprecedented in Cape history. The difference in the extent of government intervention between this and earlier epidemics was striking.

The central government's record in human relations was less happy. The methods considered necessary for plague control disrupted the lives of literally thousands, many of whom lost their homes and the little property which they had. One example of the government's cold inhumanity was in the matter of compensation for lost and damaged goods. Officials developed a rough rule-

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69 MOH 42-602. Simpson to Graham, 15.5.1901; MOH 27-214. Creed's report, 26.9.1901.

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of-thumb guide whereby the Colonial Office refused to enter into any discussion of a claim unless it were pressed by the claimant. This was done, Gregory explained, because many claims were simply gambits which would die natural deaths if ignored, but might otherwise materialise into active measures against the government.[70] He admitted that some hardship must occur, but officials tried to avoid this by making careful inventories of the contents of houses and by warning people to remove all valuables and papers. Later, arrangements were made for one person to check articles for disinfection. Nevertheless, many of the poor, inarticulate, ignorant of their legal rights, would have found it impossible to protect themselves against loss.

This was particularly true of the Africans whose pitiful possessions were treated with a casual disregard by the Plague Board officials. Gregory ordered that the bulk of their goods, which they had to abandon so abruptly, should be destroyed "except in the case of manifest value". But value was relative, and many had expected to be able to return for their belongings. The most persistent claimant, Sam Ntungwana, told a typical story. "I had my goods packed up ready to be loaded. I could not get the wagon in the morning. The soldiers came to me in the afternoon just as I was taking one of the boxes out, and told me to leave it alone and they forbade

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70 CO 7267. Gregory to the Under Colonial Secretary, 15.4.1904. Gregory's remarks apply to later appearances of the plague in the colony, but the same deterrent was almost certainly adopted in 1901.

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going into the house again. They told me to bring back all the things which I had already taken out. I went out and locked the room. After three days I went back to fetch my things: I could not find them and I was told that they were burned". His claim for £13 19s compensation was disallowed by the Plague Administration on the grounds that he had been given several days' warning of the removal and could have taken anything he wanted with him.[71]

These people found a champion in the South African News which repeatedly drew attention to their sufferings. Something like a Russian tyranny had been brought into action, it declared. "People who are poor and coloured are hurried out of their homes; in many cases it is said without being allowed to go into a room for their valuables, to secure a change of clothing or even to properly dress themselves".[72] But the South African News, as a pro-Boer paper, was politically suspect and its protest gained nothing.

If the plague reflected well on the efficiency of the central government bureaucracy, the same could not be said of the local authorities. The plague showed them at their worst - complacent, smallminded, separatist, determined only to assert their own petty powers. Above all, it demonstrated the weakness of the Divisional

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71 NA 374. Gregory to Cummings, 13.3.1901; Sam Ntungwana's claim, 30.3.1901; NA 456. Sworn statements of Horstley Street residents claiming compensation, 15.4.1901.

72 South African News, 11.5.1901.

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Council which was quite unable to cope with its increasingly large and complex communities as people moved out of the municipal areas to take advantage of the laxer Divisional Council administration.

It has already been observed that squatting had long been a feature of Cape Town life. The influx of wartime refugees had added to the numbers of the homeless. By 1901 there were several well-established "black spots" beyond the municipal boundaries. Rondebosch Municipality complained in February 1901 that 103 cottages had been erected off the Duinefontein [Klipfontein] Road on the Rondebosch Flats within the past eighteen months in the area later known as West London. They were chiefly occupied by the "lower class of coloured people" and "Kaffirs", most of whom worked at the docks. The district was insanitary and there was much fighting over weekends which could not be controlled by the police as they were outside the municipal limits.[73] The Elsies River "mok" was another noted black spot. Even worse were the conditions round the city refuse dumps. Here, between the road and the railway, eight to nine miles out on the Durban Road, a whole community had sprung up on the land owned by the municipal contractor, Skead. Some were Skead's employees. Others lived on the refuse itself, or brewed illicit liquor which attracted migrants journeying along the Durban Road. Skead simply ignored the requests of the Divisional Council to clean up the premises.[74]

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The Plague Board devoted much attention to these black spots, but it was weeks before any action was taken - and then only when plague had broken out amongst their residents. In the meantime the cleaning and removals were exacerbating the problem rapidly. On the Mowbray Flats thirty to forty Africans who had been ejected from the cottages of Mr Hare of Roodebloem were reported in March to be sleeping in the open.[73] The Plague Board reports confirmed this pattern. In Claremont Africans who had been rounded up and sent to the location were refused entrance and they drifted to the Flats where they were "herding together and squatting all over the place". Although some were removed from Rondebosch Extension by the police, others were "daily coming from all directions and squatting all over the Flats, much to the annoyance of the respectable class of the community residing in the district".

There is evidence to suggest that this squatting was not confined to Africans. The Mayor of Claremont reported that over 200 corrugated iron houses were being erected outside the municipal limits by Malays who wished to escape the attentions of the Cape Town sanitary authorities. The Divisional Council representatives noted the presence of "coloured" people on the Flats who were willing, even anxious, to enter the location but were prevented from doing so because it was confined to

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73 Cape Times, 16.2.1901; G 61-1901, 16, 11.
74 Cape Times, 9.2.1901.
75 Cape Times, 14.3.1901.

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Africans. "It will thus be seen that if these people are driven away from one locality they are bound to settle in another, when the same state of affairs as existing now will ensue, as they have not the remotest idea of guarding their health by exercising sanitary principles." By the end of June, Retreat was also coming under fire as a district heavily populated by "coloured" and African squatters living in reed huts.[76]

The suburban municipalities called for their own location which was not granted them but, in fact, the Uitvlugt location itself contributed to the problem. For one thing it had soon become too small to accommodate all the Africans living in the district and, in addition, a community began to grow up on the outskirts at Yzerplaats to service its inhabitants, especially with liquor. Maitland was particularly incensed, complaining to the Native Affairs Department that "Hundreds of them loll about the Village day and night and squat everywhere, to the annoyance of white people, and it has been specially noted that since the formation of the location the number of Kaffirs actually living in the Village has increased".[77] This situation persisted even after Ndabeni was established on a proper footing, for complaints about the inadequate accommodation facilities continued, while the areas beyond the jurisdiction of the municipalities continued to attract settlements.[78]

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76 G 61-1901, 129, 177, 181, 222, 230.

77 NA 456. Maitland Municipality to NAD, 15.5.1900; Assistant Resident Magistrate, Maitland to the Secretary, NAD, 23.5.1901; Stanford to the Law Dept,

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The white inhabitants of Maitland felt that they, more than any other community, had been contaminated by the plague. Existing as they did, on the fringes of Cape Town, they had been used as a dumping ground for Cape Town's unwanted inhabitants. They had fiercely resisted the establishment of a location on the Old Outspan and they had, equally, objected to the refugee Indians being placed there.[79] Early in 1901 the ratepayers petitioned to have the village management board converted into a municipality for the better control of the village. They proposed changing the name to Milnerton because of the unfortunate connotations of the old name and its associations with the cemetery.[80] It was only after the plague that their agitation had effect, however. The new Municipality of Maitland was created in terms of Proclamation No. 15 of 1902, the old village management board being dissolved on 2 April 1902.

The difficulties of divided authority which the plague brought to light also provoked a more thorough-going attempt to overhaul local government administration in the peninsula. In 1902 the Cape Peninsula Commission was appointed to look into the question of the

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29.5.1901.

78 NA 617-1883. Police report, 14.10.1903; NA 598-1525. Secretary, NAD to the Commissioner, Urban Police District.

79 3/MLD-3. Minute book of the Village Management Board, 19.9.1900. The Old Outspan in Maitland had been granted to the Cape Town City Council by the government for sewage purposes. The site proved unsuitable but it was later suggested for a location. For the Indians see van Heyningen, "Refugees and relief", 81.

80 3/MLD, 16.1.1901, 1.2.1901.

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amalgamation of Cape Town and the suburbs, and the abolition of the Divisional Council of the Cape District. A severe drought in 1901 was also a contributory factor in the decision to appoint the commission and its proceedings were, therefore, principally dominated by problems of water supply. The evidence given to the commissioners (who included Gregory) proclaimed yet again the separatist inclinations of the municipalities, actual or incipient, and made nonsense of the commissioners' final recommendation that they all be joined in one giant corporation. Only Gregory dissented, putting in a minority report suggesting that two smaller bodies be created. In the event, the matter was simply allowed to lapse and unification did not take place until 1913.[81] This period ended, then, with the local authorities still divided and, apart from Cape Town, too weak and poor to cope with the massive social problems with which the evolving and complex peninsula was presenting them.

The most serious issue highlighted by the plague was that of housing. Capetonians, and especially the City Council, were well aware that Cape Town had slums. Time and time again in the past epidemics had shown up the extent of poor quality and overcrowded housing and its dangers. The reports of the city's medical officer of health had repeatedly hammered home the situation. Essentially all that the plague did was to publicise the dangers of overcrowding in the city. For a few months it became a matter for public discussion and the grievances

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81 G 21-1902, Cape Peninsula Commission.

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of those who had to pay high rents for poor accommodation were aired but no substantial action was taken.

5. "Raw Kafirs and filthy Asiatics".[82]

These revelations of the slum conditions sharpened the racial prejudice of respectable whites in the city. Attention focussed particularly on the Africans who, unlike the coloured people, were seen as barbaric aliens, the strangers within the gates. This image of the Africans as uncivilised, impermanent immigrants, no real part of the city, had been impressing itself on the minds of Cape Town citizens for some years. During the agitation of 1899 against the Africans the Cape Times had demanded that the authorities should "compel the removal of the alien Kafir population from the city to some suitable spot outside". They were entirely different from the familiar coloured residents of the western Cape. "The aboriginal populations of the East are altogether alien to the manners and methods of the West, and their sense of decency and public decorum is different from those of the respectable coloured classes of the city."[83]

Such views were not confined to the colonists. They were reinforced by British observers of standing. Thus Professor Simpson considered that African culture was totally inimical to city life. "The natives coming direct from their kraals in the native territories to

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82 Cape Times, 15.3.1901.
83 Cape Times, 27.12.1899.

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work in Cape Town, being unused to town life, are unable to adapt themselves to their new conditions and crowd together when permitted to an extraordinary degree."[84]

The facts brought to light by the epidemic confirmed the worst fears about the contamination of the African presence. An inspection of Horstley Street revealed gross overcrowding. The Inspector of Natives reported to the Native Affairs Department that in a room measuring twenty feet by ten feet he had found twenty Africans. Others contained twenty-seven and forty respectively. They were ill-clad, wearing only blankets "and in a confused state of drunkenness". Likewise Creed found 462 Africans living in twenty-seven small buildings.[85] Worse still, the plague rapidly established itself in the African community. By the week ending 2 March, twenty-eight Africans had contracted the disease as opposed to sixteen "Coloureds" and six whites while, of the nine deaths, six had been African. Under these circumstances it was natural for Colonial Office officials to conclude that the eradication of the plague would be most effectively accomplished by compounding the Africans in a location on Uitvlugt forest station.

Not only were the Africans a group which could be easily identified and readily segregated, but the colonial authorities tended also to feel a paternalist responsibility for them. They were not blind to the fact

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84 Simpson, Treatise on plague, 191.

85 CO 7604-1007. Inspector of Natives to the NAD, 18.2.1901; MOH 7-214. Creed's report, 26.9.1901.

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that the overcrowding of the Africans arose out of the deliberate exploitation on the part of profiteering landlords. In 1899 Fuller had reported "that owing to the remunerative nature of the Kafir lodger (he requires only the barest accommodation and pays on an average about 2s per week - one room therefore with twenty Kafir lodgers brings in about £8 per month) there is an increasing tendency to let houses for this purpose thus displacing the more civilised artisan population". This was confirmed by the Inspector of Natives, who commented on the "fabulous rents" paid by the Africans.[86] The decision to compound the Africans did not arise, then, from simple racism. It was the result of a complex blend of prejudice, fear, expediency and paternalism.

It would be a mistake to believe, however, that race prejudice emanating from the plague was confined to Africans. Intolerance embraced almost every group which was poor and living in unhealthy conditions. Again, this attitude was most explicitly stated by Simpson. He argued that if it had been possible to establish locations for the Malays and the poorer class of Europeans and coloured people, the disease would have been effectually stamped out amongst them as it had amongst the Africans. "These Europeans", he added, "are seldom of British origin, but are foreigners from every part of the Continent, consisting largely of Portuguese, Italians, Levantine and

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86 CO 7604-1007. Special report on an investigation into the housing of kaffirs in Cape Town, 15.4.1899; CO 7604-1007. Inspector of Natives to the NAD, 18.2.1901.

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Polish Jews." He considered that there was little to choose between them and the poorer class of "coloured" people in the filthiness of their habits.[87] Xenophobia and class consciousness, intimately linked with well-established Victorian perceptions of the poor in Britain, contributed to and strengthened colonial prejudice.

Of the Europeans, only the Jews were singled out for special remark. Anti-semitism could be as readily expressed in a medical metaphor as colour prejudice. This was most marked in the annual reports of the district surgeon of Wynberg, Dr Claude Wright. As early as 1896 he had commented on the increase in overcrowding because of the influx of Russian and other Jews, and he reiterated his criticism again in 1901 when the addition of the refugees had compounded the problem. Their houses, he observed, were filthy in the extreme. "No wonder they are pale, puny, and unhealthy." The cleanliness of the Africans compared most favourably with that of the Jews of the lower class, he considered. "No wonder Pharaoh found fit to 'let the Children of Israel go'."[88] Despite such comments, no suggestion was made that the Jews should be treated differently from other whites.

Apart from the Africans, it was the Indians and the Chinese who received the most prominent attention. It has already been noted how they were automatically associated in Western minds with the "oriental" plague.

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87 MOH 46-668. Prof. Simpson's report, 22.5.1901.
88 G 42-1897, Public Health Report for 1897, 159; G 66-1902, Public Health report for 1901, 139-140.

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The Indians had been sufficiently long established in the Cape to form an integral part of the community, however, and the fact that many of them shared the same religious beliefs as the ancient Malay community sometimes made it difficult to distinguish between them.[89] Despite a latent desire to segregate Cape Town's Indians, therefore, no move was made against them.

The Transvaal refugees were another matter. As soon as they arrived in Cape Town, they were confined in a camp separated from the other refugees and, when the epidemic started, they were at once transferred to the Old Outspan, Yzerplaats, adjoining Maitland. Here, the Mayor's Relief Committee claimed, they were well cared for. The Maitland Village Management Board thought otherwise. Resentful at the high handed action of Cape Town Municipality in using their precincts as a dumping ground, the Board complained that the tents were dirty and overcrowded, and that no proper sanitary facilities had been provided. The local health officer reported in May that they were living in filthy huts of dirty tarpaulin and in ragged, dilapidated, dirty tents. He recommended that they be moved back to Cape Town, "to be placed in the location there," presumably the Docks Location since most, he noted, were employed by the

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89 The position of Dr Abdurahman, whose daughter married an Indian, is an example. For a history of the Indians at the Cape, and an account of their position by 1901 see E. Bradlow, "The Cape community during the period of responsible government", in B. Pachai (ed), South Africa's Indians: the evolution of a minority, (Washington D.C., University Press of America, 1979), 123-178.

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Harbour Board. An acrimonious exchange between the two authorities took place, as the Village Management Board made every effort to have the refugees removed from Maitland, while Cape Town ignored their protests. Finally it announced that they were to be evicted on 27 May. Their subsequent fate was not recorded, for Cape Town made no further provision for them, and it was months before they were able to return to the Transvaal.[90]

Hostility to the Chinese was more concentrated. Of all the Asians the Chinese were viewed by the West at the turn of the century with the greatest suspicion, not least because of the recent Boxer rebellion. Even before the epidemic had started, Capetonians were becoming sensitive about the number of Chinese entering the colony, although this was very small. A deputation from the Town House had suggested in 1900 that restrictions be placed on Chinese immigration, but Sprigg had been unprepared to take action during that session of parliament.[91] Chinese laundries were believed to be a special danger in spreading the plague, although only one case actually occurred on Chinese premises. The plague authorities issued a notice warning the public about the hazards of Chinese laundries. Apart from this, no special action was taken against the Chinese community for their numbers were too small to appear to constitute a threat to health.[92]

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90 G 61-1901, 64, 232; MOH 24-131. District surgeon's report, 17.5.1901; van Heyningen, "Refugees and relief", 81.

91 The 1904 census recorded 177 Chinese in Cape

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In 1902 the Cape government passed the Immigration Restriction Act No. 47. It would be misleading to suggest that the plague was responsible for the Act. On the contrary, its origins were complex. It was a manifestation of the broadening xenophobia of the late nineteenth and early twentieth centuries. Based on the "Natal formula" which was also adopted by Australia and New Zealand, its purpose was to exclude Indian contract labourers.[93] Undesirability was legally defined in cultural terms, predicated upon the ability to write in a known European language. The rhetoric of undesirability had been couched in sanitary terms, however, and the plague played its part in diminishing resistance to such legislation.

The administration of the Act was placed in Gregory's hands. His report on the working of the Act, issued in 1904, confirmed the prejudices which had led to its passing in the first place. Gregory was reluctant to see Yiddish recognised as a European language and he was opposed to Russian Jews, whom he regarded as irredeemable, even if they were commercially successful. Russian-Jewish immigrants, he argued, were "unsatisfactory in most respects; ill-provided, indifferently

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Town and another 137 in the suburbs; Cape Times, 24.2.1900.

92 Cape Times, 4.4.1901, 29.3.1901.

93 R.H. Huttenback, Racism and empire. White settlers and coloured immigrants in the British self-governing colonies 1830-1910, (Ithaca, Cornell University Press, 1976), 166, 281; Bradlow, "The Cape community", 143-155.

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educated, unable to speak or understand any language but Yiddish, of inferior physique; often dirty in their habits, persons or clothing and most unreliable in their statements".[94] While the plague alone did not precipitate the Act, it played its part in confirming existing prejudice, in diminishing liberal resistance to such legislation.

The impersonal efficiency with which plague removals and cleaning were carried out, combined with the undercurrent of race prejudice, created tensions within the African and "coloured" communities especially which were expressed in overt hostility to the authorities and in quarrels within the communities themselves.

The Africans could not have been entirely ignorant of the intentions of the government to locate them outside the city. The matter had been under discussion for some years and, although the commission which examined the desirability of a location for Cape Town in 1900 questioned only two Africans who were favourable to the idea, their replies suggest that the African community had given the matter some thought. Some had already expressed their objections in the columns of the newspapers, pointing out that, as Cape citizens, they were entitled to equal treatment with others, and that a distant location would be impractical and inconvenient

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94 G 63-1904, Report on the working of "The Immigration Act", 1902, 15; M. Shain, Jewry and Cape society. The origins and activities of the Jewish Board of Deputies for the Cape Colony, (Cape Town, Historical Publication Society, 1983), 15-32.

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for employer and employee alike.[95]

The vendetta which was launched against the Africans when the first cases of plague were discovered, and their living quarters were suddenly invaded by sanitary officers and police, at once provoked fear and suspicion.[96] The shipping offices were besieged by men seeking passages home, and the refusal of either the shipping companies or the railways to take them contributed further to their unease. When the dock employers attempted to register their addresses on 16 February, the labourers struck, to the dismay of the commercial firms and the military authorities, all of whom were greatly hampered in their work. Apparently the Africans were under the impression that they were to be compounded under the Kimberley system; that they would practically be slaves, unable to leave the docks. Neither the headmen nor the African ministers were able to disabuse them of this idea, and it was only after A.R. McKenzie, one of the largest employers of dock labour, had addressed a meeting of the discontented on the slopes of the mountain, that they agreed to return to work.[97]

Although the strike had been broken, some areas of the city, notably District Six, remained unsettled. The Cape Times "Special Commissioner", on his excursions

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95 Saunders, "The creation of Ndabeni", 174, 176.

96 MOH 32-282. Report of the Chief of Police, 11.2.1901; G 61-1901, 49, 51.

97 Cape Times, 13.2.1901, 15.2.1901, 19.2.1901, 20.2.1901; South African News, 16.2.1901.

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into the area on the 13 and 14 March, found numbers of Africans packing up their goods preparatory to departure and not, he was convinced, for the location. They were, he noted, in a very unruly frame of mind. In Lower St John Street on the following day he encountered overt hostility and was forced to beat a retreat from one of the tenements into which he had ventured. There was more coherent resistance to the location, too. On 13 March, at a meeting on the slopes of the mountain, the Africans decided to convene officially on the Parade the next day to air their grievances. The call of the agitators, reported the Cape Times, had a large response and nearly a thousand of all classes assembled. A sense of excitement pervaded the gathering, but before proceedings could get under way, it was broken up by a force of mounted police.[98]

The authorities, for their part, made considerable efforts to pacify the Africans. An Inspector of Natives was brought from Alice to talk to them, and the Colonial Secretary received a deputation of leaders who told him that their principal grievance was that they had been singled out from other nationalities. It was explained to them that the measures were being taken for their own good, as well as for the benefit of the community at large, and after they had been allowed to inspect the location, they expressed themselves satisfied. In the last resort, the Africans were moved from Cape Town by force under armed guard. The Cape Times

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98 Cape Times, 15.3.1901.

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"Special Commissioner" gave an eyewitness account of their departure:

> "It was observable that some of the natives were very unwilling to embark upon the journey, but military guards ranged on both sides of the line forbade any thought of escaping. The boys were all deprived of their kerries. Some, rather than hand their sticks over, broke them in disgust."

"Coloured" onlookers, who had followed them to the station, shared their disapprobation, jeering and hooting when the train drew out.[99]

It was almost inevitable that the cleaning of the city should provoke fear and resistance. The pattern had already been established in Cape Town and, as the discussion on the smallpox epidemic has demonstrated, it was the usual accompaniment to drastic sanitary action on the part of the state. Many of the poor, struck by the disease and afraid of the consequences, attempted to conceal the evidence by abandoning their bodies in the streets. On occasions, too, the plague staff were prevented from carrying out their work when crowds refused to allow victims or contacts to be removed. Under these circumstances the plague staff was forced to turn to the already overworked police to enforce order. The latter were unsympathetic. Much of the trouble, the Chief of Police, Foster, told Witham acidly, resulted from the tactless and inefficient handling of the public by the plague staff.[100]

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99 Cape Times, 13.3.1901, 14.3.1901, 15.3.1901.
100 Cape Times, 24.4.1901; CO 7267. Report of Remover Greyson, 28.5.1901; Foster to Witham, 30.4.1901.

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The plague victims themselves have left few records. What has survived is a melodramatic novel, The mysteries of the scarlet phial, written by Alfred Edward Heyer, and set in an imaginary plague epidemic in Cape Town in 1907. Heyer's overheated prose cannot be regarded as a reliable depiction of events in 1901 but his story is clearly based on this experience and does, perhaps, convey something of the atmosphere in Cape Town during the period:

> "But it was mainly in the east of the city, the 'White-chapel of the South', where the destroyer carried away hundreds daily to their last resting-place. Some people still clamoured for sterner measures, ... while an excited mob demanded the burning down of a row of cottages where the pest raged with unabated violence. A gang of 'cleaners' of foreign birth, washing out drains that never before had known a similar operation, were attacked by the infuriated mob, and had to run for their lives, followed by shrieks and a hail of stones. Mounted policemen eventually patrolled the disturbed districts yet afraid to lay their hands on what might turn out to be coloured people stricken with the epidemic."[101]

The colonial authorities anticipated some opposition from the Muslims. They had learnt their lesson from the cemetery riot and did take steps to calm Muslim fears but they remained insensitive to religious demands. Although the Colonial Secretary had met representatives of the Malay and Indian communities to gain their co-operation, and Malay "priests" were invited to visit the Maitland plague camp, no special provision was made for their religious practices. When one group led the

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101 Heyer, The mysteries of the scarlet phial, 11-12. For a discussion of the book see E.B. van Heyningen, "The mysteries of the scarlet phial: spies and plague in Cape Town in 1907", Quarterly Bulletin of the South African Library, 34(2), (Dec. 1979), 53-58.

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community in resistance to the authorities, the Muslims became deeply divided on the issue.

It seems likely that the differences reflected other divisions within the community as well. At a meeting on 29 March, at the Chiappini Street mosque, following a second interview with the Colonial Secretary, with Imam Abdrukeep in the chair, Muslims were urged to co-operate with the government, and Imam Talaap [Magamat Taliep] was "excommunicated" for his part in leading the resistance against the plague officials.[102] The latter had his supporters, however, for on 20 April another meeting was held, this time in Keerom Street, and presided over by Imam Maji Mahomed. Mr Gool explained that the purpose of the meeting was to assure the Colonial Secretary that those who were dissatisfied with the government arrangements and desired to upset them by waiting on His Excellency did not represent the majority of the Muslim community. These were entirely satisfied with the arrangements at the plague hospital and praised the energetic way in which Imam Taliep was working with the government. A loyal resolution to this effect was passed, but a second resolution suggested that there were still grounds for discontent:

> "The undersigned beg hereby to represent to the Hon. the Colonial Secretary that they have a legitimate and substantial grievance in the careless and negligent manner in which the plague officials enter and take away stock, cash and valuables from their houses and shops without properly accounting for them in many instances, and respectfully request that, in all cases where the Moslem community is concerned, Mr Fred. H. Boose, of Cape Town, be recognised as their representative, and be present with the Government officials, and make an inventory

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on their behalf in any case that may occur in future."

After this the government did make some concessions to Muslim feelings. Special bearer corps, inoculated and isolated, were allowed to carry the bodies from Cape Town to the morgue, and Muslim staff, similarly treated, could wash the dead and accompany them to the burial grounds. Subsequently Dr Abdurahman, recently returned from his training in Europe, joined the plague doctors. He probably acted as an intermediary between the medical authorities and the Muslim community but the state was insistent on asserting its prerogatives. These concessions were accompanied by the stern warning that, if disturbances continued, Muslims would also be placed in a location.[103]

Muslim resistance almost certainly continued. However, it remained low-key, never breaking into open conflict. The nascent coloured political movement did protest against discriminatory actions such as segregation on the trams with some dignity, asking that the term "undesirable" be more precisely defined:

> "... as the victims of much gratuitous abuse and undeserved and coarse insult and unreasoning discrimination, we have no desire to abuse in turn, nor to adopt any retaliative measures, we may be pardoned the expression of our regret that an hostile press should open its columns for our indiscriminate abuse and misrepresentation and for the ready acceptance and publication of that which is calculated to excite public hatred towards

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102 Cape Times, 29.3.1901. Imam Mogamat Taliep was the first Imam at the Quawatul Islam Mosque, built to serve the needs of the Indian Muslims. Davids, The Mosques of Bo-Kaap, 185-188.

103 Cape Times, 27.3.1901, 22.4.1901.

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us."[104]

Their careful objections, couched in the language of repectability, had limited impact.

The most widespread response of all came with the reaction of the Cape Town citizens to a campaign of mass inoculation. The movement was inchoate, distinguished neither by race nor by class and fed largely by rumour. Irrational but by no means inexplicable, it was quite the most effective resistance to the logical efficiency of the medical authorities during the epidemic. The vaccine most commonly in use was Haffkine's prophylactic, developed by W.M.W. Haffkine in Bombay in 1897. Although it was of some value, the after effects were unpleasant, making the recipients ill for several days following the inoculation. Moreover, the prophylactic which arrived in Cape Town, either from Bombay or later from Grahamstown, was often badly sealed, so that it was not always viable. The result was a number of deaths from plague of people who had submitted to inoculation, including the widely publicised cases of the two Miss Kaysers, nurses at Uitvlugt Hospital, which did much to weaken the confidence of the public in the efficacy of the vaccine.

Their distrust was further increased by the press correspondence on the subject and "unfounded and sinister" rumours that inoculation would spread the disease. All the efforts of the authorities, including a

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104 Cape Times, Report of a deputation of coloured people to the Colonial Secretary, 22.3.1901.

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series of detailed articles and much press publicity could not overcome the suspicion of the Cape Town public. In the end only a small fraction of the population was successfully inoculated. On this matter the authorities had to admit defeat.[105]

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The epidemic of plague in Cape Town in 1901 was by no means unique. It was less severe than some previous epidemics in the city. The methods of control were similar to those adopted elsewhere and the responses of prejudice and resistance were also found in other places and at other times. Its greatest interest lies in the fact that it illuminates the attitudes of a colonial city at a time when these were rapidly crystallising at the turn of the century. The unfocussed prejudice, directed not only at Africans, but also at Asiatics, Russian Jews, Italians, Portuguese and others of Mediterranean origin, suggests a heightened jingoism which was not wholly indigenous. The views of English-speaking colonials were confirmed and reinforced by distinguished Britons who appeared to be backed by the most advanced scientific thinking. The plague gave respectability to the racism which was already entrenched.

In one other respect the Cape was moving away from the liberal spirit of earlier days, if freedom from

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105 MOH 64-668. Prof Simpson's report, 22.5.1901; Cape Times, 3.4.1901, 24.4.1901, 25.4.1901, 26.4.1901, 29.4.1901, 3.5.1901.

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excessive state intervention may be taken as one of the criteria of liberalism. During the plague determined professional officers directed operations with efficiency, supported by a well-organised administration and by legislation which, though it was not particularly advanced in other ways, gave them radical powers in an emergency. They invoked these powers with vigour. The result almost certainly was to modify the impact of the epidemic but it also enabled the authorities to impose their standards of hygiene and social order on Cape Town society. The segregation of the Africans was the most striking and permanent example of bureaucratic interference in the name of good sanitation, but many others experienced this in less measurable ways. By the end of the century Cape Town was becoming a better regulated city, but not necessarily a freer place in which to live.

In the long term, apart from the creation of Ndabeni, the face of the city was probably not markedly altered by the plague. Pockets of squatters on the outskirts of the municipal boundaries increased in number. Some houses were spruced up or even rebuilt, but no wholesale demolition took place, for instance, of the Malay Quarter as a few people recommended. Some municipal legislation was tightened up and regulations controlling common lodging houses were passed, for example. Several repercussions remain unexplored. It seems possible that the removals during the cleaning operation in District Six may have led to a redistribution of population as

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landlords took the opportunity to replace "coloured" tenants with more desirable whites. This occurred in Vernon Terrace where, according to the street directories, residents with identifiable coloured names were replaced by people with Jewish names. Who filled the lacunae left by the Africans is not known.

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CHAPTER SEVEN

Prostitution and the Contagious Diseases Acts

The contradictions between coercion and autocracy on the one hand and a humanitarian desire to improve the health of the nation on the other, which were inherent in sanitary reform, were even more sharply displayed in the controversy over the Contagious Diseases Acts passed at the Cape in 1868 and 1884 than they had been in plague control. A considerable literature related to the English Acts has explored the issues of individual liberty versus public security, the role of the doctor in supporting social legislation based on uncertain medical diagnoses and the place of women in Victorian society.[1] At the Cape the Contagious Diseases Acts also demonstrated the complexity of the imperial relationship and the extent to which the colony was diverging from the mother country in the implementation of social legislation.

1. "A safeguard to our public morals".[2]

Prostitution was probably endemic in Cape Town from the earliest days of white settlement. Sailors and travellers recuperating from the arduous sea voyages of

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1 P. McHugh, Prostitution and Victorian social reform, (London, Croom Helm, 1980); Walkowitz, Prostitution and Victorian society ; E.M. Sigsworth and T.J. Wyke, "A study of Victorian prostitution and venereal disease", in Vicinus, Suffer and be still, 77-99; F.B. Smith, "Ethics and disease in the later nineteenth century: the Contagious Diseases Acts", Historical Studies, 15, (Oct. 1971-Oct. 1973), 118-135; Mort, Dangerous sexualities.

2 GH 1/313. Lord Carnarvon to P.E. Wodehouse, and enclosures.

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the seventeenth and eighteenth centuries not unnaturally sought more than food and drink in the way of basic refreshment at the station. At the same time the social structure created by the VOC when they permitted the introduction of slaves into the colony produced a situation of financial and personal degradation which made the sale of their bodies - if they had that choice - a necessity of survival for a high proportion of the few women then resident at the Cape. The first mention of a brothel was recorded in 1681 but already in 1678 the VOC had found it necessary to prohibit concubinage in the colony. The extreme deprivation of the slave women drew them into prostitution in Simon van der Stel's day. In the eighteenth century it continued to be a useful way of augmenting inadequate incomes and the slave lodge became notorious as the town's leading brothel.[3]

Slavery, poverty and prostitution, then, were largely synonymous in early Cape Town and the pattern persisted in the period after emancipation. As Shirley Judges has shown, in the 1830s a substantial proportion of the population suffered primary poverty with freed slaves amongst the most wretched. Women's work, especially domestic service and laundry work, were some of the lowest paid occupations. Even white women were to be found in these jobs, perhaps because of the lack of alternative employment available to them. The extent of

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3 R. Elphick and H. Giliomee (eds), The shaping of South African Society, 1652-1820, (Cape Town, Longman, 1979), 126-127; A.J. Boeseken, Slaves and free blacks at the Cape 1658-1700, (Cape Town, Tafelberg, 1977), 45.

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prostitution at this time is not known but it certainly existed. Indeed, so many women received treatment for venereal disease at the pauper hospital that the authorities suggested that they be sent to the House of Correction where their enforced labour would offset some of the expense they incurred. Although brothels existed, most prostitution consisted of unorganised soliciting. "Bastard Hottentots" were pointed to as particular offenders, but others were certainly involved, including one Irishwoman.[4]

One of the striking features of this Christian community was its reluctance to provide for the spiritual needs of its labouring poor. The feeling that baptism was a passport to freedom contributed to the indifference of the Dutch Reformed Church to proselytisation amongst people of colour; a neglect which often extended to white labourers in the nineteenth century. The marital sanctions of Islam touched only a restricted number of urban poor and the spread of evangelical mission work was equally limited in its penetration.[5] By the mid-nineteenth century a relatively ancient urban society existed in the mother city, in which sexual promiscuity was not only a necessary means of livelihood but was probably also culturally acceptable as loose connections were formed and broken - often violently - amongst the most wretched of the city's inhabitants.[6]

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4 Judges, "Poverty, living conditions and social relations", 9-10, 44, 90, 109-110.

5 Elphick and Giliomee, Shaping, 117-126; E. Bradlow, "The Children's Friend Society at the Cape",

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On the whole, apart from some legislation to control disorderly conduct in public, the authorities did little to interfere with the practice of prostitution. They probably accepted that it was inevitable in a seaport town and provided a release for the antisocial energies of unruly sailors.[7] Nor, for the first half of the nineteenth century, did they show a pronounced inclination to impose their own values on the city's labouring poor. However, a marked change occurred from about 1868 when prostitution in the colony became institutionalised, while a slightly later movement attempted the more radical task of prohibiting the social evil entirely.

Prostitution in the nineteenth century was so widespread and so visible that many writers have been inclined to see it as a product of burgeoning industrialisation. R.J. Evans argues that, "It was a functional consequence of the rise of the urban society created by early industrial capitalism".[8] In South Africa the male-dominated mining society which grew up so

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Victorian Studies, 27(2), (Winter 1984), 167-168.

6 Some writers have made the point that in Europe chastity did not have the same significance for the rural and urban working classes that it had for the middle classes. See for instance, Walkowitz, Prostitution and Victorian society, 199-200.

7 In the nineteenth century in District Six prostitutes were know as "gentoos", from the name of a ship which had been wrecked in Struisbaai in May 1846. Some of the female survivors who had struggled into Cape Town had set up as prostitutes. A brothel was a "gentoo house", later also known as a "suikerhuis". G. Manuel and D. Hatfield, District Six, (Cape Town, Longman, 1967), 73.

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rapidly on the Witwatersrand in the 1880s and 1890s encouraged a particularly flourishing prostitute community, controlled in its latter phases by criminals from New York and Europe. It would seem to validate Charles van Onselen's view that prostitution in Johannesburg was a structural consequence of South Africa,s "most explosive capitalist development".[9]

But prostitution has been a prominent feature of many societies at very different stages of economic evolution. Gross poverty may account for its existence but it does not explain why, in some cases, it became institutionalised or why this acceptance was ardently rejected on other occasions.[10] One explanation has been put forward by Keith Thomas. He argues that the acceptance of prostitution as a natural part of the social order was associated with the double standard which was to be found in many different patriarchal societies. They saw women as property whose value was related to their sexual chastity and fidelity:

> "The double standard, therefore, was but an aspect of a whole code of social conduct for women which was in turn based entirely upon their place in society in relation to men. The value set on female chastity varied directly according to the extent to which it was considered that women's function was a purely sexual one. Until modern times women were, broadly speaking, thought of as incomplete in themselves and as existing primarily for the sake of men."[11]

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8 R.J. Evans, "Prostitution, state and society in Imperial Germany", Past and Present, 70, (Feb. 1976), 106-129.

9 Van Onselen, Studies in the social and economic history of the Witwatersrand, I, 103-162.

10 See for instance J. Rossiaud, "Prostitution, youth and society in the towns of South-Eastern France in the fifteenth century" in R. Forster and O. Ranum,

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In the Cape Colony prostitution, which had been entrenched in the social order since the seventeenth century, became institutionalised when the first Contagious Diseases Act was passed in 1868.[12] It was derived directly from legislation which had been passed in Britain. Following in the wake of the Crimean War and the concern which it had generated about the health of the British army and navy, three Acts, of 1864, 1866 and 1869, attempted to control the spread of venereal disease through a system, derived from France, for the registration and periodic examination of "common prostitutes" in scheduled areas, and their "voluntary" incarceration in Lock Hospitals if they were found to be diseased. Passed hastily and almost clandestinely through parliament, the Acts aroused considerable hostility as their implications came to be realised.[13] The Acts themselves, and the opposition movement which they evoked, embodied a host of Victorian attitudes - to the ranks of the nineteenth century army and navy, to women and their role in society, to sexuality and the notorious "double standard", to the medical profession and its growing influence in the framing of legislation. The repeal campaign, led in part by the charismatic feminist, Josephine Butler, became one of the touchstones of

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Deviants and the abandoned in French society. Selections from the Annales, IV, (Balt., Johns Hopkins U.P., 1978), 1-46; E.J. Bristow, Vice and vigilance. Purity movements in Britain since 1700, (Dublin, Gill, 1977), 11-31.

11 K. Thomas, "The double standard", The Journal of the History of Ideas, 20(2), (1959), 210, 123. This view fits Rossiaud's interpretation of the function of prostitution in fifteenth century France. Rossiaud, "Prostitution, youth and society", 28-29.

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Victorian liberalism and a prominent element in the emerging women's movement.

Contagious Diseases legislation has been considered entirely in the British context. Yet they were not really local Acts at all; indeed, some of the main centres of prostitution such as London remained untouched by them. It was pre-eminently imperial legislation, designed to ensure the security of the British Empire. As such, it was introduced into a number of colonies apart from the Cape, including Malta and Victoria in Australia. It was used to most striking advantage, however, in India, where the military authorities harnessed it to their larger efforts to preserve the structure of power there.[14] The Indian experience related directly to the Cape for it was always the military doctors, often fresh from India, who were most pressing in their demands for the regulation of prostitutes.

In the Cape, apart from a formal request from the Colonial Medical Committee, there was little local demand for legislation to control the spread of venereal disease before 1868; no public outcry against prostitution, no petitions crying for reform. Pressure came rather from the imperial authorities, from the War Office which

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12 Act No. 25 of 1868.

13 The acts were introduced into parliament at a time when most members were absent from the House. In addition, the title, derived from the Contagious Diseases (Animals) Act, misled many including Gladstone. McHugh, Prostitution and Victorian social reform, 37-42.

14 K. Ballhatchet, Race, sex and class under the Raj; imperial attitudes and policies and their critics, 1793-1905, (London, Weidenfeld & Nicolson, 1980).

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claimed that British troops at the Cape were being "more than decimated" by venereal disease (over 13% were being hospitalised) and expected the colonial legislature to take appropriate action. Although the metropolitan act had not been in force long enough to judge its effect, conditions in the colonial stations, the War Office claimed, were so different "as scarcely to warrant postponement of the measure".[15] When the colonial legislature was inclined to drag its heels, the threat that troops would be withdrawn from Cape Town acted as an effective goad and the Act was passed by members who were as ignorant of the implications of their action as their British counterparts.

The assumptions about prostitution and venereal disease which the colonists made at this stage owed nothing to local experience. They were shaped largely by a medical profession which was beginning to assume the role of arbiter of the colony's morals and firmly upheld the double standard. Not only did venereal disease prostrate the health of the colonists and "sap the vital energies of generations still unborn" but prostitution, although a terrible social evil was

> "still in a measure, a necessary one; and a safeguard to our public morals, while a protection to the chastity of our matrons and virgins, and believing that were it by law suppressed, seduction and greater crimes would follow".[16]

Taking up the same refrain, the Cape Argus

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15 GH 1/313. Carnarvon to Wodehouse, and enclosures, 9.10.1866.

16 MC 29. Secretary of the Colonial Medical Committee to the Colonial Secretary, 15.2.1867.

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explained the case to its readers more delicately and more obscurely:

> "Harlotry, as an institution, with all its fearful evils to mind and body, is of so ancient an origin, that we can hardly now hope to put it down entirely; and perhaps, too, it is not quite desirable, while society is constituted as it is, that it should be driven into secret places; for experience teaches us that even where it is not openly allowed by law, as in the Roman states, its evil effects are aggravated. In a measure it must, perhaps, be regarded almost as an institution necessarily attendant on the present state of society; as, in a degree, a safety-valve for public morality, and as some protection to the chastity and purity of our virgins and matrons, guarding them partially from temptations only too seductive!"[17]

Here, with a vengeance, is Lecky's sophisticated and cynical view of the prostitute as "the most efficient guardian of virtue" transported to a simple colonial community and instilled by some of its most respected leaders. The growing influence of the medical profession at the Cape was clearly displayed in this situation in which "by defending traditional morality ... [they] assumed the position previously monopolised by the priest - defender of public virtue".[18] It was particularly potent because it accorded with existing notions of public morality, giving them a scientific rationality which confirmed Victorian sexual prejudices.

Within a year of the passing of the Act an abolition campaign started. Some indigenous opposition

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17 Cape Argus, 11.6.1868.

18 McLaren, "The early birth control movement: an example of medical self-help" in Woodward and Richards, Health care and popular medicine 96; Cominos, "Late Victorian sexual responsibility and the social system", 30-31; Smith Rosenberg and Rosenberg, "The female animal", 332-333.

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had always existed. Dr Laing, the resident surgeon of the New Somerset Hospital, had said acidly that he did not see why the Colony should provide clean prostitutes for the soldiers.[19] Nevertheless, the emergence of a repeal movement in the Cape owed far more to the formation of the National Anti-Contagious Diseases Acts Association (NA) in Bristol, England, on 5 October 1869, followed shortly by the Ladies National Association (LNA). Colonists such as Dr George White, who introduced the first repeal bill into the Legislative Council in March 1870, were clearly aware of this agitation but it was only when the diminutive liberal politician, Saul Solomon, took up the cause, that the movement really gained ground.

Solomon's attention was probably attracted by a series of incidents towards the end of 1870 involving illegal police action against prostitutes, incidents which were publicised by the Cape Argus of which he was proprietor.[20] His interest aroused, Solomon corresponded with the British abolitionists and made himself familiar with their thinking.[21] In a series of four letters which were published in the Cape Argus in November 1870, he set out the arguments against the Acts. While the ground he covered was familiar, including an attack on the double standard, on the ineffectiveness of the Acts, on their essential immorality, on their invasion of civil liberty, the quality of his mind and the clarity of his prose with

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19 C 1-1869, Report of the Select Committee of the Legislative Council on the Contagious Diseases Act, 25.

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an ironic turn of phrase gave the letters an unusual distinction.[22]

With the Cape Argus as his mouthpiece Solomon organised and led a well-orchestrated campaign against the Acts. A public meeting on 17 January 1871 was followed in February by the formation of the Association for the Repeal of the Contagious Diseases Act. Solomon's close friend, William Porter, was chairman of the general committee while Solomon himself took the chairmanship of the executive committee. Membership included churchmen of every denomination as well as a wide variety of public men of both language groups. The first action of the new association was to publish an Appeal to the Public which lacking Solomon's intelligent commonsense, had a tone of unworldliness that suggested a profound ignorance of the realities of prostitution and venereal disease.[23]

The Appeal was followed by a flood of petitions to the House of Assembly from all over the colony, all requesting the repeal of the Act. They were not without effect for the repeal bill which Solomon introduced into

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20 Cape Argus, 6, 8.10.1870.

21 For Solomon's association with Josephine Butler see W.E.G. Solomon, Saul Solomon. 'The member for Cape Town', (Cape Town, Oxford, 1948), 30; The Shield, 39, (3 Dec. 1870), 311; 50 (25 Feb. 1871), 403. In 1875 Saul Solomon was invited to become a founding member of the General Council of the British Continental and General Federation, Josephine Butler Papers, H.J. Wilson to S. Solomon, 21.6.1875.

22 Cape Argus, 8. 10, 12, 15.11.1870. Republished as The Contagious Diseases Act: its operation at the Cape of Good Hope. Four letters to the editor of the 'Cape Argus', (Cape Town, WCTU, 1881 and 1897).

23 Cape Town, Saul Solomon, 1871.

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the House of Assembly in the next session of parliament was passed by the elective body but it failed to win acceptance in the Legislative Council, which was still nominated.

At this point, the repeal movement became caught up in the fight for responsible government for the House of Assembly refused to vote any money on the estimates for the working of the Act. To the charge of unconstitutionality by the government, Solomon retorted that "he did not wish it to be supposed that the action of the House [of Assembly], so far as a vote of money was concerned, was at all dependent on the Legislative Council".[24] To all intents and purposes, the Act fell into abeyance from that date, however, and it was an easy step to bring about its complete withdrawal in 1872.[25] The fact that the abolition of the British Acts was believed to be imminent also encouraged support for the Bill.

What can be learned from this brief episode? In the first place, despite some obvious similarities, the repeal campaign in the Cape Colony differed from its English counterpart in certain fundamental respects. It never struck the deep roots which it had in England. Public support for the movement was confined very largely to white middle class men of established position. In the pre-industrial era of 1870, the Cape working class was

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24 Cape Argus, 15.7.1871.
25 Act No. 2 of 1872.

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small and unpoliticised and alienated to a considerable extent from the bourgeoisie by colour, religion, education and even language. Abolition built no class bridges as it did in England.[26]

Even more striking was the absence of feminist involvement. A few scattered references in the Cape Argus suggest that the LNA attempted to form a colonial branch at the Cape but, if it existed, it never played a public role.[27] One may well ask why, in a pioneer society where they might be expected to develop more freely, women were so unengaged politically. Poor education and lack of opportunity may partly explain their apathy. Edna Bradlow has highlighted the inferior and conventional education which girls received in mid-century Cape Town.[28] It might be also that nineteenth century white colonial aspirations, like those of colonial America, tended towards the middle, producing a society whose values conformed more closely to the middle class norm than in the diverse metropolitan.[29]

The Cape Argus made a brave stand for an open discussion of the issues:

"All this sort of namby-pamby delicacy is spurious,

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26 McHugh, Prostitution and Victorian social reform, 112-119; Walkowitz, Prostitution and Victorian society, 141-146.

27 Cape Argus, 14.2.1871, 18.4.1871, 17.6.1871.

28 E. Bradlow, "Women at the Cape in the mid-19th century", South African Historical Journal, 19, (1987), 52-54; E. Bradlow, "The culture of a colonial élite: the Cape of Good Hope in the 1850s", Victorian Studies, 29(3), (Spring 1986), 387-403.

29 R. Hofstadter, America at 1750; a social portrait, (New York, Knopf, 1971), 131-135.

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false and pernicious. A law affecting the very constitution of our social system so vitally as this does must not be dealt with in whispers, and cloaked over with the veil of pretended purity."[30]

It was a lone voice crying in the wilderness, however, and after Solomon withdrew from active political life it, too, sank into decent silence. In the last decades of the century, the forbidden topic was sometimes dealt with so obscurely in parliament and the press that only the cognoscenti could have had any idea of the real nature of the subject.

The repeal movement also throws some light on the nature of Cape political life. In the hands of men like Saul Solomon and William Porter, Cape liberalism was at its height in the 1860s and 1870s advocating a colour-free franchise, a laissez faire economy, the disestablishment of the churches and the preservation of individual liberty against state intervention. The abolition campaign fell squarely within this tradition but the opposition movement did not draw its strength from this quarter.

Of the 204 members of the original Anti-Contagious Diseases Association, ninety-nine were ministers of the church, many of them Dutch Reformed, while the evangelical component was equally strong.[31] The names of Dutch MLAs, not normally noted for their liberal sympathies, were also prominent. An explanation may, perhaps, be found in the fact that the Act, providing as

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30 Cape Argus, 13.10.1870.

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it did for the state regulation of vice, shocked moral sensibilities rather than stirring concern for the civil liberties of fallen women. At least one name normally synonymous with Cape liberalism was absent. It was that of John X. Merriman who not only supported the Acts throughout his parliamentary career, but was responsible for some of the most punitive legislation to be introduced at the end of the century. As far as the repeal movement was concerned, Cape liberalism would seem to be shallow in its roots, an artificial transplant from a far richer and more complex tradition. The campaign achieved its success so rapidly and easily mainly because there was no real local demand for the Act; it, too, was an exotic.

2. "Respectable families have become infected through their nurses and washerwomen".[32]

For the next thirteen years, the prostitutes of the Cape Colony were left to pursue their profession in relative peace. Pressure for the reintroduction of the Act in 1880 came from the rural areas rather than the towns. It was a response to the revelation that syphilis was widespread in the countryside, information which had been elicited by the publication of the district surgeons' reports after 1882.

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31 A list of members is published in Solomon, The Contagious Diseases Act.

32 A 13-1878, A 14-1878, Petitions from Burghersdorp and Fraserburg for the reintroduction of the Contagious Diseases Act.

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The discovery that syphilis was reaching epidemic proportions alarmed Cape parliamentarians who were already inclined to view the situation with concern. For some years past the inhabitants of Burghersdorp and Fraserburg had been petitioning the government to bring in legislation to control the disease for, they complained, "respectable families have become infected through their nurses and washerwomen". Local medical men were unable to limit its spread "in consequence of the neglect of the lower and coloured classes, among whom it chiefly prevails, to place themselves under medical treatment".[33] As the scale of the epidemic became apparent other social consequences emerged. In Colesberg, the resident magistrate drew attention to the fact that infected servants, even good workers, were being reduced to pauperism and theft as they were hunted from farm to farm for fear of contagion. "Indeed", he claimed, "so difficult is it for the coloured people (more especially of bastard and mixed races) to obtain work on the farms, that not a few farms are absolutely without a native servant."[34]

As a minor panic spread through the colony, the imperial military authorities were not slow to jump on the bandwagon. Never reconciled to the repeal of the 1868 Act and ignoring the mounting evidence against the English Acts, which were suspended in 1883, the Surgeon-Major in Cape Town emphasised the implications for the

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33 A 13-1878, A 14-1878.
34 G 91-1883.

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population at large. In an attempt to discredit the anti-contagious diseases movement by linking it with other fringe reform campaigns, he reminded the colonial authorities, "While fully aware that some persons are averse to a Legislative check being put upon the spread of venereal affections, as there are many who object to the proved efficacy of vaccination, it should be remembered that the occurrence of syphilis, like small-pox, has a far more extended bearing than the mere infection of an individual, and tends to become a source of danger to the community at large".

By 1885 the Colonial Medical Committee had added its voice to the demands for another Contagious Diseases Act, since attempts to control the disease under the 1883 Public Health Act were clearly unsatisfactory.[35] The press, too, chimed in. As the editor of Het Volksblad, D.P. Faure, had agitated for such legislation for years. In 1885 the Cape Times also came out in support of a bill now before parliament. Delicately skirting round the topic, it urged, "There is no danger of opposition in the country district to such legislation; if in the larger towns a hostile movement should be organised it must be met with plain speaking and with plain evidence ... The choice lies between a little squeamishness about interfering with the liberty of the subject and the poisoning of the whole population".[36] In fact no such opposition emerged, and a second Contagious Diseases Act, No.39 of 1885, was passed quietly a year before the English Acts were finally abolished.

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To some extent the new Act attempted to avoid the deficiencies of the earlier legislation. It was divided into two parts, Part I providing for the registration and regulation of prostitutes. The double examination, which had caused so much friction before, was excluded and police involvement was obviated through the use of specially appointed lay inspectors to search out and summon the women. However, no provision existed for removing prostitutes' names from the register and the definition of a "common prostitute" remained vague. Part II was intended to deal with syphilis in the rural areas and gave the district surgeons authority to place anyone suffering from venereal disease, male or female, under medical treatment.

Despite the pressure to pass the Act, it was not promulgated for several years, for the colonial government was deterred by the expense of enforcing it throughout the colony. In 1886 the Colonial Medical Committee protested that there were now "no less than 400 public prostitutes entirely without medical surveillance in Cape Town" and the following year, parliament voted £5 000 to enforce Part I.[37]

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35 G 46-1881, Correspondence, with supporting statistics, between the Colonial and the Imperial Military Authorities respecting the continued prevalence of venereal diseases in Cape Town; CO 1315. Secretary of the Colonial Medical Committee to the Colonial Secretary, 16.1.1885.

36 D.P. Faure, My life and times, (Cape Town, Juta, 1907), 52-56; Cape Times, 2.6.1885.

37 CO 1345. Report of the Colonial Medical Committee for 1885.

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A Lock Hospital was erected in Cape Town behind the Roeland Street gaol but still promulgation was delayed. By 1888 such alarming reports were received from the district surgeons - the Bedford surgeon claimed that 3 000 out of a population of 5 000 Africans were suffering from syphilis - that a parliamentary inquiry was provoked. The results were somewhat contradictory. Despite general agreement that the most serious threat lay in the country districts, when the Act was finally promulgated in 1888, it was confined to the seaports of Cape Town (including Wynberg and Simon's Town), Port Elizabeth and East London, and to King William's Town.[38]

Such a curious conclusion to the years of agitation demands explanation. To some extent it lies in the nature of the disease itself. More than any other ailment, venereal disease, especially syphilis with its appalling effects on sufferers and their offspring, aroused subconscious fears of racial contamination and personal defilement. These were sentiments which doctors often shared and which they deliberately played on in their attempts to bring in health reforms. But their efforts were necessarily inadequate for syphilis was too insidious in its transmission for them to have any hope of containing it. Indeed, it remains doubtful whether it had even been diagnosed correctly for other skin eruptions such as yaws may be superficially similar.

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38 G 13-1888; House of Assembly debates, 1888, 175-176, 377. Part I was extended to Uitenhage in 1893.

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conventional society, the heavy hand of authority could be brought to bear on them with relative ease.

But it was also the attitude of the authorities to prostitution which caused them to single out these women - a perception of prostitutes as a source of contamination to society at large which extended to other deviant women.[40] At the same time, the authorities were faced with a dilemma for many prostitutes were not members of a deviant group but formed a normal component of colonial society. This explains the persistent concern with "occasional prostitutes", domestic servants who eked out their incomes in such a manner. Such girls escaped prosecution or registration by virtue of their "pseudo-respectability". Yet it was they whose taint, it was claimed, was most insidious. "Disease amongst the military is largely spread by these women and the employer of these domestics must run great risks of having his children infected by them."

The prostitute, then, in the guise of the nurse-

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40 William Acton, the nineteenth century English authority on prostitution, with his moralistic, evangelical attitude to the "daughters of shame" has been a source of much comment. See for instance, Smith, "Ethics and disease in the later nineteenth century: the Contagious Diseases Acts", 121; Cominos, "Late Victorian sexual responsibility", 30-38. Even more fascinating in some respects is the work of the twentieth century South African sociologist, L.F. Freed, who is still quoted as an authority. Not only is the prostitute defined as maladjusted, an unbalanced personality, and a menace to society, but included in this category are latent homosexuals, women who "cheat" on their husbands, and "gold diggers". The problem of prostitution in Johannesburg, a sociological survey, (Cape Town, Juta, 1949).

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maid or domestic servant, penetrated the sacrosanct circle of the Victorian family and threatened it with contamination. Despite such fears the extreme recommendation of the Deputy Surgeon-General, Dr Faught, that "all servants - especially female servants - should be examined by a doctor and receive a certificate" was not adopted.[41]

3. "Our fallen sisters".[42]

For the historian the implementation of the Contagious Diseases Acts illuminates a sector of Cape Town society which would otherwise have remained in darkness. Some information can be gathered from Lock Hospital records but they were kept erratically and have survived uncertainly. Moreover, they need to be treated judiciously for statistics relating to the Contagious Diseases Acts are notoriously unreliable, with opponents fighting "untiringly and strangely innocently in the half-light before the development of medical statistics".[43]

In many respects, the picture which emerges is similar to that drawn by Walkowitz of women in Plymouth

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41 HA 369. Unpublished annexure to SC 24-1894, Report of the Select Committee on petitions relating to the Contagious Diseases Act, 24; CO 7524-666; G 13-1888, 2; HA 369, 23-26.

42 G.E. Conybeare, Womanly women and social purity, (Cape Town, Townshend, Taylor & Snashall, 1892); G.E. Conybeare, Re-introduction of the C.D. Acts into the Cape Colony, (London, Moral Reform Union, 1892).

43 Smith, "Ethics and disease in the late nineteenth century", 132.

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and Southampton.[44] Initially the number of registered women was fairly high. In October 1868 there were 213 women on the register in a population of 33 239 in 1875. (Southampton in December 1871 had 160 registered women in a population of 53 741.) However, in December 1891, under the second Act, the figure stood at 196 in a growing population of 51 251, declining somewhat in the next few years.[45]

It was a highly mobile population. Within the city the most wretched women were squatters living in holes and bushes on the mountainside and clothed in rags. Others would hire a room for a night for 1s. Even the most stable in relatively substantial brothels rarely occupied the same premises for more than a couple of months. As the mining towns of the interior developed, a few were enticed up-country. In 1889 a trickle, two or three each month, left for Kimberley. The pace increased somewhat in 1891 with eighteen leaving the city in April and ten in May, dropping to six or less in the next few months. Their destination is unrecorded but many women were readily able to evade examination by moving temporarily to the suburbs or to Wynberg and Simon's Town. Some undoubtedly left for richer pickings on the Rand but there does not seem to have been a major migration of these "daughters of South Africa's old proletariat".[46]

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44 Walkowitz, Prostitution and Victorian society, chapter 10.

45 CO 888; CO 1526, Returns from the Lock Hospital. The drop in numbers was attributed to changes in record keeping.

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Cape Town's prostitutes were polyglot in composition. There was always a substantial core of local "coloured" girls but the origins of the rest were very varied. A complete list exists for October 1868, when there were 213 women on the register.[47]

Africander [coloured]	112	German	3
English	24	Malabar	3
Moçambique	20	Malay	2
Dutch	19	Mongassa?	2
Irish	11	French	1
Scotch	7	Spanish	1
Hottentot	6	Kaffir	1
		Indian	1

For many years the picture probably remained the same but the period immediately before the Anglo-Boer war saw an increase in "continental" women, mainly German, French and Russian, i.e. Jewish.

In the earlier period about half the colonial girls were born in Cape Town - 133 out of 213 in 1868. In the 1890s a large proportion were migrants from Cape Town's immediate hinterland. Of fifteen girls who were tried for rioting in the Lock Hospital in 1893, only five were locally born. The others came from Malmesbury, Mamre, Swellendam, Durbanville, Clanwilliam, Riebeek Kasteel and Paarl. Most of them were probably the daughters of farm labourers who had come to Cape Town to

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46 Van Onselen, Social and economic history of the Witwatersrand, 106-107. It is not clear how many women actually left the Peninsula. Port Elizabeth was the only other scheduled area with a recorded prostitute population for East London recorded none between 1890 and 1891 and there were two patients in King William's Town hospital in 1891. CO 1485.

47 CO 888.

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enter domestic service. Certainly this was true of the fifteen rioters, all of whom had worked as cooks, housemaids, and general servants, while one had been a nurse for eight years. Some, fresh from the country, were drawn into prostitution by old associates. Dr Jane Waterston, who had the rioters under her care, told the Labour Commission in 1893,

> "I made special inquiry as to this. It is mostly bad companions. I asked them and was informed that generally their mistresses had brought them to town - respectable mistresses coming to town, as country ladies are wont to do. When the servants arrive here, old companions, or as they call them, 'chums', get hold of them and lead them off. The great direct cause is those dances. They are taken to a dance and never come home again. In one case the girl came to town to her aunt. In several other cases, it was the 'chum'. Two cases had gone of their own accord".[48]

Jane Waterston was not alone in believing that the dance houses were a source of immorality. The Lantern ran several articles on the subject in the 1880s. Many of these dance parties, it was asserted, were organised by Muslims. Young girls in service or in shops were tempted by them. They appear to have formed a part of a popular culture of Cape Town which was almost unknown to the Cape Town middle classes and despised by them:

> "What a motley! Such a melange of colour could not be equalled out of a Mediterranean seaport bazaar. Here is a tall Damara woman, her soapstone pipe stuck in her red, fez-like headgear, circling in the arms of a diminutive Cape boy, a Malay cab-driver, as white as yourself - or at least as Abdol Burns. They all dance the slow waltz here. ... The dance comes to an end and the folk promenade."[49]

If the vast majority of colonial girls started as

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48 AG 2956-20, 23.2.1893; G 39-1893, 69.

49 The Lantern, XI, (26.6.1884), 8; XI, (1.11.1884), 8; XII, (5.11.1887), 8-9.

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servants - 126 of the 213 in 1868 - this was not always the case. Destitution arising from the death of one or both parents could also drive a girl into prostitution. In 1868, of the 213 registered prostitutes, only thirty-five had both parents living; ninety-nine were orphans and in only twenty-five cases was the father still alive. The inspector of the Lock Hospital, Dr Ross, surmised that many had fallen as a result of the death of their parents in the recent fever epidemic. Seduction seems to have been a direct cause only occasionally. Such a situation, perhaps, was that of Sabea Ederies, the thirteen year old daughter of a Muslim fishseller, who worked as a domestic servant but lived at home with her parents. Sent out one Saturday evening in May 1892 to buy coffee, she was accosted by Mogamat Saban, a wagon-driver for McKenzie, the docks contractor. She knew him slightly and had been accustomed to chat to him on the street corner but on this occasion she was persuaded to accompany him to a house in Bam Lane near Bloem Street, described as "not a brothel but very disorderly". Here she was found by her father several days later. Saban was sentenced to six months imprisonment for abduction. Sabea found her way into the Lock Hospital under the name of Arendse, aged seventeen, where she was one of the fifteen rioters the following year.[50]

Most of these women were young, several were very young. In 1868 the average age of the registered prostitutes was between eighteen and twenty-three, with

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50 AG 2943-13, 15.7.1892; AG 2956-20.

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the youngest at fifteen and the oldest forty-eight. However, they commenced prostitution at a somewhat earlier age, between sixteen and twenty, with the youngest at twelve and the oldest thirty-two. There was a similar pattern with the fifteen rioters who had an average age of nineteen. We know from Sabea Ederies, however, that the official ages were probably too high and this is confirmed by Jane Waterston who said that not one was over twenty-two and some were fifteen and sixteen. "They all look children almost. They are all youthful looking, very young, and it is very sad to go through the whole lot."

Some of these girls were probably of weak intelligence, as in the case of Constance Ferris who told a confused story of abduction to Kimberley and whose father stated that she was not always responsible for her actions.[51] The Lock Hospital records suggest a rather different picture, however. Of the 213 prostitutes in 1868, eighty-two were illiterate. On the other hand, sixty-seven could read and write and fifteen had a superior education. Certainly Jane Waterston considered the rioters reasonably intelligent; one was "remarkably smart".

All this closely resembles Walkowitz's profile of the Victorian prostitute. "These were young single women, mostly half orphans, who were born in the immediate district or in the surrounding countryside." She argues,

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51 AG 3140.

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moreover, that "Registered women ... were noted for their independent and aggressive behaviour. Their present mode of life may have reinforced this defiance and insubordination, but such distinctive behaviour also suggests that they were a special group more inclined to assertion than most of their working-class contemporaries".[52]

The same may be true of Cape Town's prostitutes. Disorderly their lives certainly were. The court records testify to the violence and brutality that formed the daily pattern of their lives. Thus Lizzie Davis was beaten up by the pimp and brothelkeeper, John Sinclair, a labourer with fifteen previous convictions for assault and damage to property.[53] Nevertheless, a certain camaraderie existed amongst the prostitutes themselves and some of the local community. When Charlotte du Toit, one of the fifteen rioters, was arrested for abusive language to a policeman after being ejected, drunken, from a coffee shop and resisted by lying down in the street, several fellow prostitutes, including another rioter, Esther Jones, and a number of men came to her rescue. Stephanus Sampson argued, "All right. I did nothing, the Constable had my girl", while Abdulla Malaliep joined the fray, shouting and trying to pull the girl away.[54]

Degraded though their lives undoubtedly were, the

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52 Walkowitz, Prostitution and Victorian society, 193-194.
53 AG 2914-17, 18.7.1889.
54 AG 3009, 26.1.1896.

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prostitutes rejected very explicitly the humiliation imposed on them by the Contagious Diseases Act. Above all, they resented the internal examination and the high-handed treatment of the Lock Hospital doctors and they responded on several occasions by rioting. The most serious of these incidents occurred in 1893 and was directed specifically against Dr J.F. Dixon. He seems to have been a singularly obtuse man who was most unpopular with the women. The riot occurred on a Monday, the usual day for examining the Lock Hospital patients to decide if they were fit for release. A number, who were particularly incensed at their prolonged detention and its uncertain duration, gathered in the courtyard outside the doctor's surgery, shouting and throwing paving stones at the surgery. The doctor and matron cowered inside for over two hours until help eventually arrived. When the doctor entered, Keast, the lay inspector, saw Charlotte du Toit "making at the Doctor who had come to the office door, but the other prisoners held her back. She was swearing and saying what she would do to him".

The women themselves were very explicit about their reasons for rioting. Elizabeth Arberton, who had been detained a month, stated, "The Doctor made fools of us - on one Monday he said we had only a small touch of Gonorrhoea remaining and that we would be able to go out the following Monday and then on the next Monday he said we must remain another week or so in. Some girls are detained only seven days and then others get dissatisfied". Charlotte du Toit agreed. "I went to the

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Doctor and asked him when I was to get out and he said next week. He always puts us off by saying next week and the girls get discontented. He does not keep his word." The other major complaint was the internal examination. Elizabeth Arberton told the resident magistrate, "We all object to the instrument he uses which hurts us", while Louisa Hendricks confirmed this. "I was dissatisfied because I never heard that a person had to be painted internally for Gonorrhoea ... The painting hurts us. There were four of us ordered to be painted. He does this himself using the large instrument. He uses us roughly. He hurt me so the last time I was in that I thought my inside was coming out. I bled a lot."

The prostitutes would seem to have been justified in their recognition of Dixon's callousness which appears to have been based both on a contempt for their class and on personal deficiencies. Certainly the latter is suggested by his obsessive attempts to justify himself. The women responded very differently to Dr Jane Waterston, under whose care they came in the House of Correction. At that time Cape Town's only woman doctor, Jane Waterston's evidence was unique for its insight into the lives of the prostitutes. She had long opposed the Contagious Diseases Act - indeed, as a missionary at Lovedale she had signed the petition against the first Act - but she was in no way inclined to condone the sins of these "Lock Hospital miserables". Nevertheless she treated them with an understanding which they appreciated.

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When a member of the 1899 commission on the Act, Dr Vanes, suggested, "But as a broad matter of fact all we medical practitioners know that there is not much truth in the statement that under normal conditions this examination causes much pain?" she responded tartly, "I am not so sure of that. I have seen them cause very acute pain". Not only was she opposed to the Act on principle, but as a doctor she objected to the brutality of the operation. She told the 1895 committee of inquiry,

> "I have had to appeal to the Attorney-General more than once if I, as a doctor, was to sanction that girls close to their confinement should be brought into the House of Correction. [Charlotte du Toit was eight months pregnant in 1893]. Under this Act these girls had mutinied, and they stated that they had done so to get out of the Lock Hospital before their confinement. I went to the Attorney-General about the case, and I may say that after ascertaining that they had friends in town, they were set free".[55]

For many years the picture of Cape Town prostitution conformed closely to that of other countries. The majority of the girls, locally born and bred, were well integrated into the community of Cape Town's labouring poor. Although the Contagious Diseases Act introduced new stresses into their lives, it regulated but it did not disrupt their trade. To some extent at least, a modus vivendi existed between the prostitutes, the lay inspectors and the police.

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55 AG 2956-20; CO 1575. Report on the disturbances in the Lock Hospital, 23.2.1893; HA 465. Unpublished annexure to SC 31-1899, Report of the Select Committee on the Contagious Diseases Act, 45; CO 1526. Correspondence on the Lock Hospital riots, 23.6.1892.

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A major change occurred, however, in the mid-1890s. From about 1896 there was an influx into Cape Town of "continental" women which resulted in a professionalisation of the trade and ousted many of the local girls. In Bristow's words, prostitution became a "multinational enterprise" in the the late nineteenth century.[56] The large-scale emigration of European men, often creating sex-imbalances in their host countries, led to a demand for prostitutes in lands as far afield as South America, Australia, Singapore and the Rand. The French were particularly active in shipping girls to these far flung parts of the world but in an age of anti-semitism "white slavery" came to be particularly associated with Jews, both as traffickers and victims.[57]

In South Africa most of these new women were probably attracted in the first place to the Rand.[58] A few preferred to operate in Cape Town while others retreated to the seaports when Transvaal legislation made life too uncomfortable for them. Initially the authorities were inclined to view them with favour. Dixon considered them a very well behaved class of women who seemed educated and were careful about disease. However, although their numbers seem never to have been very large, their links with international crime and prostitution made them a menace to Cape Town society in a way in which the local girls had never been.

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56 E.J. Bristow, Prostitution and prejudice. The Jewish fight against white slavery 1870-1939, (Oxford, Clarendon, 1982), 3.

57 Ibid., 33-35, 46-47.

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In the first place, the European prostitutes seemed more blatantly visible. Incidents such as that involving Annie Alexander from Manchester, Rosie Goodman of Poland and Millie Lewis of London became common. After a fight between the three in Adderley Street had been broken up by an off-duty policeman, they had impudently accused him of consorting with prostitutes. Wisely, perhaps, they fled to Cuba while on bail for perjury.[59]

Residents, especially in District Six, began to complain about disorderly houses. William Morris of 48 Barrack Street got up a petition amongst his neighbours against the inhabitants of No. 52. They objected to the indecent and provocative behaviour of the girls in the street, to their drunkenness, quarrelling and bad language and to the constant stream of cabs to the house. Indeed, it seems to have been a particularly busy brothel, for PC 88 reported seeing some twenty-three white men and seventeen "coloured" men visiting on Boxing night of 1896. Over thirty cabs arrived and men had to be turned away. It was, he said, a very disorderly scene.[60]

A situation which was already causing Capetonians concern by 1898 was made worse by the outbreak of war the following year. A substantial portion of the Rand's

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58 Van Onselen, Social and economic history of the Witwatersrand, 108-110.
59 AG 3042, 23.8.1898.
60 AG 3026, 19.1.1897.

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criminal population joined the flood of refugees to the coast where the pickings amongst the rootless wartime populace proved a heady temptation. The incidence of petty crime amongst prostitutes increased. Florence Leonard of New York stole the purse of James Henry Ruthven after accosting him near Garlicks' corner in St George's Street in 1898. More blatantly, William Walker, a miner who had only just arrived in Cape Town in October 1899, lost £28 in gold to Lily Blank of Russia at 52 Barrack Street. Even respectable citizens could find themselves embroiled. When a retired clerk, Frederick Colborne, went to the aid of two women in Longmarket Street, he found himself enticed into a brothel where he was relieved of his purse containing £17.[61]

Not only did brothels increase in number but they were more professionally conducted and employed more women.[62] Some, like 52 Barrack Street, were disorderly and quickly put down. Other establishments, however, were more decent. At 47 Shortmarket Street which was occupied by Jeanne Dulany of Lyon and three or four other women, men had to knock to be admitted. In such a case, the authorities could do little to interfere since it was difficult to prove the existence of a brothel and magistrates were usually reluctant to prosecute except in clear-cut cases.

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61 AG 3042; AG 3060-157, 27.10.1899; AG 3100.

62 For lists of brothels in 1901 and 1902 see MOH 310-C117b. Correspondence files. The majority of names appear to be Jewish or French.

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Along with the professionalisation of brothels came a trade in girls which was entirely new to Cape Town. The most notorious case was that of Julienne Jacqmin, an eighteen year old Belgian girl, the daughter of farm labourers, who was brought to South Africa by her sister, Antoinette, and Antoinette's "fiancé", Joseph Davis. Julienne had accompanied her sister and Davis on a brief visit to Paris but found herself abducted to Cape Town via London. Only when she was placed in a house in Vandeleur Street did she understand her position. Even then she refused to co-operate until Davis had raped her and promised to send money home to her mother. Julienne's plight came to the ears of the authorities when Antoinette, annoyed at finding herself displaced by Davis' real partner, Marguerite de Theiss, sought refuge for herself and her sister in the Salvation Army Rescue Home.

Equally pathetic was the story of twenty year old Fanny Kohler of Odessa, a major centre of Jewish commercial vice. Fanny, a tailoress, was persuaded by Annie Marshall, alias Hannah Alexander, to go with her to Warsaw where prospects of employment were better. From Warsaw she travelled with Hannah and her husband, Leon Alexander, to London. With each stage of the journey she became more dependent on the couple. "I had no money in London and could only speak Russian and Yiddish dialects. I asked accused to give me money to pay my passage back to Odessa, and accused said she would be good to me and treat me as a sister." As in Julienne's case, a

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combination of kindness and brutality forced her into prostitution from which she escaped after Salvation Army rescue workers made contact with her in the Lock Hospital.[63]

It should not be thought that either of these cases became a cause celèbre in Cape Town. On the contrary, they attracted little public attention. Fanny Kohler was regarded by the authorities as a fallen woman, deep in sin, and the Alexanders were acquitted. The fate of the Jacqmin sisters is also unknown. It seems that Julienne was returned to her parents but the Belgian government washed its hands of Antoinette. Nevertheless, the two cases emphasised the international scale of operations and the inadequacy of the legislation at the Cape for dealing with the procuration and pimping which now existed.

4. "So in this question of Social Purity, ... let us have the courage to speak out".[64]

It was not only the appearance of the continental women and organised crime which led to changes in legislation. The social purity movement which had started in England in the 1880s was an equally important influence for it had a strong appeal, particularly to nonconformist and evangelical churchmen.[65] Mort has

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63 AG 3118; AG 3114. For some indication of the scale of this activity see Bristow, Prostitution and prejudice, ch. 2.

64 Conybeare, Womanly woman and social purity, 4.

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commented on the self-consciously popular character of the purity movement in Britain, based on a loose network of moral education groups. He points out that it was linked with growing English nationalism as well, that the movement played off representations of English morality against the decadence of foreign habits.[66] Such perspectives found echoes at the Cape.

Probably the most significant strand in the growth of social purity at the Cape was the temperance movement. This is one of the most neglected topics in South African social history for temperance workers were amongst the most active social reformers in the country, engaged on a number of fronts. The first temperance organisation in Cape Town seems to have been started in 1831 but it only established strong roots with the formation of the Independent Order of Grand Templars (IOGT) in 1851.[67] Temperance work at the Cape was reinforced particularly by the establishment of a local branch of the YMCA in 1865 and the arrival of the Salvation Army in 1883. Both these latter organisations also had interests beyond temperance and were major forces in maintaining order and asserting British hegemony in the city. The YMCA was concerned with the protection and moral upliftment of the young men who migrated to the city from the country or abroad while the Salvation Army, in close association with Josephine

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65 Evans, "Prostitution, state and society", 121. On the growth of the social purity movement in Britain see Bristow, Vice and vigilance, 173.

66 Mort, Dangerous sexualities, 112-113.

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Butler, had concerned itself with rescue work in England since 1882.[68]

Temperance and social purity were issues in which the quiescent colonial women were prepared to engage themselves. Henrietta Stakesby-Lewis, a sister of Theophilus and Olive Schreiner, pledged herself to temperance work as early as the 1870s. One of the most potent influences amongst women was the foundation of the Huguenot Seminary at Wellington in 1874. A Dutch Reformed institution established at the instigation of the Rev. Andrew Murray, it was closely affiliated with Mount Holyoke Female Seminary in the United States. Mount Holyoke was both an educational and a missionary body which aimed at giving women an intellectual training "combined with absolute consecration of all talents and knowledge to the service of Christ". Not only was the Huguenot Seminary based on these principles but it was staffed partly by American women whose evangelical zeal extended beyond their teaching.[69] In March 1889 Mrs Andrew Murray (Emma Rutherfoord, the daughter of Cape Town businessman, Howson Edward Rutherfoord) and Miss Abbie Ferguson, the American principal of the Huguenot Seminary, formed the Vrouesendingbond.

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67 Judges, "Poverty, living conditions and social relations", 52; V. Cohen, "The public career of Theophilus Lyndall Schreiner: a study of the causes he espoused", B.A. (Hons) thesis, (University of Cape Town, 1980).

68 Bristow, Vice and vigilance, 157-159.

69 S. Vietzen, A history of education for European girls in Natal with particular reference to the establishment of some leading schools 1837-1902, (Pietermaritzburg, University of Natal Press, 1973). 130-

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It seems to have been largely at their instigation that Mrs Mary Leavitt of the Women's Christian Temperance Union (WCTU), who was on a "roving commission" to pioneer a world WCTU, visited the Cape in May 1889. The first South African branch of the WCTU was started at Wellington in about June 1889, and seminary pupils and teachers took the lead in proliferating branches round the country. Their stated object was "To unify, throughout South Africa, the work of women in temperance and social reform" but the existing annals of the Union are fascinating as a demonstration of the way in which these women gradually gained experience in organisation and public protest.[70]

By 1891 the WCTU had about 400 members in the colony. From the first social purity had been one of their major interests. In her Cape Town lectures, Mrs Leavitt had emphasised that it was the province of Christian women to teach purity to the boys and girls of the next generation. As evidence of this concern they had started a rescue home in Cape Town and, at the second annual convention in 1891, they resolved that "as a Union, our hearts burn within us at the indignity done to women through the Contagious Diseases Act, and we pledge ourselves to use our influence to bring about its repeal".[71]

131, 248-249.

70 WCTU, A brief history of the Women's Christian Temperance Union, (1925), 1-2; A 1696 3/1. E.O. Fernie, The YWCTU in South Africa, Mss notes.

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The international links of the WCTU were an important factor in reviving interest in the Contagious Diseases question. In August 1891, the Cape was visited by Mrs Elizabeth Wheeler Andrew and Dr Kate Bushnell, leading members of the WCTU who had been commissioned by Alfred Dyer, the British Quaker reformer, to investigate the new Cantonment Act in India. This Act had been introduced at the instigation of the military as a means of getting round the suspension of the Contagious Diseases Act and the report of the two American women proved highly controversial. In Cape Town, in a series of well-publicised meetings, they stated vigorously the case against the Contagious Diseases Acts and attempted to rouse the colonial women to action.[72]

The WCTU was not the only international link which the budding women's opposition movement possessed. The original association which Saul Solomon had formed with the LNA was maintained after his death by his wife who was a member of the British organisation. Another important contact was that of Mrs Julia Solly, a relative of the Unitarian reformer, the Rev. Henry Solly. She immigrated to the Cape in 1890 and became a leading member of the suffragette movement in South Africa.[73] It may have been partly through her agency that Miss Emily Conybeare visited the colony since both were also members

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71 A 1696 1/1. WCTU Executive minutes, 1891; Cape Argus, 6.6.1891; A 1696 2/1. Minutes of the second annual convention of the WCTU, 1891.

72 Ballhatchet, Race, sex and class, 69-79; Cape Argus, 18, 22, 24.8.1891.

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of the Moral Reform Union.[74]

For Emily Conybeare the abolition of the Cape Act became a mission. She was first made aware of their existence when she met a woman who had been reading a life of Josephine Butler. "I felt I must do something. I knew it would bring odium upon me, but nevertheless decided I ought to take the matter up."[75] At the Cape she joined forces with the WCTU and together with Miss Ferguson of the Huguenot Seminary, formed a committee to fight the extension of the Act to Kimberley. Herself a suffragette, Emily Conybeare was particularly anxious to rouse colonial women from their political apathy:

> "At any rate the women of this Colony ought to come forth from the selfish paradise in which many of them live and become more <u>womanly</u>. I have heard our fallen sisters spoken of in tones and words of bitter hatred and pitiless contempt by women who, with good husbands and happy homes, have never known what temptation meant. What have these women done to educate these their poorer sisters to the idea of a higher life? What effort have these women made to help men to lead purer lives? ... Liberty is duty, not licence."

Unlike the Cape female abolitionists Emily Conybeare made few ethnic distinctions in her fight against the Act. Where Miss Ferguson emphasised the heathenism which "means immorality"[74] and the moral looseness of black colonists, Conybeare was more concerned about the contempt with which they were treated. She worried about the impact of the Contagious

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73 <u>The South African Woman's Who's Who</u>, 1938, (Johannesburg, Biographies (Pty) Ltd., n.d.), 353.

74 Moral Reform Union, Annual report, 1893-4, 3; <u>Shafts</u>, (18 Feb. 1893), 242.

75 Moral Reform Union, Annual report 1893-4, 11.

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Diseases Act on "coloured" women whom she saw as the descendants of slaves, with none of the inherited instinct of respectability:

> "The general tone of contempt for the coloured people which I found pervaded the whole population naturally re-acts on both sides; it tends to prevent the coloured people developing any self-respect, and the white population regard these half breeds and the natives as almost beyond the pale of humanity. I mention this in order to show the enormous difficulty of arousing public opinion against laws which treat women as mere animals. ... I fancy that this feeling against the coloured prostitutes in Africa is much stronger than in India, especially as the white population is so largely Dutch."

The Contagious Diseases Act, she suggested, fell most heavily on black prostitutes, "which I consider makes them all the more unjust".[77] For Emily Conybeare, then, the legislation was abhorrent because it entrenched race as well as class prejudices. This was a conclusion which was never drawn by colonial abolitionists.

The appeals were not without their effect. Emily Conybeare's speech and Saul Solomon's letters were printed as pamphlets and distributed, while a purity department of the WCTU was created with Mrs Andrew Murray as superintendent.[78] Mrs Murray's connection with the WCTU was probably important in rousing the support of the Dutch Reformed clergy against the Act. Certainly some prominent men became involved, including Professor J.I. Marais of the Theological Seminary at Stellenbosch, a man who was well informed about the abolitionist arguments,

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76 Ibid., 10.

77 Conybeare, Womanly women and social purity; Conybeare, Re-introduction of the C.D. Acts. I can find frustratingly little information about Emily Conybeare and her activities at the Cape. She may have been a relative of C.A.V. Conybeare, radical MP and pro-Boer.

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and the more naive minister of the Groote Kerk, the Rev. A.I. Steytler. The number of petitions opposing the Act which were sent to parliament forced the House of Assembly to enquire into its operation in 1894.[79] The select committee concerned itself primarily with an incident involving the very officious Lock Hospital doctor in Port Elizabeth and it showed little inclination to suggest anything but minor modifications to the Act.

Despite this setback, opponents of the Act persisted and the matter came up in parliament regularly for the next few years and was the subject of two more select committee inquiries.[80] A bill to abolish Part I was passed by the Legislative Council in 1895 and 1896 and the conversion of the commander of the British forces at the Cape, Lieutenant-General Goodenough, to the abolition cause gained it some adherents in the House of Assembly. Nevertheless, the bill was lost by a majority of thirteen in 1896 and it received little attention in 1897. After the fiercely contested elections of 1898, the opposition movement found itself with a lively spokesman in the House of Assembly in the person of Edmund Garrett, the editor of the Cape Times, half-brother of the suffragette, Rhoda Garrett, and cousin to the more famous Millicent Garrett Fawcett. Even Garrett's efforts failed to move the House, however, and with the outbreak of war in 1899, the issue became moribund for a number of years.

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78 WCTU, A brief history, 2.
79 SC 24-1894.
80 C 5-1895, Report of the Select Committee of the Legislative Council on the Contagious Diseases Act

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Repeal had failed mainly because of the innate caution of many members who felt that the Act was better than nothing in dealing with the evils of prostitution and venereal disease. Although some doctors, like Bisset Berry, opposed the Act, undoubtedly men like W.P. Schreiner were influenced by the Indian examples which were constantly cited by medical authorities and felt themselves incompetent to judge the case. The question of race was rarely raised in this context. In fact, some of the most ardent repealers were men whose record on racial discrimination was a poor one in other respects. The most striking example was the Legislative Councillor, Van Rhyn, who introduced the repeal bill into parliament every year, yet objected virulently to the generosity of existing grants to black education. The debate was fought out largely on moral and medical grounds.[81]

By no means all the social purity efforts were directed at the repeal of the Contagious Diseases legislation. Especially amongst the male-dominated associations, there was a greater interest in the removal of vice from the streets and the repression of prostitution and brothels. The year 1893 saw a blossoming of the social purity movement with the establishment of a

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Amendment Bill; SC 31-1899.

81 The 1899 bill was withdrawn at the request of W.P. Schreiner mainly because the 1899 Select Committee felt that greater time was needed for deliberation. While Schreiner himself was inclined to favour the Act, the context was more complex than is suggested in Van Onselen, Social and economic history of the Witwatersrand, 135.

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host of new organisations. Led largely by the YMCA and the Anglican Church, a Citizens' Law and Order League was founded in June, mainly to secure the enforcement of the liquor laws. In the same year the Temperance Alliance was created with the Scots-born Catholic parliamentarian and historian, Alexander Wilmot, as president. This drew together a host of small temperance societies as well as the IOGT and the black Independent Order of True Templars (IOTT). Other bodies which emerged during this period included an Anti-Gambling and Temperance League and a women's Purity League.[82]

An issue which immediately involved the interest of all these groups was the introduction into parliament in 1893 of the Criminal Law Amendment Bill which was intended to raise the age of consent to fourteen. Although social purity reformers favoured the principle of such legislation, most felt that the bill was not strong enough. A public meeting under the auspices of the Anglican White Cross Society and the Law and Order League protested against its proposed form and demanded that the age be raised to sixteen. Led by the Purity Society and the WCTU, the women also held a public meeting on 2 August 1893. Their purpose was partly educative as one of their resolutions indicated. "Whereas the recent discussions upon the proposed Criminal Law Amendment Act have brought to our notice the deplorable ignorance and lack of interest in questions of vital importance to our

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82 Cape Times, 7.6.1893; Cape Argus, 10.8.1893; The Young Men's Journal, VI(4), (June 1899), 61-62.

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sex, resolved that this meeting pledges itself before God individually and collectively by strenuous effort to advance the cause of purity and righteousness."

Women, Mrs Pride of Paarl told the gathering, had a horror of knowing anything of the sin which was everywhere about them, but they must face the question and do their bit in wresting children from the degradation with which they were threatened. The meeting was divided on the virtues of the bill, at least some urging stronger control. Mrs Walter Searle spoke out vigorously. Like many women of the period she disliked appearing on a public platform, especially on such a topic. It nearly broke her heart, she said, but it was not time to be lackadaisical, or sentimental or emotional; it was a time to work. The objections failed to raise the age of consent.[83]

It was far easier to persuade the authorities to introduce repressive legislation than it was to get the Contagious Diseases Act repealed. By 1898 local pressure had induced the Cape Town municipality to introduce a new regulation prohibiting the keeping of brothels in the city and imposing punishment on the tenants or landlords of such property. In the same year a Police Offences Amendment Act was passed extending the punishment for soliciting and penalising pimping and procuration. The moving spirit behind the second part of the Act was Edmund Garrett. He explained his role gleefully to his

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83 Cape Argus, 1, 3.8.1893; Act No. 25 of 1893.

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cousin, Millicent Garrett Fawcett:

> "Your Act on the Statute Book of the Cape Colony is, or should be, a useful bit of work. I merely adapted to Cape conditions the English Act which you sent, and read your Times extract to the House to drive it through. The joke is that the thing which I made the vehicle for it all was a little amending Bill ... introduced by a Dutch member to increase the fine for soliciting. On this peg I hung all your proposal."[84]

Well before the outbreak of the Anglo-Boer war then, a number of forces had conjoined to bring about tighter control of prostitution. The most powerful element was the growth of the social purity movement, which had close ties with similar developments in Britain and America. The advent of continental women, while it certainly changed the character of Cape Town prostitution, did no more than add grist to the mill of the social reformers. War conditions only enhanced this situation.

Responses to the legislation varied. Social purity reformers hailed it as a step forward and a vigilance committee was formed under the aegis of the YMCA to ensure that the laws were properly implemented, with Sir Gordon Sprigg, evangelical and recently prime minister of the colony, as acting secretary.[85] The City Council, whose original regulation had been amended by the Colonial Office, pointed out that essentially offenders were left with a light fine which would mean little. Those who were responsible for enforcing the

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84 GN 170-1891; Act No. 44 of 1898; E.T. Cook, Edmund Garrett; a memoir, (London, Arnold, 1909), 147-148.

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Contagious Diseases Act were unanimous in their hostility to the new regulations, principally because the hounding of prostitutes and brothel-keepers left the women without a fixed abode and made them reluctant to appear for examination for fear that it would be used against them. The result, they claimed, was an increase in "privateering". The Resident Magistrate's Court reported in 1901 that, while previously there had been no difficulty in gaining admittance to the brothels and the inspectors were given every opportunity to become acquainted with the inmates, now most of the houses were practically in a state of siege:

> "I am of opinion that if the question was thoroughly gone into, it would be found that these regulations have had a detrimental effect on the Morality of the Town. At the present time there are a large number of 'Restaurants and Cafes' spread all over the Town, that are nothing more or less than '<u>brothels</u>' where they were previously unknown."[86]

The relative failure of the new legislation in the face of wartime crime gave rise to considerable agitation on the part of respectable Cape Town citizens. By the end of 1900 a mild panic had spread through the city and the newspapers were filled daily with letters and reports of the latest misdemeanours. At the same time, the police came under fire for their inability to cope with the problem. It is difficult to judge the extent of the crime wave. The records of the criminal courts do suggest an increase in the number of petty

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85 <u>The Young Men's Journal</u>, II(4), (April 1898), 55, 71, 86; <u>Cape Times</u>, 3.6.1899.

86 CO 7572-868. Town Clerk to the Under Colonial Secretary, 12.1.1898; HA 465, 4, 28-33, 56; CO 7670-1264, 12.9.1899.

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thefts and assaults. This was only to be expected in a city filled with indigent refugees and soldiers drawn from all quarters of the Empire.

We also know from the records of post-war trials that prominent Rand criminals based themselves in Cape Town during this period and began to institute the methods which they had adopted in the Transvaal. Police reports, too, indicated that prostitution had increased. In 1902 the Attorney-General told the House of Assembly that there were now 150 houses of ill-fame in Cape Town, and about 500 white and 100 "coloured" prostitutes - a striking confirmation of the change which had occurred. Over 400 of the former were continental, twenty-five were British and seventy-five were colonial women.[87] In the end, however, it was probably Capetonians' perception of the situation which provoked new legislation rather than a reality of major crime in the mother city, for the wartime situation was likely to be transient.

Articles in the newspapers, like that in the Cape Times entitled "Carnival of Crime", forced the city authorities to take action. In July 1901 the mayor and deputation of leading men waited on the prime minister to press for reform and they repeated their request in the months that followed. By October the Attorney-General had promised that new legislation would be introduced in the next session of parliament.[88] He kept his promise the following year when the Betting Houses, Gaming and

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87 House of Assembly debates, 1902, 438.

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Brothels Suppression Bill was introduced. As the title suggests, a large part was concerned with the control of betting and gaming. But police reports had also emphasised the complete inability of existing legislation to limit prostitution.

There was another aspect to the business apart from the scale of the trade. The Attorney-General, T.L. Graham, explained to a scandalised House of Assembly,

> "From what he had gathered from clergymen and others who were constantly coming into contact with Kafirs and natives generally, it appeared that a considerable traffic was being carried on in Cape Town between aboriginal natives and white European women. There were certain houses in Cape Town which any Kafir could frequent, and as long as he was able to pay the sum demanded, he could have illicit intercourse with these white European women. This was a matter of the gravest importance, for once the barriers were broken down between the European and native races in this country, there was no limit to the terrible dangers to which women would be submitted, particularly in isolated places".

In these circumstances, he argued, repression was better than regulation.

John X. Merriman did not entirely agree. He did not believe that the vice, inherent in human nature, could be completely suppressed. Quoting from Lecky, he urged that the House should be "very tender" to the unfortunate women whose pitiable existence preserved family life. "To hunt them and to prosecute them did not seem to him to be what their feelings should be as men." His attitude was very different to the men who lived on the trade. He proposed that "instead of imprisonment and

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88 Cape Times, 22 31.7.1901; 3/CT 1/1/1/54. Secretary, Law Department to the Town Clerk, 24.10.1901.

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fines, which were only paid out of these poor creatures, they should substitute corporal punishment. ... That was the only method that seemed to reach these wretches, through their skin."

Like Graham, Merriman was deeply disturbed about the traffic between black men and white women. "A more horrible thing in the state of society could not be imagined." However, he was not inclined to adopt the methods of the Transvaal or the lawlessness of the white races of the southern states of America. He considered that "They should not blame the black men; they were solicited and drawn into it". Very few members of parliament dissented from the principles of the bill although Sprigg, one of the oldest supporters of Solomon's repeal campaign, was torn between his conflicting desires for the abolition of the Contagious Diseases Act and for social purity.[89]

The debate on the Morality Act reflected a substantial shift in social attitudes from the views which had emerged in the earlier discussions on the Contagious Diseases Act. Most strikingly in Merriman's speeches, prostitutes were no longer seen as contaminating agents; they were passive, more sinned against than sinning. It was the men who profited from the trade, the pimps and procurers and the landlords of the brothels, who were deemed to be responsible for the

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89 House of Assembly debates, 1902, 437-440, 485-488. The Act was passed as No. 36 of 1902.

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plight of fallen women. It was against them that the legislation was directed. The social purity campaign had made its impact on Cape statutes in this respect at least.

In addition colonial legislators were seriously confronted with the results of the growing urbanisation of blacks. In an age when racial feeling and the belief in the necessity of preserving the purity of the race were running high, their response was less hysterical than it might have been. Unlike the Transvaal, no penalty was placed on Africans who had intercourse with white prostitutes, the punishment being incurred by the women who solicited them. Nevertheless, the debates, even the speeches of Merriman, showed a complete inability - perhaps a psychological reluctance - to face the essentials of this thorny problem. The session of parliament which produced the Morality Act also passed the first urban location act. Segregation, social as well as physical, was to be the pattern of the future.

Like Sprigg, other abolitionists were ambivalent in their response to the Morality Act. A critical analysis of the Act was produced by the British Quaker, Joseph Edmondson of Halifax, who was described as "one of the clearest thinkers in the movement". After commenting on the demonstrable failure of the Contagious Diseases Act to contain prostitution, he noted, "there are now in Cape Colony two Acts - the one dependent for its success on the maintenance of brothels, and the other aiming by

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drastic penalties to suppress them!" He did not expect a deadlock. "For the advocates of licensed and regulated prostitution in every country make no secret of the fact that power to suppress becomes in their hands power to control and regulate, and they, on principle, so apply it." He argued that in conjunction with the Contagious Diseases Act, the Morality Act gave the officials additional teeth to enforce the 1885 Act, by enabling them to enter and search brothels, and to threaten brothelkeepers with prosecution if their women did not appear for examination. Only by sweeping away the Contagious Diseases Act could the Morality Act be rendered effective.[90] To some extent Edmondson's predictions proved correct for in the years immediately after the passing of the Morality Act, the police undoubtedly saw their task as one of regulation rather than elimination.[91]

By the middle of the decade, continental prostitution in Cape Town had disappeared. A number of factors contributed to bring this about. The cleaning up of the police force led to a more effective implementation of the Morality Act, during the course of which the most blatant offenders were either imprisoned or driven from the colony. In 1902 an Aliens Immigration

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90 McHugh, Prostitution and Victorian social reform, 92; J. Edmondson, Public morality at the Cape of Good Hope, (London, Committee for the Abolition of State Regulation of Vice, 1902).

91 For a full account of the scandals to which the Morality Act gave rise see R. Hallett, "Police, pimps and prostitutes - public morality and police corruption", Studies, 1, (1979), 14-22.

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Act was passed which, although intended to exclude Asiatics, was also partly directed against East European Jewish immigration and made the procuration of Jewish prostitutes like Fanny Kohler much more difficult.[92] Finally, as the post-war depression gripped the colony, the profits of organised crime diminished and prostitution in Cape Town became indigenous in character once more.

The Cape protagonists of the Act were much more successful than their British counterparts in keeping it on the statute books. The Contagious Diseases Act was only repealed in 1919 when the first Union Public Health Act was passed. By this time the introduction of drugs like Salvarsan had made the Act obsolete and, overtly at least, sexual distinctions in the treatment of venereal disease were removed. In England, Mort argues, the success of the social purity movement led to the partial eclipse of sanitary science and state medicine:

> "Purity campaigns not only registered a shift in modalities of control, but a change in the personnel responsible for sexual regulation and in the sites from which power was exercised. As a significant movement of popular protest over sex purity marked a successful assault on the authority of male professionals, thereby drawing into the political arena groups hitherto denied access or without a voice."[93]

This occurred to a much lesser degree at the Cape. There the repeal movement never achieved such success, despite the fact that it attracted the support of leading

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92 M. Shain, "Diamonds, pogroms and undesirables; anti-alienism and legislation in the Cape Colony, 1898-1910", South African Historical Journal, 12, (Nov. 1980), 13-28.

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colonists of both language groups at a time when Dutch and English were deeply divided.

An explanation may be found in the forms of political protest in the colony. The labour movement at the Cape was still in its early formative stages and white labour leaders, who often tended to middle class norms in their social aspirations, probably did not feel their interests affected by the Act. Although the same was not entirely true of the "coloured" political leaders, they, too, were only beginning to organise themselves and they had much larger and more serious problems to contend with than discrimination against a handful of prostitutes. In any case, the very existence of these women threatened their pretensions to respectability on which their claims to political franchise rested.

The situation was very different for the white middle class women who were, by the twentieth century, the principal protagonists of repeal. They were secure in the knowledge of their own respectability. As in England, they had come to recognise that they could only appeal effectively on behalf of women if they were enfranchised. Increasingly, leading suffragettes like Olive Schreiner and Julia Solly spoke out against the Contagious Diseases Act and the Criminal Law Amendment Act. In 1907, Julia Solly pointed out,

"The punishment of a woman for being a prostitute

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93 Mort, Dangerous sexualities, 150.

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throws open the door also for all kinds of bribery, seeing that such a woman must be denounced by a man, arrested by a man, tried by a man. How can anyone suppose that any are punished except those too poor to bribe with money or too unattractive to bribe with their person. Were it possible to secure immaculate men as policemen and magistrates, it would still be very doubtful if such a law could be justified. As it is, it is merely an additional reason for desiring that women should have a voice in the making of law".[94]

To some extent they did succeed in gaining a hearing for the cause. Petitions to parliament provoked several debates and yet another select committee of inquiry in 1906.[95] The latter differed from earlier inquiries mainly in the evidence of women such as Mrs Helen Davison of the WCTU. This was a new phenomenon since, apart from Jane Waterston, the repeal movement had always been represented by clergy in the past. The female reformers also pressed to have the age of consent raised from thirteen to eighteen years. Gregory was opposed to such a revision. Girls became women at much younger age at the Cape, he claimed. The example he cited was a case of a youngster in Wynberg who had contracted smallpox. It was believed that he had been infected by a girl of fifteen who had also - it was implied - had relations with a number of lads; "... that sort of thing is going on constantly". He considered that fourteen was adequate.[96] In the event, no change occurred for the forces of reform in Jameson's parliament were weak, while Merriman's opposition both to suffrage and to abolition

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94 J.F. Solly, The legal side of the purity question, (Cape Town, WCTU, 1907). For the role played by the WCTU in the early suffrage movement see C. Walker, The woman's suffrage movement in South Africa, (Cape Town, University of Cape Town, Centre for African Studies, 1979), 18-30.

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was a powerful disincentive.

There may have been another reason for the failure of abolition. The British abolitionist journal, The Shield, may have come close to the heart of the matter when it linked South Africa with India:

> "The crux of the situation is the negro woman in the Colony, and the Cape Regulationists insist that European arguments do not apply to less privileged races of mankind. We have to prove that they do."[97]

The response of Mrs Julia Solly, the leader of the Cape abolitionists, revealed the ambiguity of the Cape position for it displayed the stereotyped thinking which made effective opposition difficult. Prostitutes in Cape Town, she pointed out, were not negro and "the pure Kaffir races" rarely engaged in the trade. They were women of mixed race, who were of low moral tone, thought loosely of marriage and had little self-control of any kind. This was why many people failed to oppose the Act, for they considered that it applied to "a dangerous and immoral class".[98]

In the last resort the Contagious Diseases Act was health legislation and the attitude of the medical profession was critical in determining its existence. Some individual doctors opposed it consistently, such as Dr Laing of the New Somerset Hospital, Dr George White, Sir William Bisset Berry and Dr Jane Waterston. Many of

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95 SC 30-1906, Report of the select committee on the repeal of certain parts of the Contagious Diseases Act.

96 Ibid., 69.

97 The Shield, IX(91), (Dec. 1906), 36.

98 The Shield, X(93), (April 1907), 21.

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them had evangelical connections. Jane Waterston had been a missionary of the Free Church of Scotland which had always opposed the English Acts, while Berry was a warm supporter of the Free Church Institution at Lovedale. In these cases, moral and religious considerations shaped medical attitudes.

The same is generally not true of official doctors. The medical men who accepted Lock Hospital appointments were invariably in favour of regulation and their experience gave them considerable influence as witnesses in the many inquiries into the Acts. In retrospect, however, their evidence demonstrates their medical and personal deficiencies far more forcibly than their knowledge. This is particularly striking in the case of the medical inspector under the 1868 Act, Dr T.F. Wall. At that stage treatment of venereal disease was still very rudimentary. Scientific diagnosis of gonorrhoea was possible only after 1879 when its long-term effects on women were still underestimated, while the identification of syphilis remained obscure until the Wasserman test was introduced in 1906. The tendency of syphilis to go into remission was either not recognised or ignored, especially by Lock Hospital doctors anxious to justify their results. The use of the speculum as a diagnostic instrument was still crude and the most usual treatment for syphilis, with heroic dosages of mercury, did more to kill the patients than to cure them.[99]

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99 Walkowitz, Prostitution and Victorian society, 48-54.

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The success of interventionist public health reforms, however, had given the medical profession unjustified confidence in its ability to control disease which appeared to emanate from the filth of the slums and uncleanly living. In a conflict with the surgeon-in-charge of the Lock Hospital, Wall, a military surgeon and something of a fanatic on the virtues of the Act, admitted that he was unable to distinguish between gonorrhoea and leucorrhoea. "But", he said, "really the character of the female goes a long way to aid the diagnosis." He went on, "Therefore looking upon the class of women with whom I have to deal ... I conceive that I have acted up to the spirit of the Contagious Diseases Act and by so-called errors of diagnosis have reduced the spread of gonorrhoea".[100]

A similar attitude was evinced by Dixon who was equally callous in dealing with the prostitutes. A predisposing cause of the 1893 riots, he considered, was the unusually large percentage amongst the girls of the class known to the police as "beachcombers", a class much disposed to turbulence and disorder. In hospital he attempted to impose some discipline on them. He told the resident magistrate that he used damaged instruments: "There is one of the instruments for each ward and both had been purposely damaged. I said I would not give another one at present because they are expensive. I

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100 CO 888. Ross to the Colonial Secretary, 14.12.1868, 27.12.1869.

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wished them to see that they could not get another simply by asking for it." During a riot the previous year he had written to the Under Colonial Secretary objecting to the nominal penalties imposed by the resident magistrate.[101] The Cape was not unique in this respect. Walkowitz has drawn attention to the humiliating procedures which were built into the Act in England.[102] It seems likely, therefore, that the Act attracted men with a personal hostility to women or to prostitutes. They tended to see their function in moral as well as in medical terms and it was they, above all, who attempted to impose their own social values on the prostitutes.

The opinions of the Lock Hospital doctors were partly related to the increasing status of the medical profession in the nineteenth century which was in turn intimately linked with the rise of the middle class. To some extent the Cape lagged behind Britain and the United States in this development, for it was only at the end of the century that medical men began to achieve official positions in local and central government. A man like Gregory exerted a potent influence in favour of regulation. He was always a protagonist of the Contagious Diseases Act. In 1894 he attempted to embody it in the abortive public health bill. Certainly his presence ensured that the Colonial Office did not encourage repeal.

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101 CO 1526. Correspondence on the Lock Hospital riots, 23.6.1892.

102 Walkowitz, Prostitution and Victorian social reform, 201-204.

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A study of the Contagious Diseases movement at the Cape, then, is valuable in two respects. In the first place, it sheds some light on the structure and life of part of Cape Town's labouring community. Secondly, it reveals the strengths and weaknesses of certain social and political movements at the Cape, and the forces and opinions which shaped them. The picture which emerges is that of a society in which bureaucratic and authoritarian forces were becoming entrenched at the expense of the personal liberty of deprived groups. The pressure to conform to a conservative norm extended to the women's movement which often based its claims to the franchise on the peculiar intrinsic virtues of women rather than on their inherent rights as people.

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CHAPTER EIGHT

The limits of sanitary reform - poverty, housing and mortality

The debates on public health in the post-war era occurred in a very different context from those of twenty years before. Above all, social attitudes had hardened. To the equation between poverty and immorality had been added the dimension of race. The establishment of the Ndabeni location and the passing of the Aliens Immigration Act seemed to have broken the barriers of restraint which had inhibited the Cape legislators, still paying lip-service to the older liberal tradition, from instituting overtly segregationist legislation. Segregation had become the order of the day, not only in housing and residence, but in poor relief and in the implementation of health care. For this the medical profession was as much responsible as any other group in the colony for their attitude to the control of disease was often anti-democratic. The chief need in South Africa, one medical authority contended, was "a popular sense of decency and hygiene, especially amongst the coloured and lower classes, a loyal submission to the authorities who are appointed to administer their sanitary affairs".[1]

Despite the increased power of the medical bureaucracies in Cape Town, the years after 1902 also saw the limits of effective medical intervention. While

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1 Cape Times, 19.10.1909. The emphasis is mine.

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doctors could resist the attempts of the social purity movement to have the Contagious Diseases Acts repealed, they could do little to stem the infant mortality rate or the incidence of tuberculosis amongst black people in the city. Although they occasionally acknowledged that poverty was the root cause of these problems, they tended to approach them in moral terms rather than drawing attention to the structural economic deficiencies of society.

This moralistic approach was reinforced by the circumstances in which the debate occurred in the years between 1902 and 1910. After a brief war-time boom the Cape slumped into deep depression during which unemployment rose to unprecedented proportions and poor relief became a matter for serious discussion. Events beyond the borders of the colony, especially the report of the Transvaal Indigency Commission, confirmed a growing tendency for "poor whiteism" to receive prominent attention while black poverty was ignored unless it was forced into public view as occurred with the Hooligan Riots of 1906.[2]

1. "Pauperism is our social sin made manifest".[3]

The economic fortunes of the colony and the city may readily be mapped in the disastrous decline in

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2 R. Hallett, "The hooligan riots", Studies, 1, (1984), 42-87.

3 Rev. J.J. McClure quoting T. Carlyle in The Young Men's Journal, 4(7), (1898), 73-74.

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colonial revenues which occurred after 1904. Colonial revenues collapsed from £11 701 150 the previous year to £9 913 855 in 1904 and slid to £6 981 873 at their lowest in 1908 while Cape Town municipal revenues suffered a similar fall, sinking from £1 255 342 in 1903 to £346 856 in 1910.[4]

Poverty in Cape Town during this period acquired distinct characteristics which determined the response of the various authorities to the problem of relief.[5] While urban poverty was often created in the rural areas the concentration of the poor in the towns made them more visible. Conditions induced by the depression were reinforced by the debates on poverty which developed and expanded at this time. Almost everyone had something to say about the matter. Little of the discussion was original for it drew heavily on ideas which were widespread in Britain where poverty and unemployment were being intensively studied but it acquired a South African flavour.

Bundy has dated a major shift in ruling class perceptions of the nature of poverty to the 1890s, relating it to analogous changes occurring in metropolitan Britain.[6] These views were not identical,

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4 Statistical Registers. See Appendix No. 3.

5 Almost the only discussion on poor relief in South Africa appears in Iliffe, The African poor, ch. 7 and 8. See also D. Berger, "White poverty and government policy in South Africa, 1892-1936", Ph.D. thesis, (Temple University, 1983). Berger concentrates largely on educational policy. Bickford-Smith has examined changes in attitudes to poverty from the mid-1880s in some detail. Bickford-Smith, "Commerce", ch. 5.

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however, for the conviction became dominant that South Africa had special problems in the first decade of the century, reinforced by the belief that depression threatened the superiority of the white race.

The poor in Cape Town fell into several ethnically-defined categories. First there was the group most commonly recognised as unemployed,[7] - white working men, often of British or Australian origin. The debates about social welfare in Cape Town were almost entirely related to these people and most available relief was intended for them. This preoccupation with the white urban unemployed arose from the emergence for the first time in Cape Town in the 1890s of a substantial white labouring class which changed the relationship between the unemployed and relief agencies. Dating from the depression of the late 1890s, unemployment agitation reached its height during the Anglo-Boer war but the agitation of the refugee Uitlanders had reflected labour relations in the Transvaal rather than Cape Town.[8] The most striking feature of the protests of the new unemployed was that the discourse of socialism began to be heard in Cape Town in a sustained fashion as trade unions and workers' political movements like the Social Democratic Federation [SDF], emerged in the first decade of the century.[9] Public meetings acquired a political

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6 C. Bundy, "Vagrant Hollanders and runaway Englishmen: white poverty in the Cape before poor whiteism", Paper 247, Second Carnegie Inquiry into Poverty and Development in Southern Africa, Cape Town, 1984, 12; These ideas are discussed in detail in J. Harris, Unemployment and politics. A study in English social policy 1886-1914, (Oxford, Clarendon, 1972).

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astringency and militancy.

Secondly there were the colonial-born labouring classes who were mainly coloured. It was accepted that the Muslims especially formed an artisan community which was deserving of some recognition and protection but they were also often regarded by the dominant establishment both as a threat to white skilled labourers and inferior to them. On the one hand they received lower wages and could undercut white workers. On the other, the quality of their craftsmanship was considered to be of a poorer standard.[10] But the war had also seen the emergence of an articulated coloured political consciousness. The African Political [People's] Organisation [APO] was established in September 1902 with the object of furthering the political and social interests of the coloured community. In 1905 Dr Abdurahman, already on the municipal council, became president.[11] These developments gave the coloured poor spokesmen who forced the relief agencies to make reluctant provision for them. Despite APO agitation, however, black impoverishment was often ignored or even denied. Stereotyping led whites to regard black people as happy-go-lucky or slothful and lazy. Unlike whites they were not "really in want" or they needed less.[12]

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7 José Harris observes that the term "unemployment" was only formally defined in 1895 by J.A. Hobson. Harris, Unemployment and politics, 4.

8 Van Heyningen, "Refugees and relief", 93-107; D. Cammack, "The politics of discontent: the grievances of the Uitlander refugees, 1899-1902", JSAS, 8(2), (April 1892), 243-270.

9 Bickford-Smith, "Commerce", 411; D. Ticktin, "The origins of the South African Labour Party 1888-1910", Ph.D., thesis, (University of Cape Town, 1973), I, 313-316.

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Even more neglected was the lot of the Africans. Neither African poverty nor unemployment was ever discussed in Cape Town. Despite the manifest distress to which the plague was such eloquent testimony and the poor quality of life at Ndabeni location, the existence of such a problem was never mentioned. Africans were regarded as adjuncts to the city, not part of it, and it was almost always assumed that they chose to live in overcrowded and deprived conditions.[13] Iliffe points out that the "myth of Merrie Africa" was widespread throughout the colonial period, entrenching the conviction that there were no poor in Africa.[14] In effect, a form of cultural stereotyping occurred in which an idealised rural, tribal life, believed to be natural and healthy, was assumed to be the normal mode of existence. That the reality was a squalid urban location, into which Africans had been forced by incorporation in the capitalist economy was rarely taken into account.

Cross-cutting all these categories was a fourth which took its definition from the South African context. This was the concept of the "poor white" who was defined

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10 TG 13-1908, Report of the Transvaal Indigency Commission 1906-8, I, 28-32; South African News, 8.12.1908.

11 Bickford-Smith, "Commerce", 366-393; Lewis, Between the wire and the wall, ch. 1.

12 Cape Argus, 25.9.1905, 22.7.1909; The Owl, XVII(440), (11.11.1904), 6.

13 This was implicit, for instance in Gregory's comments about the African style of life "herding together as they do in small ill-ventilated huts". MOH 61-82. A.J. Gregory to A.E.W. Ramsbottom, 11.4.1905.

14 Iliffe, The African poor, 3.

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in relation to the existence of a black labouring population. They could only survive in competition with blacks if they were specially protected.[15] In one sense the poor white was not thought to be a Cape Town problem. If there were poor whites in the city - and there probably were - they were not mentioned. Bundy has argued that, in the eastern Cape, a lumpen proletarian element had come into being into the 1890s.[16] While the rural conditions of the western Cape differed from those of the east, the processes of change operating from the 1870s in all likelihood created a white underclass in Cape Town as well. Despite the denials of the existence of poor whites, they were feared. Poor whites in a population of natives was a danger to the state, the Cape Argus contended.[17]

Poor whiteism had relevance for the entire country since it was clearly related to the issue of race purity. This was by no means confined to South Africa in the 1900s. For the British after the Anglo-Boer war the problem of the degeneration of the urban masses had become an issue of national security, giving rise to the well-known Inter-Departmental Committee on Physical Degeneration in 1904. In South Africa, however, national survival was overlaid by concern about white dominance - a fact which was clearly recognised and regularly reiterated. The Owl explained in 1904 that the solution

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15 For a British definition of the poor white see, for instance, TG 13-1908, I, 3.

16 Bundy, "Vagrant Hollanders and runaway Englishmen", 4-12.

17 Cape Argus, 3.4.1906.

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of the unemployment question was more difficult at the Cape than in a country which did not have the complication of colour. It was not fair to white workers or to the white population as a whole that unskilled white workers should be paid less than blacks:

> "If the coloured races see that their work of any grade, is paid for at a higher rate than the same class of work performed by white men, they are not likely to entertain any strong conviction as to the superiority of white races."[18]

The treatment of poverty at the Cape in the 1900s was influenced by these concerns about race purity and white survival.

Structural unemployment in Cape Town was increased after the Anglo-Boer war with the continuing influx of European immigrants who hoped that South Africa would burgeon economically now that the entire country was in British hands. They were to be disappointed for, by the end of 1903, the Cape was passing into severe depression.

Several factors made the 1904-1910 depression particularly severe. One was the policies of the Jameson government which came to power in 1904. The Cape ended the war in an unhappy position for the expenses of the war had led to a substantial deficit.[19] Revenues continued to decline partly because, after the war, the Cape lost most of the lucrative Transvaal transit trade to Natal and Delagoa Bay which had shorter railway lines into the interior. The Cape had also failed to gain much

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18 The Owl, XVI(417), (3.6.1904), 6.

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access to the profits of the diamond fields since the mines were always lightly taxed and the industry collapsed after the war. The piling up of the Cape debt discouraged further investment in the colony. By the time Merriman came to power at the beginning of 1908 government finances were in a poor way.[20]

When John X. Merriman became prime minister in 1908 government stringency became still tighter. As Colonial Treasurer Merriman had always been parsimonious. Now he was determined that the Cape was not going to be a financial burden to the projected Union government. He was not prepared to apply for a new loan - "the fatal facility of getting money has been our ruin" he told the Cape Agent-General in London.[21] In search of a balanced budget, when he came to power he introduced an income tax into the colony for the first time with a minimum tax of 10s falling on incomes between £50 and £100 a year, low enough to affect people in very moderate circumstances as W.P. Schreiner pointed out at a public meeting.[22] Retrenchment in the civil service was severe.[23] Merriman had scant sympathy for the jobless. Unemployment, he told the socialists, was not the fault of the government but the people who drifted in from the country thinking they would have a happy time. They crowded into the towns in order to escape hard work on the land.[24]

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19 P. Cuthbert, "The administration of Dr Jameson as prime minister of the Cape Colony (1904-8)", M.A. thesis, (University of Cape Town, 1950), 86.

20 Ibid., Appendices VIII and IX.

21 J.X. Merriman, Selections from the correspondence ... 1905-1924, edited by P. Lewsen, (Cape Town,

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Added to this was the cost of living which, it was generally agreed, was higher at the Cape than in Britain. The war had pushed up rents while much of the food, especially meat, was imported and tightly controlled. The existing monopolies of meat supplies were further entrenched when Imperial Cold Storage was established in 1902, after D.P. de Villiers Graaff's South African Cold Storage was merged with De Beers Cold Storage Company.[25] It was said that the price of meat had risen 30% since 1897.[24] Because of the lack of competition, the South African News claimed, Australasian meat, which was sold in London for 4½d a lb, cost 9d a lb in Cape Town.[27] The plight of the poor was exacerbated by the decline in the availability of fish. Snoek, which had always been plentiful and cheap for part of the year at least, was a staple of the diet of the Cape Town poor but by 1903 it was in short supply and far more expensive.[28]

It is true that by 1900 changes were taking place in the fishing industry, weakening the position of the traditional fishermen.[29] It is not, however, entirely clear that the cost of living had risen greatly. Complaints may have been a result of experiences of

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Van Riebeeck Society, 1969), 80.

22 South African News, 21.7.1908.

23 P. Lewsen, John X. Merriman. Paradoxical South African statesman, (Johannesburg, A.D. Donker, 1982), 308-310.

24 Cape Times, 11.8.1908.

25 DSAB, II, 268.

26 Cape Times, 1.7.1903.

27 South African News, 10.7.1903.

28 The Owl, VIII(91), (9.1.1903); VIII(14), (9.4.1903); Cape Argus, 14.2.1903.

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prices elsewhere and of wartime inflation for the Statistical Registers suggest that prices had decreased. Town lodgings went down from 70s in 1898 and 80s in 1903 to 50s by 1906, remaining at that level at least until 1908. The prices of other commodities tell a similar story:

PRICES OF COMMON COMMODITIES 1898-1908

	1898	1903	1906	1908
Bread	2½d	2d	2d	2½d-3d
Tea	2s 6d	1s 10d	2s	1s 6d-3s
Coffee	8d	1s	7½d	6d-9d
Sugar	3d	3d	3d	2½d-3d
Condensed Milk	6d	6d	5d	6d-7d
Mutton	8d	9½d	7d	5d-6d
Beef	8d	10d	9d	4d-1s

It seems possible that the stress of war and unemployment, and a sense of deprivation, altered perceptions of the cost of living. It may have been the quality of life which had actually changed.

Although prices may have gone down, to be unemployed or even an ordinary labourer almost certainly meant living below a minimum subsistence level. In her thesis Judges attempted to estimate a poverty datum line.[30] Using somewhat similar criteria, but basing the diet on the scales for non-paying paupers in the Old Somerset Hospital, the following result is achieved:

29 D. Grant, "Bokkoms, boycott and the Bo Kaap. The decline of the Rogge Bay fishing industry between 1890 and 1920", B.A. (Hons) thesis, (University of Cape Town, 1986/7), 51, ch. 5.

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ESTIMATED MINIMUM COSTS FOR A FAMILY IN 1906[31]

Food		£	s	d
Bread (2nd grade)	168 lb at 2d per lb	1	8	0
Coffee	7 lb at 7½d per lb		4	4½
Tea	1 lb 6 oz at 2s per lb		2	9
Sugar	21 lb at 3d per lb		5	3
Rice	14 lb at 2½d per lb		2	11
Milk (fresh)	28 bottles at 3½d per bottle		8	2
Potatoes	56 lb at 6s 8d for 100 lb		3	9
Fuel and lighting				
Candles	7 lb at 7d per lb		4	1
Firewood	¼ load at 25s per load		6	3
Rent		2	10	0
Clothing	estimated at		5	0
		6	0	6½

This works out at about 10d per person per day or 4s 3d a day for a family of five. Tradesmen's wages ranged from 14s to 6s a day while labourers were paid about 1s 6d a day with food or 3s a day without. (It was calculated in 1908 that the daily cost of caring for paupers was 1s 7d a day.[32]) It seems unlikely that the average family would have maintained a wholly vegetarian diet but the addition of even 1 lb of meat would have added another 7d a day to costs.

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30 Judges, "Poverty, living conditions and social relations, Table 1 between pp. 3 and 4.

31 Estimated for a family of two adults and three children for 28 days. Statistical Register, 1906. The daily issue for non-paying paupers at the Old Somerset Hospital was: 1 lb 8 oz bread, 8 oz potatoes, ½ oz coffee and salt, 1½ oz sugar, 1 oz rice, 1/8 oz tea, 1 gill milk and 1 lb 8 oz coals. Potatoes were issued twice a week in lieu of rice. There was no specified allowance of vegetables and the diet appears to have included no fat or meat since butter (1½ oz) was an extra available to paying paupers. They also obtained an extra issue of tea, coffee, and potatoes daily. Paupers may have received some fat and meat protein in the form of soup although this is not mentioned. For convenience I have calculated an allowance for four adults rather than two adults and three children as Judges has done; milk is given as an unstated amount in bottles, presumably 1 pt. I have increased the allowance for milk on the assumption

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The provision of poor relief was determined to a large extent by an understanding of who needed it. This in turn was not only influenced by perceptions of who the poor were in the Cape Town context but was also derived from social attitudes which had been deeply entrenched in Britain during the preceding century. They were transmitted to the Cape through a variety of agencies including the pulpit. The Rev. J.J. McClure of St Andrew's Presbyterian Church, writing before the war in The Young Men's Journal,[33] the organ of the YMCA, displayed very clearly its evangelical character and the influences which shaped it. He saw unemployment (by which he meant white unemployment) as a social problem but interpreted it in moral rather than economic terms. He believed that the existence of the unemployed was conclusive proof that there was "something rotten in the state of Denmark". Quoting from Carlyle, he said:

> "We may depend upon it where there is a pauper there is a sin; to make one pauper there go many sins. Pauperism is our social sin made manifest; developed from the state of spiritual ignobleness, a practical impropriety and base oblivion to duty ..."

To a large extent McClure, together with other middle class whites, assumed that the poor were always

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that children would consume more and that it had to be bought in bottles. I have also included a daily ration of potatoes in lieu of other vegetables. The price of firewood is not given for Cape Town and varied wildly from place to place, being fairly low in Port Elizabeth at 20s a load. The size of a load is not known and is estimated in relation to the price for fuel given by Judges. The price of fish is not known. CO 1380-31, Diet scales for the Old Somerset Hospital, 4.4.1887.

32 G. 41-1909, Reports ... on hospitals and asylums for 1908, 59.

33 The Young Men's Journal, 4(7), (1898), 73-74.

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with them. "Temporary help upon established lines is all that can be done", the Cape Argus, considered.[34] Even temporary help was often disliked lest it pauperise. When soup kitchens were started in 1904 the South African News commented anxiously that there was "something unnatural" in the whole procedure. It was unfair that people should be compelled to suffer such a character destroying alternative to absolute poverty. Justice was to be preferred to almsgiving.[35] The duty of the public was clear, the Cape Argus declared. "It is to relieve distress so far as to satisfy the dictates of humanity, and to save the community in its own interest from the danger of having men about rendered desperate and ready for any act of violence by the pressure of hunger."[36] The poor were the "dangerous classes" to be helped out of fear rather than compassion and the unemployed, by the act of receiving help, were likely to have their moral fibre destroyed.

The Rev. McClure advocated a labour bureau for the able-bodied "deserving poor". They were to be distinguished by "very careful investigation" into their circumstances:

> "For this class very little has been done in the past and some permanent organisation is needed to take the place of the antiquated poor-law system of the older countries. It is all very well to say we must have no poor-law system introduced here, but, on the other hand, it is no true economy from a financial and moral point of view to leave the care of the deserving poor in a community such as that of Cape Town, to the tender mercies of the individual

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34 Cape Argus, 19.9.1904.
35 South African News, 11.11.1904.
36 Cape Argus, 19.9.1904.

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citizens or individual Churches and other Christian organisations."

Most white Capetonians agreed with McClure that the English Poor Law was not desirable in the colony. The Poor Law was pauperising, it manufactured vagrants:

> "It is at once the most expensive, the most wasteful and the least helpful of the means taken by society to deal with the wastrels, because the work done in the workhouses is unproductive, and the system of labour teaches nothing to the labourer."[37]

At the same time it was acknowledged that in a country with no Poor Law unemployment was a social danger.[38]

The unemployed who rejected the harsh, ill-paid and exploitative labour expected of them even if they were too weak to perform it, were to be harshly treated and condemned. To McClure they were "the army of the idle and the thriftless and lazy". In discussing them his tone was stronger and his step firmer:

> "If a man will not work, who can work, neither shall he eat. The time will come when the sense of the community will demand the imprisonment of every individual who won't work. Such a man is guilty of theft. He has no rightful claim to live by the efforts or help of others. This class seems to be on the increase in our midst and will prove a serious barrier to the moral and spiritual development of our land."

Other Capetonians shared this fascinated obsession with "loafers". The Cape Argus believed that anyone who preferred vagabondage to honest labour was fit only for the gallows. Such people were "quite beyond redemption".[39] The same leader writer considered that

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37 South African News, 14.11.1904; Cape Argus, 3.4.1906.

38 Cape Argus, 19.9.1904.

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such people had sunk to a state of dereliction (defined by an untidy appearance and a "hang-dog, shifty" manner) because of unemployment. In other words, unemployment and loafing automatically became synonymous and were irredeemable. Imprisonment or banishment to distant labour colonies or from the country were the only solutions.[40]

The homeless poor were frequently sentenced to terms of hard labour in terms of the Vagrancy Act of 1869. Occasionally the press would acknowledge that the criminalisation of the unemployed served little purpose,[41] but the treatment of the destitute could be extremely harsh, especially for women for whom few shelters existed. In the absence of a poor law or adequate relief, at times the colony had to sanction the imprisonment even of children. This occurred in the "pitiful" case of a coloured woman who had been abandoned with three children when her husband deserted her. Arrested after sleeping on the streets for some time she explained that she was a dressmaker who could not get work. Two of her children had been taken in care by a neighbour. The magistrate told her he could not allow her to wander about the streets. He sentenced her to three months hard labour in order that she and her child could be cared for in the House of Correction.[42]

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39 Cape Argus, 1.2.1904, 2.11.1906.
40 Cape Argus, 17.1.1905; South African News, 8.1.1906; Cape Times, 2.4.1907.
41 The Owl, XVIII(455), (24.2.1905).
42 Cape Times, 2.1.1905.

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Despite the reluctance of the ruling establishment to acknowledge the existence of poverty limited provision had to be made for some people. The Old Somerset Hospital was the only institution for the chronic sick poor. Established in 1818 as the first civil hospital in the colony, the Old Somerset Hospital was now thoroughly inadequate even for its limited function.[43] In 1908 conditions became so bad that a commission of inquiry was instituted. Although the hospital management was given a clean bill, it was clear that the hospital was grossly overcrowded with a daily average of 202 male chronic sick poor and 158 female, apart from lepers and lunatics.[44] The Free Dispensary had become a vital adjunct in the provision of medical care for the poor, but it always chronically short of funds.

By 1900 there were a variety of philanthropic institutions in the city.[45] Most of the churches provided aid to their own congregants but this presupposed the acceptance of values of respectability defined by the churches.[46] The Ladies' Benevolent Society dated back to 1822. Its careful investigative methods before doling out relief involved precisely the kind of prying which the poor disliked so much.[47] The majority of these institutions provided for indigent women, the aged and orphans. By 1886 there were already about thirty-five registered Friendly Societies and many more which were not.[48] The Freemasons also helped the respectable poor.

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43 Burrows, History of medicine in South Africa, 109.

44 G 41-1909, 59.

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Almost all these institutions were associated with Christian movements of one kind or another. Jewish and Muslim community organisations provided a network of care for their own people[49] but the very poor, on the margins of society, fell through most of these nets. When the Salvation Army appeared on the scene in 1883 it filled a major gap for the night shelter in Anchor Street made available the first cheap accommodation for the able-bodied unemployed.[50]

In some respects it is surprising to find the Salvation Army in the ranks of the ruling establishment. When it first arrived in Cape Town it was a source of social discord in the same way as it was almost everywhere it ventured.[51] All the same, there were features about the Salvation Army which made it gradually

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45 Amongst such institutions were St George's Orphanage, St Michael's Home, Nazereth House, Home for Indigent Ladies, Wees Huis, Dorcas Almshouse, Dorcas II, Old Men's Home. Most of the orphanages took children regardless of their colour but the same was not necessarily true of the old age homes.

46 A. Badham, " 'The badge of respectability'. Anglicanism in turn-of-the-century Woodstock", Studies, 6, (1988), 83-95.

47 Bradlow, "Women at the Cape", 58-59. Its methods were clearly similar to other such institutions in the British Empire. See, for instance, S.L. Swain, "Destitute and dependent: case studies in poverty in Melbourne, 1890-1900", Historical Studies, 19, (1980-81), 98-107.

48 The Lantern, XIII(523), (20.8.1887), 7.

49 A substantial number of records of Jewish community organisations have been deposited in the Kaplan Centre, University of Cape Town, but remain largely unused as yet.

50 3/CT 2/1/1/7. Commissioner, Salvation Army, to the Town Clerk, 7.4.1897. For one of he best studes of the Salvation Army see B. Ussher, "The salvation war" in G. Davison et al (eds), The outcasts of Melbourne. Essays in social history, (Sydney, Allen & Unwin, 1985), 124-139.

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acceptable in Cape Town even when its methods were deplored. One was an evangelical attitude to work. Secondly, the institutions which it established in the peninsula, including the Metropole and the Social Farm in Rondebosch for freed prisoners, provided a very real need. Finally and most contentiously, and unlike Melbourne where it apparently made no distinctions between social groups, the Army catered mainly for the white underclasses. The Metropole made no provision for coloured people and it was only after objections were raised that the Anchor Street shelter was made available to them. Even this was segregated on class lines with superior accommodation for the "better and cleaner class of coloured people".[52]

Such racial divisions were partly due to the ethnocentric policies of its founder, General William Booth. When the Army was despatched to Cape Town he stated explicitly that his intention was in the first place to evangelise amongst "such English-speaking persons as do not attend any place of worship". Work amongst the Dutch and the "native corps" was to follow later.[53] Booth's first concern was always for the urban masses of Britain and he saw Africa primarily as a dumping ground for them. Much as they resented this, white Capetonians increasingly found the Salvation Army very acceptable.[54] It had saved immigrants from the clutches of the criminal element, the South African News

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51 Ussher, "The salvation war", 134; Cape Times, 5.3.1883, 7.3.1883; Cape Argus, 5.3.1883.

52 Cape Argus, 23.10.1905.

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said. Mayor Liberman thought that it had been a relief to the rich as well as the poor. Without it they would have had to face a poor rate.[55]

By 1899 the Salvation Army was incorporated into the system of relief in the city with the Colonial Office and private individuals sponsoring tickets for beds in the Metropole or the shelter in Anchor Street. In 1905 the labour yard, opened the year before, was used by the Government Labour Bureau as a means of selecting men suitable for the relief works. Such a use of the Army was regarded as an "insult to men of self-respect" by the unemployed who disliked the organisation intensely.[56]

The Cape Town socialists held fundamentally different views on unemployment from the ruling élite. They saw unemployment as chronic, as an organic disease attributable to capitalism. Unemployment was a national question demanding the attention of the legislature. Referring to the British experience, what they wanted was a government department, responsible to a cabinet minister, which could administer government labour bureaux on the lines of the Board of Trade in London.[57] "It was the duty of the community to deal with this problem of the unemployed, and it should not be left

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53 Cape Argus, 30.10.1890 and extended discussion in the press until the end of 1890 and in early 1891; South African News, 19.8.1899; Cape Times, 4.8.1899, 15.8.1899; The Owl, XIX(485), (22.9.1905), 17.

54 South African News, 19.8.1899; Cape Times, 4.8.1899, 15.8.1899; The Owl, XIX(485), (22.9.1905), 17.

55 South African News, 1.10.1906; Cape Times, 1.10.1906.

56 South African News, 4.10.1905, 14.10.1905.

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almost entirely to the Salvation Army", one of them told the Town Council.[58]

They were bitterly opposed to charity, to the churches and to "idle ladies prying around". The latter had "no knowledge of the poor and very little sympathy with these unfortunate victims of a bad system. ... Their kindly superior way of assisting with their kindly little lectures, always set the teeth on edge".[59] It was, George Woollends declared, a form of slavery which would not have been tolerated "in my dear old country of freedom and liberty, the land of eucalyptus and kangaroo".[60]

In earlier recessions charity had usually been received without public comment whatever feelings may have been in private. The new unemployed were not so complaisant. Although the jobless adopted the rhetoric of "deserving" and "undeserving" poor,[61] they repudiated the methods and ideology of Victorian philanthropy. Cape Town was not alone in this experience. In Melbourne in the 1890s a new group of charity recipients were members of the respectable working class who refused to accept the burden of guilt laid upon them by moralistic charity workers. A substantial proportion of the same people immigrated to South Africa during the Australian depression of the 1890s to form part of the leadership of

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57 South African News, 9.10.1908; Cape Times, 27.10.1905.

58 Cape Times, 14.5.1904. See also the resolutions of a Social Democratic Federation meeting, Cape Times, 30.7.1906.

59 Cape Argus, 1.11.1905.

60 South African News, 9.9.1904.

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the new white working class. They brought with them the same articulate independence of mind.[62]

Agitation which was specifically related to the onset of the depression started in November 1903 with a meeting convened by Thomas Harris, who had claimed the right to represent working class interests in Cape Town. Harris was explicitly concerned to protect the interests of the British working man so that his statements acquired a strongly jingoistic flavour somewhat in contrast to the agitation of the socialists. Nevertheless, this and other protest meetings forced the mayor to agree to a public meeting to consider the relief of distress and a Citizens' Relief Committee which also acted as a labour bureau was instituted.[63]

Public agitation about unemployment reached its height in the so-called "Hooligan" riots of 1906.[64] On 6 August 1906 a massive demonstration of the unemployed marched up Adderley Street to parliament to interview the prime minister. Shortly after returning to the Parade the crowd began looting nearby shops. Disturbances on a lesser scale continued for another three days. In the end nearly forty people were arrested. Repudiated by

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61 Cape Argus, 16.5.1904; South African News, 9.9.1904.

62 S. Swain, "The poor people of Melbourne" in Davison, The outcasts of Melbourne, 109-110. It was estimated that 12 690 Australasians left South Africa between 1905 and 1907, 1 200 of them repatriated by the Australian government in 1907. Cape Times, 20.4.1907; Cape Argus, 29.4.1907.

63 Cape Times, 23.11.1903, 29.12.1903; 3/CT 1/1/1/57, 24.12.1903.

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respectable citizens of all communities, the riot appears to have been a movement of the dispossessed, fuelled by the new militant rhetoric of socialism which placed the blame for poverty squarely on the government, but directed against the Indian traders who embodied exploitation of the urban poor.[65]

Many of the participants were first-generation Capetonians or squatters living on the slopes of the mountain.[66] Aggressive coloured youths were also probably involved. Little is known about the origins of the street gangs which were a feature of District Six after World War I but there are indications that they were emerging during this period. From 1906 there were repeated comments that coloured youths were knocking about Cape Town engaged in petty crime. They were irresponsible, reluctant to work. The Resident Magistrate commented about one group that "They roamed about in gangs of six or ten and developed into criminals". Abdurahman attributed this to the depression. People were deteriorating daily as a result of misery and deprivation, he explained, and parents were losing control over their children.[67]

The hooligan riots were not simply the product of depression. Two other factors probably contributed to

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64 Hallett, "The hooligan riots".
65 Ibid., 83. Hallett, drawing analogies from Hobsbawm, suggests that Indians were singled out because they were foreigners.
66 Ibid.
67 Cape Argus, 8.2.1906, 22.7.1909.

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deprivation in the city. One was the failure of the relief agencies. The Employment and Relief Committee established in December 1903 had acted as a buffer between the unemployed and the hated Government Labour Bureau. Throughout its life it was short of funds especially after the government cut back on its support.[69] By April 1905 it was in a state of crisis as retrenchment bit deeper. In an effort to spread its funds as widely as possible, the Ladies' Benevolent Society had been brought in to vet cases of destitution and to institute house-to-house visits of inspection. The results were justified, the Committee believed, since none but the deserving received help and the numbers of families on their books were reduced from 236 to sixty.[70]

Finally, in December 1905, with its funds exhausted and after some bitter disagreement, the Relief Committee decided to terminate its operations.[71] In April 1906 the government took over the remaining cases on its books. In May the Citizens' Relief Committee closed its door, having assisted 1 520 families, provided sleeping accommodation for 22 357 men and sent 3 982 out to work.[72]

The lack of relief was made worse by the collapse of plans for the reorganisation of charity in the city. A promising start had been made in March 1905 to establish

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69 Cape Argus, 16.9.1904.
70 Cape Times, 12.4.1905.
71 Cape Times, 9.12.1905, 21.12.1905.
72 Cape Times, 24.4.1906, 4.5.1906.

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a central charity organisation, modeled on the British Charity Organisation [COS].[73] A sub-committee was appointed from the Relief Committee and drew up the objectives of the "Central Union of Social Workers" but it came to nothing.[74] When the Relief Committee was closed down in May 1906, charitable relief remained uncoordinated and, apart from such institutions as the Salvation Army, very small-scale. In 1903 the Ladies' Benevolent Society spent £530 on charity, an excess over their revenues which were £400.[75]

The second factor which contributed to the unrest of August 1906 was the distress amongst coloured people and the failure of relief organisations to provide for them. Stereotypes of the coloured people combined with middle class stereotypes of the lower classes to lead many whites to argue that coloured people were not as badly affected by unemployment as whites. C.M. Cousins, of the Government Labour Bureau which had been instituted at the beginning of the depression, considered that their needs were far less than those of whites. They could meet the situation by lowering their standard of "comfort". "The coloured people are happy-go-lucky and trust to good fortune or some agency to pull through. Prison has no terrors for them ... The coarsest food, even without the least variety, satisfies the cravings of hunger."[76] In addition it was believed that there was always work for

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73 A useful discussion of COS policy appears in Harris, Unemployment and politics, 104-115.
74 Cape Times, 1.3.1905.
75 Cape Argus, 26.3.1904.

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them as lowly-paid domestic servants or farm labourers.[77]

This attitude guaranteed that relief available to coloured people was inferior to that of whites. Although, according to F.Z.S. Peregrino, one of the coloured leaders, the Citizen's Relief Committee did not discriminate, the Rev. A.P. Bender told the Transvaal Indigency Commission that the Committee dealt with very few colonial-born poor.[78] The efforts of the leaders to secure work for the coloured unemployed suggest that the municipality, the railways and the Harbour Board were reluctant to take on people of colour in preference to whites.[79] They were certainly barred from the government relief works. When, after prolonged agitation, employment was made available, it was on such disadvantageous terms at 1s 6d a day for single men that few were willing to take it up.[80]

Despite regular denials by middle class whites of coloured impoverishment, it is clear that destitution was widespread. When the Salvation Army started a soup kitchen in District Six in 1904 the numbers of children who came for food mounted rapidly, from 300 on the first day to over 800 whithin another three. It was, the South African News commented, a revelation of the extent of suffering.[81] After the riots in 1906 a deputation to the

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76 Cape Argus, 25.9.1905, 22.7.1909.
77 The Owl, XVII(440), (11.11.1904), 6.
78 TG 13-1908, II, 177.
79 Cape Times, 10.11.1904, 24.8.1906; Cape Argus, 29.9.1905.
80 South African News, 20.8.1904, 1.12.1904, 13.12.1903.

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municipality of coloured ratepayers emphasised again the level of distress and as late as 1909 the APO was still pleading with the Colonial Secretary to make work available.[82] The evidence suggests that deprivation amongst coloured people was not only greater than amongst whites, but that it was extremely prolonged. It was hardly surprising that, when a match was struck, the flames of riot flared up. More seriously, in the long term both the economic conditions and the lack of concern for the deprivation of people of coloured laid the foundations for a widening mortality rate between black and white.

By 1910 poverty and poor relief in Cape Town had taken on new dimensions. Amongst coloured people deprivation, always endemic, had become harsher still as the cost of living rose in the economic conditions of an industrialisng society and relief schemes catered primarily for the white unemployed in the interests of racial dominance and the security of the Empire. It was hardly surprising to find that, under these circumstances, diseases like tuberculosis, which were being reduced in other parts of the Empire, were becoming a serious scourge in Cape Town.

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81 South African News, 1.11.1904, 3.11.1904.
82 Cape Argus, 20.8.1906; 3CT 1/1/1/62, 23.8.1906; South African News, 27.2.1909.

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3. "Overcrowding among the poorer classes is not only immoral but also endangers the health of the whole of the inhabitants".[83]

An integral aspect of poverty, contributing to disease, was housing. Poor housing involved not only lack of accommodation or overcrowding but the quality of housing as well. All three were features of Cape Town's housing problem. Capetonians were well aware that the city had slums. Time and time again in the past epidemics had shown up the extent and poor quality of overcrowded housing and its dangers. The reports of the city's medical officer of health had hammered home the situation.

What was the extent of overcrowding in Cape Town? One means of assessing it was the census reports. They suggest a picture of increased population density. While in 1891 there were 51 251 people living in 15 001 dwellings, there were 74 935 people in 37 448 houses in 1904, an increase of 6.74 people per house in 1891 to 7.64 per house in 1904. The vast majority of these dwellings were brick and stone but many of wood and iron, and wattle and daub existed, and the numbers of both had gone up threefold in the city.[84]

More impressionstic evidence confirms this. In

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83 "Ticket of Six" manifesto, Cape Times, 3.9.1895.

84 G 6-1892; G 19-1905.

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Cape Town the housing problem also had to be measured in terms of those who had no homes at all. Although no survey was ever made during these years of the extent of squatting, it is clear that it was a familiar phenomenon in the city. The evidence in the murder case of 1879 is indicative of the numbers who regularly slept out.[85]

The investigations of the Plague Board had revealed the emergence of a new element amongst the squatters. This was the development of communities beyond the boundaries of the municipalities. In 1901 there were "black spots" on the Rondebosch Flats in the area later known as West London, at the Elsie's River "mok" and on the Mowbray Flats. Fragmentary comments suggest that this process continued in succeeding years. In 1903 it was reported that Africans had been evicted from the "West London Location" and the Mowbray Flats and were now without accommodation. A few months later the police reported that 122 Africans had been found sleeping in huts on the mountainside, most of them employees of the Green and Sea Point Municipality. A year after that 300 "idle natives" were said to be "loafing about" at West London. They were occupying shanties and dilapidated structures which had been let to them by Jews.[86]

Intermittent epidemics and health panics publicised overcrowding in the city itself and usually

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85 See p.118

86 NA 270. Inspector, Ndabeni Location to the Native Affairs Department, 4.7.1903; NA 617-1883. Police report, 14.10.1903; NA 598-1525. Inspector of Police to the Commissioner, Urban Police District, 30.9.1904.

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provoked press campaigns. This had occurred during the smallpox epidemic and during the municipal electoral campaigns of the 1880s. As in Melbourne, slummer journalism derived its discourse from the British experience. The result, Davison points out, was that the life of the slums was portrayed in negative terms - "disease, distress, disorder, disaffection". Such journalism was largely salacious, titillating the middle classes and providing a foil to their own respectability. In the end it failed to explain "why bad surroundings made bad people".[87]

Unlike Melbourne, nothing is known of the slumming journalists of Cape Town.[88] About once every decade one of the newspapers ran a series on the Cape Town slums. The articles appearing in the Cape Argus in 1876 have already been cited.[89] Bickford-Smith discusses a series in the Cape Argus in 1893.[90] The plague epidemic of 1901 was the occasion for the most sustained series in the Cape Times when a "Special Commissioner" wandered "Through the Slums". The Special Commissioner's observations were often conventional, preoccupied with Cape Town's current obsessions especially African housing. Nevertheless, the rarity of such comments gives them a certain value since they are the only descriptions in existence of these aspects of Cape Town life.

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87 G. Davison, "Introduction" in Davison, The outcasts of Melbourne, 3.

88 G. Davison and D. Dunstan, " 'This moral pandemonium' images of low life", in Davison, The outcasts of Melbourne, 29-57. The authors comment on the difficulty of utilising the writing of slummer journa-

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In Horstley Street, District Six, the scene was one of the most wretched deprivation. The Special Commissioner visited the area twice, the second time in the evening:

> "In the morning the houses were all but deserted; the natives were at work. In the evening the houses were full; packed to their utmost capacity. At the time of my second visit a howling south-easter was blowing, and the natives were all within doors. This gave me an excellent opportunity of seeing to what extent the buildings were occupied. In Frere-street, near Horstley-street, the natives not only swarmed within the house, but lay sleeping along the verandahs - or stoeps - packed like so many herrings. This was the case in the neighbouring streets. In Horstley-street itself the houses were innocent of stoeps, the style being offensively modern. So the herring-packing process was confined to the inside of the premises. Lights - very primitive indeed; coarse wick and oil, whose smoke thickened the already dense atmosphere - burned dimly in some of the rooms, and the natives huddled together in their filth and squalor, perfect pictures of misery. Occasionally a scantily-blanketed figure might be vaguely seen darting down the passage into the Cimmerian darkness beyond, but for the most part the 'boys' remained huddled together in this filth of the floors referred to above, each doubtless unwilling to lose the limited sleeping space he had secured. That was the scene with variations in the rooms of dozens of tenements." [91]

Conditions had not improved in 1909 when the Cape Argus ran a series on "Darkest Cape Town". By this time the notorious black spots of District Six between the

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lists. "Too rich to be ignored, too steeped in convention to be taken at face value, they call for a critical analysis of the complex interaction between writer, subject, literary conventions and the reading public." [p.32]. Melbourne slummer journalists were often bohemian outcasts from middle-class society. Someone like A.E. Heyer, the author of The mysteries of the scarlet phial would fit this category but the names of only a few journalists in Cape Town are known.

89 See p. 115.

90 Bickford-Smith, "Commerce", 316-321.

91 Cape Times, 11.3.1901.

wars were well established.[92] Well's Square, for instance, was described as an area to be avoided by the respectable since it had five hotels and canteens in close proximity.

Cape Town slums varied in character. The oldest areas such as District No. One and the Malay Quarter dated back at least to the beginning of the nineteenth century. Many of these houses, especially in the Malay Quarter, had probably been built as artisans' dwellings. Small, flat-roofed and picturesque, they have been recorded because of their value to photographers, whose interest in Cape Dutch architecture, began to be aroused about the turn of the century.[93]

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BO-KAAP [THE MALAY QUARTER][94]

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92 Cape Argus, 8.4.1909.

93 The best-known of these photographers is the American, Arthur Elliott, who arrived in Cape Town at the outbreak of the Anglo-Boer war as an Uitlander refugee

HOUSES IN THE OLDER QUARTERS MARKED FOR PLAGUE[95]

When wealthy white Capetonians began to vacate the city for the suburbs, older residences on the fringes of the central business district were often taken over as housing for the poorer citizens. Elegant but decayed, like the houses of the Malay quarter, they usually lacked basic amenities since they had been erected before building regulations were enforced.[96]

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from the Rand and remained in the city. His collections are deposited in the Cape Archives where they inadvertently form a unique source for the social historian. A. Elliott, Architectural beauty of the old Cape as seen by Arthur Elliott ..., comp. by H. Fransen, (Cape Town, Balkema, 1969).

94 AG 14979.

95 AG 4194.

96 E 2866, E 3818.

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In District Six houses were often tenements in the Victorian style, superficially charming with their "broekie-lace" verandahs but frequently shoddily built by speculators in a hurry, despite the introduction of more stringent Council regulations. They might have water laid on but it was not unkown for houses simply to collapse overnight. The Horstley Street houses on the furtherst outskirts of District Six, fairly high on the slopes of the mountain, were typical of these buildings.

VERNON TERRACE, DISTRICT SIX[97]

The housing issue entered a new phase with the appointment of a sanitary inspector in 1890 for the inspectors penetrated homes with greater thoroughness

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97 J. 47. Victorian and Edwardian lack of interest in contemporary architecture has meant that few contemporary photographs of District Six survive. The result is that there is very little visual evidence of late nineteenth-century slum life in that part of the town.

than before. When Fuller became medical officer of health in 1894 he also investigated housing much more energetically than Fisk. The result was a careful evaluation of Cape Town's housing and, for the first time, the formulation of a housing policy. The role of the sanitary authorities was critical for it confirmed a growing belief that Africans were a sanitary danger to the city and to a demand on the part of the municipal health authorities for a model housing scheme of some kind.

Fuller's reports of the late 1890s were particularly important in identifying Africans as a major threat to the city. He first discussed the subject in some detail in 1898 but the following year he issued a special report on the subject. The result of the investigation, he considered, was disquieting. He calculated that there were about 1 600 Africans living in about eighty tenements scattered through the city of which only two, Father Wagget's Mission Location (an institution of the Cowley Fathers of the Anglican Church) and the Docks Location, were in any way suitable for their purpose.[98] Fuller was well aware that Africans had nowhere else to go and that they had become an essential component of the city's labour force.[99] At the same time he considered that they threatened the health of the city.[100] As Swanson and Saunders have shown, this preoccupation with the housing of Africans contributed to the decision to remove them from the city in 1901.[101]

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Fuller's solution was not unique. If Cape Town had been atypical as a colonial town in a country in which a white minority dominated a large number of blacks, it was in this characteristic of a relatively unsegregated residential pattern. Ethnic separation, the existence of a "native quarter" or a "black town" was often part of the spatial arrangement of the colonial city.[102] White Capetonians had been conscious of the charms of segregation as a means of social control for many decades - it had been suggested for the coloured people during the smallpox epidemic of 1882 - but the determination and the finances to impement it had both been lacking. It took the resources of a reformed central government bureaucracy as well as a sanitary scare to create the Ndabeni location.

The contradiction between the desire to segregate and the will to put it into effect was demonstrated again in the case of the Indians. In theory the location provided a model for dealing with other sectors of the population who were regarded as alien and dangerous. This applied particularly to Indian immigrants. In November 1902 municipal councillors began to express concern at the number of Indian "coolies" arriving in the colony and

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98 MOH report, 1899, cii.
99 Ibid., 1898, lxix-lxxi.
100 Ibid., cii.
101 Swanson, "The sanitation syndrome"; Saunders, "The creation of Ndabeni".
102 R.J. Davies, Of cities and societies: a geographer's viewpoint, (Cape Town, University of Cape Town, 1976).

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the serious overcrowding of undesirable places which would result. By 1903 the medical officer of health, Dr Jasper Anderson, claimed that there were 2 397 Asiatics resident in the city, living in grossly overcrowded conditions with an average of 10.11 inhabitants per house.[103] The existing fear of disease was sharpened by the experience of plague and led to a deputation to the Colonial Secretary to urge the establishment of an Indian location.[104] The same concern led councillors to demand new powers from parliament to estabish Asiatic locations or "bazaars" as they euphemistically termed them.[105]

Edna Bradlow has pointed out that as early as 1894 the central government had in fact granted the municipalities adequate authority to segregate the Indians if they so wished. Kimberley and East London had taken advantage of existing legislation before the Anglo-Boer war to institute strngent controls over them.[104] One must ask, therefore, why the same did not occur in Cape Town? One explanation may lie in the attitude of central government. Despite its own hostility to Indian immigration the colonial government was slow to respond positively. An Indian township would fall outside the boundaries of the municipality and become the responsibility of the central government. Unlike Ndabeni which fell under the Native Affairs Department, the

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103 Cape Times, 8.4.1903.

104 3/CT 1/1/1/56. Report of the Public Health and Building Regulations Committee, 27.11.1902, 11.12.1902.

105 Cape Times, 7.3.1903; 3/CT 1/1/1/56. Draft municipal bill, 23.3.1903.

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colonial government did not have the machinery for administering such an area. It relied, instead, on the Aliens Immigration Act for restricting the influx of Indians. After pressure came from the suburban municipalities, it did agree to look further into the matter but nothing more occurred.[107]

The municipality felt it had several courses open to it in coping with the housing problem. It could encourage private philanthropy along the lines of the Peabody Trust in London. It could erect small-scale buildings which would return a profit and did not demand recourse to the ratepayers and it could engage in a large scale housing scheme which would entail ratepayer backing.

All these approaches were tried at various times, none with any success. One reason for the failure was that the Council, unlike the health officers, was never very clear for whom the buildings were intended - whether they should provide for the very poor who could not afford economic rents, or for "respectable" artisans, presumably white although this was not always stated, who would be protected from the degradation of slum life. On the one hand it responded reluctantly to the sanitary argument that poor housing was a social problem which contributed to the mortality rates of the city. On the

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106 Bradlow, "The Cape community", 148-152.

107 3/CT 1/1/1/56. Report of a deputation of the Town Council to the Colonial Secretary about the case of plague on the SS Nervasa, 26.3.1903; Cape Times, 8.4.1903.

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other, its primary concern was the preservation of white dominance by protecting impoverished whites from the immorality of slum life. As the Cape Argus put it, bay windows and front door-bells were two of the highest civilising agencies for labouring people:

> "a front door-bell ... does something towards the creation of privacy, and decent family life as opposed to the garish publicity and open passage ways of the tenements".

Similarly bay windows established a standard to live up to:

> "Unmade beds, unswept floors, coarseness and bad habits are out of keeping with bay windows. A bay window and a door-bell will, in the majority of cases, do more towards promoting cleanliness, health and decent living than a Government Gazette full of sanitary or municipal regulations."[108]

Council housing policy was determined, therefore, partly by its sanitary officers and partly by the pressures of an emerging white working class electorate. The city medical authorities, Corben and Fuller, were largely responsible for demands in the 1890s that some form of housing for the poor should be constructed. By 1893 Corben was becoming increasingly sensitive to the problem. While he could report cases of overcrowding and close houses which were unfit for human habitation, this did nothing to solve the problem since the ejected poor merely crowded into other rooms where, he claimed, they "must be a fruitful source of immorality". As a solution he urged the erection of about sixty tenements, each to be three stories high with two rooms and a kitchen on each floor. "As an investment it would in my opinion be a

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108 Cape Argus, 6.6.1896.

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profitable one", he said hopefully.[109]

The 1895 electoral compaign, which was fought partly on the issue of overcrowding, should be seen against this background.[110] It was hoped that public interest had been stirred by the slumming articles of the Cape Argus which played sentimentally upon the deprivation of the white working class and the potential immorality of slum life.[111] These took their reference from the sanitary reports. The end result was the decision that the council should erect labourers' barracks itself, from which it was optimistically hoped that Cape Town would make a profit of 8% a year.[112]

The barracks which were erected in Prestwich Street in the light of this report were never run by the municipality. This was not the fault of the Council which had erected the barracks, but arose from the fact that the ratepayers had refused to agree to the £8 000 loan needed to pay for them. Instead they did the next best thing and leased them to the Salvation Army to become the Workmen's Metropole.[113]

A similar pattern could be observed after the Anglo-Boer war although the financial difficulties of the Council were exacerbated by the onset of the depression.

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109 City of Cape Town, Mayor's minute for 1892-1893, Annual report of the chief sanitary inspector, 36.
110 Bickford-Smith, "Commerce", 323-327.
111 Ibid., 316-319, 325.
112 3/CT 1/1/1/44. Report of the special committee on housing of the working classes, 28.11.1895.
113 Cape Times, 15.4.1898.

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An attempt to raise a loan of £150 000 for housing had already been rejected by the ratepayers in 1901, although they were prepared to sanction other expenditure. The Cape Times believed the slum landlords themselves were responsible, especially in view of the low poll.[114]

In the early years of the depression the Council made one more attempt to raise a loan to build artisans' dwellings egged on by the new medical officer of health, Dr Jasper Anderson. He hoped that a successful municipal experiment would encourage private builders to follow suit but the tone of his comments does not suggest that he was optimistic of the outcome.[115] A special committee, including Dr Fuller, now a councillor, was appointed and plans were drawn up.[116] It was decided to float a loan of £150 000 to erect the houses. Initially a trial of two blocks, one off Roeland Street, and the other off Lion [Leeuwen] Street were to be built. The venture, it was hoped, would be profitable to the municipality for the rentals were expected to produce a surplus of £325 12s 6d a year.[117]

Once more the ratepayers refused to sanction the loan. By this time there were doubts about the healthiness of the colonial economy for the Cape

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114 Cape Times, 17.5.1901, 21.5.1901; 3/CT 1/1/1/53, 20.5.1901; Cape Times, 6.7.1901.

115 MOH report, 1903, xcv.

116 3/CT 1/1/1/56, 9.10.1902; 3/CT 1/1/1/58. Report of the Special Committee on Housing, 9.6.1904.

117 3/CT 1/1/1/57, 8.10.1903; Cape Argus, 9.10.1903; 3/CT 1/1/1/58. Report of the Housing Committee, 14.7.1904.

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government had just failed to raise a large loan and it was felt that the time was not propitious. The scheme had also become linked with ambitious and very contentious plans to bring in water from the mountains beyond the Cape Flats. It was clear that some ratepayers felt that the Town Council was becoming too grandiose in its thinking and it was feared that a new loan would raise the rates from twopence three farthings to fourpence in the pound.[118] In the event, at a packed meeting the ratepayers threw out the whole scheme.[119] This was last that Cape Town heard of housing schemes, for water politics overtook housing politics for most of the next decade.

Private initiative was extremely restricted. Almost the only example was that of G. Gordon Samson, the manager of the Colonial Building Corporation Limited. The Company leased land from the council "to erect a superior class of Model Dwellings for the better class of European Artisans, Clerks, etc" but such efforts made virtually no impact on the problem.[120]

If an explanation is to be found for the failure of housing reform in Cape Town, it must be sought in three directions. One was the prevailing ideology which saw property as sacrosanct, feared the pauperising effect

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118 Cape Argus, 23.7.1904; South African News, 23.7.1904; Cape Times, 26.7.1904.

119 Cape Times, 30.7.1904.

120 Cape Argus, 3.11.1896; 3/CT 2/1/1/2-1571. G.G. Samson to the Town Clerk, 13.3.1897; 3/CT 1/1/1/46. Report of the Housing and City Lands Committee, 10.2.1898.

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of the provision of sub-economic housing and believed that any investment in housing must produce a profit.

Secondly, there was the refusal of the ratepayers to sanction loans for housing. Questions of overcrowding and poor housing so were intimately bound up with the basic structures of colonial society that they could not easily be overcome. By the end of the century the main income of Cape Town's élite was no longer derived from housing in the way that this had been true of the Wicht family in the 1880s. Investment in property was probably much more important for the upwardly mobile, people like the East European Jews, the Effendi family or Abdurahman. For such groups houses might be the one tangible and reliable asset to which they had access.[121] At the same time the costs of building were high and property-owners, slum landlords or not, expected a return on their assets. They tended not to be sympathetic to proposals which might affect their rents. In addition to this, the system of rating, inherited from Britain, continued to fall most heavily on such small property-owners who derived a significant part of their incomes from their houses.

Finally there was the attitude of the central government which took very little interest in urban matters and gave no support to the Council at all. This continued to be the case until the passing of the 1934

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121 Little work has been done on investment in property in Cape Town but single individuals do not seem to have possessed as much property by 1910. This was not true of companies such as Ohlsson's Breweries.

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Slums Act which was an integral element of the poor white policies of the Fusion government.[122]

3 "The babies of Cape Town".[123]

Structural poverty, endemic overcrowding and the lack of poor relief combined to make Cape Town a very unhealthy place for the majority of its citizens in the early 1900s, despite the introduction of an adequate and pure water supply and improved sewage disposal. In other words, the solutions propounded by Chadwick in the first part of the nineteenth century, which had apparently brought down the mortality rate in Britain, did not appear to be effective.

Recent demographic research by Charles Simkins has demonstrated that, in the Cape as a whole, the disparity between black and white mortality rates had become extremely marked by 1891.[124]

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122 C.M. Elias, "A comparative analysis of government housing policy and Cape Town City Council housing policy 1890-1935", M.A. thesis, (University of Stellenbosch, 1980).

123 Cape Times, 4.5.1906.

124 Simkins and van Heyningen, "Fertility, mortality and migration". Simkins has used techniques developed by S.H. Preston and N.G. Bennett, and A.J. Coale. As Simkins explains, the statistical data in South Africa are so unreliable that this is probably the only period for which historical demographic research of this level of sophistication can be conducted in the Cape or anywhere else. The same is largely true of post-Union South Africa as well.

AVERAGE MORTALITY RATES AND LIFE EXPECTANCY PER 1 000
1891-1906

	White		Malay		Other Coloured		Mfengu		Other Black
Crude death rate	14.8		32.7		31.3		33.1		33.6
Infant mortality rate	150		294		294		304		304
	M	F	M	F	M	F	M	F	
Life expectancy at birth	45.3	48.0	31.2	32.7	28.1	30.5	30.1	32.5	
Life expectancy at age 10	48.5	50.2	41.1	42.2	37.2	40.9	40.4	42.1	

Simkins points out that even for whites life at the Cape was significantly more lethal than Australia where, for the decade 1891-1900, infant mortality was 127 per 1 000 for males and 108 for females, and life expectancy at birth was 51.1 for males and 54.8 for females.[125] Colour, not ethnic group, determined survival. All four census categories of "other than white" were substantially unhealthier than whites, with Africans, the least urbanised within the colony but incorporated into the migrant labour system, marginally worse off as babies. Life expectancy amongst the "coloured" categories was lower than Africans, suggesting that towns were less safe than the country since the Cape Muslim [Malay] population was almost entirely confined to the Peninsula and the majority of "Other Coloured" people who were also urbanised lived there.

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125 Australia had one of the lowest recorded death rates in the world. R. Walker, "The struggle

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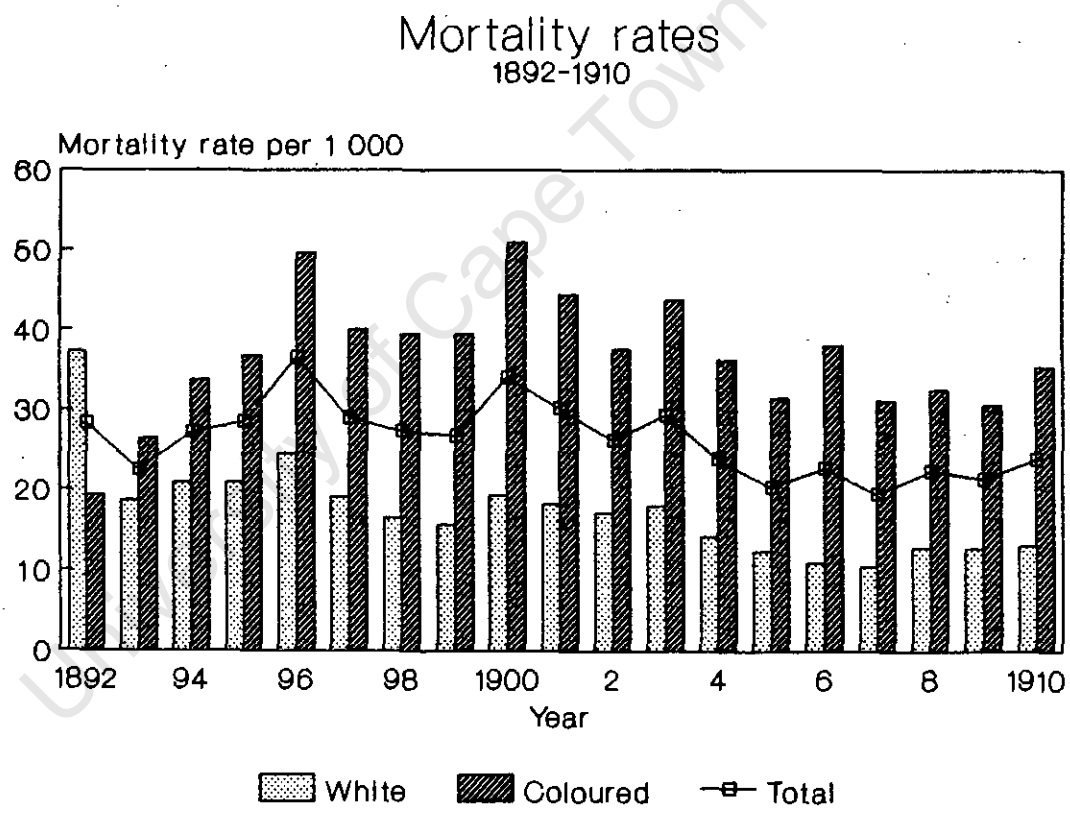
The Cape Town sanitary authorities were well aware both of the high mortality rate and of the discrepancy between black and white deaths. In 1910 Anderson, the city medical officer of health, published the death rates from 1892 to 1910. They show three features - the widening gulf between white and black mortality rates; the declining white death rate; and the very high black figures between 1896 and 1903:[126]



Source: MOH report, 1910

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against pulmonary tuberculosis in Australia, 1788-1950", Historical Studies, 20(80), (Apr. 1983), 440.

126 There are some inconsistencies in these estimates. Anderson recalculated the figures so there are differences between those he gives and those of his predecessor. In general white figures are lower and black are higher in Anderson's estimate. Unless something untoward occurred, the data for 1892 appear to have been

Apart from the epidemics which have been discussed, what were the chief killers in Cape Town? The traditional urban diseases in Britain given by Rosen were typhus, typhoid, cholera and tuberculosis.[127] Of these, cholera did not reach Cape Town and typhus was rarely diagnosed during the late nineteenth century. Typhoid and tuberculosis, however, were significant diseases in the city. Some indication of the major causes of death in 1880 as they were perceived at the time may be obtained from returns to the Town House. It should be borne in mind, however, that a doctor's certificate of death was not required and diagnoses were often inaccurate.[128]

RETURN OF SELECTED CAUSES OF DEATH FOR 1880

Convulsions	207
Consumption	160
Debility	156
Causes unknown	116
Teething.	39
Dropsy	38
Whooping cough	36
Inflammation of brain	36
Croup	35
Fever	32
Apoplexy	31
Dysentery	16

Some diseases had a suspiciously low incidence such as pneumonia - 8, diphtheria - 2, and enteric fever - 3. Despite the vagueness of the diagnoses a clear picture emerges of high infant mortality and a prevalence of tuberculosis.

The remainder of the chapter is concerned with

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transposed. Medical officer of health report, 1910.

127 Rosen, "Disease, debility and death".

128 GN 99-1881.

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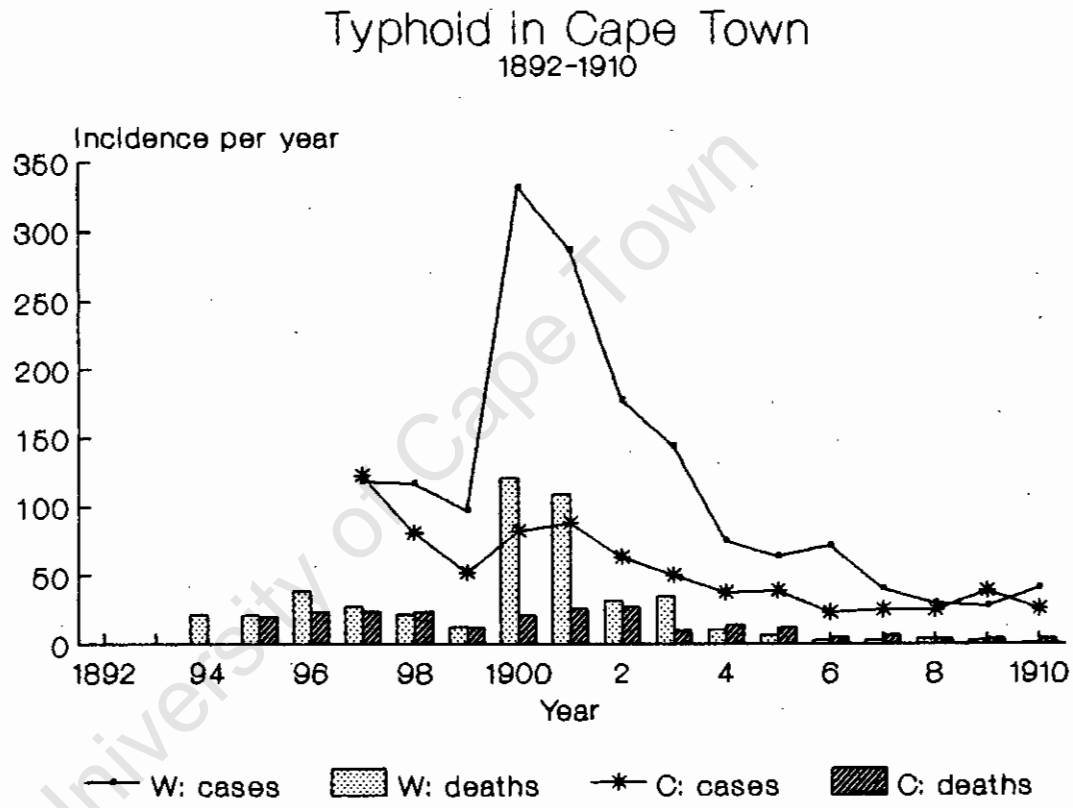
the inability of the medical authorities to cope with these two pre-eminently social problems. Before doing so, one other disease should be considered since it was a useful pointer to the changing sanitary state of Cape Town. Typhoid, which was almost entirely absent from the 1880 table, increased considerably as the population of Cape Town grew:

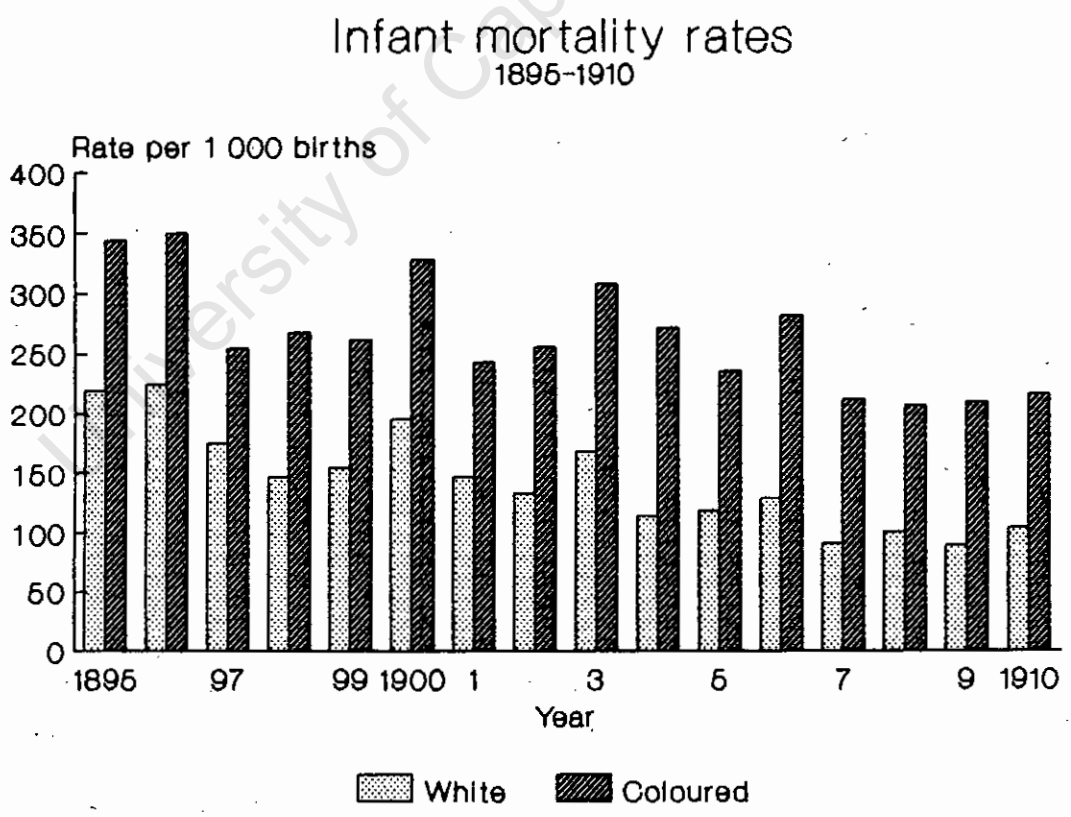


Source: MOH report, 1910

Several factors should be noted. Improvements in the reporting of the disease may explain the initial rise of typhoid in the 1890s for figures were scanty at first. Secondly, the very high incidence during the Anglo-Boer war was only partly attributable to the prisoner-of-war camp on Green Point Common where enteric existed in epidemic form. The rise in coloured morbidity reflects

the generally poor conditions in war-time Cape Town. It would appear that improvements in drainage and sewerage only really took effect about 1905 but after that typhoid declined rapidly. Improvments in the notification and tracing of the disease were also important, for both Fuller and Anderson were meticulous in their efforts at eradication.

The most striking feature of the 1880 table is the prevalence of infant diseases such as convulsions, teething and croup. The continuing existence of a high infant mortality rate was confirmed by the figures published by Anderson in 1910:[129]



Source: MOH report, 1910

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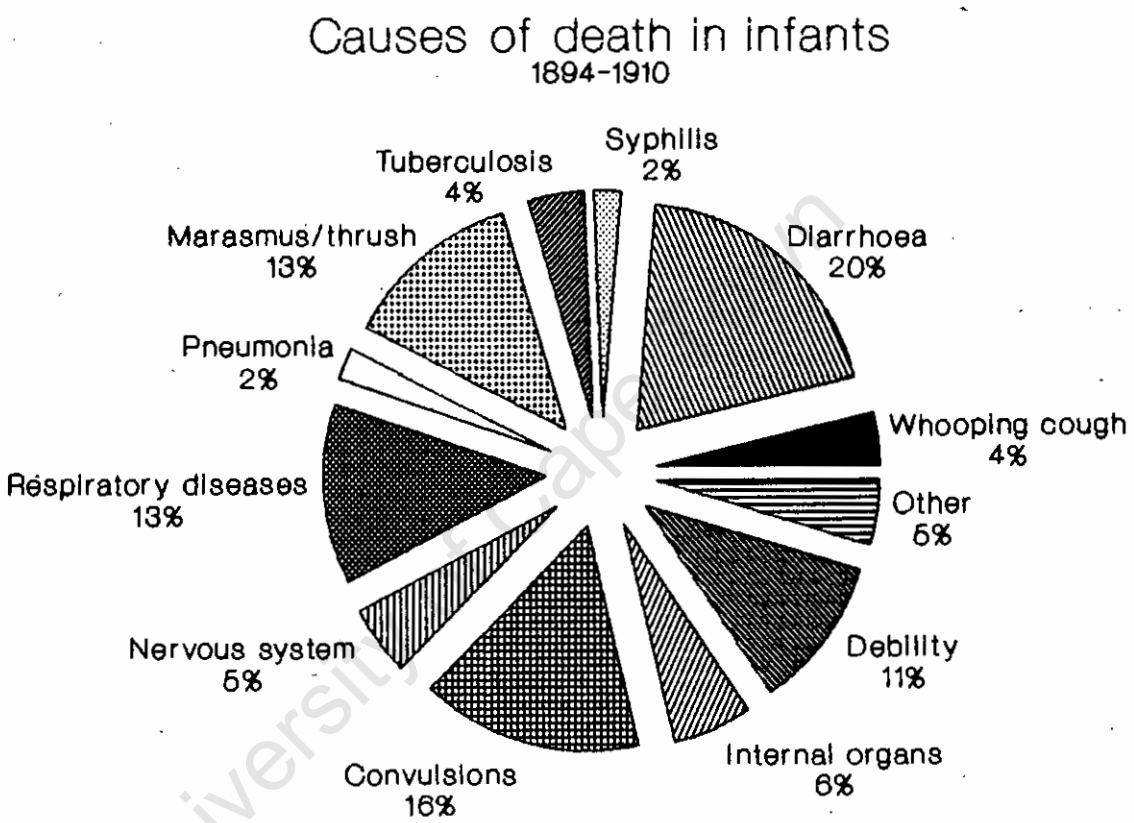
It is possible to arrive at a better understanding of the factors at work in destroying babies for, while Fuller was medical officer of health, he listed the causes of death in infants under a year in some detail:[130]



Source: MOH reports

Milton Lewis, writing about infant mortality in late Victorian Sydney, observes that many of the deaths returned there as "atrophy", "marasmus" and "debility", which implied a failure to thrive, were probably

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129 It is likely that there was a significant degree of under-reporting. There were also seasonal variations for the estimate for February 1909 for coloured children was 383 per 1 000, attributed to the increase in diarrhoeal diseases in the heat of summer. 3/CT 1/1/1/66. Report of the Public Health and Building Regulations Committee, 11.2.1909.

attributable to "weanling diarrhoea", associated with malnutrition which had reduced the child's ability to resist infection. Death from "convulsions" probably fell into the same category as well.[131] As in other parts of the world, infant mortality in Cape Town would appear to be mainly attributable to diarrhoea, associated with malnutrition.

Part of the failure to reduce infant mortality lay in the attitude of the medical authorities who usually attributed infant deaths to the moral weakness of the parents - to their ignorance and incompetence. In 1893 Fisk had explained infant mortality as "due in great measure to the carelessness and neglect of their offspring by the coloured population".[132] Fuller agreed. He ascribed it to "ignorance and carelessness in the matter of feeding and general care of infants amongst the poorer classes".[133]

While much emphasis was placed on ignorance, immorality was also commonly cited as a cause of child death, for mortality rates were highest amongst illegitimate children. Commenting on a city health report a Cape Times sub-leader remarked:

> "Taken as a whole, the figures relating to the coloured population show a state of affairs which

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130 These figures give total numbers of deaths averaged out over eight years.

131 Lewis, "Sanitation, intestinal infections, and infant mortality in late Victorian Sydney", 326-327; Wohl, Endangered lives, ch. 2; Smith, The people's health, chs. 1, 2 and 3.

132 MOH report, 1892-3, 42.

133 Ibid., 1899, xcvii.

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> the public may well be ashamed to contemplate. In birth and death there is an equal carelessness, and the waste of life is lamentable. Moreover, the high illegitimate birth-rate shows that a large percentage of the coloured population is growing up without any sort of home training and moral discipline."[134]

Anderson became convinced that baby-farming was the main reason for illegitimate deaths.[135] There was good reason to believe that the practice of disposing of illegitmate children by paying a certain class of women to take charge of them was widespread, the Cape Times declared.[136]

In 1903 this practice became a minor scandal when the case of Ellen Petersen came to light. A young woman of eighteen, a domestic servant from Kimberley, Petersen had taken in care the illegitimate four month child of Gladys Smith of Simon's Town. Initially the child had apparently been well cared for but, when Petersen's husband lost his job and she was forced to go into service, she began to abuse him. When the body of the child was recovered from a well he had clearly been beaten about the head and had a broken arm. He had died from a fracture of the skull. Petersen was sentenced to death for murder but this was commuted to life imprisonment on account of her youth and sordid circumstances.[137]

This tragedy gave baby-farming publicity at a

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134 Cape Times, 17.10.1906.
135 3/CT 1/1/1/56. Report of the Public Health and Building Regulations Committee, 13.11.1902.
136 Cape Times, 10.12.1903.
137 AG 3144-72.

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time when sensitivity to the care of children was beginning to develop in Cape Town partly in relation to the question of white survival. Lewis has pointed out that interest in infant health in Britain in the first decade of the twentieth century was also associated with the issues of physical degeneration and national survival.[138] If the huge loss of children in Cape Town is to be understood, however, one factor which must be taken into account is the indifference to the abuse of women and children in the main arenas of discussion. Only in the first decade of the twentieth century was there any attempt to remedy the situation.

In 1906 a bill for the better protection of infant life was introduced into parliament and it was passed the following year after negotiations with Cape Town municipality over some of its details.[139] Although the Act was, like other Cape legislation, theoretically colour-free, the debates made it clear that it was intended to apply to white children.[140] This legislation did not occur in a vacuum for moral reform movements also began to take up the question of child abuse. The Cape Town and District Social Reform Association discussed the matter in 1907 and a year later it founded the Child Life Protection Society.[141]

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138 M. Lewis, "The 'health of the race' and infant health in New South Wales: perspectives on medicine and empire" in MacLeod and Lewis, Disease, medicine and empire, 306-307.

139 Cape Times, 5.5.1906; 3/CT 1/1/1/62. Report of the Public Health and Building Regulations Committee, 12.7.1906, 13.6.1907; Act No. 4-1907, Infant Care Protection Act.

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Legislation protecting children was undoubtedly desirable but it did not touch the heart of the problem. Nor did other ameliorative action. Until the late 1880s maternity and childbirth facilities were almost entirely absent in Cape Town. Midwives had been regulated in terms of the 1891 Medical Registration Act but there was no training available in the city apart from that given by the Ladies' Branch of the Free Dispensary. That institution, run independently of the Free Dispensary, had been started in 1887, partly though the energies of Dr Jane Waterston, with the explicit purpose of providing maternity care for poor women.[142] A trained nurse, Mrs Crossley, was employed both to act as a midwife and to train others. Important though her contribution may have been for the women who were tended by her, it was very limited. Help was given only to the deserving poor, defined in this case as those who could produce marriage lines, and the number of babies delivered was small, rising to fifty-nine in 1892.[143]

The municipality was slow to follow the example of the Ladies' Branch. Eventually in 1902, after urging by Fuller and only after a suitable applicant had been found with some difficulty, a Female Sanitary Inspector was appointed.[144] In keeping with the belief that infant mortality was the product of ignorance, her function was

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140 House of Assembly debates, 1907, 27.
141 Cape Times, 1.3.1907; South African News, 23.7.1909.
142 Naude, "The role of the Free Dispensary", 92.
143 Ibid., 97-101.

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educative although Fuller was not hopeful of good results:

> "Amelioration of the condition is to be looked for in extended education - particular and general - the particular our Sanitary Department is doing its best to bring to the doers of all, but, unfortunately, where the general education is least advanced special sanitary instruction sinks skin deep and works with proportionately little effect'.[145]

One explanation for the limited impact of the Lady Sanitary Inspector may lie in the fact that the Cape Town poor were suspicious of her attempts to collect statistics on such matters as the feeding practices of berieved mothers. Coloured people were reluctant to give information and denied any deaths, Anderson complained some years later.[146]

Nothing is so eloquent of the place of women in Cape Town society as the sheer lack of any information on women's diseases or deaths in childbirth. Although stillbirths were regularly listed and were fairly numerous, as might be expected, and premature births were occasionally mentioned, deaths in child birth almost never appeared in the health reports. Even more rare was any discussion on gynaeocological problems. The entire focus of the health officers was on matters related to sanitation or infectious disease rather than on social conditions. Thus puerperal fever, which was not common, received undue attention particularly since it was directed at unregistered midwives who were often disliked

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144 3/CT 1/1/1/55, 27.2.1902; MOH report, 1899, xcviii.

145 Ibid., 1898, lxi.

146 Ibid., 1903, vi.

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by the medical fraternity. This situation makes it impossible to comment on the role of maternal morbidity in the deaths of children but it can probably be assumed that the exhaustion and ill-health of the mothers played their part in the mortality of their babies.

By 1910 very little had been achieved in tackling the problem of infant mortality in Cape Town. Such action as had been taken was almost entirely palliative and had a limited impact on the problem. Lewis contends that in Sydney,

> "the movement in the diarrhoeal mortality rate closely followed the movement in the typhoid rate, the great difference being that the decline in diarrhoeal mortality lagged behind the decline in mortality from typhoid. Thus, it is argued, improvement in the sanitary environment of the metropolis operated favourably, powerfully, but unequally on the two rates".[147]

The period covered here is too brief to see whether the same pattern was to occur in Cape Town although, on the face of it, a similar relationship was emerging.[148] Babies in the city still faced a very uncertain future.

3. "The most terrible scourge now known to mankind".[149]

There was another element which had to be set

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147 Lewis, "Sanitation, intestinal infections and infant mortality", 328.

148 It should be noticed that the graphs produced by Peter Buirski over a longer period of time do not show the same relationship between infantile diarrhoea and typhoid as Lewis suggests. P. Buirski, "Mortality rates in Cape Town, 1895-1980, a broad outline", Studies, 5, (1984), 124-166.

149 Cape Times, 5.10.1905.

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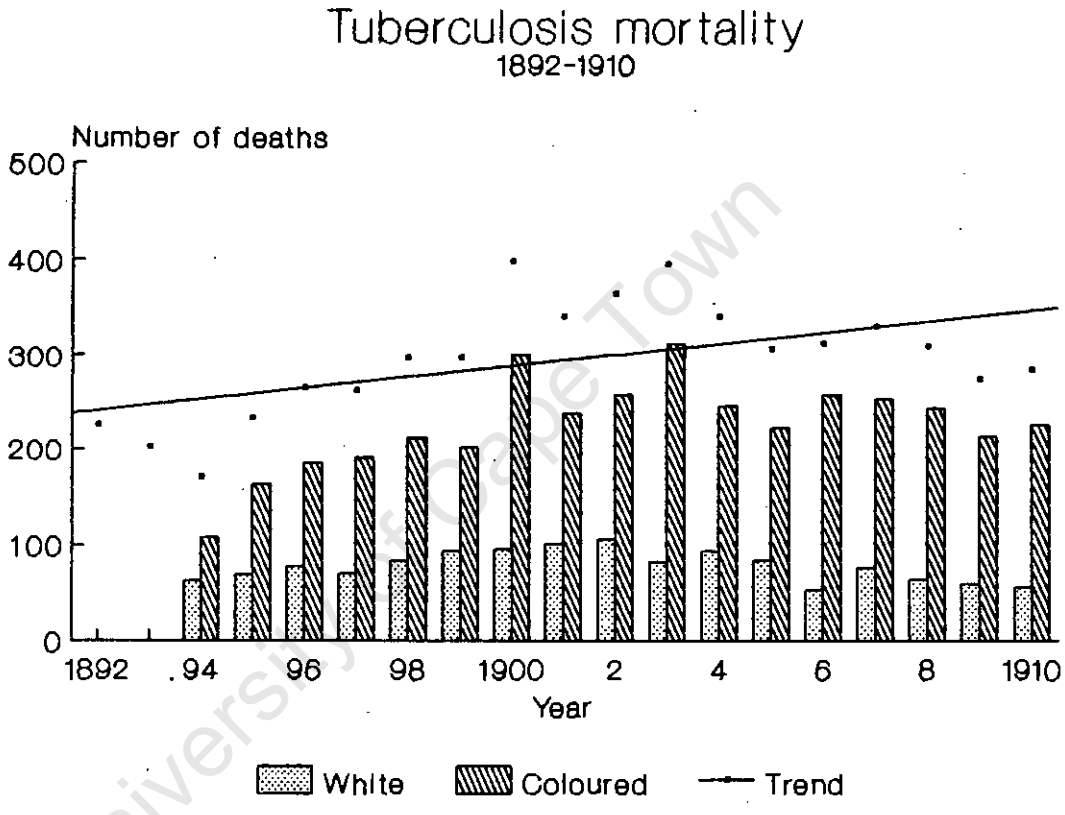
against this superficially encouraging picture of slowly declining infant mortality. Although it was not predominantly a disease of infants, tuberculosis was also a significant indicator of social conditions. In early twentieth century Cape Town this showed no signs of declining.[150]



Source: MOH reports

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The main features of tuberculosis are summed up by Rosen:

> "Tuberculosis is an endemic disease, protean in its manifestations, slow and insidious in its progress, selecting its victims from among those whose

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150 Including phthisis pulmonalis and tuberculosis. Tuberculosis statistics varied from year to year. Only after 1903, when tuberculosis became a notifiable disease, were they more reliable. The only figure given regularly over a period of years was the number of deaths which must be seen against the growing population.

resistance is diminished, and thriving in deprived bodies."[151]

Tuberculosis affects many parts of the body but the most significant manifestation in South Africa (as elsewhere) was pulmonary tuberculosis. Closely associated with pulmonary tuberculosis was miners' phthisis. In South Africa it was a major contributing factor to the spread of tuberculosis in the black rural areas through the agency of the migrant labour system[152] but miners' phthisis was less important in the spread of the disease in Cape Town.

The source of Cape Town's infection was much more likely to be Europe where pulmonary tuberculosis was a major killer in the nineteenth century.[153] It was rife in the city well before gold was discovered. The 1914 Tuberculosis Commission attempted to identify its origins and concluded that it was a European-introduced disease, spreading into the interior from Cape Town. It may have existed in the city from its foundation although the first recorded reference appeared about 1780.[154] Judges identified tuberculosis in Cape Town in the 1830s.[155] By the 1880s it was a major killer, listed in the causes of death at the Town House as second only to convulsions,

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151 Rosen, "Disease, debility, and death", 642; see also R.W.V. Rowland, "Some aspects of the 1912-14 Tuberculosis Commission", B.A. (Hons) thesis, (University of Cape Town, 1978), ch. 1; R.Y. Keers, Pulmonary tuberculosis. A journey down the centuries, (London, Baillière Tindall, 1978).

152 Burke and Richardson, "The migration of miners' phthisis"; Packard, "Tuberculosis and the development of industrial health polices on the Witwatersrand".

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with 160 dying in 1881 out of a population of about 40 000.[156]

Contemporary methods of treatment were also problematical, especially in colonies like the Cape and Australia for it was believed that dry air and a high altitude were favourable to sufferers. This notion brought a flood of desperate victims to the colonies in search of such conditions. Not only were they a source of infection to the communities in which they found themselves but they were a worry to the authorities since they often arrived in the colony with very limited means. The Cape government was always extremely reluctant to exclude such people if they were of British origin. Dr J.A. Mitchell, the assistant colonial medical officer of health considered that it was "selfish" to exclude consumptives from abroad from the benefits of the South African climate and most had sufficient means to prevent their being a burden on the state.[157]

There were a number of theories concerning the prevalence of the disease at the turn of the century which shaped the approach to the problem. Packard,

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153 Rosen, "Disease, debility, and death", 641-648; G. Cronjé, "Tuberculosis and mortality decline in England and Wales, 1851-1910" in Woods and Woodward, Urban disease and mortality in nineteenth century England, 79-101.

154 UG 34-1914, Report of the Tuberculosis Commission, 25.

155 Judges, "Poverty, living conditions and social relations", Table 5 between pp. 88 and 89.

156 GN 99-1881.

157 MOH 61-82. J.A. Mitchell to the Colonial Secretary, 25.8.1904.

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writing on tuberculosis on the Witwatersrand, has argued that about 1910 cultural explanations, which emphasised black inexperience with urban life as the reason for the extent of the disease in their society, began to give way to physiological explanations which contended that blacks had an innate susceptibility to tuberculosis.[158]

As far as Cape Town was concerned in the first decade of the twentieth century cultural explanations predominated. The experience of the plague had inclined the Cape Town doctors to see Africans as peculiarly susceptible to urban diseases because of their unfitness for town life arising from their style of living. The same was often said to be true of coloured people as well. Gregory discounted the importance of heredity or a weak constitution.[159] Writing in the 1903 Public Health Report he argued that tuberculosis was difficult to prevent under the existing standards of hygiene with the black population "herding together as they do in small ill-ventilated huts and dwellings", spitting promiscuously on the floor. To Dr A.E.W. Ramsbottom of the Orange Free State he added, "Their methods of life make entirely for the spread of the disease".[160] Gregory was even more explicit in a letter to Dr J. Henderson, the principal of Lovedale Institution:

> "But the precautions for restricting its spread, though extremely simple, are almost entirely dependent upon the patient and those that dwell with him for their carrying out. Neither the Central nor the Local Authority can do very much of a <u>direct</u> kind to prevent the increase of this disease."[161]

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158 Packard, "Tuberculosis and the development of industrial health policies", 188.

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Anderson, the Cape Town medical officer of health, agreed that "the ingrained habits of the people were primarily responsible".[162] A.H. Reid, chairman of the South African Board of Examiners of the Sanitary Institute, attributed the problem to overcrowding, the chief cause of which was

> "the high rentals of the houses, the thriftlessness of the people, their natural dislike of work, ignorance of the merest rudiments of domestic hygiene, the utter disregard of the necessities of their children ... and an unreasonable extravagance in such luxuries as pleasure and dress. The high rentals may fairly be attributed to the sins of omission and commission of the working classes themselves".[163]

The most forcible expression of this view came from Dr James Boyd, the medical officer of health for Simon's Town. The Malays, he claimed, were "quite expert" at diagnosing "Tering ziekte" from old experience. A major reason for their state was the tendency to pass the nights in overcrowded rooms in which every crack and cranny had been blocked against the night air. The cases which doctors saw were invariably fatal since they were never consulted until the last and then only to avoid an autopsy. "I doubt if the layman can fully grasp the appalling five year old childish ignorance and conservativism of these coloured people."[164]

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159 CO 7597-963. Report on the prevalence of tuberculosis among the population of the colony, 20.7.1899.

160 G 35-1904, lxi; MOH 61-82. A.J. Gregory to A.E.W. Ramsbottom, 11.4.1905.

161 MOH 311-C117b. A.J. Gregory to Dr J. Henderson, 24.3.1908.

162 MOH report, 1902, xc.

163 Cape Times, 19.10.1909. The last statement is unexplained.

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While cultural explanations were the most common, physiological explanations were given occasionally. On the whole Fuller thought that the coloured inhabitants of Cape Town "seem to be peculiarly liable to contract the disease when exposed to its poison".[165] Dr Jane Waterston elaborated on this. Tuberculosis was on the increase in Cape Town, she told the Transvaal Indigency Commission, because of mixed marriages. "When there is a mixture of two utterly diverse races the physical power of resistance seems to be reduced."[166]

Whichever explanation they favoured Cape Town doctors were strikingly reluctant to admit that social factors were at work. Cultural explanations had another virtue. As with infant mortality physicians placed the emphasis on education as the main prong of the attack on the disease, a solution which made it possible to shift the responsibility for prevention from one authority to another and which avoided costly remedies such as housing schemes or the building of sanatoria. Cultural explanations also reinforced the belief that tuberculosis was primarily an urban disease, the responsibility for which lay with the local authorities.

The fight against tuberculosis in the early twentieth century was closely bound up with the imminent

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164 MOH 317-G117a. J. Boyd to the Town Clerk, Simon's Town, 12.8.1907.
165 MOH report, 1899, cviii.
166 TG 13-1908, II, 195.

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union of the British colonies. Existing conflicts between central and local authorities were exacerbated as Gregory especially jostled to establish his right to be appointed the first Union medical officer of health.

Gregory's role was critical in establishing the early strategy for combating tuberculosis in Cape Town, in the colony and, as Packard's article has shown, in South Africa. As an officer of the central government he was concerned mainly with formulating policy. Subsidiary but integral to this was his determination that the government should not have unnecessary expenses imposed upon it, an important consideration during the depression years. The view that tuberculosis was the product of urban conditions undoubtedly accorded conveniently with such notions. Consequently the main action of the health department was to declare tuberculosis a notifiable disease in 1903[167] and to rely heavily on publicity. To warnings on spitting it added utopian advice:

> "Do not sleep in the same room with other persons. To do so would greatly increase the risk of their contracting the disease. Kissing is also to be avoided. ... Sleep with your windows open, winter and summer; avoid ill-ventilated or stuffy rooms, and live as much as possible in the open air and sunlight."[168]

Gregory's determination to place the onus for control on the local authorities inevitably led to conflicts with Cape Town's health officer for Gregory was

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167 Proclamation No. 93-1903.

168 MOH 73-225. Correspondence on the desirablity of issuing notices to people suffering from tuberculosis, 20.6.1904.

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also touchy about infringements on central government powers. He was extremely critical when the Association for the Prevention of Consumption, founded in 1904 by Anderson and a group of interested medical men, was converted into a more general Association for the Promotion of Public Health, with broader sanitary goals. He objected at the time that it would lose sight of its purpose and told the Colonial Office later that it was impracticable. It was, he complained, almost entirely a Cape Town [Town] House organisation with the avowed objective of controlling the government. Its agitation for sanatoria had been at the expense of the government:

> "In my opinion, by misdirecting attention to Sanatoria and frillings of this description, instead of concentrating efforts to remedying the insanitary, overcrowded and unhealthy conditions under which the Coloured populations of the towns live and which is the main cause of the spread of Tuberculosis, the Association has probably so far done more harm than good, and has, indeed, fostered the idea that the Local Authority, really the responsible body, has no duties to perform but that the whole responsibility and any attendant expense should be placed on the Government."[169]

While Gregory may have been partly in the right, a campaign against tuberculosis offered him valuable opportunities of a different kind. His promotion of the interests of the central government were inextricably intermingled with the furtherance of the Cape Health Department as the senior department amongst the British colonies and his own position as the senior colonial medical officer of health. In the years leading up to Union this had real importance for the future of health

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169 South African News, 3.3.1906; MOH 317-G117a. A.J. Gregory to K.H.A. Brauer, Colonial Office, 6.6.1908.

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care in South Africa since the Transvaal Boers, who were likely to be the dominant element in any new government, had given it a low priority before 1899. The creation of a health department in the Transvaal had been very largely the work of the hated British administration and it was to be expected that a hard battle would have to be fought if British sanitary standards were to be maintained.

Gregory's fight was on two fronts. On the local level, he had to assert the rights of the central government over that of the municipalities. On the inter-colonial level he had to claim the superiority of the Cape health department. He chose to do this during negotiations for an inter-colonial conference of principal medical officers of health which was eventually held in 1906. In September 1905 he set the ball rolling by urging the convening of such a conference because of the need for common action on certain health matters especially the control of tuberculosis:

> "In view of the fact that the Cape is the oldest established Colony and that the Cape Health Service is the oldest administration of the kind in South Africa, and further that, so far at any rate as service in the Public Health Administration of South Africa is concerned, I am considerably senior to any of the other Medical Officers, I would sugggest that the plan of meeting, at any rate at the commencement, might appropriately be in Cape Town."[170]

The conference met from 13 to 26 November 1906 in Cape Town.[171] To a large extent it fulfilled Gregory's expectation for most of its resolutions accorded with his

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170 MOH 320-G117b. A.J. Gregory to the Colonial Secretary, 5.9.1905.

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views on the subject. That there was considerable unanimity is not surprising since all the delegates were men of British origin, some well-known to Gregory including Turner, the influential Transvaal health officer and erstwhile Cape medical officer of health, and Pratt Yule of the Orange Free State, a confidant of Gregory. Tuberculosis was identified as an urban problem for which the local authorities were mainly responsible and emphasis was placed on notification and education.

From Gregory's point of view the conference was a success. It established working relations between the medical officers of the colonies and the machinery had been set up for the effective co-operation of the different health adminstrations.[172] Personally it was also valuable. The conference had been held in Cape Town and Gregory's ascendancy had been established since he was elected chairman to convene the next conference and carry on any other work.

The Cape Town approach to the issue of tuberculosis was somewhat different. Despite Gregory's criticisms, its health officers were assiduous in tackling the problem. Indeed, Fuller was well in advance of the central government in taking active steps to control tuberculosis. As early as 1899 he issued a substantial report on the subject, pointing out that "the

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171 G 48-1907, Report of the conference of the principal medical officers of health for the different British South African colonies.

172 MOH 320-G117b. A.J. Gregory to the Colonial Secretary, 31.1.1907.

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whole civilized world" was attempting to diminish mortality from tuberculosis and that he anticipated that the Council would wish to be "in the van of sanitary progress".[173]

Fuller's report indicated current thinking on the matter in Cape Town. His solutions were not unreasonable in the circumstances. He placed great importance on early notification, urging Council to compensate medical men for notifying the Health Department of cases under their care. He advocated the boiling of milk and the improvement of slaughterhouses (which were atrocious) but he thought that there was little bovine tuberculosis in the country so that infection from that source was not a serious risk. Where cases were located, the homes were disinfected free of charge and the residents instructed on the main preventative measures they should take. He wanted the establishment of a local hospital and a sanatorium since there was no means of isolating patients at present. Finally, circulars in English and Dutch had been issued explaining precautions which should be taken.[174] The latter were as utopian as those of the central state.[175]

If anything, Anderson was even more active than Fuller in fighting tuberculosis. He was the prime mover behind the Association for the Prevention of Consumption and its successor, the Association for the Promotion of

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173 MOH report, 1899, cviii.
174 Ibid., 1898, lxvi; 1899, cviii-cx.
175 Ibid., 1898, lxvi-lxvii.

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Public Health.[176] The former body was launched energetically with public lectures and regular meetings and deputations to the government, led by the secretary, Dr B.J. Guillemard, to press for legislation and reforms.[177] A major effort was devoted to attempts to establish a sanatorium in the Touws River district on land offered by James Logan of Matjesfontein. Despite municipal enthusiasm for the project, Gregory stalled on the issue and it gradually faded, mainly because of the lack of resources of the Association and the refusal of the government, now hard-pressed, to make any finance available.[178]

Anderson's philosophy was spelt out in some detail in a paper he delivered to the Association of Municipal Corporations in 1910.[179] His views were not fundamentally different from those of Gregory but he placed greater emphasis on the need to provide for those already infected. It was for this reason that he advocated dispensaries and hospital care in the city and sanatoria in the country. Fully supported by his own municipality, Anderson was able to lead the suburban authorities in a deputation to the Colonial Secretary in 1907 to urge a commission of inquiry into the problem and the provision of a suitable asylum for indigent

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176 Cape Times, 6.6.1904.

177 Cape Times, 11.8.1904; MOH 61-82. Secretaries of the Association for the Prevention of Tuberculosis to the Colonial Secretary, 20.8.1904.

178 MOH 61-82. A.J. Gregory to Dr B.J. Guillemard, 21.2.1905 and associated correspondence; MOH 61-82. A.J. Gregory to R.S. Smith, Private Secretary, Colonial Secretary's Office, 16.3.1905; Cape Times, 4.5.1908; South African News, 9.7.1908.

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consumptives.[180]

It was not sympathetically received. To the Under Colonial Secretary Gregory complained that, as usual, the municipalities were trying to evade their own responsibilities by shifting the burden onto the shoulders of the government. The measures which should be adopted, he considered, were the ensuring of good general and household sanitation amongst the poorer inhabitants, especially the insistence of clean, healthy and uncrowded dwellings and a diffusion of knowledge. None of this was discussed at the meeting prior to the deputation. He was strongly opposed to a commission. Not only would they learn nothing but it would do active harm by implying that the question was still open and undecided. It was simply a delaying tactic on the part on the local authorities.[181]

Gregory's stand reflected strikingly the distinction between central and local interests in the control of disease. As policy makers the central government stood aloof from the distress caused by a prolonged illness like tuberculosis. As Gregory explained, from the public health point of view the treatment of advanced cases was more or less immaterial since recovery was hopeless, and

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179 MOH 407-G117b. A.J. Anderson, "Paper on tuberculosis and its prevention in the Cape Colony, read at the 5th session of the Association of Municipal Corporations, Port Elizabeth", 11.3.1901.

180 MOH 317-G117a. Resoutions of a meeting of suburban municipalities, 2.5.1907.

181 MOH 317-G117a. A.J. Gregory to the Under Colonial Secretary, 2.5.1907.

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economically the patient was an incubus rather than an asset to the state. That was, of course, without taking account of the humane point of view, he hastened to add.[182]

While such statements did not emanate officially from the government, they did indicate the view prevalent at the end of the first decade of the century. Under these circumstances the municipal deputation received short shrift from the Colonial Secretary in 1907. It was not fair to go to the government for everything, Colonel Crewe told them. The disease was mainly confined to the large towns. If a hospital were established in Cape Town it would simply attract patients from elsewhere.[183]

Despite the reluctance of the government to respond to the demands for a sanatorium, the pressure of the municipalities had a limited effect. A few additional beds for indigent consumptives were made available at the Old Somerset Hospital and at Oude Molen where the future Alexandra Hospital was under construction.[184]

Forced into taking some action, Cape Town municipality also voted the small sum of £100 for a dispensary "to provide gratuitous advice and medicines for poorer labourers of the City".[185] By 1909 this work had devolved on the Free Dispensary which received £50

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182 MOH 407-G117b. A.J. Gregory to the Acting Secretary for the Interior, 19.12.1910.

183 Cape Times, 16.5.1907.

184 Cape Times, 22.11.1907; MOH 317-G117a. Under Colonial Secretary to Walter Searle, 4.12.1907.

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for six months from the Council.[186] £1 000 was placed on the estimates for the suppression of tuberculosis because, as Morris Alexander pointed out, it was a waste of time approaching the government.[187] By 1909 this sum had also been reduced to £500. On Anderson's advice the money was used to erect five "cheap" shelters in the grounds of the City [Infectious Diseases] Hospital. They were intended for Cape Town patients capable of improvement. The treatment was to involve graduated exercises although "it is to be distinctly understood that although the services of patients may be useful to the Corporation they are not prescribed for that purpose, but only for the improvement of the patient and to render him more fit to return to his ordinary avocations".[188]

Thwarted by the penury of the municipality and the refusal of the government to share the burden of control, Anderson was much more successful in persuading the colonial municipalities to treat the problem as a matter of priority. At Cape Town's special request it was discussed at the Federal Council of Municipal Associations in Johannesburg in May 1906.[189] In the same month resolutions were also passed at the Medical Congress in Bloemfontein urging amongst other recommendations that there should be greater uniformity in the management of the disease throughout South Africa. It had been declared

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185 3/CT 1/1/1/64. Report of the Public Health and Building Regulations Committee, 28.11.1907.

186 South African News, 6.11.1909.

187 South African News, 29.1.1908.

188 South African News, 28.1.1909; 3/CT 1/1/1/66. Report of the Public Health and Building Regulations Committee, 13.5.1909, 9.9.1909.

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a notifiable disease at the Cape in 1903 and the other colonies were requested to follow suit. They also wanted sanatoria for European and coloured patients "under the control of public bodies". In conformity with the British practice they added hopefully that expenses would be defrayed partly by providing out-door employment for the patients, "as, for example, market gardening, viticulture, tobacco growing, silkworm industry, basket weaving and straw plaiting.[190] The Congress was particularly anxious that an interstate commission be appointed to obtain "exact evidence" as to the prevalence and nature of the disease.

To a greater extent than traumatic diseases such as smallpox and plague, tuberculosis laid bare the concerns and priorities of the different elements controlling the city. Unlike the situation on the mines, the illness did not seriously impede the economic functioning of the city so it did not demand immediate and drastic action. It would probably have remained a hidden ailment if improvements in record-keeping and advances in the investigation of health in the city had not brought it before the public eye. So far, at least, public health reform had advanced in the preceding three decades. Yet, however energetic the medical practitioners might be in exposing the problem and in educating the

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189 3/CT 1/1/1/61. Mayor's report on the proceedings of the Federal Council of Municipal Associations of South Africa, Johannesburg, 10.5.1906.

190 MOH 323-G117b. Resolutions of the conference of the public health section of the Medical Congress held in Bloemfontein, May 1906. On his copy Gregory annotated this scheme "visionary".

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poor in sanitary living, the solution did not lie in their hands. The same was partly true of the municipality. Incompetent though it might be, the Council's ability to provide sub-economic housing would be limited as long as its financial resources were based on a simple rating system and the ratepayers retained a stranglehold over the application for loans.

Underlying the problem of funding were more fundamental issues of power. In the last resort decisions about colonial health were made by central government. On a variety of levels the central state, which controlled the final allocation of resources, could be accused of failing to take the question of the survival of its citizens sufficiently seriously. The issue of tuberculosis was never raised in parliament. The government financial commitment consisted of the publication of a few pamphlets, the funding of half-a-dozen hospital beds and the administration of the notification of the disease. Its major objective was to force the local authorities to take a responsibility which the majority were even more unfitted to bear than Cape Town. Trapped in the discourse of nineteenth-century laissez-faire thinking it was far from seeing housing and urban underemployment as matters of colonial concern. Precisely because its stand was so aloof, the Cape would lose much of the initiative it had achieved after Union.

By the end of the decade the shadow of Union hung over the municipalities as well. The future of public

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health administration was uncertain. For Anderson and other municipal officers, as for Gregory, this was of vital importance for none of them knew whether the hard-won progress of the past two decades would be lost when the Union government came into being:

> "Who knows what position we are to occupy under Union? Provincial Councils can make Ordinances as to Municipal matters, but not as to Public Health which will be under the direct control of a Union Government Department. Such a Department could exercise irritating control over almost every detail of our work. ... The question whether the Municipality concerned was large or small, prosperous or overburdened with debt and heavy rates, might not appeal to an autocratic official at Pretoria. The prospect of our being ruled by two Departments, one perhaps under a Bureaucrat at Pretoria, the other at Cape Town controlled by medical officers who have little sympathy for Municipal matters, is not very alluring."[191]

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191 MOH 407-G117b. Transactions at the 5th session of the Association of Municipal Corporations of the Cape Colony, Port Elizabeth, 12.3.1910.

CHAPTER NINE

Conclusion

When Cape Town entered Union in 1910 it had one of the most advanced health services in South Africa in a colony which had been reasonably efficiently administered. Much had been done to solve the problems of urban living. If the infant mortality rate was still high, it could justifiably be pointed out that it had only recently begun to decline in Britain. Even the incidence of tuberculosis seemed to be stabilising. There was every reason to believe that Cape Town would follow the pattern occurring elsewhere in the civilised world in which tuberculosis virtually disappeared and child deaths were reduced to less traumatic proportions. The explanation for the failure of these improvements to continue lies in the history of Union medicine but its roots may be found before 1910.

It is not the intention of this thesis to devalue the work of doctors, municipal authorities and central government in improving the standard of health in Cape Town. It was work which was valuable and necessary and it was often carried through in the face both of bureaucratic shortsightedness and parsimony, and popular opposition. A number of people were deeply committed to the betterment of their fellow citizens and devoted their lives to it. Cape Town was fortunate in having such residents and their monument was to be found in the numbers of those who survived epidemic disease.

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But praise is no substitute for analysis. This thesis has attempted not only to describe how public health reform was instituted in Cape Town, but also to understand its function in that society. It is argued that health reform was introduced by the British in the heyday of their dominance in Cape Town. Not only did it reflect the values of the society from which they came. It was also a means of ordering and controlling - of "civilising" - a community which was in a state of rapid transition, mainly by imposing forms of social discipline through sanitary behaviour but also, as in the case of the Africans, by restructuring the residential patterns of the city in the name of health.

It was not only the black citizens who found their mode of existence under fire. The Dutch, who had in many instances been ousted from positions of influence in the city which they had founded, also had alien values imposed upon them. There has been so little research on the grassroots responses of the Dutch to British infiltration that it is difficult to judge how far they really shared or rejected British sanitary values and to what extent they clung to folk medical practices which have been romanticised as part of the Afrikaner cultural heritage, but the responses of Afrikaner leaders like "Onze Jan" Hofmeyr to the actions of the British-dominated medical profession suggest that the Dutch recognised that medical reform also involved a process of cultural imperialism which they resented.

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White immigrants also needed disciplining if order was to be maintained in the expanding city. This was certainly true of the East European Jews but it was also the case with the swarms of young men, usually unmarried, often unemployed, who entered the colony. Sanitary reform worked hand in hand with temperance and moral reform movements to maintain middle class standards of respectability and order.

That medicine was part of the process of imperial conquest and consolidation has only recently been recognised and the exploration of its specific manifestations has been tentatively explored for the first time in a full-scale book with the publication in 1988 of Disease, medicine and empire, edited by Roy MacLeod and Milton Lewis. Medicine as a cultural institution, they argue, implies amongst other aspects of medical imperialism "the extension of western cultural values to the non-western world".[1] The process involved not only medicine as technology, but also the extension of European administration and sanitary practices. "A common culture of medicine - sustained by the image of science as the universal agent of progress, and scientific medicine as its servant - became the hallmark of European empires throughout the world."[2] It is this aspect of "medical imperialism" which this thesis has attempted to investigate within the narrow confines of a single colonial city during an important transitional period both for South Africa and for the British Empire.

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Bundy has pointed out that "the precise forms of the transmission of ideology from metropolitan Britain to the Cape need to be explored and established".[3] One means by which this occurred was in the creation of a public health movement. The views of medical men, with their rational, secular training, bearing the ethos of nineteenth-century British social reform, were communicated through government agencies and through social contacts and a variety of associations of which they were members. They were often reinforced by the press and the pulpit which shared the same evangelical, philanthropic perspectives which had shaped the public health movement.

The medical profession played another role as well. In a colony like the Cape which had received responsible government the bonds of empire could be maintained only by informal means. Collaborators were necessary agents in the process. Cape medical men, educated in British middle class values, integrated into the structures of modern metropolitan government, were more than usually amenable partners in the work of reinforcing imperial ties. In this respect they had a political as well as a social function and it should not be surprising to find doctors like Jameson, Darley Hartley, Hillier or Waterston, to name some of the most prominent, in the forefront of efforts to promote

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1 MacLeod and Lewis, Disease, medicine and empire, 2.
2 Ibid., 3.
3 Bundy, "Vagabond Hollanders and runaway Englishmen", 13.

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imperial interests. This argument has not been fully explored in the thesis for it does not bear directly on Cape Town; it also needs to be examined on a comparative level within the empire if its validity is to be established, but it does underlie some of the assumptions on which the thesis is based.

The imagery and metaphor of disease were more than a rationale for social control. They had their origins deep in European consciousness, in a Britain shaped by the literary imagery of health and disease. In the nineteenth century this had been reinforced by the spectacular success of public health reformers in making urban existence viable for the first time at least since classical times. The medical profession and social reformers operated from deeply-held convictions about the virtues of sanitation. These beliefs did not have their genesis in southern Africa. The authoritarian cast of mind of reformers was shaped by the class relations of the old world but it seems to have been reinforced by the imperial experience which added a racial slant. The methods which were used to combat the plague epidemic in South Africa were developed largely in India but the authorities there had less success in imposing segregation on a society which was more highly urbanised, more populous and possessing a culture which was in some respects more resistant to European encroachment.

The creation of colonial medical cultures within the Empire was not a one-way process. In the same way

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that disease was exported from the metropolitan to the periphery and vice versa, so an interchange occurred in ideas about its control. India was not the only colony to influence medical practice in Cape Town. The Cape looked particularly to Australia for suitable colonial models. On the whole Capetonians turned east rather than west to North America, a comment on Cape Town's lingering place on the trade route to the east.

The measures which medical men adopted, authoritarian, interventionist, moulded by class and ethnic prejudices though they were, were also a comment on the limitations of medicine as it was practised at the opening of the twentieth century. Before the development of effective immunisation, which was still in its infancy in 1900, segregation had been one of the means of combating epidemics. Epidemic disease was the product of a combination of deficient sanitary facilities and poverty. Where South Africa was aberrant was not in adopting isolation as a means of fighting disease but in using ethnic criteria for enforcing it and maintaining it after the epidemic had passed away.

The plague epidemic also reveals something about the way in which the government of the day was prepared to allocate its resources. It preferred investment in the establishment of a location including the infrastructure of a branch railway line and location officials, to the improvement of housing in the city. On the whole, it cannot be said that medical care given to blacks in Cape

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Town was as self-interested as that of Kimberley. Nothing as outrageous as the deliberate misdiagnosis of disease occurred. At the same time the handling of the prostitutes demonstrates the extent to which class and gender perceptions could influence the management of disease.

If the rate of infant mortality was high in Cape Town and tuberculosis was rife, this was not entirely the fault of the medical profession. Doctors did not determine the economic structures of society and many of them did emphasise that poverty, malnutrition and overcrowding caused these problems. On the other hand, as a part of the ruling establishment they rarely challenged the dominant beliefs despite their greater experience in dealing with the poor in illness and distress. As with most other middle class people, conventional notions about the immorality and irresponsiblity of the poor usually shaped their ideas about causes of disease and determined the solutions they offered. As long as tuberculosis was seen to be the result of ignorance, emphasis was placed on education rather than housing as the main prong of the attack upon it, and resources were allocated accordingly.

Yet this coincidence between state priorities and medical prescription should not be exaggerated. As Denoon points out, not all doctors saw medicine as a political or social tool.[4] It is possible that only some practitioners, men like Gregory with an innately authoritarian cast of mind for instance, were prepared to subordinate

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the medical administration to the state and only when their own political stance meshed with that of the ruling order. Nevertheless doctors shared a common culture which guaranteed a high degree of consensus while the closed character of the profession made them reluctant to break rank.

The history of medicine in Cape Town helps to illuminate the life of the community, its power structures, the inter-relationships of its residents and the high and popular cultures of the society. But this history is inseparable from that of the colony and the country and the imperial process as a whole. An investigation of public health reform throws light not only on the town but on the nexus within which it functioned at the turn of the century.

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4 D. Denoon, "Temperate medicine and settler capitalism: on the reception of western medical ideas" in MacLeod and Lewis, Disease, medicine and empire, 133.

APPENDIX 1

Colonial Secretaries 1880-1910

J.G. Sprigg*	6.2.1878	-	8.5.1881
J.C. Molteno	9.5.1881	-	30.6.1882
T.C. Scanlen	1.7.1882	-	12.5.1884
J. Ayliff	13.5.1884	-	3.3.1885
J. Tudhope	4.3.1885	-	22.9.1889
H.W. Pearson	23.9.1889	-	16.7.1890
J.W. Sauer	17.7.1890	-	3.5.1893
P.H. Faure	5.5.1893	-	12.1.1896
T.G. Te Water	13.1.1896	-	18.5.1898
T.W. Smartt	19.5.1898	-	13.10.1898
W.P. Schreiner*	14.10.1898	-	17.6.1900
T.L. Graham	18.6.1900	-	18.2.1902
A. Douglass	19.2.1902	-	29.5.1902
P.H. Faure	30.5.1902	-	21.2.1904
C.P. Crewe	22.2.1904	-	9.6.1907
P.H. Faure	10.6.1907	-	2.2.1908
N.F. de Waal	3.2.1908	-	[31.5.1910]

* Premier as well as Colonial Secretary

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APPENDIX 2

Mayors of Cape Town 1880-1910

P.J. Kotze	13.8.1879	-	11.8.1880
P.J. Kotze	11.8.1880	-	16.2.1881
W. Fleming	21.2.1881	-	10.8.1881
W. Fleming	10.8.1881	-	13.9.1882
W. Fleming	13.9.1882	-	1.8.1883
C. Lewis	15.8.1883	-	14.8.1884
P.J. Stigant	14.8.1884	-	13.8.1885
T.J.C. Inglesby	13.8.1885	-	12.8.1886
J. Woodhead	16.8.1886	-	11.8.1887
T.J. O''Reilly	11.8.1887	-	16.8.1888
J. Woodhead	16.8.1888	-	15.8.1889
D.C. de Waal	15.8.1889	-	14.8.1890
D.P. de v. Graaff	14.8.1890	-	13.8.1891
D.P. de v. Graaff	13.8.1891	-	11.8.1892
J.G. Mocke	11.8.1892	-	17.8.1893
J. Woodhead	17.8.1893	-	17.9.1894
G. Smart	27.9.1894	-	26.9.1895
J.W. Attwell	26.9.1895	-	24.9.1896
J. Woodhead	24.9.1896	-	23.9.1897
H. Boalch	23.9.1897	-	8.3.1898
T. Ball	14.4.1898	-	22.9.1898
T. Ball	22.9.1898	-	14.9.1899
T. Ball	14.9.1899	-	17.9.1900
T.J. O'Reilly	17.9.1900	-	12.9.1901
W. Thorne	12.9.1901	-	11.9.1902
W. Thorne	12.9.1902	-	24.9.1903

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W. Thorne	24.9.1903	-	22.9.1904
H. Liberman	22.9.1904	-	14.9.1905
H. Liberman	14.9.1905	-	13.9.1906
H. Liberman	13.9.1906	-	19.9.1907
W.D. Baxter	19.9.1907	-	17.9.1908
F.W. Smith	17.9.1908	-	20.9.1909
F.W. Smith	20.9.1909	-	19.9.1910

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APPENDIX 3

Colonial and municipal revenues debts and loans
1880-1910

	Colonial revenues	Municipal revenues	Municipal debts	Municipal loans
1880	2 522 026	36 705		
1881	3 009 970	39 006		
1882	3 524 858	45 430		
1883	3 299 018	48 968		100 000
1884	2 949 951	200 954	110 150	
1885	3 317 311	85 734	26 850	
1886	3 039 280	60 091	183 900	
1887	3 159 614	70 832	224 000	
1888	3 426 362	92 317	229 275	
1889	3 836 114	79 271	229 275	
1890	4 430 050	73 611	230 749	
1891	4 143 875	86 415	224 630	
1892	4 495 344	201 300	261 575	178 050
1893	4 971 214	151 843	315 275	362 000
1894	5 321 351	498 963	654 600	
1895	5 390 170	129 479	651 850	
1896	6 803 801	146 599	650 850	71 900
1897	7 389 965	244 047	693 637	
1898	6 536 475	284 662	810 171	100 000
1899	6 317 574	543 752	1 082 950	388 000
1900	6 326 274	382 463	1 082 950	
1901	7 957 499	321 530	1 153 780	
1902	9 050 371	730 290	1 386 961	
1903	11 701 150	1 255 342	1 860 468	1 000 000
1904	9 913 855	805 922	2 315 900	668 550
1905	8 472 302	714 120	3 012 350	210 000
1906	8 236 880	411 955	2 967 550	
1907	7 701 192	362 984	2 940 550	
1908	6 981 873	388 288	2 927 423	
1909	7 312 112	346 856	2 902 750	

Compiled from Cape Blue Books and Statistical Registers.

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A MANUSCRIPT SOURCES
- 1 Official
- 2 Unofficial

B PRINTED PRIMARY SOURCES
- 1 Official records
- 2 Newspapers and periodicals
- 3 Contemporary books and articles
- 4 Maps
- 5 Photographs

C SECONDARY SOURCES
- 1 Reference works
- 2 Books and articles
- 3 Unpublished theses and research essays

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A MANUSCRIPT SOURCES

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a Government House

GH 1/313, 1/466	General despatches, 1866, 1899
GH 15/29	Prime Minister. General and confidential despatches, 1884

b Prime Minister's Office

PM 96	Despatches received from Imperial Military Authority, 1901-1904

c Attorney-General's Office

AG 2885-3319	Preliminary examinations, Cape Town, 1881-1910

d Native Affairs Department

NA 270	Letters received from civil commissioners and resident magistrates, 1903-1904
NA 374	Letters received from government departments, 1901
NA 398-477	Miscellaneous letters received, 1901-1910
NA 498-770	Correspondence files, 1901-1910

e Colonial Office

CO 490	Letters and papers received, 1840
CO 888	Letters and papers received, 1867
CO 1103-1594	Letters and papers received, 1880-1893
CO 3547	Letters received from resident magistrates, 1886
CO 6988-8063	Local government and health branch, 1893-1910

f Colonial Medical Committee

MC 12-13	Letters received from the Colonial Office, 1880-1897
MC 17-18	Miscellaneous, 1880-1897
MC 29-32	Letters despatched, 1872-1891

g Medical Officer of Health

MOH 1-415	Correspondence files, 1892-1910 (This is a computer-indexed series separate from the main MOH series which contains relatively little informtion)

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h House of Assembly papers

HA 369	Unpublished annexure to SC 24-1894
HA 465	Unpublished annexure to SC 31-1899
HA 783-151	Petitions to the House of Assembly, [9.6.1881]
HA 798-229	Petition ... on behalf of the consistory of the Dutch Reformed Church of Cape Town [10.7.1885]
HA 801-145	Petition of the Maitland Village Board and householders of the Maitland district

i Death notices

MOOC 6/9/323-2519
MOOC 7/1/568-2017

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a	3/CT 1/1/1/30-1/1/1/66a	Council minutes, 1880-1910
b	3/CT 1/1/5/176-1/1/5/255	Appendices and reports, 1880-1893

(After this series was abandoned, Council committee reports were included with the Council minutes. The records of the MOH have not been preserved)

c	3/CT 1/7/1/1-1/7/1/2	Unpublished mayoral minutes, 1881-1892
d	3/CT 2/1/1/1-2/1/1/23	Papers received, Town Clerk, 1897-1899
e	3/CT 3/1/1/14	Letters despatched, Town Clerk, General
f	3/CT 5/4/3	Report on Cape Town drainage, 26.2.1889
g	4/CT 5/4/3	Minutes of the Maitland Cemetery Board, 1884-1892

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3/MLD 3	Minute book of the Village Management Board

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3/WSK 48	Minutes of the Woodstock Special Plague Committee
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BC 251 E. Barnard Fuller Collection
BC 328 Medical Association Records 1890-1910
BC 700 Waterston Letters
BCZA 85/24-25 Saul Solomon Papers
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Ordinance No. 82-1830	Medical Practitioners and Apothecaries
Ordinance No. 9-1836	Municipal Boards
Ordinance No. 12-1836	Medical Practitioners Amendment
Ordinance No. 2-1844	Municipal Boards Amendment
Act No. 1-1856	Contagious Diseases Act
Act No. 16-1857	Laws relating to Quarantine and Port Regulations Consolidation Act
Act No. 25-1868	Contagious Diseases Act
Act No. 2-1872	To repeal Act No. 25-1868
Act No. 29-1881	Village Management Boards Act
Act No. 23-1882	Orangezicht Further Purchase Act
Act No. 27-1882	Police Offences Amendment Act
Act No. 28-1882	Village Management Boards Amendment Act
Act No. 44-1882	Cape Town Municipality Act
Act No. 45-1882	Municipal Act
Act No. 47-1882	Table Mountain Water Supply Company (Ltd) Incorporation Act
Act No. 4-1883	Public Health Act
Act No. 31-1883	Police Regulation Act
Act No. 8-1884	Leprosy Repression Act
Act No. 10-1884	Public Health Amendment Act
Act No. 28-1885	Cape Town Municipality Amendment Act
Act No. 39-1885	Contagious Diseases Prevention Act
Act No. 41-1885	Public Health Amendment Act
Act No. 35-1887	Repealing Act No. 47 of 1882
Act No. 40-1889	Divisional Councils Act
Act No. 26-1890	Cape Town Municipality Amendment Act
Act No. 34-1891	Medical and Pharmacy Act
Act No. 37-1892	Cape Town Municipality Amendment Act
Act No. 22-1893	Municipal Amendment Act
Act No. 25-1893	Criminal Law Amendment Act
Act No. 26-1893	Cape Town Municipality Act [consolidating]
Act No. 30-1895	Local Authorities Act
Act No. 20-1896	Municipal Amendment Act
Act No. 23-1897	Public Health Amendment Act
Act No. 25-1897	Cape Town Municipality Amendment Act
Act No. 44-1898	Police Offenses Amendment Act

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Act No. 47-1902	Immigration Restriction Act
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G 42-1876	<u>Results of a census of the Colony of the Cape of Good Hope ... 1875</u>.
G 51-1877	<u>Report of the vaccinating surgeon for 1877</u>
G 46-1881	<u>Correspondence, with supporting statistics, between the Colonial and the Imperial Military Authorities respecting the continued prevalence of venereal diseases in Cape Town</u>
G 91-1883	<u>Reports by civil commissioners and residents magistrates and district surgeons for 1882</u>
G 67-1884	<u>Report of the district surgeons for 1883</u>
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G 19-1894	Public health reports for 1893
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G 33-1908	Public health reports for 1907
G 41-1909	Reports ... on hospitals and asylums for 1908
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SC 7-1857	Report of the select committee on the sanitary state of Cape Town
SC 1-1859	Report ... on the Cape Town and Green Point water supply bill
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4 MAPS

M3/27 Plague map of Woodstock
M4/14 Map of Cape Town showing plague spots
M4/15 Ditto

4 PHOTOGRAPHS

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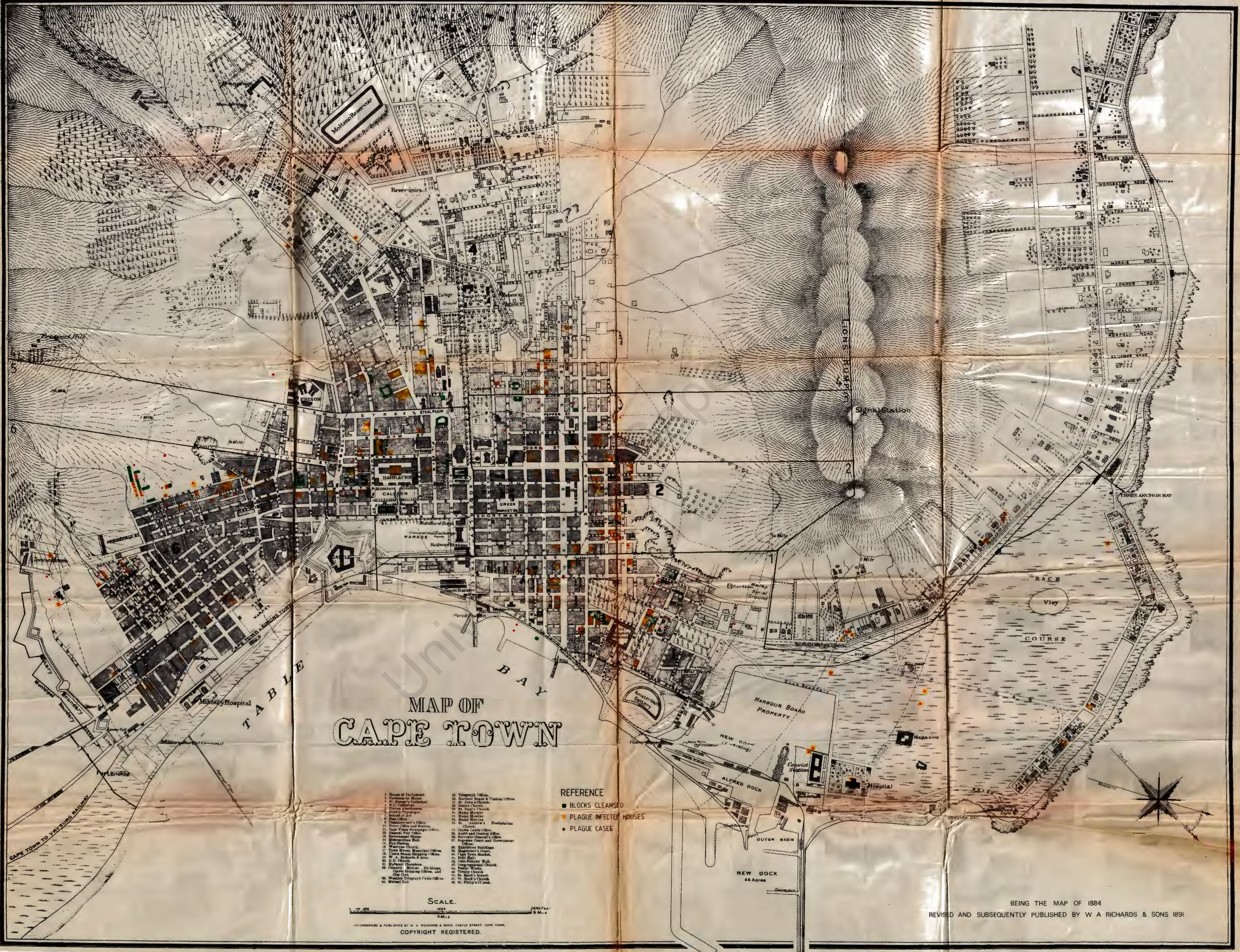
MAP OF
CAPE TOWN
REFERENCE
BLOCKS CLEANSED
PLAGUE INFECTED HOUSES
PLAGUE CASES
1 House of Parliament.
2. Government House.
3. St. George's Cathedral.
4. R.C. Cathedral.
5. Dorcas Almshouses.
6. Jewish Synagogue.
7. School of Art.
8. Post Office
9 Commissioner's Office.
10. Police Office and Station.
11. Cape Times Newspaper Office.
12. General Post Office.
13. Government Stores.
14 Metropolitan Hall.
15. Fire Station.
16 Wesleyan Church.
17 Town House, Municipal Offices.
18. Union Steam Shipping Offices.
19. W. A. Richards & Sons.
20. D.R. Church
21. Hofmeyr Chambers.
22. Colonial Mutual Buildings, Currie Shipping Offices, and City Club
23. Western Telegraph Cable Offices
24. Mutual Hall
25. Telegraph Offices.
26. Harbour Board & Custom Offices
27. St John's Church.
28 Native Church.
29 St. Paul's Church.
30. Malay Mosque.
31. Malay Mosque.
32. Malay Mosque.
33. St Andrew's Presbyterian Church.
34 Crown Lands Office.
35. Audit and Control Office.
36. Surveyor-General's Office.
37. Supreme Court and Government Offices.
38. Exhibition Buildings.
39. Magistrate's Court.
40. Cape Town Market.
41. Drill Hall.
42. Odd-Fellows' Hall.
43. Congregational Church.
44. Public Works
45. Trinity Church
46. St. Mark's School.
47. St Mark's Church.
48. St. Philip's Church.
SCALE.
2640 FEET
½ MILE
¼ MILE
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Molteno Reservoir
Reservoirs
Prospect Hill
PRISON
BARRACKS
CALEDON
PARADE
Railway Station
Goods Station
Port Office
BOTANIC
GARDENS
College Ground
South African College
Museum
GREEN MARKET SQ
SHORTMARK ST
STAAL PLEIN
ANNANDALE ST
ORANGE ST
KLOOF ROAD
VICTORIA ST
ORPHAN ST
BUITENCINGEL
VREDE ST
Quarry
CONSTITUTION ST
HANOVER ST
Zonnebloem
NEW MARKET
Old Magazine
Military Hospital
Upper Toll
Lower Toll
Military Burial Ground
Fort Knokke
Municipal Boundary
Military Boundary
CAPE TOWN TO SIMONS TOWN
CAPE TOWN TO VRYBURG RAILWAY
TABLE
BAY
Amsterdam Battery
Malay Burial Ground
Burial Ground
HARBOUR BOARD PROPERTY
NEW DOCK (Excavating)
ALFRED DOCK
OUTER BASIN
NEW DOCK
44 Acres
Convict Station
Hospital
Magazine
LIONS RUMP
Signal Station
THREE ANCHOR BAY
RACE
Vley
COURSE
GRANGER BAY
ST JOHNS ROAD
ARTHURS ROAD
WORCESTER ROAD
MILTON ROAD
MARAIS ROAD
LONDON ROAD
HALL ROAD
NORFOLK ROAD
ST JAMES ROAD
ROCKLANDS RD
MARINE RD
FORT ROAD
STATION
TRUE
MAGNETIC