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Spanish influenza in Africa: Some comments regarding source material and future research

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Abstract

Spanish Influenza remains a touchstone for pandemics. The perceived absence of historical data for Africa has not prevented observers from making bold claims regarding Africa's future. Believing it unacceptable that African data be excluded from analyses of the pandemic, the aim of this contribution is twofold:

(i.) To draw attention to the social impact of Spanish Influenza in Africa, thereby emphasising the importance of the pandemic for African history and suggesting further research opportunities.

(ii.) To show that there is ample material available which would allow for the development of the arguments made by those who choose to exclude African data from their analyses.

Introduction

In late 2006 and early 2007, H5N1 avian influenza wrought havoc among poultry and poultry farmers in West Africa.[1] In northern Nigeria peasant farmers believed that birds of prey fitted with radio transmitters had been despatched from Europe to introduce avian

[1] Avian influenza of the H5N1 strain first emerged in 1997 and kills 100% of all domesticated chickens it infects. Once the virus becomes capable of human-to-human transmission it is believed to be capable of infecting 40% of the world's human population. If it retains its extraordinary potency those infected will be more likely to die than to survive. Laurie Garrett, "The Next Pandemic?", in *Foreign Affairs*, July/August 2005. Regarding Bird Flu in Nigeria see: http://news.bbc.co.uk/2/hi/in_pictures/4720364.stm accessed 1 June 2007. Regarding Avian Flu and poultry farmers in West Africa see the website of the International Network for Family Poultry Development (INFPD) http://www.fao.org/ag/againfo/subjects/en/infpd/ accessed 1 June 2007.

flu.[2] In cynical anticipation of the coming world wide influenza pandemic the "bird flu" dance swept through the dancing spots of the young and hip in Ivory Coast.[3] The Royal Society explicitly warned in late 2006 that, "the circulation and spread of highly pathogenic avian influenza in wild and domestic bird populations remain of great concern, not least in some developing countries where surveillance systems are either absent or inadequately resourced".[4] In February 2007 the first cases of lethal Bird Flu transmission to humans were recorded in Nigeria.[5]

Fear of a coming influenza pandemic has led a number of commentators to draw parallels with the Spanish Flu of 1918-20, and in one instance - an article by Christopher Murray and others which consciously excluded all African data - to argue that 29 per cent of all deaths would fall in sub-Saharan Africa.[6] The majority of observers have chosen to base their findings on data drawn from comparatively accessible North American and Northern European sources, and have excluded Africa from their arguments and material presented.[7] Never the less, commentators dealing with the risk of an influenza epidemic

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[2] http://www.grauwekiekendief.nl/index_eng.php Accessed 1 June 2007. This site dedicated to Montagu's Harrier deals with the case of harrier Marion which was released with a radio transmitter attached to it in the Netherlands and later killed by a farmer in northern Nigeria.

[3] http://news.bbc.co.uk/2/hi/in_pictures/5285432.stm Accessed 1 June 2007.

[4] The Royal Society, *Pandemic Influenza: Science to Policy* (London, 2006), 1.

[5] http://usinfo.state.gov/xarchives/display.html?p=washfile-english&y=2007&m=February&x=20070206132355lcnirellep0.7278101 accessed 1 June 2007 reports the death of a 22 year old woman of H5N1 in Nigeria on 16 January 2007 in Lagos.

[6] Christopher J.L. Murray et. al. , "Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918 – 20 pandemic a quantitative analysis", *Lancet* 2006, 368: 2211 – 18

[7] Garrett, "Next Pandemic?"; Niall P.A.S. Johnson and Juergen Mueller, "Updating the Accounts: Global Mortality of the 1918 – 1920 "Spanish" Influenza Pandemic", in: *Bulletin of the History of Medicine*, Spring 2002, Vol. 76, No. 1, 105 – 115.

generally refer to Africa by noting that although the whole world will experience similar levels of infection, Africa, already ravaged by HIV/Aids and home to millions of "immunocompromised" people, will undoubtedly suffer comparatively greater death tolls.[8]

In response to those who make bold statements regarding Africa's future in the absence of historical data, and in the belief that it is unacceptable that African data and experiences can simply be excluded from an overview of the Spanish Flu pandemic, the aim of this contribution is twofold:

(iii.) To draw attention to the social impact of Spanish Flu in Africa, thereby emphasising the importance of the pandemic for African history in the first half of the Twentieth Century and suggesting further research opportunities.

(iv.) To show that there is ample material available which would, by the inclusion of African data and experiences, allow for the development of the arguments being made by Murray and others who chose to exclude African data from their analyses.

My initial reaction to the article by Murray and his colleagues was one of irritation, particularly given the authors' claim that they had identified "all countries with high-quality vital registration data for the 1918 – 20 pandemic".[9] As is so often the case Africa appeared to have been conveniently ignored. Through the years many in African studies have written on diseases, Influenza, Rinderpest, and of late HIV/Aids in particular.[10] More than a decade ago Patterson and Pyle, called for further research and

[8] Garrett, "Next Pandemic?".

[9] Murray et. al., "global pandemic", 2211.

[10] Thomas P. Ofcansky, "The 1889 – 97 rinderpest epidemic and the rise of British and German colonialism in Eastern and Southern Africa", in *Journal of African Studies*, 1981/82, vol. 8, no.1, 31 – 38. Maurice K.K. Mutowo, "Animal diseases and human populations in colonial Zimbabwe: the rinderpest epidemic of 1896 – 1898", in *Zambezia*, 2001, vol. 28, no. 1, 1 – 22. Daniel Gilfoyle, "Veterinary Research and the

information on disease and medicine in African History.[11] Recently Malowany has taken up this call and sought to set out lines for further research.[12] Unfortunately these calls have been overshadowed by the HIV/Aids epidemic that has literally over run Africa.[13] None the less, over time many have written on aspects relating to Spanish Flu in Africa.[14] A few have followed through on the Spanish Influenza and concentrated on its socio-political transformative impact within Africa.[15]

African Rinderpest Epizootic: the Cape Colony, 1896 – 1898", in *Journal of Southern African Studies*, vol. 29, no. 1, March 2003, 133 – 154.

[11] K.D. Patterson and G.F. Pyle, "The geography and mortality of the 1918 influenza pandemic", in *Bulletin of the History of Medicine*, 65 1991, 1, 4 – 21.

[12] Maureen Malowany, "Unfinished Agendas: Writing the History of Medicine of Sub-Saharan Africa", in *African Affairs* (2000), 99, 325 – 349.

[13] For a refreshingly critical overview of the Aids Pandemic in Africa see, Edward Hooper, *The River*, (London, 1999) & Edward Hooper, "Aids and the Polio Vaccine", in *London Review of Books*, Vol. 25 No. 7, 3 April 2003.

[14] Patterson was particularly active in establishing the demographic impact of the pandemic, and through the years wrote extensively on this topic. K.David Patterson, "The Demographic Impact of the 1918 – 19 Influenza Pandemic in Sub-Saharan Africa: A Preliminary Assessment", *African Historical Demography* Volume II, Proceedings of a Seminar held in the centre of African Studies University of Edinburgh, 24th and 25th April 1981, 403 – 31.

[15] D.C. Ohadike, "Diffusion and Physiological Responses to the Influenza Pandemic of 1918 – 19 in Nigeria", *Social Science and Medicine*, 1991, Vol. 32, No. 12, 1393 – 1399; I. R. Phimister, "The 'Spanish' Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry", in *The Central African Journal of Medicine*, Vol. 19, No. 7, July 1973, pp. 143 – 148; M. Chambikabalenshi Musambachime, "'*Kapitohanga*: The disease that killed faster than bullets', The impact of the Influenza Pandemic in the South West Africa Protectorate (Namibia) from October 1918 to December 1919", *BAB Working Paper No. 4* (Basel, 1999); Richard Pankhurst, Chapter VI, "Influenza: The *Hedar basheta*", in *An Introduction to the Medical History of*

Although vital registration data for sub-Saharan Africa is not immediately accessible, a re-reading of material contained in the confidential correspondence files of the British Colonial Office, stored in the National Archives (formerly Public Records Office) in Kew, London, and dealing with the course of the pandemic in the British colonies of Sierra Leone, Gambia, and Nigeria, provides material that suggests further avenues of research that would go some way towards modifying the argument being made by Murray and his colleagues. In addition, information which is readily available and relates to the Spanish flu in Africa, provides ample material that illustrates the manner in which people and societies deal with pandemics. Information which, in the light of the inevitable return of a global influenza pandemic, might be of relevance to humankind as a whole.

The following contribution, the body of which is divided into three sections, is structured in the following manner. The first section seeks to present an introduction to the "nuts and bolts" of Spanish Influenza and deals with the origins and pathogenesis of the disease. The second section, in attempting to illustrate the socio-historical consequences of the pandemic in Africa, provides an overview, largely based on published material, of the course of Spanish Flu in Africa. In addition to dealing with the direct physical consequences of the pandemic, the section draws attention to the impact of the pandemic in Africa on ways of thinking about the world. The third and final section of the contribution does two things. It provides an outline of the main tenets of the article by Murray et al., and, on the basis of a sample of material gleaned from the National Archives in Kew, it deals with the three British colonies on the west African coast at the time of the of the pandemic, and the vexed issue of "high-quality vital registration data".

The origins and pathogenesis of Spanish Flu

The origin of Spanish flu was not in Spain, instead it is likely that the deadly virus developed in "Etaples", an enormous military staging camp in Northern France where, at

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Ethiopia, Trenton, New Jersey: The Red Sea Press 1990/ Also as "The Hedar Bäseta of 1918", in *Journal of Ethiopian Studies*, 1975, Vol. 13, no. 2, 103 – 131.

any one time, no less than 100.000 men could be found in close proximity to both pigs and poultry.[16] Indeed, John Oxford, one of the foremost researchers on the pandemic, noted with colleagues that, "although there is general agreement that the name 'Spanish Influenza' is inappropriate, we now conclude that the virus could have been designated A/Etaples/1/1916 or A/Aldershot/1/1917".[17] This deadly strain of flu struck in March of 1918 in the military training camps of the United States of America where soldiers awaited shipment to the war in Europe. Beginning in Camp Funston in Kansas, the virus spread to other camps and via troop ships to Europe. In the course of three months 43.000 American soldiers succumbed to the disease.[18] The devastation was hidden by wartime censorship, and an element of spin-doctoring and war propaganda which situated the origin of the disease in Spain, and not the United States.[19] The following excerpt provides a succinct and graphic description of the disease:

> "Most strains of the flu do not kill people directly; rather, death is caused by bacteria, which surge into the embattled lungs of the victim. But the Spanish flu that circulated in 1918-19 was a direct killer. Victims suffered from acute cyanosis, a blue discoloration of the skin and mucous membranes. They vomited and coughed up blood, which also poured uncontrollably from their noses and, in the case of women, from their genitals. The highest death toll occurred among pregnant women: as many as 71 percent of those infected died. If the woman survived, the foetus invariably did not. Many young people suffered from encephalitis, as the virus chewed away at their brains and spinal cords. And

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[16] J.S. Oxford, "The so-called Great Spanish Influenza Pandemic of 1918 may have originated in France in 1916", in *Philosophical Transactions The Royal Society*, 2001, 356, 1857 – 1859.

[17] J.S. Oxford et al., "Who's that lady?", in, *Nature Medicine*, vol. 5, no. 12, December 1999, 1352.

[18] John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (London, 2005), 169.

[19] María Isabel Porras Gallo,*Un reto para la sociedad madrilène: La epidemia de gripe de 1918 – 19* (Madrid, 1997).

> millions experienced acute respiratory distress syndrome, an immunological condition in which disease-fighting cells so overwhelm the lungs in their battle against the invaders that the lung cells themselves become collateral damage, and the victims suffocate."[20]

Extrapolating the amount of people killed in the Spanish Flu to the present, an estimated 180 – 360 million people are likely to die should H5N1 become capable of human-to-human transmission.[21]

On the battlefields of Northern France troops on either side of the line, sometimes more than 500 metres apart, were infected by the airborne disease. In the prisoner of war camps and gas ridden trenches and dugouts of horrendous war the disease spread like wildfire and laid the seeds for later outbreaks further a field. Troopships laden with war weary and wounded veterans ensured that the disease continued to spread and by November 1918 it can be said that the whole of the inhabited human world, from the polar regions of snow and ice to the tropics of sun and warmth, had been infected with the deadly disease.[22] Eventually an estimated third of the world's total human population

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[20] Garrett, "Next Pandemic?", 8.

[21] Tim Appenzeller, "De dreiging van influenza", *National Geographic*, Oktober 2005, p. 47. those seeking information as to the current state of affairs vis-à-vis the disease are referred to: World Health Organization, *WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics* (Geneva, 2005). The European Union produces regular updates that relate specifically to Influenza, and occasionally devotes specific attention to full-length publications relating to the disease; European Communicable Disease Bulletin, *Eurosurveillance*, vol. 7, no. 12, December 2002.

[22] National Archives, Kew (PRO), Hudson's Bay Company Archive, BH 1/2216, Spanish Influenza & PRO, Foreign Office, FO 687/18, Correspondence of the Papeete Consulate, "Spanish Influenza in Tahiti". A truly interesting article detailing the social and demographic effects of the pandemic, Amir Afkhami, "Compromised Constitutions: The Iranian Experience with the 1918 Influenza Pandemic", in *Bulletin of Historical Medicine*, 2003, 77, 367 – 92.

suffered from influenza in 1918 – 1919 and approximately 100 million people died due to the disease.[23] The disease killed those in the prime of their lives, producing a "W-shaped mortality age profile", that is a high rate of death in the 25 – 34 year old age group.[24] The disease brought the armies and administration of the greatest Empire that the world had ever seen to their knees.[25] Yet, it was not until 1933 that a British research team finally isolated and identified the influenza virus.[26]

In 2005 scientists of the Armed Forces Institute of Pathology in Washington, D.C., resurrected samples of the H1N1 virus that had initiated the Spanish Flu pandemic, and demonstrated their lethality in mice. A year later a team working at the University of Washington School of Medicine in Seattle showed that:

> Mice infected with the reconstructed 1918 influenza virus displayed an increased and accelerated activation of host immune response genes associated with severe pulmonary pathology. We found that mice infected with a virus containing all eight genes from the pandemic virus showed marked activation of pro-inflammatory and cell-death pathways by 24 h after infection that remained unabated until death on day 5.[27]

In short, the virus killed its victims by making their immune systems run amok and killed them all within five days. However, as another groups of scientists later noted, "these

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[23] Gina Kolata, *Flu: The story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused it* (New York, 2000).

[24] Andrew Noymer and Michel Garenne, "The 1918 Influenza Epidemic's Effects on Sex Differentials in Mortality in the United States", in: *Population and Development Review* 26 (3), 565 – 581.

[25] Sandra M. Tomkins, "Colonial Administration in British Africa during the Influenza Epidemic of 1918 – 19, in *Canadian Journal of African Studies*, 28, 1994, 60 – 83.

[26] Eugenia Tognotti, "Scientific Triumphalism and Learning from Facts: Bacteriology and the 'Spanish Flu'Challenge of 1918", in *Journal of the Society for the Social History of Medicine*, Vol. 16, No. 1, 2003, 97 – 110.

[27] John C. Kash, *et al*. "Genomic analysis of increased host immune and cell death responses induced by 1918 influenza virus", in *Nature*, 2006, Volume 443, 578 – 581.

initial characterizations of the 1918 virus did not address the question of its pathogenic potential in primates".[28] Anxious to answer this question 7 healthy Macaques were infected. Two animals were killed on days 3 and 6, whilst "the remaining animals, originally scheduled for euthanasia on day 21 post-infection, were euthanized on day 8 owing to severity of symptoms".[29] By all accounts Spanish Flu, whether resurrected by laboratories in the present, or as natural pathogen in the early Twentieth Century was deadly and terrifying in its impact.

The social impact of the epidemic in Africa

In the year of 1918
We were wiped out
By a disease which they call influenza
It took friends which we loved
Mothers, fathers, sisters, and brothers
R.T. Caluza *Influenza*[30]

The only check in the inexorable growth of the African population of South Africa in the course of the Twentieth Century was the population crash caused by the influenza pandemic.[31] Given the enormity of the event, it is hardly surprising that its effects were to be felt in more than population statistics alone. The epidemic led to "renewed 'sanitation syndrome' fears by white residents that infection was spread by black inhabitants", and gave further weight to calls for legally enforced racial segregation.[32] In outlining the

[28] Darwyn Kobasa, *et al*. "Aberrant innate immune response in lethal infection of macaques with the 1918 influenza virus", in *Nature*, 2007, Volume 445, 319 – 323.

[29] Kobasa, "Macaques", 319.

[30] David B. Coplan, *In Township Tonight! South Africa's Black City Music and Theatre* (London, 1985), 252.

[31] Robert Ross, *A Concise History of South Africa* (Cambridge, 1999), 144.

[32] Nigel Worden, *The Making of Modern South Africa: Conquest, Segregation and Apartheid* (Oxford, 1994), 43.

development of segregationist legislation, and the Natives Urban Areas Act in particular, the great historian of South Africa, De Kiewiet, noted, "the influenza epidemic horribly revealed the disease and misery which was bred and sheltered in windowless shacks and congested unsanitary backyards".[33] Similarly, Howard Phillips, who wrote extensively on the impact of Influenza in South Africa, described how the threat of the disease came to be used as an instrument for the enforcement of racist legislation.[34]

The pandemic directly affected those who survived; "orphans sad and suffering, with no one to help them out".[35] Describing events in Bechuanaland John Spears noted that epidemics pose "the most serious challenges to human society" in that they "divide and alienate as well as kill":

> Against the fear of an unknown, invisible assailant, there is no heroic combat. When fear drives friends and even relatives to abandon each other, to flee the infectious breath of loved ones then society can simply disintegrate.[36]

In a world in which survivors sought to give meaning to their continued existence, many came to the same conclusions that the Zulu composer, Reuben Caluza, had reached; "They forgot their maker, only those who worshipped him constantly pulled through".[37]

The experiences of Nontetha Nkwenkwe, a young woman from the Eastern Cape of South Africa who was overcome by Spanish Flu and received divine messages, were mirrored in varying forms across the continent. Upon recovery Nontetha Nkwenkwe

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[33] C.W. De Kiewiet, *A History of South Africa: Social and Economic* (Oxford, 1941), 231.

[34] Howard Phillips, "The Local State and Public Health Reform in South Africa: Bloemfontein and the Consequences of the Spanish 'Flu Epidemic of 1918", in *Journal of Southern African Studies*, Vol. 13, January 1987, 210 – 233 & Howard Phillips, *'Black October': the impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Pretoria, 1990).

[35] Caluza, *Influenza*, cited in Coplan, *In Township Tonight*, 252.

[36] John V. Spears, "An Epidemic among the Bakgatla: the Influenza of 1918", in, *Botswana Notes & Records*, Volume 11, 69 – 76.

[37] Caluza, *Influenza*, cited in Coplan, *In Township Tonight*, 252.

began preaching and prophesising; "the influenza was just a taste of what God was bringing. A judgement day in which everyone would be flying in the sky was imminent".[38] Once Nontetha came to the attention of the colonial authorities, she and her followers were incarcerated. In jail Nontetha's prophecies continued and came to be conflated with the message of liberation proclaimed by the Universal Negro Improvement Association and the Industrial and Commercial Workers Union.[39] Organisations that were seen as heralding the arrival of African-American liberators. As a jailed follower of Nontetha stated, "we used to dream in the hope that the Americans were coming to release us… As oppressed people, we always had hope that we would be released".[40]

Throughout the African continent, the destruction wrought by the epidemic forced people to reconsider much that had hitherto seemed hard and fast and immutable. In the context of colonial Ghana, gender roles changed as a consequence of the epidemic. David Patterson, in describing the epidemic in the northern districts of what is today Ghana, cited a colonial official who wrote:

> Lorha is like a deserted village, one sees no one, […] I hear that some Lobis are wondering if this is the end of the world.[41]

So many women were sick that, contrary to custom, men had to grind grain and prepare meals. Foods prepared and chosen by people also changed in the aftermath of the epidemic. Ohadike describes how Cassava, which had hitherto been rejected as a staple food crop, spread and became an accepted staple in southern Nigeria following the

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[38] Robert R. Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Johannesburg, 1999), 10.

[39] Helen Bradford, *A Taste of Freedom: The ICU in Rural South Africa, 1924 – 1930* (Johannesburg, 1988).

[40] Edgar and Sapire, *African Apocalypse*, 31.

[41] K. David Patterson, "The Influenza Epidemic in the Gold Coast", in *Transactions of the Historical Society of Ghana*, Vol. XVI (ii), 209, citing: Lorha Diary, 2 December 1918.

epidemic.[42] The attractiveness of Cassava to so many people is the fact that it requires comparatively less agricultural labour to produce. In periods of stress, where labour may be short, it becomes the crop of choice.[43]

As noted earlier, the pandemic brought economic life to a standstill, but it did more than that alone, it literally ended the productive life of many economic activities.[44] One such activity was industrial mining, an activity which by its very nature has bequeathed us with substantial archival material. One case that has been described in detail is the mining industry in Southern Rhodesia.[45] Previously successful mining operations, such as the Globe and Phoenix gold mine in Umvuma, closed down on account of the disease, and were unable to re-open in the aftermath of the disease.[46] In and of itself the Globe and Phoenix is particularly interesting in the context of colonial racism, economic practice and the transformative effects of the epidemic. Anxious to ensure a healthy work force, the management of Globe and Phoenix went to the extent of

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[42] D.C. Ohadike, "The Influenza Pandemic of 1918 – 19 and the Spread of Cassava Cultivation on the Lower Niger: A Study in Historical Linkages", *The Journal of African History*, 22 1981, 379 – 381

[43] Cassava can be planted at virtually any stage in the rainy season, and can be left in the ground for up to 18 months after it has matured. For a standard work on Cassava see, W.O. Jones, *Manioc in Africa* (Stanford California,1959).

[44] Although they concentrate on the United States of America, Elizabeth Brainerd and Mark Siegler, provide a fine overview of the far reaching economic effects brought about by the Epidemic. Elizabeth Brainerd and Mark Siegler, *The Economic Effects of the 1918 Influenza Epidemic*, Manuscript June 2002.

[45] I. R. Phimister, "The 'Spanish' Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry", in *The Central African Journal of Medicine*, Vol. 19, No. 7, July 1973, 143 – 148.

[46] Pers. Comm. October 2006, Dr. H. G., former AngloGold exploration geologist who had been stationed in Umvuma in the early 1960s.

"employ[ing] white nurses to take care of black patients".[47] Not surprisingly, Terence Ranger has noted that in Southern Rhodesia the influenza epidemic led to a crisis of comprehension.[48]

In the north-eastern districts of what is today Zambia, the pandemic arrived in the context of war and famine.[49] German forces under Lettow von Vorbeck had routed British colonial forces, sacked Kasama, and seemed set to continue onwards.[50] Mwelwa Musambachime, described how in seeking to comprehend events people in the

[47] Charles van Onselen, *Chibaro: African Mine Labour in Southern Rhodesia 1900 – 1933* (London, 1976), 58.

[48] Terence Ranger, "The influenza epidemic in Southern Rhodesia: a crisis of comprehension", 172 – 188, in David Arnold (ed), *Imperial Medicine and Indigenous societies* (Glasgow, 1988).

[49] The work of Giacomo Macola is particularly illuminating in detailing the impact of the war in North-eastern Zambia. G. Macola, *The Kingdom of Kazembe: History and Politics in North-Eastern Zambia and Katanga to 1950*, (Münster, 2000), 206 – 209. Gregory Maddox has documented similar developments in Tanzania, Gregory Maddox, "*Mtunya*: Famine in Central Tanzania, 1917 – 20", in *Journal of African History*, 31, 2 (1990), 181 – 98.

[50] There is a vast literature, much of it of a popular nature, dealing with the war in East Africa, Edwin P. Hoyt, *Guerilla, Colonel von Lettow-Vorbeck and Germany's East African Empire*, (London, 1981); General von Lettow-Vorbeck, *Meine Erinnerungen aus Ostafrika* (Leipzig, 1921). The most detailed archival sources for this war are to be found in the National Archives, formerly Public Records Office, in Kew, England. The War Office 158 Africa series, subseries General Headquarters, WO 158/459 – 467 deal with NORFORCE, the British forces commanded by General Northey. In addition WO 95/5329 – 5331 contain the war diaries of General Northey and provide a day by day account of developments in north-eastern Zambia and south-western Tanzania during the war.

Mporokoso district attributed the epidemic to the death of soldiers and porters in the war.[51] Melvin Page writing on Malawians and the First World War noted that:

> In the minds of Malawians, the connection between the war and the pandemic of influenza was not only immediate, but also causal. A common expression was that the "war air" had brought the new and devastating disease, blown in by winds from the front.[52]

The combination of war, famine and influenza served to bring about a religious revival which, according to Karen Fields, ensured the collapse of indirect role in the north-eastern districts and shook the very foundations of British colonial rule in the territory that would become Zambia.[53]

Throughout the continent people literally scattered as they sought to evade the disease. In doing so they inadvertently spread the disease ever further. Yoshikuni, in dealing with migrant workers in colonial Zimbabwe, cited an annual report for 1918, which described, "the pell-mell flight from many labour centres and the natural reluctance to return to what were regarded as centres of infection".[54] The rapid, unstoppable, and seemingly haphazard progress of the disease led to the most fantastic theories and stories that sought to explain the pandemic.[55] All over the continent people

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[51] Mwelwa Musambachime, "The influenza Epidemic of 1918 – 1919 in Northern Rhodesia", in *Zambia Journal of History*, 1993/94, Nos. 6/7, 59.

[52] Melvin E. Page, *The Chiwaya War: Malawians and the First World War* (Boulder Colorado, 2000), 171.

[53] Karen E. Fields, *Revival and Rebellion in Colonial Central Africa* (Princeton, 1985), 143.

[54] Tsuneo Yoshikuni, "Strike Action and Self-Help Associations: Zimbabwean Worker Protest and Culture After World War 1", in *Journal of Southern African Studies*, Vol. 15, No. 3, April 1989, 442.

[55] For a closely detailed example of the rapid spread within a specific territory in Africa see, K. David Patterson, "The Influenza Epidemic of 1918 – 19 in the Gold Coast", in *Journal of African History*, 24 (1983), 485 – 502.

sought to explain what had happened, and in so doing named the pandemic according to its perceived character.[56]

In the early 1990s informants in central Namibia recalled with alacrity that one of the most striking aspects about the epidemic was the simple fact that the disease did not distinguish between white or black.[57] As in the rest of the world *Kaapitohanga*, the disease which passes through like a bullet and gave its name to the year 1918, did not respect class, creed or status, and least of all race.[58] It struck German settler, Afrikaner soldier, Herero townsman, and South African administrator with equal vehemence.[59] In its path shops, businesses, administration and daily life ground to a standstill. Like the silver bullet and wooden stake of Stokerian fantasy the disease brought settlers, missionaries and administrators to their knees and obliterated any form of superhuman condition that might possibly have been attributed to the colonisers of Namibia. In the sights of *Kaapitohanga* all humans were fair game.

The West African Coast and high-quality vital registration data

A recent article in the *Lancet*, which unfortunately was not based on any African data, extrapolated "the 1918 – 20 mortality rates to the worldwide population of 2004 indicates that an estimated 62 million people (…) would be killed by a similar influenza

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[56] Juergen D. Mueller, "What's in a name. Spanish Influenza in sub-Saharan Africa and what local names say about the perception of this pandemic", paper presented to *The Spanish Flu 1918 – 1998: Reflections on the Influenza Pandemic of 1918 – 1919 after 80 years*, held in Cape Town South Africa 12 – 15 September 1998.

[57] Interviews conducted with, Mrs. Kameeja Justine Tjapaka Kangootui in Outakaha, 08/02/93, Mr. Eliphas Kapundjiri in Kumu, 07/02/93, and Mr. Ferdinand Kaavara Kaviuire in Okombaha, 10/02/93.

[58] Evangelical Lutheran Church in the Republic of Namibia (ELCRN), VII.23.3. Omaruru folio 70 &71, contains a list of the Otji-herero year names from 1832 to 1920. The year 1918 is listed as *Omutjise mbuapitohanga*.

[59] Musambachime, "*Kapitohanga"*.

pandemic".[60] The authors noted that they had "identified all countries with high-quality vital registration data for the 1918 – 20 pandemic and used these data to calculate excess mortality". Combined with varied census material the authors' statistical analysis of the correlation between income and mortality in the 1918 Pandemic indicated a log-linear relation in which "10% increase in per head income was associated with a 9 – 10% decrease in mortality".[61] Due to the apparent absence of "high-quality vital registration data" for the pandemic in Africa the authors excluded all countries in the African continent from their argument. This is unfortunate, all the more so as, in an envisaged rerun of the pandemic presented in the article no less than 29% of the estimated total number of deaths would take place in sub-Saharan Africa; a region that makes up but 11.3% of the world's population.[62]

Murray et al concluded on the basis of their findings that in the case of the 1918 – 20 pandemic levels of income were the most determining factor. To a large extent this conclusion was based and substantially influenced on material gleaned from censuses conducted in Colonial India. The table listing "Pandemic excess mortality calculations, based on vital registration data from 1918-20", clearly indicated the anomaly provided by the data taken from India.[63] The authors indicated that excess mortality ranged from 0.2% in Denmark to 7.8% in the Indian Central Provinces and Berar. Indeed, the authors noted that the calculated average for excess mortality in the nine Indian provinces of 4.4% could have been even higher as "there was some under-registration of mortality in India".[64] Aside from the matter as to one could accurately compare household incomes in Denmark and rural India, the sheer dominance of the nine Indian provinces in the

[60] Murray et. al., "global pandemic", 2211 – 18.

[61] Murray et. al., "global pandemic", 2214.

[62] Murray et. al., "global pandemic", 2215.

[63] Murray et. al., "global pandemic", 2212 – 3.

[64] Murray et. al., "global pandemic", 2213.

material analysed, suggested that the findings could have been significantly skewed by the presence of Indian data.[65]

On account of the absence of high-quality vital registration data for the 1918 – 20 pandemic, Murray and his colleagues consciously chose to exclude sub-Saharan Africa from their analysis.[66] None the less archival material available in the National Archives in Kew provides us with data and findings that can be used to modify the findings of Murray et al. In addition these materials suggest further avenues of research that would go some way towards modifying the dominant role of Indian material in the argument being made by Murray and his colleagues. To illustrate that there is ample archival material available that can be used to complement the data used by Murray and his colleagues with African data for the 1918 – 20 pandemic, and thus to further the arguments being made by Murray et al, the following section (based on materials collected in the National Archives in Kew) provides a short overview of the course of the pandemic in three of Britain's West African colonies.[67]

Sierra Leone

British colonial records dealing with Sierra Leone, although they do not immediately provide one with "vital registration data", do provide the researcher with a detailed summary of the differentiated impact of the pandemic on various sectors of the population in Sierra Leone. That is, summaries of the impact of the pandemic on specific sections of society, be it the armed forces, police, or prisons, allow us to build up a detailed picture of the impact of the pandemic as it swept through Sierra Leone. A picture

[65] The work of Mike Davis, *Late Victorian Holocausts: El Niño Famines and the Making of the Third World* (London, 2001), provides an accessible and detailed history as to why conditions in India's Central Province and Berar should have been so hard hit by Spanish Flu.

[66] Murray et. al., "global pandemic", 2211 – 18

[67] The course of the pandemic in the Gold Coast has been exhaustively covered by Patterson and has thus been excluded from this short overview. Readers are advised to consult, Patterson, "Influenza in the Gold Coast".

which, in combination with further research on pay and tax lists, will provide researchers with detailed information relating to the relation between levels of income and mortality. In Sierra Leone, in the absence of antibiotics and modern medical treatment, it is clear that income differentials and access to nutrition determined the chances of death on account of the pandemic.

The material available suggests that "Spanish Influenza" was introduced into Sierra Leone by the warship H.M.S. *Mantua*, which arrived in Freetown, capital and harbour of the British colony of Sierra Leone, on 15 August 1918, whilst escorting two passenger ships from Plymouth. Captain of the *Mantua*, A. Dawson, later reported that on 31 July, "influenza was epidemic at Plymouth when Mantua and ships of her convoy left port".[68] In turn the Governor of Sierra Leone later reported to the Secretary of State that "the sanitary affairs of warships lie outside civil control and influenza is not a notifiable disease" consequently "no report was made".[69] On the day of its arrival, and contrary to the explicit warnings of "medical men" the Mantua was coaled by local labour. In "the week following the coaling … the number of labourers absent from work at the coaling station kept increasing" and by "the 27th August some five hundred out of six hundred were absent from work".[70] In the disbelieving and shocked words of the Governor:

> The disease spread with devastating rapidity, disorganizing everything. Everybody was attacked almost at once. Of my own household of twenty servants not one escaped; and on one day I had to attend to their work myself. It can be easily understood what such a state of affairs would mean to others less fortunately situated.[71]

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[68] PRO, Colonial Office (CO) 879/118, "Medical and Sanitary Matters in Tropical Africa", dispatch no. 91, Sierra Leone Admiralty to Colonial Office, received 7th February 1919, enclosure A. Dawson 20th January 1919.

[69] PRO, CO 879/118, "Medical and Sanitary Matters in Tropical Africa", dispatch no. 61, Sierra Leone, The Governor to the Secretary of State, Received 6th November 1918.

[70] PRO, CO 879/118, folio 176.

[71] PRO, CO 879/118, folio 176.

Amongst those most unfortunately situated were those from out of town who lodged with others in Freetown. In a number of cases these people, when they became sick, were simply turned out on to the streets:

> As the epidemic progressed it became apparent that a number of patients were suffering from want of attention and were dying from insufficient care and treatment, either because all the inmates of a house were sick or because the patients had been deserted by the other residents. In some cases the patients had been actually turned out to the street by the other occupants of the house.[72]

In the aftermath of the pandemic, an attempt was made to ascertain to what extent certain groups of individuals were affected, even though this information was meagre. In a report drawn up by the Principal Medical Officer in Freetown, it was noted that "it is no easy matter to determine even approximately the numbers affected by the disease".[73] In ascertaining the case mortality of the epidemic it was hoped that "as registration is compulsory, … more or less accurate figures would be obtainable"(the vital registration data of Murray and his colleagues), however this proved not to be the case.[74] At the height of the epidemic a number of bodies were "buried without the usual certificate of registration", furthermore "the cemetery staff was so curtailed by sickness" that there is reason to believe that not every burial was recorded in the cemetery books.[75] In addition, as the pandemic raged it is clear that many fled inland from Freetown where after no first hand record of these people is to be found.

In seeking to tally the effects of the pandemic the British sanitary and medical officers in Freetown, made use the 1911 census of Freetown which had noted a population of 34.000. The Registrar General considered that the number of deaths due to

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[72] PRO, CO 879/118, "An Interim Report on the Epidemic of Influenza in Sierra Leone", folio 182.

[73] PRO, CO 879/118, The Honourable The Principal Medical Officer to the Honourable the Colonial Secretary, "Report on the Outbreak of Influenza in Freetown", folio 185.

[74] PRO, CO 879/118, folio 186.

[75] PRO, CO 879/118, folio 186.

influenza from the 23rd of August, when the pandemic first began in Sierra Leone, to the 18th of September 1918, when the pandemic had passed by, was 968. Acting Senior Sanitary Officer, W. Allan, and W.A. Young, Medical Officer in charge of Laboratory, noted in their report, "The total deaths are probably very much more than the figures show, and it is generally held that at least one thousand of the civilian (European and Native) population in Freetown died from the disease".[76]

Although figures for the total population of Freetown may be inaccurate, records kept by the military for the troops and their dependents garrisoned in Freetown do make a claim to accuracy and they complement the figures of the Registrar General. The total population of the garrison, including women and children is given as being, 3.282 of which 2.368 (71.1%) was diagnosed as having influenza. In total 68 people died, 2.87 % of the garrison population.[77]

The police, who did not live in barracks, were drawn from "most of the tribes in Freetown, and may be taken to represent the different classes of natives who were affected". Living as they did amongst the civilian population of Freetown, their levels of infection and mortality will reflect the same as that for other men of the same age and living standard in the city at the time. As a police force this group of men was monitored and any absences immediately noted. Of a force of 180 no less than 130 reported sick and were diagnosed as having influenza, a case incidence of 72.2 percent. [78]

Prison services, by their very nature, as with the police and the military, are expected to keep track of all those entrusted to their care as prison inmates and one can reasonably assume that their records are accurate. Of the 290 prisoners, 256 "had the disease in a severe form" whilst the remaining 34 had a "mild attack", in other words all

[76] PRO, CO 879/118, folio 186.

[77] PRO, CO 879/118, Sierra Leone, War Office to Colonial Office, received 20th January 1919, Enclosure to dispatch no. 83, "Influenza Epidemic at Sierra Leone", folio 257.

[78] PRO, CO 879/118, folio 186.

the prison inmates contracted the disease.[79] However, in contrast to those who were left to fend for themselves, the prisoners had a good chance of success. In the words of the official report at the time:

> The Prison figures show that where cases were caught early and treatment and good feeding could be had, the patients did much better than the ordinary native who was left to his own devices in his hut, as happened in many cases in the town.[80]

Gambia

It is apparent that "Spanish Influenza" was initially introduced to Gambia by the S.S. *Prah* that had sailed from Freetown in Sierra Leone on 25th August. Upon arrival on 29th August, following telegraphic communication from Freetown warning of the outbreak of the pandemic in Sierra Leone, all passengers were "placed under surveillance, and instructed to report at the Colonial Hospital each morning for a period of four days after arrival".[81] On the day following the arrival of the S.S. *Prah* in Gambia one of the passengers developed symptoms of influenza and became severely sick, but not before passing the disease "on to every other inmate of the house, his medical attendant, etc., etc."[82]

As in Sierra Leone detailed records of the spread of the disease are not immediately accessible. From an ordinary daily attendance at the hospital in Bathurst (present-day Banjul) of between 12 to 20 out-patients "the numbers rapidly rose to one

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[79] PRO, CO 879/118, The Honourable The Principal Medical Officer to the Honourable the Colonial Secretary, "Report on the Outbreak of Influenza in Freetown", Appendix – The Prison, W.A. Young, Medical Officer in charge of Prison, folio 187.

[80] PRO, CO 879/118, The Honourable The Principal Medical Officer to the Honourable the Colonial Secretary, "Report on the Outbreak of Influenza in Freetown", Appendix – The Prison, W.A. Young, Medical Officer in charge of Prison, folio 187.

[81] PRO, CO 879/118, Enclosure in No. 71, "Report on the Epidemic of Influenza in Bathurst, Gambia Colony, During the Month of September, 1918", folio 235.

[82] PRO, CO 879/118, folio 235.

hundred, two hundred, three hundred per diem during the second week in September".[83] Exact figures cannot be had for "during the height of the epidemic no records were taken, for the simple reason that there was no one to do it".[84] Such records as do exist indicate that in Bathurst with an estimated population of 8.000 there were 317 deaths that could be directly attributed to Influenza.[85] In the absence of adequate medical treatment, high-quality nourishment and rest, were, as in Sierra Leone, the most successful intervention.[86]

Nigeria[87]

Following telegraphic communication from Sierra Leone stating that there was a serious epidemic of influenza at Freetown, "and advising that all ships from the United Kingdom and Sierra Leone should be considered infected", influenza was declared a notifiable infectious disease on 3 September 1918.[88] Shortly after, on 14th September the S.S. *Ashanti* arrived from Sierra Leone and the Gold Coast "with a history of much sickness on board". The body of a man who had died on board before arrival was taken ashore; "a post-mortem examination showed that he died from influenza".[89] On the same day S.S. *Bida* put in from the Gold Coast with no less than 239 people on board. It was later reported that:

> These passengers landed at Lagos and dispersed in all directions before the sanitary authorities were aware of the fact. These passengers were undoubtedly the primary cause of spreading influenza so rapidly and so intensely throughout

[83] PRO, CO 879/118, folio 236.

[84] PRO, CO 879/118, folio 236.

[85] PRO, CO 879/118, folio 236.

[86] PRO, CO 879/118, folio 238.

[87] Those interested in the specific history of the pandemic in Nigeria are advised to read, Ohadike, "Influenza and Cassava" & Ohadike, "Diffusion and Physiological Responses".

[88] PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 325.

[89]PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 325.

> Nigeria, and of the many thousands of deaths which followed. It was quite impossible to trace these passengers.[90]

In the days following, those who had been in contact with the passengers of the *Bida*, be they customs clerks or medical officers, spread the disease ever further, and on 25 September Lagos was declared infected under the Public Health Ordinance.[91] Throughout the month of October the disease raged through Lagos.

In the aftermath of the pandemic the authorities sort to tally the deaths attributable to the disease. As with Murray et. al. the public health authorities in Lagos decided to concentrate, not on number of deaths attributed directly to influenza, but on the excess of deaths over the normal average. Basing themselves on material that recorded the average October daily mortality for the previous ten years, the authorities in Lagos concluded:

> The excess of deaths in October over the normal average for the previous ten years was 1.062. It may be taken that at least this number of persons died from influenza during October. The other deaths during the month were 186; they in normal times would have been due to diseases other than influenza, but it may be inferred that a number of these also were due to influenza during this period.[92]

The authorities considered it to be a moderate estimate to take the number of deaths up to 1.200, to account for, amongst others, those who had fled Lagos. Given an estimated population of Lagos of 81.941, "nearly 1.5 per cent died from influenza – in all probability an under-estimate".[93]

Although this figure may not be as elegant as the excess mortality calculations of Murray and his colleagues, it is a start. Given that the colonial authorities conducted

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[90] PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 325.

[91] PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 326.

[92] PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 329.

[93] PRO, CO 879/118, Enclosure in No. 129, Report on the Influenza Epidemic in Lagos, October, 1918", folio 329.

censuses for tax purposes in Lagos, it should be possible to include the Nigerian data in future calculations linking excess mortality to household incomes. A lot more work is needed, yet it is clear that in this example from Nigeria, excess mortality comes nowhere near the 4.4% recorded in the Indian censuses. A preliminary survey of material for the other British West African ports, of Freetown and Bathurst, admittedly not of excess mortality, but of deaths attributed directly to the Pandemic, indicates similarly lower figures.

Conclusion

This article, which was written in response to those who would make predictions regarding the future of Africa in the absence of historical data, has sought to do two things. To indicate the historical importance of the Spanish Influenza in Africa, and secondly, to provide a small sample of historical material based on archival research. This historical material in combination with further research that will need to be carried out suggests that data, in keeping with "the vital registration data" that appears to be missing for Africa, can be developed.

A preliminary analysis of the material found thus far indicates that findings put forward by Murray and his colleagues with regard to Central Province and Berar in Colonial India are inordinately high in comparison to that gleaned from West Africa. The background to the inordinate death toll in Central Province and Berar lie in the specific history of these provinces and has been alluded to by Mike Davis. The devastation wrought by Colonial rule in India differs from events in the three British colonies dealt with in this contribution. It would be of interest to investigate the impact of Spanish Influenza in African colonies that share a similar history of devastation to that of Central Province and Berar in colonial India.

The material presented in this contribution, dealing with the social impact of Spanish Influenza in Africa, in combination with the sample gleaned from the National Archives in Kew - dealing with Sierra Leone, Gambia, and Nigeria at the time of the Spanish Influenza - indicates that, in contrast to what is commonly assumed, there is substantial material available that awaits further research. In combination with tax returns, the mainstay of colonial administrations in much of Africa, further archival

research into the course of the Spanish Influenza pandemic Africa, will bring to light substantial material that will do two things:

(i.) throw a light upon the manner in which African societies dealt with pandemics

(ii.) make it impossible for academics to make sweeping claims vis-à-vis Africa in the absence of data.

Much more research is needed, yet this contribution has clearly shown that with regard to the Spanish Influenza pandemic, Africa is far from a terra incognita. Given the immensity of the current HIV/Aids epidemic and the inevitable coming of the global influenza pandemic, all the material and information that can be gleaned from Africa's past experience of Spanish Influenza can only be of benefit to all of us and cannot simply be ignored.