

Health, environment and the racialisation of space in Pietermaritzburg/Edendale, 1880-1950: Revisiting the 'sanitation syndrome'¹

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Pietermaritzburg/Edendale – the two dominant components of the present-day municipality of Msunduzi – have tended to be overlooked in the historiography of urban South Africa. This is surprising on several levels. Pietermaritzburg was the capital of colonial Natal and is currently the centre of government of South Africa's most populous province. It retains one of the continent's richest legacies of colonial architecture with over 800 historically significant buildings. Counting environs, its population of close to a million people makes it the 7th or 8th largest urban centre in the country. Edendale, for its part, was one of the first and largest black freehold communities in South Africa, had the first functioning multi-racial local authority advisory board, is the home of what was once an internationally renowned hospital, and was the

¹ For the following research I am indebted to colleagues in a collaborative, interdisciplinary project based in the Centre for Environment, Agriculture and Development at the University of KwaZulu-Natal. "Urban ecosystems and human health" was generously funded by the International Development Research Centre (see Goebel 2007, and Goebel *et al* 2010). The methodology for the historical component of that project, of which this is a small part, included archival research (mostly correspondence with the Town Clerk and Native Affairs Department [NAD], the Local Health Commission [LHC] minutes, the Pietermaritzburg City Yearbook [PMB], the *Natal Witness* [NW], and *Ilanga lase Natal*), participatory observation of community and municipal planning events, and oral history in conjunction with the Simonlando Project and the Greater Edendale Development Initiative (in progress). Special thanks to Julie Dyer for sharing her unpublished manuscript on the history of health in Msunduzi with me, and Pieter Nel for discovering the (uncatalogued) LHC minutes at the Natal archives.

scene for some of South Africa's worst political violence in the period of transition to democracy. Pietermaritzburg used to promote itself as the healthiest city in South Africa, if not the world - "the Mecca of those who seek healthy surroundings" (PMB 1936, 75). Edendale today has some of the highest rates of HIV prevalence in the world.²

Msunduzi, I should add, in March 2010 earned the distinction of becoming the largest municipality in the country yet to be placed directly under provincial administration in order to avert bankruptcy and a total collapse of services delivery.

My primary objective in this paper is to rescue this interesting place from an undeserved obscurity in the historiography of South Africa, perhaps to show, as Parnell (1995) has encouraged, that local urban histories can significantly enrich our understandings of historical change that at present mostly derive from studies of the big cities and satellites only. Indeed, my secondary objective is to assess whether the history of Pietermaritzburg and Edendale supports several strong claims about health, environment and racial segregation that are prevalent in the historiography almost to the point of "received wisdom." This includes, above all, explanations of urban segregation that draw upon Maynard Swanson's concept of "sanitation syndrome," a concept that posits the co-optation of scientific knowledge by racist whites to achieve the politically difficult goal of moving Africans out of the city into locations. Acknowledging severe limitations in the historical sources, I have been particularly concerned to find evidence of African agency and of the role of women and gender in the racialisation of space through the medium of initiatives to improve health and the environment. The period 1880-1950 encompasses Edendale's transformation from prosperous African farming village to a notorious slum and to an increasingly multi-racial collection of communities prior to the imposition of the

2 Pietermaritzburg (often abbreviated as Maritzburg) and "Greater Edendale" are the subjects of several unpublished dissertations (Meintjes 1988, Nuttall 1982, Seethal 1993, McNeely 2008, notably), an eclectic collection of articles in "coffee table" format (Laband and Haswell 1988), a small number of academic reports and articles (UN 1951, Wills 1991 for instance), and, most recently, a monograph focused on the history of sport (Merrett 2009). Otherwise they get little more than passing reference or a footnote in the historiography - see, for example, Maylam (1995).

Group Areas Act.³

Maynard Swanson coined the term ‘sanitation syndrome’ in his study of the origins of racial segregation in Durban (Swanson 1976). In effect, the concept shifted blame for the antecedents of apartheid away from rural Afrikaners and onto urban, self-styled progressive British, said to have promoted segregationist policy under the rubric of an inflated health scare (infection of whites by blacks). A subsequent article on Cape Town and Port Elizabeth (Swanson 1977) found that the bubonic plague offered an especially compelling pretext to overcome opposition from those white employers who preferred the status quo of on-premises hovels for their employees, despite the fact Africans were neither the main source nor major victims of the plague. Described as “a significant academic breakthrough” by Beinart and Delius (1996, 7) this article elevated the concept to almost iconic status, reified by subsequent authors to the extent of “dictating” major urban planning decisions (Lester 1998, 87). For scholars in a hurry to denounce white liberals and to expose racism politely hidden within scientific discourses around health, a footnote to Swanson and select quotations from colonial officials or pundits offers a convenient short-cut to make the point.

Racism, of course, was and remains heavily stamped onto the geography of South African cities. For historians hardly anything could be easier than to pluck evidence of despicable prejudice and hypocrisy from the documentary record, and indeed this provides the

3 The very rich historiography of urban South Africa is heavily skewed toward Johannesburg, Cape Town, Durban and Port Elizabeth. Let me cite a small fraction that is directly pertinent to the present study: Maylam and Edwards (1996), Freund (2005, 2007), Parnell (1988, 1991, 2002), Atkins (1992), Maharaj (2002), Beavon (2004) and Bonner (2005).. I acknowledge that many of the above do not rely upon or even refer to Swanson, and that I am not the first to offer a critique - Rich (1979) and Maylam (1995), for example, do so from a materialist perspective. Also informing the present study are histories of health, environment, and social welfare, notably Digby (2006), Wylie (2001), Jeeves (2000), and Dubow and Jeeves (2005).

over-arching context for the development of underdevelopment that I describe below. By the beginning of the 20th century, however, as Swanson cogently argued and as Diana Wylie developed through her concept of “malnutrition syndrome” (Wylie 2001), such prejudice was increasingly couched in the morally neutral language of science. Swanson’s most important achievement, since corroborated by numerous studies from around the continent, was to illustrate how often-subtle racist or Eurocentric assumptions about Africans and Africa imbued the production and application of scientific knowledge, from epidemiology to soil management to nutrition to urban planning. In short, and here I fully agree with Swanson and Wylie, the language of science can have a powerful conjuring effect that enables good people to make and to justify bad policy decisions or to defer necessary political change. Wylie makes a compelling case that cultural racism, understood as an overweening hubris arising from European scientific achievements, broadened political support for National Party rule in the early 1950s and thus helped lay the groundwork for grand apartheid.⁴

Yet astute as Swanson’s analysis was, more than three decades after he coined “sanitation syndrome” it is appropriate to question whether the term has outlived its usefulness, and whether, in making its broad critique it allows important nuance to be lost or passes overly harsh judgments against diverse groups of people. Can it really be that interventions to address the health crisis among Africans (if indeed that crisis is admitted at all, see below) throughout most of the 20th century were simply “diversionary” or “meliorist,” that is, they alleviated immediate suffering but undermined the political will to tackle the real source of ill-health (colonialism, racial capitalism)? Were white liberals who led the initiative “paternalist” or “authoritarian” to the extent of betraying black aspirations, their idealism hoist on the petard of arrogance and cultural racism? Were blacks who worked with the state to improve conditions in their communities “collaborationists”? Was the pathology merely “putative,” and scientific expertise “a muffler and a blinder” to obscure the real problem: “racist paranoia and squeamishness” by 4 My own recent work has also shown how unsuspected tropes of racial prejudice in the early ostensibly scientific literature about “African sexuality” trickled down to contemporary times with decidedly harmful results for the fight against HIV/AIDS (Epprecht 2008). Making a similar point on the environmental front, see Leach and Mearns (1996) or Showers (2005), among many others, and Melosi (1997, 2002) on “environmental racism.”

the majority white population?⁵

To be sure, much about Pietermaritzburg and environs at first glance seems to conform to the syndrome and to the related concept of environmental racism. The first African township, or Model Native Village as it was called in 1928, was located beside the city dump, across the polluted river from the sewage farm, and down the hill from the infectious diseases hospital. Debates over what to do about Edendale, home to a much bigger and poorer African population on the other side of the city, were also characterized by much the kind of language that Swanson and Wylie found in their studies: “menace,” “threat,” “diseased native,” and “native habits,” to cite just a few commonplace examples. In the words of the city’s Medical Officer of Health, Dr. M. Maister, Edendale was the “thin crust of a volcano ready to spout an epidemic of disease,” with Pietermaritzburg “right in the path of the lava that will overflow.”⁶

But how powerful could the sanitation syndrome really be in a city where well into the 1970s more than half the African population lived in town, either in large hostels near the heart of the central business district or directly on employers’ property, where the main African location was an easy walk to downtown, and where most of the African population lived in a multi-racial community which, for over a century before the Group Areas Act finally enforced segregation, adamantly resisted attempts by the city to interfere? Did the irrationality of racism trump the empirical basis for anxiety about ill-health among urban Africans, bearing in mind the limits of power to the local authorities at the frontline of sanitary and health services? Were Africans simply at the receiving end of the syndrome, or might they have actively colluded in its construction as a social metaphor? And can environmental racism explain all that much in a city where whites mostly lived downstream and downwind of the worst African slums?⁷

5 The quotations are from, respectively, Wylie (2001, 199, 124, 242), Phillips (205, 117), Nuttal (1982, 23), Swanson (1996), and Maylam (1995, 25).

6 Reported in the *Natal Witness* under the sensational title: “Living Conditions of Middle Ages: City Menaced by ‘Black Belt,’” *NW*, Sept. 12, 1941, 5

7 This is not the place to query Swanson’s original research, but quick look at the article most pertinent to the Edendale case does raise concern that he

The contemporary context gives some piquancy to these questions. On the one hand, there is a self-conscious initiative to build a sense of community and pride of place in the Greater Edendale area. This initiative emphasizes the recovery of Africans' contributions to the history, implying both "inspirational" or resistance narratives and a desire to face some painful truths about underdevelopment and violence. Indeed, Msunduzi is a city where average life expectancy among blacks today is lower than it was fifty years ago, where municipal services and the physical infrastructure inherited from the apartheid era are visibly deteriorating, and where political leaders sometimes openly sneer at whites (and women and science) in crudely demagogic terms. The concepts of sanitation or malnutrition syndrome in this context may inhibit facing painful truths by contributing to what Terence Ranger (2004) has called "patriotic history," that is, a dangerous distortion of the colonial past to obscure the failures and crimes of the current ruling party.

_____ may have somewhat cooked the books to support his argument. Notably, he states that "only 27 cases of infectious diseases" were recorded in Clermont in the year prior to proclamation as a Public Health Area (Swanson 1996, 293), hence discounting the empirical base of the official line. In fact, the official line as stated in the confidential report of the Superintendent of the LHC, was preventative action, normally considered a good principle on which to base health care decisions. The situation was that roughly 3,000 people drew their water from uncovered springs exposed to human and animal excrement and where wattle and daub shacks were rapidly proliferating. Moreover, there is good reason to suspect the number "only 27." Once the LHC was established and an efficient system of notifications was in place, the health statistics worsened dramatically. According to the 1948 MOH report, deaths from pulmonary TB and malnutrition in Clermont were proportionate to those in Edendale's, while infant mortality, largely caused by diarrhoea, was actually higher (271 per thousand, compared to Edendale's 264 - LHC 1948, 2. Both these numbers represent more than double the rate estimated for one of Johannesburg's most notorious slums, Alexandra - Wylie 2001). Pathology in Clermont was clearly more than "putative," as Swanson puts it (297).

In no way I am suggesting that South Africa is following the Zimbabwe path, nor do I gloss over the cruelty and harm of racism. I do think, however, that historians need to be alert to unwittingly perpetuating over-generalizations about racism or African victimhood that might muddy current, and often fraught, initiatives to address South Africa's present "sanitation" crisis.

In the following sections, I will first set the context by tracing the development of the city's distinct districts through the lenses of health and environment. Secondly, I focus on the events and debates leading to the establishment of an experimental form of local authority to address these issues in 1941 (ie, the LHC, which governed most of Greater Edendale until 1974). I consider the role of the LHC in preparing the ground for formal racial segregation under the Group Areas Act in another paper (Epprecht 2010), but here I conclude with some observations about the immediate challenges it faced on the sanitation front in its first few years of operation and what this suggests for the usefulness of the concept of sanitation syndrome today.

Pietermaritzburg was laid out as an agricultural town by a party of Afrikaner trekkers in 1837-8. Each burgher had enough property within the grid to sustain a small farm (*erf* in Afrikaans, *erven* plural). Outside the grid a large expanse of "town lands" provided for protected forests and other communal use. No African settlements were removed, and indeed, by all accounts the African population in the wider district was small and very poor. Ancient communities that had been in the area historically had been broken up or migrated away during the droughts and regional turmoil of the 1800-20s. "[P]ockets of refugees clung on in patches of forest" in the hills and kloofs that extended westwards above the valley (Wright 1988, 20).

The new town quickly attracted Africans to the area, including refugees from ongoing wars in Zululand and families who saw opportunity in selling produce, hides, firewood, and labour to the settlers. When the British took over in 1843, the town's role as an economic magnet increased further while the *pax Britannica* enabled population recovery in the local villages. Conflict over land was inherent between such population growth and the colonial government's desire to attract British settlers. The "Shepstone system" was designed to manage that conflict, and at the same time to secure a steady supply of cheap labour with minimized costs and responsibilities to the government. Towards those multiple objectives, a Native Reserve was

demarcated in 1846 on a stretch of rough and tumble land in the “mist belt” above the town. Zwartkop (sometimes Swartkop, latterly Vulindlela) reached as close as two-and-change kilometres from the British garrison at Fort Napier (at the top of the town grid). The sale of land within Zwartkop was prohibited in favour of communal land tenure under loyal and dependent chiefs exercising formalised customary patriarchal law.

Soon after this reserve was created, another group of African migrants to the district established their own community on exactly the opposite principles. Wesleyan missionary James Allison purchased one of the original Afrikaner farms directly south of Zwartkop and about eight kilometres to the southwest and upstream of the city along the Msunduze (Umsindusi) River, renaming it Edendale. About half of this land was reserved as commonage, the bulk of which encompassed the farm’s many steep hillsides and most vulnerable flood plain. The remainder was parcelled out as freehold plots owned (through debt financing) by Allison’s roughly 400 African followers. These mostly Swazi and Basotho Christians known as *amakholwa* (“enlightened ones”) saw themselves as the vanguard of an African elite that explicitly rejected pre-Christian or “tribal” customs and law. A village laid out on a grid pattern was named in honour of the governor of Natal for his financial support (Georgetown). Already a “remarkable success” when Bishop Colenso visited in 1854 (Colenso 1855, 51), by the 1860s *amakholwa* had paid off their debts, had sent Allison packing, and were widely regarded as proof that Africans could be “civilised” and prosper as market-oriented farmers and artisans. By the 1870s, Lady Barker (wife of the Governor) waxed lyrical in her description of the “thoroughly nice respectable little houses of adobe brick,” “luxuriant gardens” and “inexpressibly homelike and fertile” ambience of the village, which she compared favourably to the somewhat shabby appearance of Maritzburg (Barker 1877, 194-199 compared to 59). Well into the 1930s, Edendale and the neighbouring farms of Slangspruit, Plessislaer and Wilgefontein were still commonly described as the most beautiful and most fertile lands in the district.⁸

Pietermaritzburg during this period was not formally reserved for whites only and indeed it became home to traders and labourers from many racial groups. Indians in particular began to immigrate in the early 1860s, and by the turn of the century roughly equalled Africans in number.

8 See, for examples, letters from white residents near the notorious slum Schoonplaas, NW 7 and 13 March 1933

While Indians concentrated in the southeast side of town, African “squatters” could be found all over. A painting from 1870, a time when the formal African population was around 2,000, depicts a Zulu beehive hut in what is now near the heart of the central business district (Kerchoff, ex-Chapel, and Church Streets – Wedderburn 1991, 249). There were occasional calls by white citizens to clear these people out, beginning with an 1855 proposal to establish a discrete Native Village in the hills to the north (today among the city’s most valuable real estate). The main issues then were uncontrolled tree cutting by the so-called squatters, noise, animals, petty theft, and the “insolence” of Africans. They were, observed the Acting Magistrate for the City division in the Umgeni District, “continually obstructing footpaths” (Natal 1899,).

Most Africans in town, however, were not squatters but legitimate employees housed directly on the premises of their employers or as renters in barracks on the lower side of town. The latter had originally been intended for Indian labourers but became home to poorer tenants of all races. This area was the focus of the first serious complaints about insanitary accommodation and immorality within the city, and the strongest racism expressed by city officials was directed against Asians. As the District Surgeon put it, “The Indian, in spite of sanitary inspection, still wallows in his native stench and filth” (Natal 1893, B57). His hope for a “Coolie location” was not achieved at that time, although Pietermaritzburg did lead the way in lobbying the colonial government to introduce anti-Asian legislation.

In theory there were strict regulations upon the movement of Africans in town, notably through the *togt* system that required Africans to register for labour on a daily basis and to wear a badge to display their *bona fides*. A curfew was imposed to keep the noise at night down. In practice, however, neither these nor the laws regulating illicit liquor brewing appear to have been well-enforced, as suggested by the District Surgeon’s comments in 1898: “The health of the Natives in this Division would appear to be very good indeed... Most cases are Chicken-pox, brought into town by Kraal Natives, who under the present Borough Regulations, are allowed to come into town, and invade your premises at their own sweet will, calmly taking up their quarters for the night in your Kafir house” (Natal 1898, B27). As for liquor laws, an indirect way of managing the female population in town, these were “utterly futile.” That may partially explain why Pietermaritzburg had one of the least imbalanced gender ratios of South African cities in the era - about 1 woman per 3 men as compared to 1 to 10 in Johannesburg at the turn of

the century..

Intermittent calls for clearing Africans out of town or imposing stricter discipline on women and “loafers” came up against several other obstacles in addition to Africans’ own non-compliance. No one was interested either in picking up the cost or facing the legal challenges of compelling employers to accede to evictions of their employees. Moreover, from the District Surgeon’s perspective, there was a powerful health argument for allowing women to remain in town: “Many Native girls and women wander from their kraals in the country and take up the profession of prostitutes in the City... Anything like a wholesale banishment of these women to the country is sure to be followed, in my opinion, by an epidemic of what has been termed the ‘social pest’. I am disposed therefore not to be too severe on these women, and I am inclined to confine the operation of the powers I possess... to those who are followed up quickly by their relatives... and not to trouble so much about those whose relatives make no application for them” (Natal 1903, A80). Growing untidiness was meanwhile regretted by the District Surgeon, but here too his explanation implied a problem with the administrative structure rather than something inherent in African habits: “The men say they have no control over the women now. If they scold them [about untidiness], they go home to their mothers; if they chastise them, they complain to the Magistrate” (Natal 1898, B21).

Africans with the means (*amakholwa*) remained free to purchase their own property in town, which they did with the establishment in 1865 of an informal “colony” just across the Msunduze River from the central grid (New Scotland/Topham Road district). The first attempt to count them in 1898 found that Africans occupied 96, and owned 42 “buildings” in the city (Natal 1898, B71). This was clarified a few years later as meaning that some “possess houses of their own, and live in a more or less civilised manner” (Natal 1903, A79). By the 1920s about 50 Africans owned sometimes substantial brick homes in the mixed-race neighbourhood, some renting to white tenants.⁹

The healthy climate - no malaria or other tropical diseases, notably - was used as a selling point to encourage British immigration. From the healthy, semi-rural ambience of the early

9 Natal Archives Bureau (henceforth NAB) 3/PMB [Town Clerk correspondence] 4/3/341 TC 80a/1939

decades, however, sanitary conditions within the city quickly took a decided turn for the worse in the 1860s. A boom in both human and animal population rapidly blighted the environment. Sanitation to the turn of the century period consequently came to mean, in the main, securing the city's water supply from pollution. The original layout channelled water from a natural stream (the Dorpspruit) into open furrows called sluits leading down each street. Waste water, not to mention run-off and animal waste from the streets, went into the same furrows so that the lower you were on the grid, the dirtier your source. This system, rather than conscious or even "metaphorical" town planning, accounts for the first *de facto* racially segregated neighbourhood. The lower, south-east corner of the grid was largely unpopulated when the first waves of Indian and Coloured workers arrived, the poor water quality (and frequent floods or shortages) making it undesirable for people who could afford more valuable land higher up. This system also accounts for the city's first major infrastructure project - covering the sluits in the town centre.

The next major infrastructural projects also related to the supply of clean water and the disposal of waste. Like much of the region, the Maritzburg area suffers from periodic droughts that soon exposed the inadequacy of the Dorpspruit to supply the city's growing population. Attention turned to the larger streams running into the Msunduze. The first modern waterworks opened in 1880, while an underground sewer system was gradually extended from the city centre to a sewage farm about 3 kilometres downstream. Both initiatives, however, were quickly overwhelmed as the population surged. Thousands of feral dogs added to the stench as their excrement "in fine powder is floated up with every gust of wind" (Natal 1894, B6). The District Surgeon described a situation in 1895 that was positively dangerous: "Filthy streets, sanitary conditions worse than they have ever been, the roads covered with a layer of desiccated excrement, sluits emitting pestilent odours, water supply quite inadequate even in the midst of summer, night soil cars allowed to poison the night air with their emanations, the same story year after year" (Natal 1896, B88). The Msunduze had by this time become little more an open sewer. This included by those whites who, rather than using modern technology, sent their laundry to Edendale's *amawasha*, hundreds of whom were employed to clean clothes directly in the river just outside (upstream) the city limits. The *Natal Witness* did not approve of the result: "a collection of filth that causes the air to positively reek. A little distance ahead and the hospital refuse percolates through a juvenile malarial swamp and discharges itself into the river. Passing along to Alexandra Bridge [in the heart of the city's premier recreation area] and the weir and

another collection of odours is met with, followed by the tannery inferno.”¹⁰

The Henley dam was conceived to provide a solution to these problems by ensuring an ample supply of cheap, pristine water that could be safely delivered to people’s homes. A new problem was implicit, however, in that the catchment area for the dam was none other than Zwartkop, with an estimated population by-now of 50,000 people and rapidly growing numbers of domestic animals. The mayor discreetly approached the Native Affairs Department with a proposal to remove all those potential threats to the dam’s water quality. Mr. Moor of NAD not only point blank refused, but defended his people with the firm opinion that “the Natives in their habits were not likely to pollute the streams...”¹¹ NAD did concede, however, to fence off a few hundred acres of land around the lake which the city planted with trees.

Mr. Moor’s defence of Zwartkop points to an obvious feature in the documentary record of sanitation and health in Maritzburg prior to the 1930s. City officials did *not* blame Africans for the deteriorating mess. Indeed, little support can be found in the Maritzburg case for the argument that racial mixing in South African cities began to be undone in the early 20th century using health as the major rationalisation. When the bubonic plague appeared in Durban, for example, city officials pointedly did not scapegoat Africans or their squalid living conditions as a vector of the dreaded disease. On the contrary, a deputation was sent to consult the Durban authorities and came back with a calm and clear recommendation. “Council wisely decided to take active measures to rid the town of rats; it being generally recognised that rats are the agents for the spread of the disease.” (PMB 1912, 14). Another feared outbreak in 1924 similarly did not lead officials to scapegoat Africans. This is noteworthy given that the Native (Urban Areas) Act of the previous year had given the city power to target slums for demolition had they so desired. The Medical Officer of Health did not propose this but rather pointed to the train station at the then still-fashionable top end of the grid as the main source of danger, that being the entry point to the city for rats hiding in grain shipments coming from the Orange Free State (PMB

10 NW 29 Oct. 1900. See Atkins (1993, 135-40), albeit with no discussion of water pollution issue, for a discussion of the politics of the *amawasha* phenomenon.

11 NAB 3/PMB 394/1902 (4 April 1902).

1924 16).

The history of correspondence between Edendale and Pietermaritzburg also indicates that sanitary (and criminal) offences in the early 20th century were seen to come primarily from the latter to the former. In 1905 the problem was the city contracting waste disposal to private companies who simply dumped their loads outside city boundaries. A petition by Edendale residents took the matter to the colonial government: “stench arising from the carcasses buried on the land, in close proximity to our properties constitute a grave danger to the Public. The dead beasts and human excrement for ‘Fort Napier’ and elsewhere are buried in the midst of a large population of Europeans, Indians, and Natives. Enteric fever caused through the unsanitary conditions of the District in the past was very rife.”¹² A few years later the Chief of the *amakholwa*, Stephen Mini, also appealed to the province to intervene to stop the menace from Pietermaritzburg. “Soldiers of the Fort have been molesting my people at Edendale. Several cases have occurred lately in which they have forced entrance into houses for immoral purposes.”¹³ In at least two other publicized cases, the city was compelled to clean up its dumping practices by successful lawsuits from property-owners.¹⁴ The city, for its part, blamed white employers for failing to provide decent accomodation and proper sanitary facilities for their African employees and rued its lack of powers to enforce standards.¹⁵

Hints of the disaster to come began to come out of Edendale in 1880. After the initial period of relative prosperity, and indeed, directly resultant from it and the political reactions of white settlers against successful African farmers (Lambert 1996; Meintjes 1988), conditions began to decline in both Zwartkop and Edendale in the 1870s. The former, first, charted a pattern that became characteristic of native reserves throughout almost the whole of southern Africa. The lack of private ownership of land and the persistence of traditional mores meant that income tended to be invested in the main customary indicator of wealth: cattle. Ownership of cattle in

12 NAB PWD/2/150 2637/1905

13 NAB CNC 38 1632/1911

14 PMB 1910, 80.

15

turn enabled men to acquire multiple wives and the services of male clients, both of whom contributed further to wealth through growing family and through ability to offer hospitality to other men in exchange for labour and political loyalty. But this type of wealth in the context of severely limited borders quickly led to overstocking, loss of high quality pasture to weeds, and consequent soil erosion and loss of fertility. A flood of refugees from wars in Zululand in the 1880s compounded the pressure of population and over-use of the soil. Unsustainable harvesting of firewood and lumber led to over-reliance upon cattle dung for fuel, at the cost of manure for the fields. When rinderpest swept through the region in the late 1890s virtually to wipe out wealth invested in cattle, families had little choice but to send their sons out to look for employment, principally in Edendale, Pietermaritzburg and Durban but for a growing number as far away as the goldfields of Witwatersrand.

The development of underdevelopment in Edendale, meanwhile, picked up pace with the arrival of the railroad in 1880. This facilitated the import of cheap grain from overseas and drove down the price of local produce to non-economic levels. Many *amakholwa* moved out to establish new farms elsewhere in the region (although this option was effectively closed in 1903, when government froze the sale of Crown Lands to Africans). Others turned to renting for income and allowing desperate migrants from Zwartkop or elsewhere to settle on the commonage (first recorded in 1888). Enterprising African women turned to selling liquor and sex to the transient male population, particularly after legislation finally pulled the plug on the earlier mainstay of the female cash economy, hand laundry (Atkins 1992). The train station then provided the first locus for the emerging “beer drinking” economy, to the great distress of the “orderly and respectable people” of the village. As early as 1880 the deterioration of sections of the settlement into a slum and the appearance of soil erosion on the commonage prompted the first of numerous appeals by *amakholwa* leaders to government to give Edendale local authority status with power to enforce health and environmental regulations.¹⁶ The Secretary for Native Affairs rejected this petition on the grounds that the commonage was already governed by a trust, besides which the people had an appointed chief. In practice, this meant a continuance of the status quo - no sanitation, no health clinic, no means to protect the water and soil, and no ability to discipline people, not least of all women, who “disregard all counsel, and defy all authority.”¹⁷

16 NAB CSO 748 1320/1880

In the absence of effective local government in Edendale, Pietermaritzburg's efforts to clean up its own slums had the effect of exporting the mess mostly in Edendale's direction. A key instrument in that regard came with the city's introduction of the Durban system of a municipal native beer monopoly in 1909. The declared intention was to use the funds so raised to improve housing for African workers in town, starting by enforcing sanitary standards and cracking down on the proliferation of illegal shebeens on employers' property. The beer halls were an undoubted success, enabling the systematic inspection and clean-up of backyard "kias" and eventually providing for the construction of the city's first (and renowned as one of the country's best) "Native Village" (Sobantu). However, the immediate impact was to drive women brewers out of town, who then set up shop just outside city jurisdiction on a small enclave on Sutherlands farm. The city was never able to compete with these women in price and potency of the brew. Sutherlands, and another even more notorious concentration in nearby Macibise village known as Schoonplaas, became the focus of weekend revelry and home to growing numbers of refugees from Pietermaritzburg's police.

Georgetown itself was not yet directly touched by these developments. However, it began to be transformed by the crisis in the broader rural economy following the Land Act of 1913; the use of the commonage and poaching of the forest by people coming down from Zwartkop, and a series of defaults by the original *amakholwa* property owners. Several were forced to sell their properties, including Chief Mini's 100 acres, which he sold to cover debts in 1916. These were snapped up by Indian and European farmers. By the early 20th century a string of multi-racial (but mostly Indian) communities had sprung up along the road from Georgetown to the city boundary (Mount Partridge, Plessislaer, Camps Drift, Pentrich). By the early 1920s, whites and Indians owned an estimated 40-50% of the total area of Edendale which they improved as tree nurseries, orchards, dairy and irrigated vegetable farms. As they became more entrenched and self-confident, and as a "rapidly increasing" population of impoverished Africans concentrated on lands of absentee landowners, tensions between the groups increased. Mini, with the support of the trustees, petitioned government to block the sale of land to non-Africans, while white and Indian landowners, also claiming to be acting with the support of "some of the Natives," counter-petitioned to maintain the status quo. Shop-owner H.F. Kothe explained that "there has never been friction between the native owners and European owners until lately and the whole trouble

has arisen through one or two prominent natives at Edendale illegally and without any authority whatsoever placing native squatters on the Commonage and claiming rent from them.”¹⁸ In fact, the trustees themselves had condoned the practice and charged the squatters rates!¹⁹

Finally, to set the context for the debates of the 1930s, it needs to be borne in mind that the Great Depression began earlier and lasted longer in Pietermaritzburg than any of the country’s other major cities. Pietermaritzburg’s long-term economic decline exacerbated the trends in its environs. The city’s fortunes took a turn for the worse with the end of its status as colonial capital 1910 and the departure soon after of the imperial garrison at Fort Napier. The population of rate-payers stagnated or actually declined in some years, not recovering until after the Second World War. Saddled with the costs of Henley dam, many of the other big sanitary projects languished. This is not to forgive council for its sometimes shocking parsimony with respect to African needs, but it does contextualize the city’s adamancy in refusing both to take responsibility for Edendale and to relinquish its expansive tree plantations on town land for residential development. When critics point out that much of the so-called model Native village remained on the “dehumanizing” bucket system of waste disposal, they may be forgetting that many white rate-payers also relied on slop buckets well into the 1940s.

On August 1931, the main voice of liberal opinion in Natal announced, with hasty over-optimism, what would become the death knell of “old Edendale.” The city proclaimed itself under the amended Native (Urban Areas) Act (NUAA), empowering the Medical Officer of Health to order the demolition of slum dwellings without first providing replacement homes. This power could be applied anywhere up to five miles outside the city boundaries. People evicted who did not qualify for housing in the Native Village by virtue of legitimate employment would, it was naively believed, either find lodging in buildings specifically licensed as exempt from the Act or return to their rural homes. “With this cleaning up of the city will go an improvement in the health of black and white”(NW 19.8.31).

18 NAB CNC 355 1919/1675 and 3/PMB 596/1922

19 CNC 37a PMB - CNC 23/1, a practice they continued to justify as late as 1941 - NW 17 Sept.1941.

The police concentrated their first assaults on the mixed-race slum of Hawthorn's Hill, roughly 600 evicted Africans being moved into the Native Village and a similar number of Indians to the exempted Pentrich area or communities beyond. Next came what the Chief Native Commissioner described as a policy of "attrition," that is, targeted evictions of known "undesirables" and against mostly Indian landlords with hovels on their property (*NW* 28 Feb. 1933). The shebeen zone at Sutherlands bore the main brunt, and by 1936 no less than 1500 residents had been ejected.²⁰ Some of these went to the expanded Native Village, and some found rental accommodation in the (temporarily) exempted *amakholwa* "colony" of New Scotland. The vast majority, however, simply moved up the river valley to the Georgetown area, which remained just out of reach of the NUAA. The results might have been better predicted. Hundreds of wattle and daub structures mushroomed, often in people's backyards but also on the commonage. The over-crowding was ideal for the spread of tuberculosis, while the proliferation of privies and rubbish pits on the flood plain facilitated the colonization of the valley by anopheles mosquitoes. Indeed, malaria appeared for the first time in the Maritzburg district in 1930/31. It became an epidemic in 1932 that claimed 92 lives (*PMB* 1932,). Flooding, which had always been a recurrent threat, also turned deadly as the commonage rapidly deteriorated. A particularly devastating event inundated farmers on the western approaches to the city in 1937.²¹

The Edendale Trust being utterly incompetent to deal with the crisis, first the City, then the Provincial and then the Union government became involved. The city commissioned the first survey on housing and poverty in 1930 in two of the most notorious slums contiguous to it: Hawthorn's Hill and Camps Drift. In the latter, 97% of dwellings were found to be "unfit for habitation" (*PMB* 1930, 74). This information was used to prepare the ground for the evictions and to justify the expenses of expansion of the Native Village. The city in 1932 also embarked on its first direct health foray outside its boundaries, destroying mosquito larvae at its own expense to stop the malaria epidemic.

20 NAB 3/PMB 4/3/205 832, police memo on "Natives at Edendale."

21 *NW* 1937. This flood was the pretext for the first proposal to remove Indians from the Camps Drift settlement, shot down (in the short run) by the overwhelming opposition of the white citizens near the proposed Indian location on the east side of town (Mountain Rise).

The slum clearances generated anger and fear among the affected people. A mob of women attacked the first anti-malarial team in Edendale, who were finally chased out when men joined the fray armed with chains and sticks (*NW* 9 Feb. 1933). This event was followed soon after by the provincially mandated Maritzburg Environs and Boundaries Inquiry (March 1933) which heard testimony on the merits of extending the boundaries of the city to enable it to deal with the problem. Opposition to this idea, known to be strongly favoured by the province, was virtually unanimous, although for diverse reasons. Ratepayers and councillors in Pietermaritzburg feared the estimated cost of half a million pounds. The European and Indian landowners of Plessislaer, and “respectable“ Africans in a nearby section of Slangspruit represented by a European landowner, feared they would be saddled with urban rather than rural rates and restrictions. And Chief Mini, speaking on behalf of the whole of Edendale, feared incorporation with the city would open the floodgates to a European and Indian land grab. Numerous witnesses meanwhile denied that the problem was serious enough to warrant the expense, and indeed, Mr. Boola, the most powerful Indian landowner, assured the commission that they were actively cleaning things up (*NW* 28 Feb. 1933). Several noted the anomaly of the city expanding when it was already one of the largest in area in the country. Why did it not build a new native village to accommodate refugees from attrition on the town lands?

Faced with such a cacophony of opposition, the Boundaries commission ultimately recommended the status quo only with better enforcement of existing laws. The following year, however, the city took the initiative again. Working with NAD, it produced a proposal for a Town Board under NAD authority but equipped with all the powers of a local authority to enforce health and environmental regulations. The board would have had ten elected and four nominated members, and a staff of full-time health officers. It would have required a subsidy from the provincial government of approximately one thousand pounds per year. The provincial treasurer turned down the request.²²

The people of Edendale meanwhile independently began to organize to present their case for political reforms to address the crisis. Two factions emerged. The first, led by Chief Mini, demanded that Edendale be reserved for blacks only and in 1937 established a fund to buy back lands that had been lost to European and Indian encroachment (this was immediately declared

22 3/PMB 4/3/318 TC 955/1938 CNC Re: Control of Edendale

illegal by the provincial government, which ordered Mini to desist). The second, multi-racial faction had H.Selby Msimang as its spokesperson. It demanded the abolition of the trust (later, the chieftainship as well) and the establishment of a democratically constituted municipal status. In early 1938 both factions convened large public meetings to rally support for their rival visions. Tempers, the police reported, became frayed and indeed Msimang requested police protection. As the Town Clerk phlegmatically remarked, “It would appear that property owners themselves in Edendale are apprehensive of the dangers of allowing the present state of affairs to continue”²³

The Urbanised Areas inquiry, which visited the city in June 1939 as part of its national tour, finally broke the deadlock. It took another two years to establish the legal framework for a local authority in predominantly but not exclusively African residential areas - Natal Ordinance 20 of 1941 (Public Health Areas Act). It had powers to levy rates, to enforce environmental, building and health regulations, to carry out infrastructural development, to expropriate land, to provide public education, to demolish slums and remove people to new homes. The mandate of the LHC was to get things done in the expansive spirit of social medicine that was then winning kudos at the highest levels of government (Jeeves 2000). That is, it would not simply provide clean water, homes, erosion control, and curative medicine, but also conduct research, surveillance, primary health education and beautification (planting flower gardens, for example). It also took up advocacy of African rights when (as was patently obvious so much of the time) lack of rights contributed to the health crisis. Toward that mandate, the LHC lobbied for ever greater powers, broader fields of intervention, and extended borders throughout its years of existence. In 1949, for example, the Chairman of the LHC regretted its inability to intervene on behalf of African commuters in a dispute with the city over bus fares. The LHC subsequently, albeit briefly, supported the request of the its multi-racial Advisory board to abolish the chieftaincy and to protest the proposed removal of the Indian communities under the Group Areas Act. From the very beginning, it promised concrete steps towards self-government. One needs to be wary of giving too much credence to such promises, but when even *Ilanga lase Natal* honoured the first commissioner J.C. Boshoff as sincere in his desire to meet this obligation, we should not be too quick to label the Advisory Board as simply “collaborationist.”²⁴

23 NAB CNC 37a PMB - CNC 23/1

24 NW 24 May, 1944; Epprecht (2010); *Ilanga* Dec. 1953

What that authority actually did, how it governed, and how it eventually succumbed to apartheid (il)logic are the subjects of another paper. But the debates leading to the formation and consolidation of the Edendale and District Public Health Area in the 1940s and early '50s shed light on the way that sanitation was understood, and rhetorically deployed, by key actors. Before concluding, I would like to make four general observations about those debates.

First of all, research and abundant testimony confirmed that there was a crisis on a scale that not only shocked many people but implicated powerful actors. To its likely embarrassment, for example, the city's research in 1930 revealed that the city itself was the second biggest landlord in the Camps Drift area with the worst over-crowding and poorest tenants. Twenty-one dwellings on city property housed 292 residents, or fourteen people per hovel earning about 20% less than the biggest slumlords, L.F. and D.G. Forsyth (PMB 1931, 74). Police also reported a European property owner as culpable not only in shack farming but in fuelling the illicit economy. Frederick L. Wilkonson had illegally erected 60 huts on his property with "no sanitation of any description," which he rented at 8/- per hut per month, a level far in excess of ordinary natives in regular employ could pay (implying shebeen and sex work).. "I may add that other Native land owners in the same locality are following the example of Wilkonson."²⁵

Second, opinion on what to do was not always politically naïve or content with the political status quo. On the contrary, as early as Edendale's first petition for local self-government in 1880, petitioners emphasized the need for strong enforcement of regulations backed by control over the purse and democratic choice ("A man to be chosen by the people to inspect all matters of the Station").²⁶ To be sure, consensus about this subsequently broke down and bitter divisions emerged in the 1930s. Yet both factions remained vocal in identifying the trustees and the city as the chief obstacles to their aspirations. As Chief Mini put it when incorporation with the city was put to him in 1939, "'Never, never,' he declared, shaking his head vigorously and holding up his hand in protest."²⁷

25 NAB CNC 37a PMB - CNC 23/1, police report 13 August 1934

26 NAB CSO 748 1320/1880

27 *NW* "Syndicates blamed" 15 June 1939

The *Natal Witness* first similarly deplored the sanitation crisis but then, in its verbose style, acknowledged a political dimension: “There are, however, other equally cogent reasons to stimulate the public conscience in this matter. [...] The manner of democratic practice is assessed by its results. There is nothing in the black belts over the border that is creditable to the administration of democratic government. This is admittedly, a matter that falls outside the immediate purview of the City Council, but it is not one that can be neglected by any member of the community. Very tardy recognition of the menace to health and democratic duty towards the inhabitants of the black belts has come in the appointment of a commission of inquiry.” (*NW* June 1939).

The city, for its part, saw Edendale as a metaphor for hostile provincial and union governments. Witnesses to the commissions of enquiry blamed the Union acts of 1913 and 1923 for the mess, and pointed out the injustice of holding the city responsible when one of the biggest offenders on the sanitary and low wages front was South African Railways. City Council actually boycotted the hearings about its own borders in 1933 in protest at an assumed pre-judgement by the province to compel incorporation. Then, in April 1937, more than two thousand burgesses gathered at city hall in what the *Natal Witness* described as a “Spontaneous rising of citizens” against 27 years of injustices and hardships imposed on the city by higher government (*NW* 29 April 1937, p7). There is some evidence to support this perception, the province’s failure to find a thousand pounds to support the NAD-City initiative of 1934 being a prime case in point. Intense pressure by the province verging on threats compelled Pietermaritzburg to chip in - L10,000 (a fifth of the total budget set aside for the Edendale Public Health Area in its first year). Durban, by contrast, was never required to pony up for its first, much smaller PHA, Clermont.

Thirdly, the “diseased native” (and “Asiatic menace”) who threatened the health of Pietermaritzburg citizens was unquestionably a part of the discourse in the 1930s and early 40s, much more so in the early decades. Perhaps most notoriously, the MOH in 1939 invoked a single case of apparent transmission of a venereal disease from a domestic worker to a European child. Fears of miscegenation formed part of the Child Welfare Society’s submission to the Thornton commission of 1939, and there were calls for “more lashes” for Africans who broke the sanitary laws, as well as aspersions cast on Indian landlords. Witnesses at both commissions, however, and many of the correspondents in the *Natal Witness* often revealed a more sophisticated

understanding of the sanitation crisis than Blimpish fear-mongering or squeamishness. Notably, the range of health threats was seen as much more diverse than simply native hygiene, often coming not directly from Africans themselves but through the river. Mr. B.A. Henwood, a farmer and city councillor, for example, warned that “many of the vegetables sold in Maritzburg were irrigated by the polluted river water. ‘I would not dare eat one of these,’ he said. ‘I irrigate my vegetables with this water, but it is only for consumption by my stock. After the spring rains the water stinks so badly that even my stock will not drink it and at times after a long dry period the water smells so badly that the natives I employ refuse to work in or near it. ... One day there will be a terrible outbreak of enteric or amoebic dysentery from these.’”²⁸

Other correspondents also shifted responsibility from Africans themselves to the city or irresponsible whites. Farmer E. Shackelford, for example, asked why there were burgesses within town who buried their own night soil, and why no conveniences for Africans who worked for the city on town lands. The latter, “reeking with tapeworm,” were a greater menace to the city than Edendale (“Measly Meat,” *NW* 1 Nov. 1939). MOH Maister condemned the growing practice of Maritzburgers of sending servants to buy meat from outside city where they bought cheap, often infected meat (“Peri-Urban Butchers,” *NW* 23 Oct. 39). The attitude of the *Natal Witness* is also telling about where responsibility lay. In leader after leader, the paper denounced city council for its “reprehensible,” “spineless,” and “illogical” policies that helped create the mess and obstructed solutions. “Once again the Maritzburg Council demonstrated its almost unique capacity for doing the wrong thing,” the editor offered in response to the city’s decision to boycott the Boundary commission hearings in 1933.²⁹ Shades of 2010, they wondered if the city, and hence Edendale, would not be better off if the province stepped in to appoint “half a dozen capable men to govern Maritzburg properly”?

The final general observation, and hopefully not too controversial, is that “native habits” were in fact contributing to the crisis, as the LHC and its African allies was to discover to their sometimes frank surprise. Many of these were evidently linked to poverty (lack of balanced and nutritious diet) or a well-justified distrust of government (the attacks on the anti-malarial team,

28 “City syndicates blamed for ‘black belts’,” 15 June 1939

29 “I won’t play” 1 March 1933

or hesitancy to come to hospital for treatment of sexually transmitted infections, or “apathy” towards involvement in the advisory board, for example). In other cases, however, poor sanitation or resistance to governance could be traced to an unhealthy culture that had developed - and had sometimes been exploited - over the many years of non-governance. The LHC’s very first project revealed some of this. The researcher into the state of health and social welfare in the area (Msimang) reported his dismay not only at the abject poverty he found but also over the sectarian callousness of rival churches towards each others’ members.³⁰ The anti-LHC faction then fanned its support by spreading fabricated rumours and accusations that evoked “cultural” fears of women in particular. The commission’s first major political crisis came in this way after the provincial Native Representative George Champion took up Chief Mini’s and “traditionalist” women’s case. In 1943 Champion accused the LHC of oppression largely on the basis that its research into maternal and infant mortality was shaming the people of Edendale. While he eventually was persuaded that such research should be done, he maintained that should be kept quiet.³¹ Another political crisis occurred soon after when the MOH demanded an end to the unregulated ritual slaughter of animals (and irregular disposal of offal). The reduction of overstocking, estimated in 1952 at 1000% of the carrying capacity of the commonage, was not even attempted before the 1960s for fear of inciting popular resistance. Members of the Ashdown Advisory Board (for the LHC location administered separately from Edendale) appealed for police protection after attempting, in vain, to get certain residents to tidy up the accumulated rubbish on their property.³²

Sanitation was one of the major concerns of Pietermaritzburg civic leaders and public opinion from the late 19th century, hardly unsurprising given that sanitation is one of major responsibilities of local authority. Also not surprising is that science applied to address the problems associated with poor sanitation often required coercion, and always implied expenses. One strategy to get mostly white rate-payers to understand and accept this was to exploit racist

30 Msimang interview and memoir, Aitchison papers, Alan Paton Centre

31 LHC 1943....

32

fears about infection. The language of science, and the focus on immediate, technical, and ameliorative projects then detracted from the revolutionary political transformation that was needed to address the root causes of poor sanitation. Pietermaritzburg may have been two to three decades behind the big cities in substantively engaging these debates, but it shared many of the same features as historians have found elsewhere in the country. These included a callousness, cynicism and cultural racism that unquestionably exacerbated the health crisis in the African population around the city particularly between the 1910s and '50s.

To acknowledge these points is to acknowledge important truths in the concept of sanitation syndrome. However, the history of Pietermaritzburg/Edendale reveals so many anomalies and complications that the value of the concept as it tends to be used has to be queried.

First, concerns about sanitation were not at first or principally or consistently directed by whites against blacks. In the late 19th century Indians were the target of the crudest racism around hygiene. But whites also took a great deal of blame for creating insanitary conditions: polluting the river, exploiting labour, failing to provide privies for their workers, and not only failing to build proper accommodation but also to monitor who stayed in their backyards. Far from paranoia, the attitude of white residents in practice seemed to verge on blasé. Hyperbolic language about infection and crime came late in the day (1930s) and was transparently an attempt by a minority to rouse the majority out of their apathy so as to raise money in a time of economic depression, and to effect the political changes urgently needed.

Second, as the last point suggests, the sanitation, health and environmental crisis was not putative but was empirically observable to anyone who cared to observe. “Fantastic” “phenomenal” (erosion), “more depressing every year” (tuberculosis), “appalling” (housing), “open sewer” (the Msunduze, source of many people’s drinking water) - it says something when the Chief Native Commissioner could describe Edendale as the “Worst he had ever seen,” with only Johannesburg’s horrendous Vrededorp coming close. Hence, while it is true that the city’s MOH at one point engaged in fear-mongering by raising the spectre of white children becoming infected with syphilis, the range of other possible infections was very broad and real. Many of these came through animal vectors, malaria being the most dangerous in the early 1930s.

Third, Africans played a significant role in shaping the debate. Indeed, the concept of syndrome glosses over Africans' own anxieties and conflicts around health and environment in their communities, articulated explicitly by Edendale leaders well before Europeans took notice (1880). The state, as Bonner has argued in his study of Benoni, was not only much weaker in the face of African non-co-operation than often assumed, but sharply divided between its different levels and jurisdictions.

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