Health and Disease in White Settlers in Colonial Natal

Pain and suffering, long lingering illness and early death seem to be a recurrent theme in any account of pioneer settlement, and Natal is no exception. Such accounts show clearly, too, that the status of the medical profession was low in the nineteenth century, and that the care of the sick and injured was often in the hands of lay persons without any formal medical training. Today, in western countries at least, the picture is very different. This paper sets out to consider the health and disease of White settlers in Natal during the Trekker and colonial periods using official sources where they exist and the settlers' own perception of their medical experiences, taken from diaries and journals.[1]

How did White residents of Natal perceive their health and the cure and prevention of disease? Henry Francis Fynn obviously believed that the ability to look after oneself and to be prepared for all eventualities was essential for survival. After experiencing a severe bout of fever in Delagoa Bay he resolved, we are told, never to be without a medicine chest again and carried one on all his subsequent journeys. He had had no formal medical training but 'had gained a modicum of medical and surgical knowledge as a scholar at Christ's Hospital, London (the famous Blue Coat School) by being the "loblolly boy".'[2] He successfully treated one of Shaka's followers for malaria and then treated Shaka himself after he had been stabbed.[3] It is not known what he carried in his chest. There were, however, apparently one or more drugs that were considered essential for continued existence at Port Natal in the 1820s since John Ross, at considerable risk to life and limb, was sent on foot to Delagoa Bay to purchase supplies. They may well have included quinine, which Fynn was known to use, together with opium which was widely used for pain and bowel complaints. As for prevention, since the causes of most diseases were unknown, there was little that could be done to prevent them. Dr Charles Johnston wrote in Durban in 1860 that 'disease, when not inherited, is generally the result of ignorance and carelessness', and this seems to sum up the attitude of the Natal settlers, except that they might have added misfortune.

After the defeat of Dingane's army at Blood River in 1838, the Voortrekkers journeyed to Pietermaritzburg where they settled in the Republiek Natalia. Thereafter they occupied large farms as they had done on the eastern frontier of the Cape and became dependent on their own resources after years of travelling in closely knit groups. That they needed expert home nursing in times of illness goes without saying but they also had faith in numerous Dutch remedies which they brought with them and continued to import from the Cape via Port Natal. Many of these remedies

are still available in pharmacies and include Jamaica ginger for cramps, *versterkdruppels* for all kinds of weakness and debility, *pynstillende druppels* and many others. They also made use on occasion of red powder, milk poultices and even dog's blood taken by mouth.[5] In 1839 a particularly severe epidemic of measles struck the Trekker families in Natal, having been brought from the Cape where it had killed off many young children the previous year as it had done in Mauritius and in Central Africa before that. There were many deaths among the young children both in Pietermaritzburg and in other districts and the leaders blamed this on the shortage of traditional remedies as a result of the 'stopping of the course of trade' by the British.[6] Daniel Lindley has described the effect of the epidemic on the Boer encampment and quotes Mrs Steenkamp who, with her old husband, had to nurse 23 children and grandchildren in a waggon.[7] Hattersley describes the treatment for measles as the administration of an emetic, followed by mild purgatives with bleeding should pain in the chest be severe, no doubt as the consequence of pneumonia following the measles.[8]

The attitude of the Trekkers to infections and injuries was similarly one of self help through improvisation; if this failed, then death had to be expected and accepted. The best known example is that of Paul Kruger who had to amputate part of his thumb when it was shattered in a shooting accident, using his pocket knife. When, not surprisingly, it became infected and all the usual remedies such as poultices had been tried without success and his life was endangered, a buck was shot and his thumb was plunged into the still warm entrails in order to draw out the pus. The treatment was apparently successful since he survived and lived for many years enjoying vigorous good health. Similarly chest infections were treated by wrapping the patient in the skin of a newly slaughtered sheep or goat until an improvement was seen. Even in Pietermaritzburg where Dr Bernardus Poortman, Natal's first registered medical practitioner, was readily available, the Trekker families continued to use their traditional remedies. Poortman complained that the people of Pietermaritzburg were so healthy that there was not enough work to provide a living and in 1852 he decided to accompany the Trekker parties who were moving to the Transvaal.

Some of these Voortrekker remedies and procedures were adopted by the British and German settlers who arrived in the 1840s and 1850s. Eliza Feilden, for example, was told about the treatment of an inflamed breast with a hot cabbage leaf poultice and used it successfully on her servant Mrs Orchard.[9] Mrs Feilden also records the birth of a premature infant to Mrs Orchard while on a wagon trip to the Transvaal where she had gratefully accepted the assistance of a Dutch midwife. Quoting Mrs Orchard she writes 'the Dutch nurse who attended me at the first, instead of washing my poor little, *very little,* too-soon-born infant, rubbed it all over with oil or grease, which made it smell so badly that I could not bear it beside me . . .'.[10] Nevertheless the infant survived.

As a result of a series of books written by Mann, Methley, Holden, Byrne and others specifically to encourage immigration to Natal in the years 1848 to 1859, new settlers came to the colony in the belief that they would find a sunny, temperate clime, a plentiful rainfall and a haven for those suffering from tuberculosis and various chest complaints.[11] Some settlers, such as Cecil Rhodes and the Anglican minister Walter Baugh who was an asthmatic,

apparently came to Natal specifically to take advantage of the healthy climate. Rhodes finally died at the age of 49 after 32 years in South Africa and Baugh at 40 after 21 in Natal. A letter from Martha Lofthouse, written to her uncle in England, shows that some settlers, at least, saw Natal as the answer to their health problems. She wrote of Carolina Brittain, who died on the voyage just as the *Haidee* crossed the equator: 'She was more like it (dead) when she came on board than living, for she was one of those that thought Port Natal would bring dead people to life again, or at least her husband was . . .'.

Once arrived in Natal did the immigrants find the extremely healthy spot of their expectations? Judging from the number of settlers who lived to an advanced age despite facing difficulties of all kinds it seems that for most the colony was indeed a healthy place to live. Using the first three volumes of Shelagh Spencer's *'British Settlers in Natal'* to calculate the number of British-born migrants who lived to over the proverbial three score years and ten, we find that 20% of the 180 men whose dates of birth and death are listed, and 24% of the 133 women, lived to be over 80, while 47% of each sex made it to 70. Only 19% of the men, and 22% of the women, died before the age of 40. The fact that emigrants tend to come from the strongest and most resourceful individuals in a population may be one of the explanations for this longevity.

There were significant differences between the medical care available to rural families and to those living in Pietermaritzburg and Durban, and this difference increased as the century progressed, with most of the medical advances such as routine abdominal surgery and the use of anaesthetics becoming available only in the two hospitals in those towns. Yet some people lived to old age in both town and country.

Modern parents rely on the general practitioner and the baby clinic for advice on infant feeding, inoculations against childhood diseases, teething and quite minor ailments. The doctor in colonial Natal, even when he could be found, had few treatments at his disposal, and there were no clinics in existence; parents would thus have to do much more for themselves. Premature infants would have had little chance of survival because of the difficulty of feeding them and keeping them warm, while for the baby, premature or not, whose mother was unable to breast feed the future was precarious. Feeding formulas, as we know them, did not exist and very little was known about the qualities and composition of cow's milk which was at the time unpasteurized and a frequent source of intestinal infection. Prematurity and inefficient artificial feeding were among the commonest causes of death in infancy. Marianne Churchill, unable to breast feed one of her infants, tried 'to bring it up by hand but by the end of a fortnight the poor little thing was pining so much for its proper food and was so cold and weak that the doctor did not give much hope of its living unless we could get a wet nurse'. They were able to find a woman who had lost her own infant and she willingly took over the Churchill baby for a consideration; it survived.[13] The Lovatt infant, however, which was brought to Mrs Blamey for feeding when already very weak and suffering from thrush, died shortly afterwards.[14] Infants sometimes succumbed to attacks of croup; the Norgaard family lost a child in this way.[15] Infectious diseases of childhood, particularly measles and whooping cough epidemics, were other major

dangers in this age group and apart from nursing care and isolation in a darkened room, there was little that could be done for these patients, who often died. Deaths of infants under one year of age, registered in Durban for the ten year period 1886 to 1895, numbered 688. The commonest cause of death was gastro-enteritis (34% of total deaths) followed by unclassifiable conditions, such as inanition and failure to thrive (26%), most of which might well have been due to problems with feeding. Pneumonia, probably in most cases a complication of measles or whooping cough, accounted for 12% of the deaths.

There were also children, then and now, who died suddenly from unknown causes. Blamey records that 'Clayton's younger child, a boy about thirteen months, died this morning at 6 o.c. He was only ill the day before'[17] while the Archibald papers report the unexplained death of 'Our beloved Mary Jane, only 18 years of age, died we know not why or how'.[18] Post-mortems were, at this time, seldom carried out except in the case of suspected unnatural causes and no enquiry seems to have been made into the deaths mentioned here.

Grave of Peniston children in St Matthew's Churchyard, Estcourt.
(Photograph: Dr Peter Brain)

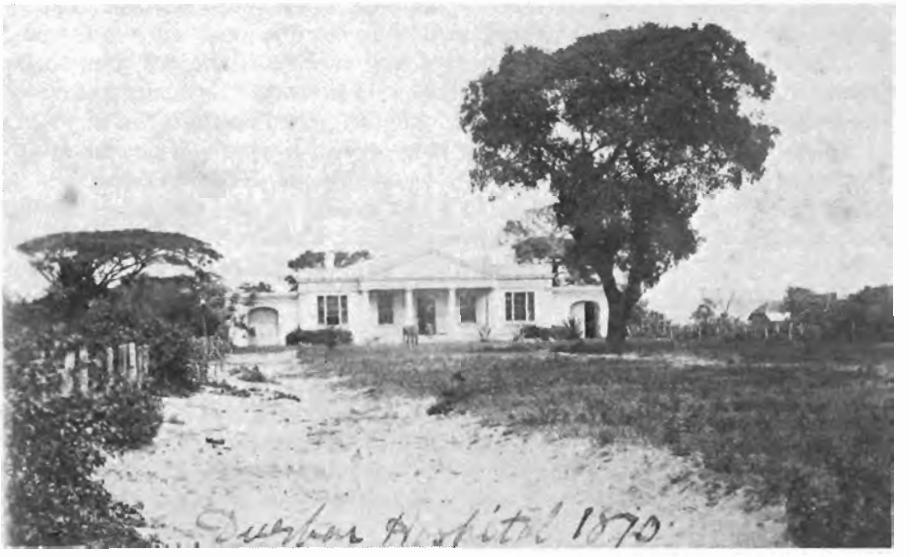
Today the young and active are liable to death and injury as a result of motor accidents; in the 19th century their accidents were frequently the result of falling off galloping horses or from wagons and carts, and despite the slowness of these vehicles they effectively crushed or fractured limbs as they passed over the victim. Accidents while hunting were common, either as a result of accidental shooting or injuries received from wounded animals. Blamey records the death of his neighbour, John Meyer, and his dog, both of whom were wounded by a 'tiger' which was raiding the fowl houses.[19] The scratches or bites inflicted in this way often became infected and in the days before sulphonamides and antibiotics there was little that could be done. Fractured limbs could be re-set by pulling the bones into position usually without the aid of any kind of anaesthetic. Surgery was carried out in the Colony's hospitals and after 1880 surgeons were prepared to open the abdomen routinely which made the treatment of appendicitis, ruptured spleens and other abdominal emergencies possible. Chloroform was introduced into British hospitals from the United States in the 1840s; in South Africa Ebden and Atherstone experimented with anaesthetics in 1847 and doctors began to use chloroform routinely in about 1870.

Considering those settlers who spent most of their lives in the country districts it is apparent that wives and mothers had to bear most of the responsibility for the care of their menfolk and children and although the nearest medical practitioner was sometimes summoned, the patient's survival depended on first aid and home emergency measures in the hours before he arrived. There are many examples of this in the settler literature. John Cardell Blamey, whose diaries cover the 1851-62 and 1871-72 periods, lived with his wife Margaret and large family at Prospect Farm in the Verulam district. Blamey recorded many of the family's health problems, most of which were handled without professional assistance. In August 1855, however, Blamey's son Roach fell under a cart and broke his arm. On this occasion Dr Bryan was sent for and 'after a deal of hard pulling — Doctor and I — the bone sat in the right position with a sound similar to a lock. Poor Roach suffered dreadfully but bore the pain with great fortitude'.[20]

Another case in which the nearest doctor was summoned was that of the thirteen year old Oswald Smythe who was bitten by an enormous puffadder while picking peaches in the farm orchard. Doctor Wylie of Nottingham Road was sent for and arrived two hours later by which time 'the leg was so swollen you would have thought the skin would have burst'. In the interval Margaret Smythe had tied a piece of sheeting round the knee to make a tourniquet, had sucked 'about a cupful' of blood out of the places where the fangs had penetrated, had bathed the wounds to make them bleed freely and had applied poultices of bread and milk and carbolic acid. She had washed her mouth out with gin as a safety measure after sucking out the poison. The doctor injected permanganate of potash into the leg and strychnine into the patient's arm and Oswald recovered but the doctor was of the opinion that it was Margaret's prompt action in sucking the wound that had saved his life.[21] Snakebite was, of course, a common occurrence in Natal and there were many remedies and treatments tried. The Norwegian missionary H.P.S. Schreuder successfully treated mamba bite by applying a strong antidote, the nature of which was not specified, and then burning the site of the wound with a hot iron.[22]

Grey's Hospital in the 1870s.

(Photograph: Natal Museum)



Captioned 'Durban Hospital, 1870' this might be an early photograph of Addington Hospital. There was, however, an earlier hospital facing Durban Bay at or near the site of the present law courts.

(Photograph: Mr H. Fynn)

One of the earliest reported cases of the successful treatment of snakebite is reported in Captain Garden's Diary.[23] Again it was a puffadder that bit a young man of 23 who killed the snake and carried it home with him — it was obviously realised that identification of the snake was important — and the wound was 'drenched with milk' while the arrival of Dr Poortman was awaited. Since he had to travel from Pietermaritzburg on horseback the doctor did not arrive until seven hours after the bite had been inflicted and he was surprised to find the patient still alive. He proceeded to lance the wound and then rubbed in eau-de-luce which was described as a mixture of mastic, rectified spirits, oils of lavender and amber and strong ammonia. The patient was given some of this mixture by mouth also. After a period of dizziness the patient recovered and the doctor believed that since it was winter the snake was in a torpid state and therefore not so dangerous. We are indebted to Henry Francis Fynn[24] for an account of the Zulu method of treating snakebite. Firstly an emetic was administered, followed by a pinch of powder made from dried poison taken from dozens of snakes. The wound was washed with camomile tea and a little of the same powder was put on the site of the wound and within three or four hours the patient was out of danger. Yet the treatment for snakebite was not always successful and many must have died as did Richard Broughton after being bitten by a black mamba.[25]

Less dramatic but equally unpleasant medical conditions had to be treated at home, using any treatment to hand. Blamey suffered from bilious attacks brought on by summer heat and also from piles which often confined him to his bed. In December 1853 he wrote 'I have been very poorly all day and more especially from physic I took' but six days later he was sufficiently recovered to complete the thatching of the pig-houses. His neighbour, Mr Fynney, suffered great pain from 'a stoppage in his water' but the Blameys supplied him with some medicine which apparently relieved his distress.[26] Bacterial infections, in the absence of any specific treatment, had to run their painful course. Mrs Blamey, whose illnesses and confinements are well documented in her husband's diary, suffered greatly before the birth of a child in September 1854. Starting in February with what was described as 'a gathering in her breast' — probably a breast abscess — she became so weak that she was confined to bed and by the middle of the month her life was believed to be in danger. Evidently a doctor was not called, or he would have opened it. Her anxious husband wrote 'Mrs B. is very weak, confined to bed; whether this affliction be to my earthly loss or not, God only knows'. Soon afterwards the 'gathering' broke and the pain was relieved but she remained in bed for another month. On March 14th Blamey wrote 'Mrs B. still very poorly. Children all poorly, also self, sick with bowel complaint'. It is not difficult to imagine how miserable life must have been under such circumstances with little effective treatment available for any of these complaints and no way of knowing how serious they were. Nevertheless at the end of the year Blamey offered a prayer of thanksgiving for the survival of his family.[27]

One of the mysterious complaints from which Victorian girls suffered was the decline. It has been suggested that the condition was associated with the onset of tuberculosis or, in some cases, with unrequited love but whatever the cause it was not common in Natal, possibly because there was a battle

for survival in most households and there was little time to cosset an invalid. Ellen McLeod, whose family worked long and hard for their living, became very ill on one occasion 'with a stoppage brought on by a cold and suffered violent pain for five days'. She was treated unsuccessfully with calomel until someone recommended the much advertised Holloway's pills and ointment. She was given 10 pills and rubbed with the ointment and four hours later was much relieved.[28] No half measures here! Menopausal problems, described by Charles Johnson as 'very aggravated attacks of a nervous hysterical nature' which women over the age of 40 were liable to in Natal were treated with 'a simple loop bandage consisting of two silk handkerchiefs, one passed loosely round the waist, to which the other is suspended, doubled behind, and the two ends brought between the legs to be fastened before.' In some circumstances he recommended the same kind of bandage for men also.[29]

Accidents of various kinds occurred frequently on isolated farms or on journeys by ox wagon or cart over rough roads and in most cases the survival of the victims depended on the initiative or skill of those around him. Fractures were treated by setting the bone in what seemed to be the correct position and then bandaging it firmly. Even if the patient could be taken to hospital quickly there was not much more that could be done in the absence of X-ray facilities and of anaesthetics. The use of X-rays, not introduced into South Africa until 1896, would have made life much more pleasant for Charles Johnson, later Archdeacon Charles Johnson, wounded in the Langalibalele rebellion and whose sufferings are described by Barbara Buchanan: 'For a year he was in hospital and underwent three operations to extract the bullet, each operation seeking it in a different direction from the others'.[30] Mrs Archibald's broken arm gave trouble for months although 'it is not a compound fracture, but they could not tell if it was a clean break'[31]. The most appalling case of all was that of Mrs St Vincent Erskine, wife of the surveyor in East Griqualand and daughter of the famous D.D. Buchanan, who was injured during the Griqua uprising when a powder magazine was accidently blown up. Her leg was broken in five places and the hip damaged and she was left unnoticed among the dead. Hours later she was found to be alive and soldiers broke a gun case to make a splint which was padded with tow and bandaged with a piece torn from a friend's skirt and she was carried into the nearby barracks. Here she remained without any further treatment for two weeks until the military situation allowed her to be carried home on a shutter and she was confined to her bed for the next twenty months. Finally she was well enough to be carried outside for the first time since the accident but this was done so clumsily that her leg was re-broken by being knocked against the door. When she was eventually able to get about on crutches the leg was so deformed that the knee was twisted round and the toes turned under the foot. Since there were no surgeons in the colony willing to operate she was taken to England, on the advice of Dr Callaway, where Sir James Paget operated successfully. She returned to Natal mobile but with a permanent limp. She had certainly not had the benefit of good medical advice and her husband apparently believed that nature would take its course without any professional assistance.[32]

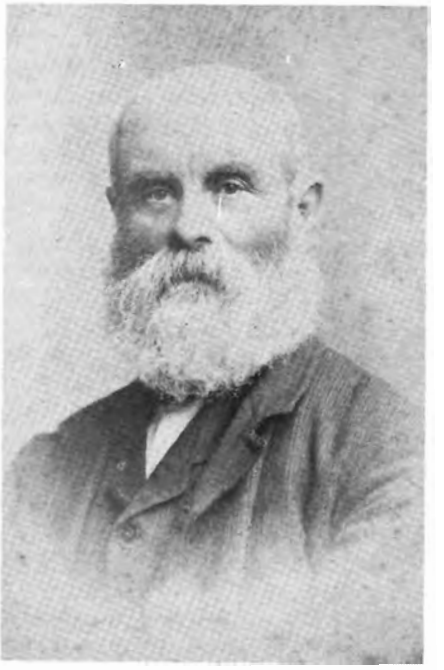
Missionaries, transport riders and hunters who wandered far from the towns were frequent victims of accidents, often involving guns. One such

accident befell the Catholic missionary Brother Terpent in 1861 when, in setting up a makeshift trap in order to supplement the meat supply, he caught his foot in the mechanism and shot himself in the knee, shattering the bone. This took place in the vicinity of the Umzimkulu River, they had no transport of any kind and the nearest doctor was in Pietermaritzburg. One of the party had to walk to Richmond to hire a wagon which arrived several days later. Terpent was then placed in a crude hammock strung up in the back of the wagon and he had to endure eight days of rough tracks and river crossings before the capital was reached. Although exhausted he did eventually recover, his leg was saved and he moved on to become one of the pioneers of the Diamond Fields.[33] Even as late as 1878 rural medicine was primitive as can be seen from the operation for a Pigoroff amputation performed by Dr W. Darley-Hartley, without an anaesthetic, on the buck-boards of a wagon.[34]

Settlers who lived in Durban or Pietermaritzburg or within easy reach of them had the advantages of being able to call in a medical practitioner and, if necessary, of taking their sick to hospital. In the early years doctors available were either missionary doctors or military surgeons. The best known of the missionary doctors was Newton Adams M.D. of the American Board Mission at Umlaas River (Umlazi) who was the only qualified practitioner in the Port Natal district at the time of the serious measles epidemic of 1839. Adams was known as a skilful physician and surgeon and although primarily a missionary and teacher he attended the sick of all races who came from long distances to consult him. Adams was ordained a minister in 1847 and moved his mission to the Amanzimtoti reserve where he established Adams College, continuing to reserve several hours each morning for medical work. He died — as a result, it is believed, of consistent overwork — at the age of 45. The first doctor in Pietermaritzburg was Bernardus Poortman, already mentioned. Among the army surgeons perhaps the best known was James Alexander Fraser M.D. who attended the British soldiers wounded in the battle and siege of Congella in 1842. Despite the lack of almost every kind of facility which would now be considered essential Fraser undertook numerous amputations, all of which were successful.[35] On the Trekker side medical assistance was given by the legendary Dr Wilhelm Julius Schultz who settled in Congella village in 1840, later moving to Klip River. There seems to be some doubt whether Schultz ever passed his final examinations at the University of Berlin but he had a large practice until the end of his life in 1885.

There were about 23 qualified doctors among the British settlers although only 12 remained in Natal because of the difficulty in making a living from general practice alone. Of the 12 several farmed as well as setting up practice while others, such as Sutherland and Mann, joined the civil service. Three of these men set up practice in Durban, Dr Charles Johnston in Pine Terrace, E.W. Holland in West Street and W.G. Taylor in Smith Street. In Pietermaritzburg Dr James Mack was licensed as a physician only, set up practice in Pietermaritz Street and was one of the founders of the cottage hospital. He became insolvent in 1855 and moved to the Eastern Cape. Other well known Pietermaritzburg medical practitioners were William Addison, Samuel Gower, the capital's first district surgeon, James McKidd, best known as a surgeon at Grey's Hospital and Dr James F.S. Allen. In the outlying areas doctors came and went since life was hard, distances great

Dr Samuel Gower.
(Photograph: Natal Museum)



Dr Peter Sutherland.
(Photograph: Natal Archives)

and remuneration small and irregular and it is in these districts that missionary doctors like Henry Callaway were in demand. One of the best known of the doctors practising near Durban was Julius Schulz, who had arrived with the British German Legion settlers in 1858 and first settled on a farm in the Westville district before moving to Smith Street. Schulz had a struggle to make a living and responded to every call no matter how far from home; there are many stories of his adventures. He was forced to operate for years on his kitchen table, since the Durban hospital had little accommodation for White patients. His daughter has left an account of operations conducted at night on a back veranda, with a lantern held aloft by his wife or eleven year old daughter. It was Schulz too who in crossing a flooded river, after visiting a patient, stripped, tied his clothing to the saddle and swam the horse across only to see the bundle washed off by the current and disappear. On reaching the other side he had to hide in the bushes until darkness fell when he was able to sneak home unseen.[36]

Town dwellers, then, were able to call in the doctor when necessary but in bad times were not able to pay his bills and the medical practitioner struggled to make even a meagre living. Durban's first hospital, known as the Bayside hospital, was used by all races but was poorly supported, while Pietermaritzburg's first 'hospital' was a primitive wattle and daub structure used in addition as a workhouse, gaol and asylum. Only after the erection of Grey's hospital in 1857 and Addington in 1879 did the situation improve. Casualty departments, as we know them, did not exist and it was only towards the end of the colonial period that white residents were willing to be

admitted to hospital if they could be nursed at home. Even then most people were born and died in their own homes. The importance of hospitals at this time was that surgery could be undertaken in hygienic conditions, especially after the acceptance of Lister's antiseptic or aseptic measures after 1890. They also provided a place for patients suffering from infectious diseases, nor was there any longer the need for indigents to die in neglect. The erection of a separate asylum for the insane at Town Hill in 1880, under the direction of Dr James Hyslop, a pioneer in the field of mental diseases, provided accommodation and care for all races even if treatment at the time was primitive. Settler families did not have to resort, like Mr Rochester, to restraining their mentally disturbed members in the garret! Most important of all was that the establishment of hospitals attracted better qualified and trained medical staff, both doctors and nurses, and the whole population benefited as a result.

Hospitals were particularly useful in time of epidemics and Natal had several of these during the colonial period. Measles, as mentioned earlier, was a serious disease and the 1839 epidemic seems to have affected all parts of South Africa. Another outbreak occured in 1860-61. Whooping cough also appeared in epidemic form several times during the 19th century and caused deaths among children. Cholera was, from time to time, brought in on ships from the East and caused great alarm each time. Even the colonists who were most in favour of importing indentured Indian labourers became less convinced when the second ship bringing them, the *Belvidere,* arrived with cholera on board. During the 51 years of the indenture system this happened several times, one of the most serious outbreaks occurring on the *Quathlamba IV* in 1889, but quarantine regulations were strictly enforced to prevent it from spreading and patients were treated in the lazaretto at the Bluff. Cholera was treated with the Melbourne remedy: 'administer flour and water, boiled rather thicker than cream, and brandy and water, hot and strong, with about 20 drops of laudanum and twenty drops of peppermint in each glass'.

Dysentery was endemic in Durban and was resistent to the drugs of the day although chlorodyne (a preparation of opium) relieved the symptoms. Soldiers living in primitive conditions in camps and dependent on the local water supplies were particularly liable to dysentery. The diary of Lieutenant Mynors, a 22 year old who arrived with the British forces in 1879 and died of dysentery a few months later, paints a pathetic picture of his sufferings. Another well-documented case of dysentery is given by Norgaard whose mother suffered from chronic dysentery for seven years despite the use of every known treatment until 'she resembled a skeleton with clothes hanging on it'.[37] Her family believed that she was finally cured as a result of prayer.

Typhoid or enteric fever was prevalent in Pietermaritzburg and was sometimes confused with typhus or camp fever. It was Dr James Allen who found that typhoid was most likely to occur where dairies existed and in the homes of people in contact with cows. Since at the time Pietermaritzburg had 23 dairies and many families kept one or two cows it is obvious that typhoid would be difficult to eradicate. One of the most serious outbreaks occurred at the time of the Anglo-Zulu war and shortly afterwards, and some of the regiments were transferred to Pinetown military camp to prevent infection, remaining there until 1887. Similarly Malta fever occurred from time to time and was not yet associated with goats' milk.

Malaria, or ague as it was called, was prevalent in the bush north of the Bay and the hunters and travellers who went down with it were brought into the Government hospital where deaths were not uncommon. The causes of malaria were unknown and many doctors believed that it was contracted from noxious gases emanating from ill-drained marshy ground covered with vegetation. Quinine had been used for a considerable time but many doctors, among them David Livingstone, had little faith in its efficacy. He declared that the 'best preventive against fever is plenty of interesting work to do and abundance of wholesome food to eat'.[38] One of the most popular treatments for malaria was the 'Rand Kicker', originally prescribed by a Dr Rand and consisting of quinine and 'dop', which tasted horrible but had excellent effects, it is said.

Quinine was also used for the alleviation of toothache. Marianne Churchill was given 'two or three bottles of strong quinine' when she had severe 'face and tooth ache'. The pain was driven away and she avoided the need to have any teeth out, temporarily at least.[39] Aspirin, which would no doubt have been more effective, was not synthesised until 1899. Dentures were not available and teeth had often to be extracted at an early age. As Ellen McLeod remarked to her sister, 'being without teeth affects the health and speech so much'.[40]

Epidemics of smallpox occurred from time to time but the introduction of vaccination regulations after 1882 kept it in check. Plague appeared in Cape Town in 1901 and spread to other ports, including Durban. The Colony's first Health Officer, Dr Ernest Hill, took strict quarantine measures to prevent its spreading and patients and contacts were isolated on Salisbury Island.

A study of the principal causes of death in white people over one year of age in Durban and Pietermaritzburg has been made from death certificates at several points in the colonial period, and the results have been compared with deaths reported for the same population in the whole Republic in 1962. In the 1860s, 1870s and 1880s about 40% of all such deaths were due to three major causes: intestinal infections (dysentery and typhoid), pulmonary tuberculosis, and pneumonia. Of these, pneumonia death rates remained more or less constant at about 12% of deaths throughout the colonial period, but deaths from intestinal infections and from tuberculosis were declining in the early years of the twentieth century, no doubt because of better sanitation, water supplies and living conditions. Malaria, except in certain bad years, was relatively insignificant as a reported cause of death, although it no doubt contributed to ill-health and thus to mortality from other reported causes. The complications of pregnancy and childbirth caused about 2% of non-infant deaths throughout the colonial period. Deaths from cancer increased from about 2% in 1868 to about 10% in 1908, no doubt reflecting the greater age of the population towards the end of the period.

In 1962 the picture was quite different. Hardly anyone was reported as dying of infection, except for 7% of deaths from pneumonia; but this is something quite different from the pneumonia of the colonial period, which was usually an acute infection occurring in previously fit people, in the treatment of which the doctor of the nineteenth century was as helpless as his Hippocratic counterpart twenty-three centuries before. The pneumonia of modern times is a terminal condition in old patients. Pulmonary

tuberculosis has all but disappeared, as have the intestinal infections, which make up only 0,06% of non-infant deaths. People in 1962 died principally from heart disease, cancer and accidents; in the colonial period they died mostly from infections.[41]

We have seen that many of the migrants to Natal came here because they believed that the colony was a good and healthy place to live in. Was this so? When we consider the advanced ages at which many of the British settlers died, we must conclude that, by nineteenth-century standards, it probably was. No one could suppose that they had an easy life; as colonies went, however, Natal had many advantages. Graveyards, as is easily observed, contain the graves of children, of young women who died in childbirth and of men struck down in the prime of life; they also record the deaths of many men and women who lived to advanced age despite the vicissitudes of life in the colony and the primitive medical attention available to them.

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10 *Ibid.,* p. 171.
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14 Diary of J.C. Blamey, April 19, 1852. (Killie Campbell Library).
15 S. Norgaard, *A Norwegian family looks back* (Pietermaritzburg, 1979), p. 5.
16 Data from death registers in the Department of Home Affairs, Pretoria; I am indebted to the Director-General for permission to examine these records.
17 Diary of J.C. Blamey, April 20, 1854.
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20 *Ibid.,* August 1855.
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24 *Diary of Henry Francis Fynn,* p. 311.
25 S. Spencer, *British settlers in Natal,* vol. 3, (Pietermaritzburg, 1985).
26 Diary of J.C. Blamey, Nov. 9, 1853.
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[30] B. Buchanan, *Natal memories* (Pietermaritzburg, 1941), p. 268.
[31] Gordon, *Honour without riches,* p. 106.
[32] B. Buchanan, *Pioneer days in Natal* (Pietermaritzburg, 1934), p. 163-68.
[33] Journal of Bishop M.J.F. Allard July 2, 1861; quoted in J.B. Brain, *Catholic beginnings in Natal* (Durban, 1975), pp. 62-3.
[34] Burrows, *History of medicine in South Africa,* p. 213.
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[38] M. Gelfand, *Tropical victory* (Cape Town, 1953), p. 9.
[39] Child, *Merchant family in early Natal,* p. 153.
[40] Gordon, *Dear Louisa,* p. 246.
[41] Death certificates: see ref. 16; Republic of South Africa, *Statistical yearbook, 1966.* The advice of Dr Peter Brain, especially with regard to the statistical analysis and classification of deaths, is gratefully acknowledged.

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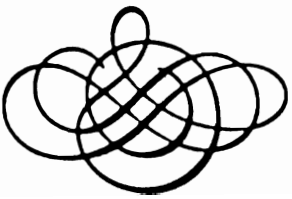

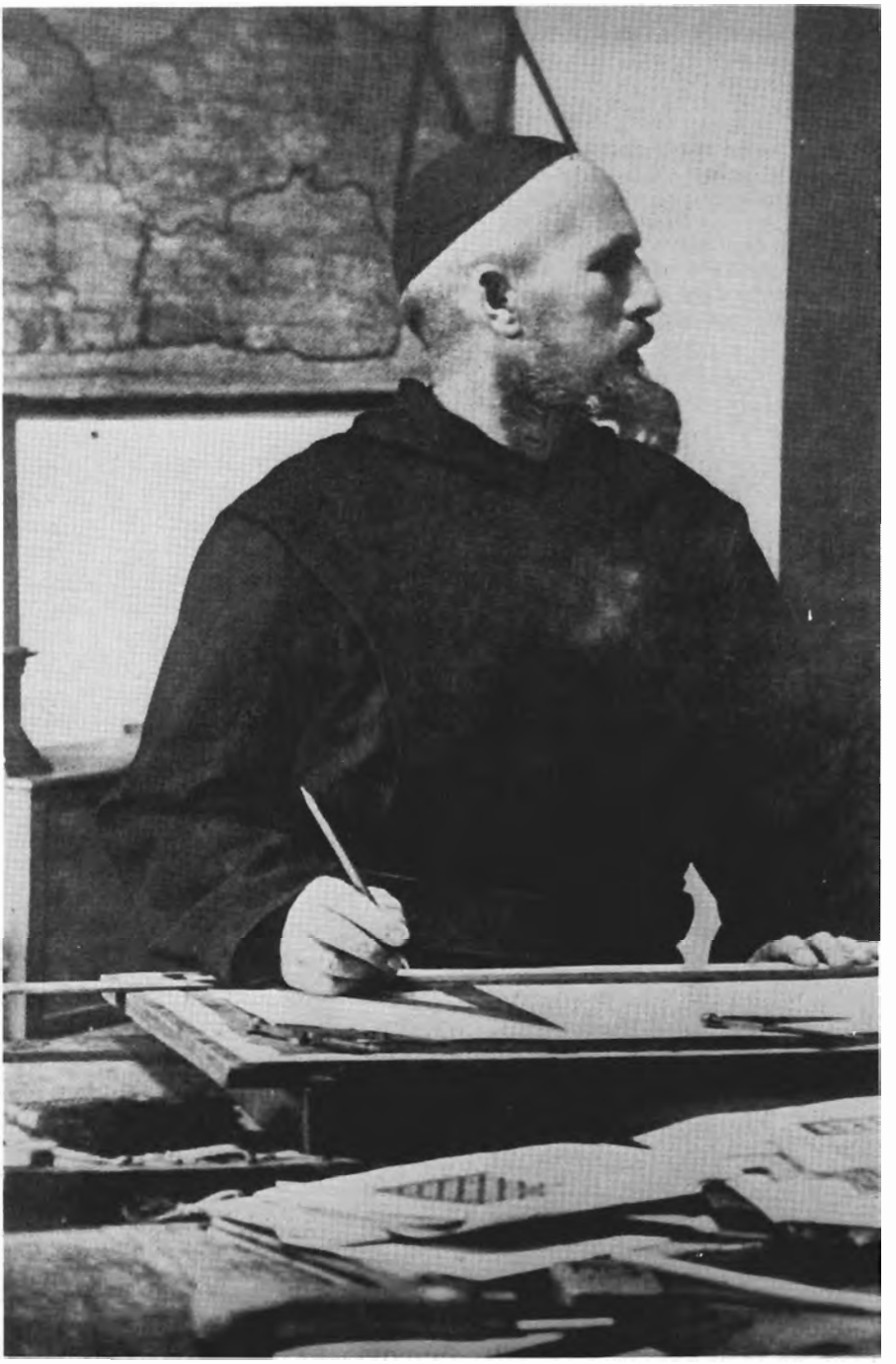

Brother Nivard Streicher at his drawing board.

(Photograph: Author's Collection)