



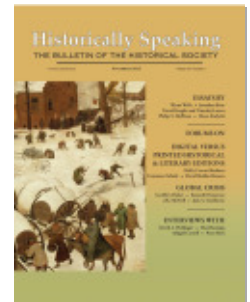
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WHY DID IT HAPPEN? RELIGIOUS EXPLANATIONS OF THE “SPANISH” FLU EPIDEMIC IN SOUTH AFRICA

Howard Phillips

“**H**ere Lie the Bodies of 75 Natives Who Died During the Epidemic—1918.”

This stark, collective epitaph on a plain memorial stone in a long-abandoned company cemetery 45 kilometers from Cape Town is one of the very few public reminders of South Africa’s greatest natural disaster, the so-called “Spanish” influenza epidemic of 1918. In the space of six weeks it carried off some 300,000 South Africans, or 6% of the population. No calamity before or since in South Africa—not even HIV/AIDS—has been as swift and lethal as this local outbreak of the global pandemic of that year.

Traumatized by what one contemporary called a veritable “tornado of plague,” grieving survivors struggled to recover socially, materially, emotionally, and psychologically. In a society in which religious beliefs were deeply embedded, most looked to religion for an explanation of the catastrophe that had ravaged their communities. As Max Weber pointed out, people are at their most religious when their lives and their livelihoods are under serious threat.

Of what significance is this to historians? The answer is that to meet the intense popular demand for explanations of this disaster, an unusually large number of them were printed in journals and newspapers at the time, and so remain available to historians ninety years later to give insight into otherwise transient contemporary ideas about the cause of this calamity. If probed, these ideas can, in turn, reveal deeper beliefs about causation, why bad things happen, and the very nature of God—big existential questions that historians are not accustomed to ask about past societies.

Moreover, in the case of South Africa the answers are possibly even more revealing, for the cultural heterogeneity of the diverse population meant that, even if one confines oneself to official religious explanations, a wide spectrum of these was recorded, stretching from four universalist religions, Christianity, Islam, Judaism, and Hinduism, to traditional African religion. This makes possible comparisons among the explanations of the same phenomenon by several faiths and even by different denominations within a single faith, all at a time when religions across the board were being confronted by the challenges of

modernity, modern science, and the faith-shaking experiences of the Great War. In short, such an investigation of the complex ways in which faiths responded to a dire, life-and-death crisis on the ground has the potential to shed light on much



Demonstration at the Red Cross Emergency Ambulance Station in Washington, D.C., during the influenza pandemic of 1918. Library of Congress, Prints and Photographs Division [reproduction number, LC-USZ62-126995].

more than just how they sought to make sense of this particular visitation; they can illuminate, too, their core beliefs about their God.

Within the South African Christian fold, for example, clergymen of the Calvinist Afrikaner Dutch Reformed Church saw God as all-powerful, the First Cause. The epidemic was obviously the result of “divine visitation,” a moderator of the church told his congregation. To seek its ultimate source in the chance action of germs was as misguided as the dog that bites the stone thrown at it without realizing who the thrower was. Did the plague of lice visited upon Pharaoh’s Egypt not demonstrate how God could transform the smallest things in nature into a potent instrument of divine will?

Even more revealing for the historian is that such explanations also sought to account for why God had sent the epidemic. Punishment for sin was the most common reason offered. What the sin was provided a sharp insight into what church leaders in 1918 felt was so reprehensible as to warrant divine punishment on such a scale. This in turn helps delineate their conception of the nature of God by setting out what human behavior they judged to be anathema to Him [sic].

As always, generic sins like immorality, drunkenness, and lax church attendance featured prominently in the list of those that were said to have called forth God’s wrath. One novel sin, though, was that of “worshipping science,” a real *si[gn]* of the times. “Nowadays people speak of germs and filthy streets and slums” as the cause, “and it is out of fashion and unscientific to refer to sin,” lamented the Dutch Reformed Church’s official mouthpiece. “But God wants us to have no other gods before Him.”

Another burning contemporary issue that was held to have drawn direct divine intervention was World War I. Against the backdrop of horrendous, mechanized bloodshed, some Calvinist ministers saw the epidemic as a lesson to those who arrogantly thought that humankind, with all of its new weapons, had perfected the ability to kill. “Isn’t it as if the Almighty is toying with the murder resulting from sinful science?” asked a senior clergyman. “Humans may kill in thousands, but God can kill in tens of thousands!” Other Reformed thinkers drew a different conclusion. To them the combination of a terrible war and a devastating plague was not mere coincidence. They were eschato-

logical signs of deeper things afoot, heralds of the Second Coming. “‘Maranatha! The Lord is coming’ could well be the theme of our thoughts in these times,” announced a distinguished theologian in the Dutch Reformed Church. At least one lay member of the church, Johanna Brandt, went even further, prophesying that the Day of Judgment was upon them. In a widely circulated pamphlet, *The Millennium—A Prophetic Forecast*, she warned that the flu epidemic was only the beginning of the affliction that was foretold in the Book of Revelations. Much worse was to follow before Christ returned. Tellingly, her millenarian prophecy came during a particularly harrowing period in the history of the Afrikaner community in South Africa, reminding us of Michael Barkun’s point that “[m]illenarian movements almost always occur in times of upheaval, in the wake of culture contact, economic dislocation, revolution, war, and natural catastrophe.” As revealing is the fact that at exactly the same moment millenarian prophecies were also being heard in several African Christian communities in South Africa, which were equally hard-pressed.

Most non-Calvinist Christian clergymen began their attempts to account for the epidemic from a

different view of God. Their God was more distant from everyday human conduct and less inclined to intervene directly to punish sin, a stance that had developed out of the encounter with science and modernity over the preceding century. "People speak of it [the flu epidemic] as an 'Act of God,' a legal phrase, I know," lamented the Anglican Archbishop of Cape Town, "but it seems to me to put the matter into an altogether wrong light. The Enemy who sows tares certainly found a congenial soil in the slums here." A fellow bishop spelled out these ideas more fully in an article in the official *Church Chronicle*. He did not believe "that God has sent the influenza because He is angry with us, and has determined to punish us." Rather, the source of the epidemic's devastation lay in the fact that

certain conditions...laid down by the Creator as necessary to our health, have been neglected, wilfully, it may be, or, what is more likely, in ignorance We know already that fresh air, cleanliness, nourishment, are our allies in contending with disease, and that on the other hand, foul air, dirt, poor and insufficient food, are enemies strongly entrenched in the households of thousands of people in this country [W]e who tolerate such conditions are guilty before God and humanity.⁴

It was within such a social gospel framework that ministers of other Christian denominations explained the epidemic, too, although they differed as to the degree of God's involvement. Presbyterians hinted at a more direct role in punishing humanity's neglect of social conditions, other Nonconformists at a lesser role. For instance, a Methodist synod resolved that "this calamity, permitted of God, was largely due to the social conditions amid which vast numbers of the people are compelled to live."⁵ Some Christian publications minimized God's role even more. "[I]gnorance and neglect, not God, are responsible for disease," averred a Congregationalist magazine, while its Baptist equivalent made no mention of God at all in its account of the epidemic. The *Catholic Magazine*, after months of vacillation, eventually attributed the outbreak to an undefined "Nature."

For all their variations, each of these interpretations sought to reconcile belief in an omnipotent God with the discoveries of science and medicine during the previous one hundred years. That they were not always successful in doing so is indicated by the fact that numerous Africans, dissatisfied with mainstream Christianity's inability to protect them or to provide an adequate explanation of the disaster, abandoned their mission churches in the wake of the epidemic and established breakaway churches of their own.

Nor did such attempts to find a compromise between faith and science remain purely academic,

for, acting on medical advice, several local authorities decided to try and prevent infection spreading by banning all indoor gatherings, including church services. Clergymen's responses varied, reflecting the uncertainty in the minds of many when the teachings of faith and science collided so directly over a matter widely supposed to concern life and death. Predictably, Calvinists had the fewest doubts. The ban, declared their journal, was plainly unchristian for "it prevents a communal approach to the Lord when people are suffering His trials and punishments."⁶ Most Anglican ministers also expressed themselves in favor of continuing regular services, either because it was a time when people were looking to their religion

For adherents of traditional African religion, responsibility for the devastating flu epidemic was very specific and intensely personal.

in particular for help and comfort or because not to do so would imply that appealing to God communally was useless in such circumstances. Some clergymen tried to resolve their dilemma by shortening services or holding them out of doors, but many ignored the ban, pointing to the non-closure of gathering places like bars, shops, and markets. Only a handful of ministers actually suspended services on explicitly public health grounds, but one, the Congregationalist chaplain to the mayor of Cape Town, triggered an outcry when he criticized those churches that remained open when cinemas, theaters, and dance halls were being forced to close. With a flourish of theological modernism, he proclaimed,

On general grounds, if the churches are to open for public assembly, I fail to see why we should discriminate against theatres. Whatever ecclesiastics may think about our newly-made acquaintance, the bacillus catarrhalis, there is no essential difference between a congregation assembled for public worship and a crowd gathered to witness the screening of a film."

The dismay that this stance elicited from both lay and clerical quarters was widespread. A Calvinist journal felt that, in comparison, its belief in the primacy of the spiritual over the physical was "old-fashioned and unscientific," but, on balance, "closed churches fill us with greater fear than the bacillus catarrhalis."⁷ In the event, most local authorities were sufficiently prudent not to enforce the ban on church services, at least if most of their congregants were white-skinned.

Evidence of how adherents of non-Christian universalist faiths interpreted the epidemic is less

abundant. Nevertheless, it is clear that Hindus, Jews, and Muslims all acknowledged God's primary role in sending the disease, yet none was inclined to probe the reason why, at least in public. Muslims accepted it unquestioningly as the "Takdir [Will] of Allah"; Hindus felt it might be an expression of an unspecified divine wrath; while the country's senior rabbi felt that it was useless to speculate about the epidemic's causes and origins. "Let us frankly confess that such knowledge is too wonderful for us," he told a memorial service for flu victims. "It is too high for us to attain unto it."⁸

For adherents of traditional African religion, responsibility for the devastating flu epidemic was very specific and intensely personal. Operating within a religious framework in which their Supreme God was far removed from humankind's daily round of activities, they saw misfortunes like the epidemic as stemming either from ancestors (rightly) punishing the misconduct of individuals who had offended them or from the nefarious actions of malevolent witches or wizards who were humans with an evil intent born of anger, envy, or selfishness.

The patchy sources that survive point to the latter as a not uncommon explanation among such believers, for in the wake of the unprecedented epidemic the colonial authorities noticed a surge in cases in which witches or wizards were "smelled out" by witch doctors or witch finders. For instance, the commissioner of police for one largely African region reported patronizingly that

The recent Influenza Epidemic ravaged the Natives and in their ignorance they ascribed the visitation to various causes and reasons, blaming friends and relatives for having caused the illness and death of those near and dear to them. There has been an increase of Smelling-Out cases and a resultant increase in the number of crimes of violence reported, also mainly due to the witch-doctor."

He illustrated the grave consequences of such smelling out by referring to a case in which a man suspected by a witch finder of being the cause of two deaths earlier in 1918 had now been definitely labeled by the witch finder as a wizard who was responsible for all the flu deaths in the village. His fellow villagers had responded quickly, attacking his kraal and killing him, his wife, and infant child and wounding his two teenage sons. "Many cases of homicide and serious assault resulting from 'smelling out' have come to my notice recently especially after the outbreak of influenza," noted the local solicitor-general the following year."

Ninety years later, readers in parts of the world with little experience of life-threatening epidemics may find the preceding explanations quaint and naive. Yet I wonder whether they would still be as blasé were avian flu, for instance, to esca-

late into a lethal pandemic in 2008. Would they perhaps again be searching for an ultimate cause beyond nature? Certainly the initial responses to the AIDS pandemic in the 1980s suggest that they would.

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[All translations into English in the text are by the author]

¹ *De Kerkbode*, November 7, 1918, 138; *Het Kerkblad*, November 1, 1918, 1.

² *De Kerkbode*, October 17, 1918, 140.

³ *Handelingen van de Zeste Vergadering van den Raad der Ned. Geref. Kerken in Zuid Afrika*, 1919, 37.

⁴ *Gerformeerd Kerkblad*, November 1918, 160.

⁵ Michael Barkun, *Disaster and the Millennium* (Yale University Press, 1974), 45.

⁶ Robert R. Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontetha Nkwenke, a Twentieth-Century South African Prophet* (Ohio University Center for International Studies and Witwatersrand University Press, 2000), ch. 1; Bengt Sundkler, *Zulu Zion and Some Swazi Zionists* (Oxford University Press, 1976), ch. 4.

⁷ University of the Witwatersrand Library, Historical and Literary Papers Division, AB 186 (Archbishop W.M. Carter Letters), Carter to Lord Wenlock, All Saints Day, 1918.

⁸ *Church Chronicle*, November 28, 1918, 456-467.

⁹ *Daily Dispatch*, February 3, 1919.

¹⁰ *De Kerkbode*, October 31, 1918, 1034.

¹¹ *Cape Times*, October 26, 1918.

¹² *De Kerkbode*, October 31, 1918, 1035.

¹³ *In Memoriam. Memorial Service for Members of the Jewish Community Who Died during the Epidemic. Held in the Great Synagogue, Cape Town, 24 November 1918*, (Cape Town Hebrew Congregation, 1918), 6.

¹⁴ Cape Archives, Cape Town: CMT 3/872, file 638.1, Annual Report of Transkei Division of South African Police for 1918, 4.

¹⁵ Cape Archives, Cape Town: CMT 3/942, file 820, Solicitor-General, Grahamstown to Secretary for Native Affairs, July 18, 1919 enclosed in Secretary for Native Affairs to Chief Magistrate Transkei, July 28, 1919.

RELIGION AND EPIDEMIC DISEASE

Duane J. Osheim

John Snow's tracking of cholera in 19th-century London and Robert Koch's subsequent identification of *vibrio cholerae* as the disease's cause can stand as markers of the transformation in our understanding of epidemic disease, and by extension of the space left for religion in modern medicine. The widespread introduction of antibiotics after the Second World War seemed to validate the insights about illness and health implicit in epidemiology and bacteriology. In a previous work Andrew Cunningham observed that since the rise of the laboratory, the very definition of a disease has been based on a microbial analysis rather than a symptomatic one.¹ In this respect, Cunningham argues, we cannot compare ancient and modern diseases. And yet, David Arnold's analysis of smallpox in India and Howard Phillips's discussion of the religious response to the Spanish Flu in South Africa, both of which occurred during this period of revolution, should give pause to those who believe that the experience of epidemic disease in the past half millennium should be read as a narrative of modernization and secularization.

Secularization is implicit in Cunningham's account, but Samuel K. Cohn, Jr. perhaps has put the thesis most forcefully. For example, he has argued that in the 15th and 16th centuries, chron-

clers and doctors came to believe that they understood plague and had no need for religious explanations. "God slips into the background," Cohn writes.² He rejects the idea that the medieval plagues led to a retreat into religious dogma—at least after the initial experience of the Black Death. Chroniclers and doctors may not have actually understood what they were observing, but they believed they did. Cohn describes Europeans in the 15th century as generally "[m]oving away from utter despair, stargazing, and prayers to God."³ Cohn is surely correct when he suggests that attitudes toward epidemic disease changed, but

the transformation he describes seems too stark, especially in the case of religious ideas and behaviors. We merely need to recall that in late 15th- and 16th-century Italy the cult of the St. Roch exploded in popularity, the shrine of the Holy House of Loreto became popular throughout Europe, and the Venetian government fulfilled a vow by constructing the Padian masterpiece, the Redentore. All of these phenomena were responses to pestilence.

All of our authors are describing a number of religious contexts within which contemporaries understood epidemic disease. The simplest way to think about these essays is to note that Cunningham is describing religion as a stage in a

process. Arnold's discussion of smallpox in India, on the other hand, shows the place of religion in a system of thought. Finally, Phillips's discussion of the responses to the Spanish Flu in South Africa allows us to see the ways in which religious ideas influence the very fabric of public life. In all cases, we should add, there is no single predictable religious response. The influence of religion, like disease itself, depends very much on the environment.⁴

In each of these essays a remote God can remain as a first cause, even as contemporaries discussed secondary causes. Cunningham notes that



Broadside, Mexico City, 1910. Library of Congress, Prints and Photographs Division [reproduction number, LC-DIG-ppmsc-04798].