

Death in Black and White: Suicide, Statistics, and Race in Natal, 1880-1916*

Julie Parle
University of Natal, Durban

'Lies, damned lies, and statistics'

From the ballot boxes of Florida, USA, to the police stations of South Africa, numbers and the mechanisms of their counting have come upon hard times recently. In the USA, the presidential election fiasco of late 2000 led, for some time at least, to a questioning of the legitimacy of public institutions and of some of the safeguards of participatory democracy. In South Africa, the ANC-led government's eleven-month moratorium on crime statistics - lifted in June 2001 - resulted in a furore as NGOs, individuals, and the press protested the public's 'right to know', while the state insisted that it was merely the accuracy of data-collection techniques and following categorisation that was in question.¹ However, while the status of statistical measurement may have become a somewhat more contested terrain than hitherto, quantification remains ubiquitous in this, the Information Age. Indeed:

our scientific culture, and much of our public life, is based on trust in numbers. They are commonly accepted as a means of achieving objectivity in analysis, certainty in conclusions, and truth. Numbers tell us about the health of our society (as in the rates of occurrence of unwanted behavior), and they provide a demarcation between what is accepted as safe and what is believed to be dangerous.... . The pursuit of objectivity through numbers defines modern public policy ...²

At the same time, for almost every assertion made on the basis of statistical 'fact', there is a counter analysis and interpretation of the same data. Yet, all parties to such debates claim - implicitly at least - that knowledge of the correct or 'true' numbers is possible. As many studies have shown, however, the will to - and acts of - measurement and enumeration do not occur in a

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¹ The many criticisms of the government's moratorium cannot be repeated fully here. They are summed up in the report: 'SA's Crime Statistics, A Thorny Issue', *Natal Witness*, 22 February 2001. A major criticism of the policy is that people and organizations cannot plan their lives, movements or policies in a statistical vacuum: instead, knowledge of criminal statistics could assist in avoiding crime-infested areas and directing resources to areas of high crime incidence. For the lifting of the moratorium, see "'Unreliable Crime Stats" Released To SA', *Mail and Guardian*, 1-7 June 2001.

² Review of Theodore M. Porter, *In Numbers We Trust: The Pursuit of Objectivity in Science and Public Life* (Princeton, N.J.,: Princeton University Press, 1995), by Jerome R. Ravetz, *Issues in Science and Technology Online*, Winter 1996: <http://www.nap.edu/issues/13.2/ravetz.htm>

vacuum.³ Instead, the fundamental assumptions upon which any statistical research is based are profoundly influenced by the context in which it is conducted. Numerous instances have shown that attempts to count, to categorise, to classify, carry with them powerful, albeit unstated, conceptual grids onto which data is plotted.

Recently, powerful critiques of the racialized - and, just as importantly, gendered - construction of 'facts' have been applied to a number of fields of scholarship in southern Africa, including photography, medicine, and environmental histories, to name but a few⁴. In my area of interest and research - the history of mental illness in the nineteenth and early twentieth centuries - studies of the ideological underpinnings and practical applications of colonial psychiatry demonstrate very clearly the deeply flawed and racist nature of a form of science that purported to be grounded in 'fact'.⁵ The works of Sally Swartz in particular have illustrated how seemingly objective psychiatric records served to construct, as well as reflect, racial and gender identities.⁶ Furthermore, as Saul Dubow illustrated so clearly in *Scientific Racism in Modern South Africa*, the academic disciplines of psychology and sociology, both struggling to assert their claim to legitimacy in the early decades of the twentieth century, made overt and explicit claims about their ability to measure accurately and objectively the mind and nature of both the individual and the 'racial group'.⁷ Of central importance was the construction and administration of 'intelligence

³ For just a few examples, see: Stephen Jay Gould, *The Mismeasure of Man*: (New York: W.W. Norton, 1981); I. Hacking, *The Emergence of Probability* (Cambridge, Cambridge University Press, 1975) and *The Taming of Chance* (Cambridge: Cambridge University Press, 1990); Theodore M. Porter, *In Numbers We Trust*, and *The Rise of Statistical Thinking, 1820-1900* (Princeton, New Jersey: Princeton University Press, 1986); Carol Tavris, *The Mismeasure of Woman* (New York: Simon & Schuster, 1992).

⁴ Catherine Burns, 'Reproductive Labours: The Politics of Women's Health in South Africa, 1900-1960' (PhD dissertation, Northwestern University, 1994); Shirley Brooks, 'The Museum and the Game Reserve: Dr. Ernest Warren and Representations of Nature in Early Twentieth-century Natal', (paper presented at the History and African Studies Seminar, University of Natal, Durban, 30 August 2000); Saul Dubow, *Scientific Racism in South Africa* (Cambridge: Cambridge University Press, 1995); Marijke du Toit, 'Blank verbeeld, or the incredible whiteness of being: Afrikaner nationalists photographing poverty, c.1908-1929', (paper presented at the History and African Studies Seminar, University of Natal, Durban, 4 October 2000); Wolfram Hartmann, Jeremy Silvester and Patricia Hayes, *The Colonizing Camera: Photographs in the Making of Namibian History* (Cape Town: University of Cape Town Press, 1998).

⁵ Amongst others, see especially Robert Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Johannesburg: Witwatersrand University Press, 2000); Felicity Swanson, 'Colonial Madness: The Construction of Gender in the Grahamstown Lunatic Asylum, 1875-1905' (History Honours thesis, University of Cape Town, 1994); Sally Swartz, 'Colonising the Insane: Causes of Insanity in the Cape, 1891-1920', in *History of the Human Sciences*, 8 (1995); 'The Black Insane in the Cape, 1891-1920', in *Journal of Southern African Studies*, 21, 3 (1995); 'Changing Diagnoses in Valkenberg Asylum, Cape Colony, 1891-1920: A Longitudinal View' in *History of Psychiatry*, vi (1995); and 'Colonialism and the Production of Psychiatric Knowledge at the Cape, 1891-1920' (PhD thesis, University of Cape Town, 1996); Megan Vaughan, 'Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period' in *Journal of Southern African Studies*, vol.9, no.2 (April 1983).

⁶ Especially her Chapter 4, 'The Official Certificates and Forms: Categories of Lunacy Administration at the Cape', and Chapter 7, 'Lexical Sets and the Representation of Acute and Chronic Insanity in the Valkenberg Records', in 'Colonialism and the Production of Psychiatric Knowledge at the Cape'.

⁷ Dubow, *Scientific Racism*, especially Chapter 6, 'Mental Testing and the Understanding of the "Native Mind"'.

testing' in the years after 1917: not only did this underpin broad claims about the relative inferiority of Africans and Indians vis-à-vis whites, it also shored up:

a discourse of psychological domination in which power was conferred upon those who claimed to possess singular knowledge of the 'native mind', the 'feeble-minded' or the 'criminally insane'. The technology of mental testing provided a new brand of professional psychologists, located in state institutions as well as the universities, with the authority to calculate and delimit the intelligence of others. In general terms, it legitimated the right of whites to make decisions for and on behalf of Africans. The same may be said in relation to the categorisation and control of poor whites and social deviants, though here it was class rather than race that tended to define the privileged position of the observer.⁸

The history of numerical record-keeping in South Africa's past - its technologies of power and its practical applications in a myriad of policies - is a wide topic that has yet to be tackled. In picking up on one strand of its history, here I hope to show that some of the major concerns of such a history can be usefully illustrated through a focus on the relationship between suicide, record-keeping, and race in Natal from the 1880s to 1916. The issue of suicide incidence is one that offers us the possibility of examining some of the ways in which the burden of race both informed and flowed from the categorisation of boundaries between social groups in the region in the late nineteenth and early twentieth centuries.⁹ In doing so, one of the documentary and common-sense foundations upon which knowledge of the essentialized psychological and emotional nature of racially defined groups could be based was created. Importantly, this process was as much the product of the ways in which official statistic compilation practices effectively obscured actual patterns of self-killing in Natal from state and public scrutiny as it was of the clear setting down, in black and white, of the stark details of death of those who took their own lives.

Studying Suicide and the 'Dark Number Problem'

Suicide, statistics, and studies of social difference have been closely related since, at least, the late nineteenth century, particularly since the publication in 1897 of Émile Durkheim's *Le Suicide*. More than a century later, this relationship remains an especially close one. Indeed, in many introductory textbooks for the study of sociology, Durkheim's demonstration of the social factors influencing patterns of suicidal behaviour and his use of official statistical records is presented as

⁸ Dubow, *Scientific Racism*, p.245.

⁹ Considerable debate has emerged recently in the literature about precise definitions of 'suicide' and 'attempted suicide', with the latter being particularly problematic. Some of the difficulties arise from the observations that, while on the one hand not all acts of deliberate self-harm are characterized by suicidal ideation - the wish to die - on the other, some highly risky behaviours might be seen as 'courting death'. For the purposes of my discussion, I shall be relying largely on the official designations of suicide and attempted suicide (though I raise questions about these categorisations in practice), and will not speculate beyond these into the realm of individual motivations behind acts that might have incited or invited death, such as 'suicidal attacks' during times of military conflict or 'high risk behaviours' such as alcoholism or dangerous sporting activities.

one of *the* founding moments of the discipline of sociology.¹⁰ Taking its cue from Durkheim's identification of suicide as a *social* - rather than individual or psychological - phenomenon, functionalist social science was provided with a tool for investigating and analysing other 'social pathologies'.¹¹

Since Durkheim, the correlation between individual acts of self-destruction and the broader social setting have remained a lynch-pin of studies of the epidemiology of suicide. Even though current writing on suicide has tended - through a concern with mental illness in a medico-psychiatric paradigm - to swing once more to a focus on the individual, there is a concern to highlight the interaction between individual pathological tendencies with environmental pressures and triggers.¹² Furthermore, following Durkheim and the turn to sociological statistical empiricism, integral to any study of self-killing, there has been an attempt to establish the *rate* of suicide within particular social groups.¹³

Several strong critiques of Durkheim's methodology and his typologies of suicide have been published. To be fair, as a recent survey points out, many of these have '... in a certain sense taken Durkheim too literally. Time and again researchers have wanted to verify his theories by replicating his analysis using modern data, obviously lacking the sense of history that should have told them the meaning or importance of, for example, divorce or religious affiliation is not the same in secularized, modern, Western societies as it was in Catholic nineteenth-century France.'¹⁴ On the other hand, robust criticisms of the pitfalls inherent in using official statistics as an accurate and reliably exact measure of suicide rates must necessarily remain of significance in any study of suicide patterns. Some of the problems resulting from the recourse to official documents and decisions are obvious: even today, both within and between countries, there is no consistency in the reportage and investigation of possible suicides; and factors such as religious and cultural sanctions, consideration for families and other individuals, and local definitions of what

¹⁰ Émile Durkheim, *Le Suicide* (Paris: Alcan, 1897). The English translation of 1952 is entitled *Suicide: A Study in Sociology* (translated by John A. Spaulding and George Simpson, Edited and with an Introduction by George Simpson. London: Routledge and Kegan Paul, 1952). For Durkheim, the discipline of sociology, and suicide, see, for example, Howard J. Sherman and James L. Wood, *Sociology: Traditional and Radical Perspectives* (2nd edition. New York: Harper & Row, 1989), p.93, and Anthony Giddens, *Sociology* (3rd edition. Cambridge, Polity Press, 1997), pp.8-9.

¹¹ J. Maxwell Atkinson, *Discovering Suicide: Studies in the Social Organization of Sudden Death* (London: Macmillan, 1978), p. 29.

¹² See, for example, Kay Redfield Jamison, *Night Falls Fast: Understanding Suicide* (London: Picador, 1999) for a sensitive and highly accessible account of current thinking about suicide.

¹³ Atkinson, *Discovering Suicide*; Jack Douglas, *The Social Meaning of Suicide* (Princeton, New Jersey: Princeton University Press, 1967). The suicide rate is calculated per number of recorded suicides for 100,000 living persons.

¹⁴ Unni Bille-Brahe, 'Sociology and Suicidal Behaviour' in Keith Hawton and Kees van Heeringen (eds) *The International Handbook of Suicide and Attempted Suicide* (Chichester: John Wiley & Sons Ltd., 2000), pp.194-5.

constitutes suicide lead to a general tendency of under-recording and a reluctance to reach a verdict of suicide whether investigations are medical or judicial.¹⁵ But, more than this, as J. Maxwell Atkinson pointed out more than thirty years ago, it is not just the actions of official record-keepers that may influence the suicide data available for study, but equally, if not more so, the research process itself, involving as it necessarily does, a number of procedural and epistemological manoeuvres.¹⁶

Crucially, a major issue confronting researchers dependent on data derived from official sources is the initial basis on which officials decide to assign self-inflicted injuries or death to the official category 'suicide'.

This has been variously characterized as the problem of accuracy, reliability, or, in criminology, as the "dark number" problem. ... In statistical terms, the problem can be summarized as this: given that the conditions of statistical tests and inferences require that the tester can make formal statements about the relationship between his sample and the population being sampled, how can a researcher proceed to such inferences if his sample is itself a sample of a universe which cannot be specified? ... Yet in spite of, or because of, the apparent insuperability of such problems, researchers have not hesitated to make very general statements about 'criminals', 'delinquents' and the like [including suicides].¹⁷

Atkinson continues with a thorough-going critique of a naive reliance on official statistics as a 'true' reflection of the rate of suicide, but, I think the point has been made sufficiently: there is no simple correlation between such statistics and the frequency of any behaviour. Indeed, the very act of recording and defining by the state is one that requires careful deconstruction before even the most tentative analyses of social phenomena can be made.

Suicide and Race: Or, More Dark Number Problems

While concerns with the validity of suicide statistics have been around for a while, they have seldom carried sufficient force to undermine the essentially positivist enterprise that much of suicidology has become. It remains a key task to measure national suicide rates,¹⁸ and to chart their rise and fall as a measure of how well - or poorly - peoples and nations respond to the exigencies of adaptation through modernity.

¹⁵ Keith Hawton and Kees van Heeringen, 'Introduction', in Hawton and van Heeringen (eds) *The International Handbook of Suicide and Attempted Suicide*, p.3.

¹⁶ Atkinson, *Discovering Suicide*. Chapter Three.

¹⁷ *Ibid.*, pp.40-43.

¹⁸ A survey covering national suicide rates in sixteen European countries between 1881 and 1988 showed that while there are marked variations in rates between countries, the ranking of national suicide rates has remained relatively constant. C.H. Cantor, 'Suicide in the Western World', in Hawton and van Heeringen (eds) *The International Handbook of Suicide and Attempted Suicide* pp.11-14.

At one level, race has only relatively recently become a concern in studies of suicide. As the guru of comparative suicide statistics, David Lester points out, it is only since the 1980s that suicidology as a profession has shown much concern about black suicide.¹⁹ At another level, however, the shadow of 'race' has always been a presence in debates about self-killing. For instance, Lester postulates that the low rate of African American suicides in the USA has been 'a continuation of the pattern observed in enslaved African Americans in the last several hundred years.' He goes on to add that:

Interestingly, however, this difference in suicide rates between blacks and whites is today found in multiracial African nations, such as Zimbabwe and South Africa. Thus, explanations of the low rate of suicide in slaves, if valid must take into account the general ethnic differences found in suicide found in non-oppressive situations, such as modern Zimbabwe. The low rates of suicide in Africans in general, and African Americans in particular, may represent an African worldview which accepts suicide only in the very last resort in the face of extreme stress, an attitude consistent with the Afrocentric optimal psychology proposed by Myers and others.²⁰

Though the sociologist Durkheim found that 'race' and heredity did not provide an explanation for suicidal tendencies, from the early twentieth century, if not earlier, anthropologists showed an interest in suicide in 'primitive', including some African, societies. The main questions asked were whether such groups - sometimes called 'races' - showed evidence of greater or lesser rates of self-murder than Europeans, and whether such suicides were motivated by 'egoism', 'altruism' or 'anomie', in accordance with the Durkheimian typologies. In 1952, M.D.W. Jeffreys suggested that Africans were prone to a different type of suicide that he termed 'Samsonic'.²¹ In other words, death was intentionally sought because of the belief that the suicide's 'ghost' could take revenge on living persons.

In a collection entitled *African Homicide and Suicide*, originally published in 1960, editor Paul Bohannan commented that there was a 'truly prodigious amount of data on suicide among primitive peoples'²². There was little consensus, however, as to whether suicide was notably common - or, alternatively, particularly exceptional - amongst these societies, they being as

¹⁹ David Lester, *Suicide in African Americans* (New York: Nova Science Publishers, 1998), p.1. Lester illustrates the complexity of attempts to predict suicide rates. For instance, intuitively, one would associate the general poor social and economic conditions of African Americans (and other people in subordinate class positions elsewhere) with high rates of social and psychological distress and therefore with suicidal acts. In fact, however, the opposite holds: in general, black suicide rates are significantly *below* those of whites.

²⁰ *Ibid.*, p.6. The reference is to L.J.Myers, *Understanding an Afrocentric World View* (Dubuque: Kendall/Hunt, 1993).

²¹ M.D.W. Jeffreys, "'Samsonic' Suicide or Suicide of Revenge among Africans', in *African Studies*, vol.xi, no. 3, 1952: pp.118-122. Quoted in Paul Bohannan (ed), *African Homicide and Suicide* (New York: Atheneum, 1967. Originally published by Princeton University Press, 1960), pp.9-10.

diverse as the Trobriand Islanders, the Finns, Sri Lankans, or 'Africans'. What is notable, however, is that the study of suicide has been a central area of study in efforts to establish statistically national differences, whether they have been undertaken by sociologists, psychologists, or anthropologists. Suicide - or its absence - has become a key marker of difference, including racial difference.

While Bohannan - and, later, Lester - stress that 'primitive societies vary as widely in matters of suicide as do record-keeping societies',²³ the majority of studies have confirmed the small number of officially-recorded self-destructive acts classified as suicide amongst black Africans. Indeed, no suicides whatsoever could be found amongst the Tiv of Nigeria, suggesting that they had the lowest rate of suicide in the world.²⁴ Explanations for the relatively low rates of suicide in Africa have not been particularly theoretically sophisticated, however, but have reflected popular beliefs about the continuities of those broad abstractions known as 'culture' and 'general ethnic differences' that are said to have persisted, essentially unchanged, across hundreds of years. They have also been conducted within the context of a psychiatric literature that has until relatively recently largely denied that Africans experienced or expressed depression, but rather channelled psychological distress into somatic complaints instead.²⁵ In part, this is a reflection of the paucity of information about self-murder in Africa. Yet, the very reasons for this lack of data are seldom interrogated; and perhaps even less so, the assumptions and inferences about the nature of 'the African' that have grown up in the absence of more detailed knowledge about the responses of individuals within African societies to the experiences of mental illness, personal alienation, or over-bearing pressures to social conformity. Moreover, the definition of 'the African' excludes the one group of people living in the continent who historically have shown consistently higher rates of suicide than others - people of Indian descent living in Natal.

²² Bohannan, *African Homicide and Suicide*, p.4. This edited collection examines suicide and murder rates in seven African 'tribes' - the Alur, Gisu, Luyia, Luo, Nyoro, Soga, and Tiv - using government sources in the 1940s and 1950s.

²³ *Ibid.*, p.23.

²⁴ Glen Evans and Norman L. Farberow, *The Encyclopedia of Suicide* (New York: Facts on File, 1988), p.7.

²⁵ This view was strongly expressed as recently as the 1950s by J. C. Carothers, *The African Mind in Health and Disease: A Study in Ethnopsychiatry*, WHO Monograph Series No.17 (Geneva: World Health Organization, 1953), but its roots can be traced at least as far back as nineteenth century colonial psychiatry. See Suman Fernando, *Mental Health, Race and Culture* (Houndmills, Basingstoke and London: Macmillan and MIND Publications, 1991), esp.pp.40-50; Leslie Swartz, *Culture and Mental Health: A southern African View* (Cape Town: Oxford University Press Southern Africa, 1998), Chapter 5; Jock McCulloch, *Colonial Psychiatry and 'the African Mind'* (Cambridge: Cambridge University Press, 1995).

Race and Suicide in South Africa

As elsewhere, in South Africa studies of the relationships between self-annihilation, race, culture, and gender, have been primarily the province of psychologists and sociologists. Perhaps not surprisingly, the correlation between race and suicide in this literature has been particularly strong, and research into suicide amongst Natal's Indian population features prominently. Two points have frequently been emphasized: that records reflect Natal Indians as having a high suicide rate²⁶; and that self-killing by Africans has, until recently, been unusual.

In her pioneering study of more than two thousand suicides in Durban between 1940 and the early 1970s, Fatima Meer established that while the population of the city was roughly equally divided amongst Indians, Africans and whites, recorded suicide rates differed across racial categories.²⁷ She noted that:

The study of suicide in Durban is made against a background of such culture contrasts defined by structured variations and status differences. To understand its significance the trend must be seen in terms of each race group. Just as there are "no South Africans", there is no "South African suicide trend". The cultural and status factors that differentiate the lines of the ethnic group likewise impress their marks on suicide.²⁸

Meer's data - extrapolated as far back as 1924 and noting that African suicide was grossly under-reported - shows that until 1960, Indians in Durban had the highest mean rate of recorded suicide, but thereafter the rate of suicides amongst whites as a whole exceeded that of any other group. Whereas there was little gender difference between the rates for Africans and Indians, the completed suicides by white women were consistently significantly lower than for white men.²⁹

²⁶ A. L. Pillay, 'Family Dynamics and Adolescent Parasuicide: A South African Indian Sample' (PhD. Dissertation, University of Natal, Pietermaritzburg, 1989). According to a 1995 study, 'In South Africa the suicide rate has increased dramatically over the past 20 to 30 years. In Pietermaritzburg alone the figures for the white and Indian population groups ranged from a low of 2.4 per 100,000 in 1982 to a high of 22.3 in 1991, with a mean of 13.89. The mean for the USA is given as 12.2. A.J. Hare, 'An investigation into the relationship between suicide intent, attributional style and coping style in a sample of female Indian and Coloured adolescent parasuicides', (unpublished M.Sc. in Clinical Psychology, University of Natal, Pietermaritzburg, 1995), p.1.

²⁷ Fatima Meer, *Race and Suicide in South Africa* (London: Routledge & Kegan Paul, 1976). On p.23 Meer explains that she extracted her data from the Durban Inquest Court, including the Index to the Court Register from 1924 to 1939 and 'the actual records of the Inquest Court proceedings' after 1940. She apparently regarded access to data prior to 1924 as inaccessible as these records 'had already been removed to the archives in Pietermaritzburg'.

²⁸ Meer, *Race and Suicide*, p.34. She lists the following data on p.35: 'The South African mean annual rate for the period 1948-58 for Whites, Indians and Coloureds is 8.65 per 100,000; the Durban mean for the same period for the three races is 14.66 per 100,000 per annum. The Durban rate is higher for all three race groups during this period - WHITE: Durban 15.50, South African 11.43; INDIAN: Durban 16.97, South African 9.70; COLOURED: Durban 11.52, South African 2.39. Table 6 on p.236 gives the mean annual suicide rate for Africans in Durban as rising from 6.80 in the period 1924-60, to 10.37 for 1951-60, and 14.8 for the period 1962-70.

²⁹ *Ibid*, p.236, Table 8 'Mean suicide rate per 100,000 in Durban by race and sex'.

Recognising the deeply intertwined nature of race and class in South Africa, Meer explains the differing rates as being 'expected since each race is characterized by its own cultural system, economic status and socio-political rights and privileges.'³⁰ She goes on to outline broad personality traits that, coinciding with 'race', may have contributed to suicidal behaviours. For instance, the relatively low incidence of suicides amongst African and Coloured men was said to be due in part to a tendency to 'externalize aggression'. Indians, however, 'compared to Africans and Coloureds are more introverted, more restrained; thus perhaps their higher suicide rate.'³¹ Court records of white suicides, on the other hand, noted a higher incidence of 'psychoneurotic syndromes' than amongst other races. Importantly, Meer notes that this was 'in part...due to the recognition, awareness and acceptance of such syndromes in White culture. ... Whereas Indians generally attempt to conceal psychoneurotic conditions and talk of them in whispers, the psychoneurotic state of Whites, encouraged by the academic support of psychiatry and psychology, are discussed relatively freely, often by the patients themselves.'³² Thus, by the mid-twentieth century, suicide - for white South Africans at least - had become medicalized and was no longer the concern of the law court alone. This was a significant shift in the discourses surrounding issues of blame, responsibility, and 'the nature' of the suicidal person. It is perhaps not coincidental that until this shift took place, the incidence of self-inflicted death by whites tended to be obscured by official record-keeping practices.

Echoing this process over the last half a century or so, the site of data collection for suicide statistics has today shifted from the court-house and police inquests to the hospital. The majority of studies of suicide in KwaZulu-Natal are now conducted by psychiatrists and psychologists, who focus on attempted suicide. Although the language of 'race' is no longer uppermost, most recent studies continue to identify Indians in South Africa as a distinctive social and cultural group. On the other hand, while the medicalization of suicide has presumably also led to increasing numbers of white suicides being reported - or parasuicides being hospitalized - white experiences are seldom analysed in terms of broad cultural identities.

Amplifying many of the themes originally investigated by Fatima Meer, recent research by psychologists into the reasons for the relatively high rate of Indian suicidal behaviours has encompassed broader socio-economic changes including urbanization, the increasing independence of women, a lack of employment opportunities, substance abuse, and more

³⁰ Ibid., p.35.

³¹ Ibid., pp.51-52.

³² Ibid., p.117.

generally to 'deculturation' and stresses and strains in the face of pressures to acculturate to 'Western' society.³³

Similar arguments about the impact of Westernization leading to an apparent recent rapid increase in attempted suicide have also been made for black South Africans.³⁴ In a report that was widely publicized in 1999, according to clinical psychologist Naseema Vawda and 'suicide expert' Lourens Schlebusch:

More and more young black South Africans are trying to kill themselves. ... [The] number of young blacks who try to take their lives has trebled in the last ten years, ... as more young, black adults and teenagers adopt Western styles and values, the situation will worsen. Young black women now want what Western women have and they have developed Western patterns of behaviour which include self-destructive acts. They feel the only way out is to die.... There are increasing demands on them as wives, mothers, students and career women. Traditionally, attempted suicide was considered an absolute no-no among blacks but not anymore....³⁵

Albeit couched in terms of the modernist, medicalised language of heightened 'stress levels' resulting from the pressures brought to bear on individuals from the demands of an individualist, competitive, urbanised 'Western' lifestyle, these explanations for rising suicide rates echo Durkheim's model of suicide as a response to alienation from the wider group.

Such explanations of increasing suicide rates, amongst both Indians and black Africans, in South Africa unwittingly make assumptions about attitudes towards and practices of self-annihilation in the past, assumptions that posit either - or both - lower 'levels of stress' in the past or alternative means of channelling that stress. Yet, in this region at least, little research has been undertaken into the incidence of suicide amongst those of other than Indian descent, and the reality is that we know very little indeed about self-killing in Natal - or anywhere else in southern Africa - until the twentieth century, and any attempt to trace the broad patterns of its incidence bring us inevitably to questions of record-keeping and categorisation.

Death in Black and White in Natal, 1880-1916

Colonial record-keeping, documentation, measurement, classification, categorization, and statistics were not neutral testimonies of 'facts', but were instead, as shown by Bernard S. Cohn amongst others, instrumental in transforming the Victorian passion for knowledge into power. Made official through 'usable knowledge in the form of published reports, statistical returns,

³³ Hare, 'An investigation', pp.11-12.

³⁴ The ironies of the indeterminacy of racial terminology - are Indians not 'black South Africans'?, why are they not 'Indian South Africans', what about 'Indian Africans'? - are acknowledged and remain unresolved throughout this paper.

official proceedings, administrative histories and legal codes', in practice colonial investigative modalities included such diverse projects as historiography, observation and travel, survey, enumeration, museology, and surveillance.³⁶ These facilitated not only state rule of subjects, but were also responsible for positioning and constituting the subjects by 'classifying and naturalizing such categories and identities as educated, rich or poor, male or female, young or old ...'.³⁷ One of the key mechanisms enabling the creation of social categories was the census. In the case of Natal, it was not until the 1904 Census that the state was able to compile even reasonably comprehensive records of the 'vital statistics' of its population. Yet, long before this, in the Blue Books - the annual reports and statistical analyses of government departments - alongside the more prosaic accounting of trade and revenues, officials had begun to record the numbers and movement of peoples, the incidence of illness, and of crime, in some detail. A central concern in the records was to specify the allocation of resources according to categories that, from early on, were based on apparent racial difference. For example, in the annual returns of prisoners and gaols, as well as of lunatics and asylums, different dietary stipulations were established for 'Europeans', 'Asiatics', and 'Natives'. At times, less determinate classifications included 'Coloureds', 'Hottentots', and 'Mixed Others'. The resources - and in the case of insanity, diagnoses - meted out were frequently tied to prevailing orthodoxies about the 'nature' of the group in question

Records of suicides were not a concern of colonial psychiatry, the institutions of which were in any case limited in influence throughout Natal and Zululand until the period after World War I.³⁸ Nor was such data collected through a concern with suicides per se. Rather, statistical information about suicides was recorded in a variety of sites, according to concerns on the part of the colonial state about different groups of people in the region, with these groups being demarcated by race. This has left a legacy of highly uneven statistics that reflect in part the ability or the willingness of the colonial state to survey different sectors of the population. For instance, Indian suicides first came to light with the increasingly detailed recording of 'unnatural deaths' of indentured Indians, while African suicides usually came to the notice of the state through cases in magistrates' courts that tried the hapless survivors of suicide attempts - or those accused by others of threatening to do so. White suicides, for which we have the least information of all, began to be systematically

³⁵ Prega Govender, 'Young, Gifted, Black and Burnt Out: The Pressure to Achieve is Driving Young South Africans to Suicide', *Sunday Times*, 7 March 1999.

³⁶ Nicholas B. Dirks, 'Forward' in Bernard S. Cohn, *Colonialism and its Forms of Knowledge: The British in India* (Princeton, New Jersey: Princeton University Press, 1996), p.xiii. Also, Bernard S. Cohn, *An Anthropologist Among The Historians: And Other Essays* (Oxford: Oxford University Press, 1990).

³⁷ Nicholas B. Dirks, 'Forward' in *Colonialism and its Forms of Knowledge*, p.xi.

³⁸ See Julie Parle, 'The Fools on the Hill: The Natal Government Asylum and the Institutionalization of Insanity in Colonial Natal', *Journal of Natal and Zulu History*, 19 (2001) and 'Witchcraft or Madness? The Amandiki of Zululand, 1894-1914', forthcoming in the *Journal of Southern African Studies*.

recorded only after mortality statistics were compiled by the Department of Public Health in the early 1900s.

In other words, race - and the socio-economic position associated with it - strongly influenced the possibility of a suicidal act being brought to the notice of the authorities in the first instance, and then classified and recorded as such. It is therefore impossible to disentangle a history of suicide in this region from the history of racial categorisation and colonial power relations. Furthermore, the prominence - or otherwise - accorded to suicide in different races fed into official and wider discourses about the nature of race. It lies beyond the scope of this paper to write a social history of suicide in Natal, though this will form part of my wider project. What follows will attempt to highlight the role of official record-keeping in forming an early association between self-destruction and race. Any such discussion inevitably reflects colonial categories: indeed, it may not be possible to do otherwise.

'The result of these enquiries proved beyond doubt that no blame could be attached to anyone but the Indians themselves'³⁹: Indian suicide and the colonial state in Natal.

Brought in response to the 'labour question' of Natal, just over 150,000 Indians came to Natal as indentured labourers between 1860 and 1911. There was a hiatus of immigration between 1866 and 1874 following economic depression in Natal and complaints about harsh treatment by some workers returning to India after the completion of their contracts. The system was reintroduced, partly as a result of the reforms implemented after the Coolie Commission Report of 1872, and many of those who came to Natal after this date as indentured workers settled permanently in Natal after the expiry of their contracts. In the following decades, a second group of Indians came to the Colony as a result of their own initiative to engage in trade and commerce. They were commonly referred to as 'Passenger Indians'. Whereas indentured workers were overwhelmingly Hindu, the latter were largely Muslim. Both were regarded with ambivalence by Natal's whites. Dependent on Indian labour for the continued viability of many enterprises, whites nonetheless felt increasingly threatened by the growing numbers of Indians in the Colony. The 1904 Census had showed 101,000 Indians to 97,000 whites. Pressure to end the immigration of Indians mounted and hostility towards Indians, dubbed an 'Asiatic Menace', grew. By the eve of the First World War, the indenture system was also now facing opposition from the emerging nationalist

³⁹ Pietermaritzburg Archives Repository (PAR), Indian Immigration (II), vol. 8/4, Annual Report of the Protector of Immigrants For The Year Ending June 30th, 1894, p.7. The phrase was repeatedly used in the annual reports after noting the number of Indian suicides for that year.

movement within India, which portrayed it as a humiliation for the country.⁴⁰ The system was ended in 1911.

As a number of recent histories of shown, the experience of indentured workers in Natal was notably harsh. Under the terms of their contract, substantial powers of control were granted to employers.⁴¹ Capitalist owners of sugar plantations and mines sought to ensure profits by minimising production costs, and it was not uncommon for the conditions of the indenture to be flouted by employers. The picture of indentured life that emerges from the documentary evidence is one of frequent brutality, over-work, squalid housing, poverty and malnourishment. Alcoholism and excessive use of cannabis were common. It proved difficult to persuade Indian women to emigrate to Natal, and the resulting imbalance in the ratio of males to females combined with the strictures of life on the estates and mines to render a reasonably settled family life practically impossible to create or sustain in the early years. Indeed, the situation in Natal only exacerbated the vulnerability of Indian women within wider patriarchal structures, often leaving them the victims of violence at the hands of men, and neglected by employers and authorities.

Under Natal Law No. 12 of 1872, the office of 'Coolie Agent' was replaced by that of a Protector of (Indian) Immigrants, with extensive powers and a responsibility to represent to the government in India a favourable report of the situation of Indians in Natal. This law stipulated that medical treatment for indentured workers was to be provided. The districts in which Indians were employed were divided into 'Medical Circles', each with an appointed medical officer whose duty it was to visit the estates and other employers of Indians in the district, and to ensure the health of Indian employees. After the establishment of the Medical Circles, hospitals were built specifically for the care and treatment of Indians.⁴² To be sure, much of this apparent concern for the well-being of Indian workers was in the interests of ensuring an able workforce, and there were many 'sick Indians' diagnosed as 'malingerers', but what it did do was to bring Natal Indians increasingly - if not sometimes forcefully - within the ambit of Western biomedicine.⁴³ Moreover, it is worth noting that, through the agency of the Protector of Immigrants, the records of magistrates who adjudicated complaints against workers and employers, and through the medical investigations that began on their arrival at the port of Durban to the end of their indentures, Indian workers were subject to scrutiny and surveillance to an extent and in ways that were neither possible or desirable for whites or Africans. In all, these contributed to an annual collection of 'usable knowledge' in the

⁴⁰ Bill Freund, *Insiders and Outsiders: The Indian Working Class of Durban, 1910-1990* (Pietermaritzburg: University of Natal Press, 1995), p.6.

⁴¹ Freund, *Insiders and Outsiders*, p.2.

⁴² Mabel Palmer, *The History of the Indians in Natal* (Cape Town: Oxford University Press for the University of Natal, 1957), pp.39-41.

⁴³ Karen Flint first brought this point to my attention.

form of the Annual Report of the Protector of Immigrants, a report that appeared to lay out for all to see full details of treatment and status of Indians in Natal.

In Natal's published colonial records, between 1880 and 1916, the deaths of more than 670 Indians were officially recorded as being the consequence of intentional suicide.⁴⁴ Starting from the entering of a single suicide in 1880, the annual figures fluctuated from year to year, showing their highest peak in 1907 with 41 recorded suicidal deaths. The statistical tables that established deaths as unnatural, as suicidal or accidental, initially detailed only indentured Indian labourers, noting the (first) name, official number, sex, age, and cause of death. This run of information - although obviously more patchy in some years than in others - provides us with much more information about self-murder, for a much earlier time period, than we have for any other selected group in Natal, if not in southern Africa. On the whole, however, rather than highlighting a problem that required a response by the colonial state, the bland and formulaic setting out of details about death neutralised any possible concern about the conditions under which Natal's Indians lived and worked. Indeed, the tables served to objectify those who died by their own hand, reducing them to lists of names, numbers and forms of death. The repeated assurance by the Protector of Immigrants that every reasonable enquiry had been made into the motive prompting the suicide - and none had been found that reflected badly on the state or settler employers - placed the blame for this criminal and yet 'frivolous' act on to the individual.

That the actual number of suicides was somewhat higher than the officially sanctioned figures seems highly likely, the difficulties of determining intent led then, as now, to an inability on occasion to assign a definite verdict. In 1885, for example, at least six deaths - two from burns, two from drowning, one by gun-shot and another by swallowing poison - could have been intentional.⁴⁵ Even so, the number of Indian suicides as a proportion of deaths recorded as being due to 'unnatural circumstances' is astonishingly high, ranging in the years between 1880 and 1906, from eight to more than fifty per cent. On average, a quarter of deaths of Indians in Natal of other than natural causes in these years were self-inflicted.

⁴⁴ These, and the following, figures have been extrapolated from the Annual Reports of the Protector of Immigrants, found variously in II vols. 8/3 - 8/5 and NCP vols. 8/1/10/5/1 - 8/1/10/5/11. From 1907, the category 'unnatural deaths' disappears and suicide becomes just one category amongst dozens of causes of death. There are occasional discrepancies between the tabulated statistics and the Protector's written report. 1916 marks the end of my research period for reasons that relate to the broader scope of my project which in part is concerned to show both individual and institutional responses to mental illness in the period before mental illness was medicalized in South Africa.

⁴⁵ II vol. 8/3, Annual Report of the Protector of Immigrants for the Year 1885, pp.21-24. Annexure A Deaths of Indian Immigrants From Other Than Natural Causes, Natal, 1885. Hereafter, 'Report of the Protector of Immigrants'.

Of these official suicides, the overwhelming majority were men between the ages of 20 and 40, though suicide by hanging was recorded for the deaths of children as young as ten-and-a-half and twelve⁴⁶. In the years that deaths were categorized by sex, only 29 women were identified as having committed suicide. The most commonly used method by both sexes was hanging, which probably reflected both the availability of means and preference. Other forms of self-destruction involved gun-shots, stabbing and cutting (usually of the throat), burning, and drowning, and later, as Natal's transport infrastructure expanded, by intentionally lying in front of an oncoming train.

Beyond the bald stating of numbers, the first official comment on suicide by Natal Indians appears in 1886, when the Protector noted that of the deaths of 392 deaths of Indians that year, (nearly half of these were of children under ten years of age), 45 were from 'unnatural causes', and there had been a 'marked decrease' of suicides, with the number dropping to six from 17 in the previous year. He made no further comment. In 1894 the Protector was of the opinion that the majority of the 16 male suicides that had occurred in the previous year-and-a-half were 'new or comparatively new arrivals in the Colony.'⁴⁷ This pattern was confirmed the following year. It may be no coincidence that it was recently arrived indentured labourers who also laid the greatest number of complaints of assault and mistreatment against Indian and European overseers.⁴⁸ In one such case, eight complainants were arrested having failed to appear at the Divisional Court, 'several' of them then 'made a pretence ... to commit suicide by hanging'.⁴⁹ The tree branch being 'too low to suspend them', they subsequently submitted to arrest without the need for handcuffs. After serving a sentence for contempt of court, these men were returned to the employer to whom they had been indentured and thereafter 'very few complaints' were made.

From the mid 1890s, the Protector's Reports noted a number of suicides by 'Free Indians'. In contrast, to the indentured labourers, these tended to have been in the Colony for some considerable time: in 1895, for instance, the two 'Free Indian' suicides noted - Seopaul, aged 30 and Chengadoo, aged 42 - had been in Natal for more than a decade. Once more, despite a magisterial enquiry into each case, 'no reliable evidence or satisfactory information of any kind

⁴⁶ II, vol. 8/4, Report of the Protector of Immigrants For The Year Ended 31st December, 1902. p20. Annexure A lists the death of by 'suicidal hanging' of Ammany, female aged 12; in the same year Beni, a 16 year-old male was 'Found dead on railway line; suicide.' The death of the ten-and-a-half year old Kupusami in the previous year from asphyxia may have been accidental or suicidal, the verdict was unclear. The category 'child' is one that would probably not have been given to the thirteen-and-a-half year-old Manga who hanged herself in the same year. See II, vol.8/4, Report of the Protector of Immigrants For The Year 1901, pp.13 and 26.

⁴⁷ II, vol. 8/4, Report of the Protector of Immigrants For The Year Ending 30th June 1894, p.12.

⁴⁸ NCP, vol. 8/1/10/5/6, Report of the Protector of Immigrants For The Year 1896, pp.7-8.

⁴⁹ Ibid., p.8.

could be obtained to account in any way whatever for the real cause of these unsatisfactory deaths.⁵⁰

Statistical tables detailing suicides as a separate category of unnatural deaths began to appear in the late 1890s, containing the usual information of name, number, age, and method. In some years, different tables distinguished between 'Free' and indentured Indians. This increasingly detailed information about Indian suicides at this time stands in contrast to the situation regarding data on Africans and whites, about whom, during the war years of 1899 to 1902 little was recorded. For Indians in Natal, however, the year 1903 was to bring the escalating rate of suicide into the public domain. In that year the overall death rate for Natal's Indians was at its highest recorded incidence in nearly thirty years. This was attributed to an epidemic of plague and an increase in phthisis amongst those employed at the collieries. However, there appeared to be no clear reason why there should have been 31 suicides, of whom eight were by 'Free Indians', including one boy aged nine.⁵¹ In his Annual Report for that year, the Protector emphasized that he was obliged to personally investigate suicides 'whenever the evidence tends to show that the fatality in any way resulted from ill-treatment received from an employer or employé [sic].' He went on to add that, of his enquiries into suicidal deaths that year, only one had suggested that fault may have lain with anyone other than the deceased, and that that enquiry had been ultimately unnecessary, the man having 'really committed suicide because the work on a Sugar Estate was uncongenial to him.'⁵² Other cases investigated by him that year were due, in his opinion, to a woman's regret at marrying a man of a lower caste, and to a man hanging himself after attempting to murder his wife. He was, however, at a loss to explain why 'a free Indian boy of 9 years of age, while tending cattle belonging to his father's Indian employer might kill himself', describing it as 'a mystery yet to be explained.'

The issue was taken up the following year by the newspaper, *Indian Opinion*.⁵³ In a hard-hitting critique of the Protector's Report, it was noted that indentured Indian labour in Natal was coming under increasing pressure. While the official position was that, on completion of their contract, many Indians had sufficient savings to return to India with the prospect of a 'decent living', this was hardly the case and that, in fact, many workers were obliged to renew their indentures. In the face of growing demand from Natal employers, the rights of indentured workers to lay a

⁵⁰ II, vol. 8/4, Report of the Protector of Immigrants For The year Ended 30th June, 1895, p.11. In 1896 there were four suicides of 'Free Indians' recorded; in 1897, 4; and in 1898, 6. 1903, 8. The numbers continued to grow slowly and in 1912, for the first time, suicides by 'Free Indians' outnumbered those of indentured Indian labourers 19 to 17.

⁵¹ NCP, vol. 8/1/10/5/9, Report of the Protector of Immigrants For the Year 1903, p.9.

⁵² Ibid.

complaint against employers were being compromised by the requirement that they acquire a pass from the magistrate of the division. This, plus the number of claims of assault and other forms of mistreatment, belied somewhat the oft-repeated assurance that relations between employer and Indian employee were good and Indians were well-treated. But it was the Protector's remarks on suicide, 'this painful subject', that earned perhaps the most stinging response.

We cannot help expressing our surprise that it has been dismissed so light-heartedly. Suicides among indentured Indians have become a feature year after year, and we think that the cause ought to be probed to the bottom. And it is hardly an answer coming from the Protector of Indians that he cannot arrive at even a probable cause if those who are supposed to know decline to give any information. There is a homely English proverb, 'Where there's a will, there's a way', and if the Protector would only feel as we feel, having the powers of an autocrat, he should have not the slightest difficulty in tracing the cause. There is enough in the Protector's statement to shew that there must be something wrong. ... We do not wish to draw any conclusions against these employers from these staggering figures, but we do plead for a thorough enquiry, alike in the interests of the Indians as of the employers, and we consider that nothing short of an impartial commission to investigate the cause would meet the ends of justice. And an ideal commission ought to include medical men of good standing, a nominee of the Immigration Board, the Protector, and, if it is not a sacrilege to make the suggestion, an Indian of standing in the Colony. Such a commission cannot but result in arriving at the truth. The greater the light thrown on the subject, the better it would be for all concerned, and we hope that the remarks we have ventured to offer will be favourably considered by the authorities.

No such commission of enquiry was appointed. In 1904, the number of recorded suicides had dropped to 20, but rose again thereafter, with the deaths by their own hand of 41 males being noted in 1907. The extent of the problem is further highlighted by the fact that, in the same year, 12 Indians were arrested and charged with the crime of attempting or threatening suicide.⁵⁴

By the early 1900s both the colonial authorities and employers - experiencing a labour shortage as Africans withdrew their labour during the South African War - were acutely conscious of the need to support indentured labour. In 1901, for instance, it was publicly recognized that: '(I)f by any reason Indians were unhappily withdrawn from the Colony, or even their introduction discontinued for a short time, the whole of the industries of the country would at once be simply paralyzed. Not only would this be the case in regard to any private enterprise, but every public institution in the Colony would suffer more or less.'⁵⁵ At one level, the meticulous accounting of birth and death rates, of their suicides and accidents, created the impression that the colonial government and settler employers were aware of and able to regulate the factors that most strongly shaped the lives of Indians in Natal. Confident pronouncements about the happiness of

⁵³ *Indian Opinion*, 4 June 1904. Quoted in Surendra Bhana and Bridglal Pachai, *A Documentary History of Indian South Africans* (Cape Town and Johannesburg: David Philip, 1984), pp.18-20.

⁵⁴ NCP, vol.7/3/14, *Colony of Natal, Statistical Yearbook For the Year 1907*, pp. 228-229, Part X - Law, Crime, Taxation, Etc., 'Crimes and Offences Tried By Magistrates During 1907. Of these twelve, seven were convicted, one acquitted, and the remaining four were 'otherwise disposed of'.

Indians were not unusual. From the point of view of the colonists, indentured Indians in particular were 'orderly and well conducted subjects pursuing [their] manifold and useful occupations.'⁵⁶ Furthermore, maintenance of the good health of these workers was of great importance to employers and the medical treatment they received through the 'Medical Circles' was sponsored by the state to a far greater extent than for other inhabitants of Natal.

The persistence of Indian suicides was however potentially a challenge to the statistically-bolstered presentation of indentured labourers as being afforded every reasonable protection by the state from mistreatment, and of the lives of Indians in Natal being open to public scrutiny. The underlying motivations for suicides therefore had to be located, not with the broader experiences of life in Natal, but with the person or with innate tendencies that were ascribed to race, and very seldom were deaths - either from accident, suicide or disease - regarded as preventable or the responsibility of the colonial state. In 1886, despite the deaths of 153 children under the age of ten, and 45 unnatural deaths, the Protector stated:

There is not, I believe, a Colony having Indian immigrants as part of its population that can show such favourable statistics, taken as a whole, of births and deaths, as can Natal. There can be no doubt of the suitability of this climate for Indians, and this is proved by the favourable reports of the physical condition of Indians who, after completing their term of residence in Natal, return to their native country, as furnished from time to time by the authorities in India.⁵⁷

Indeed, through a repeated emphasis on the - statistically attested - 'remarkably low' death rate amongst Indians in the Colony, it appears to have been something of an article of faith that indentured labour in Natal was actually good for the health of Indians. The Annual Report of 1894 noted that, the 'average mortality of Coolies' was significantly lower than in other British colonies with comparable Indian populations.⁵⁸ In general, the Reports echoed the sentiment most baldly expressed in 1891: 'There can be no question about it. Natal is a perfect Paradise for these people, and they know it.'⁵⁹ Instead, by implication - and sometimes by accusation - illness and mortality were represented as being in some way the fault of the individual. According to the Report of 1902, for instance, the increased death rate was attributed to '... (p)neumonia, which may be accounted for by the cold weather lasting two months longer than usual, and the preference of the Indian for working in as few clothes as possible.'⁶⁰

⁵⁵ II, vol. 8/4, Report of the Protector of Immigrants For the Year 1901, p.19.

⁵⁶ NCP, vol.8/1/10/5/6, Report of the Protector of Immigrants For the Year 1896, p.7.

⁵⁷ NCP, vol.8/1/10/5/3, Report of the Protector of Immigrants For the Year 1886, p.9.

⁵⁸ II, vol.8/4, Report of the Protector of Immigrants For the Year Ending 30th June 1894, p26, gives the following data: '*Average Mortality of Coolies*. In British Guiana, during 1892 and 1893, 26.9 per 1,000. In Mauritius, during last 4 years, 29.2 per 1,000. In Surinam, during last 16 years, 23.7 per 1,000. In Natal, during last 5 years, 16.2 per 1,000.'

⁵⁹ NCP, vol. 8/1/10/5/4, Report of the Protector of Immigrants For the Year 1891, p.16.

⁶⁰ II, vol. 8/4, Report of the Protector of Immigrants For The Year 1902, p.14.

In a variety of contexts, Indian women were often portrayed as particularly resistant or neglectful of measures that would ensure the good health of themselves, Indian men, and children. For instance, the spread of venereal diseases was said to be due to 'the rooted objection evinced by Indian females to undergo a proper medical examination.'⁶¹ The high number of children dying year after year as a result of burns was put down to 'the absence or insufficiency of precautions taken by the mothers when leaving their children alone in the house with a fire burning.'⁶² The pressures experienced by Indian women as workers, house-keepers, wives and mothers in the straits of poverty and poor living conditions went unrecognised, with the implication that they were simply neglectful. When the number of young children dying of 'want of nourishment' and 'cold' was noted, it was frequently followed by the comment that Indian women 'failed' to provide sufficient 'warm and suitable clothing for [the] cold winter months, and to pay greater attention to careful nursing and nourishment'⁶³

Similarly, explanations for suicides were provided by recourse to 'the character or temperament of some Indians ... as this ... is such that quite trivial circumstances are sufficient to cause them to threaten to take their lives - a threat too often put into execution'. Even the 'many suicides of the beggar class' were ultimately responsible for their own demise as:

such men will not accept work although they might readily obtain it, and seem to prefer the unsettled life, with its attendant miseries of begging. Eventually, apparently, they tire of the existence they have made so little effort to render useful or happy, and put an end to it in some isolated bush or deserted hut.⁶⁴

In general, as with complaints of ill-treatment, the causes of Indian suicides were regarded as being 'frivolous' and inexplicable. In 1900, the Protector, after the usual formulaic pronouncement about the lack of 'justifiable or reasonable grounds to satisfactorily account' for the 13 suicides that year, opined: '(T)he majority of the suicides that take place amongst the Indian population here are attributable, directly or indirectly, to jealousy, domestic troubles, or disappointments of some or other kind.'⁶⁵ The death by his own hand of a 'Hindoo (caste *Ahir*)' after being prevented from marrying 'a girl who is a Mohammedan' despite their being 'an illicit connection' between them was merely 'a somewhat extraordinary case'.⁶⁶ The apparent suicides of two children - Kupusami, a boy aged ten-and-a-half, and Manga, a 'female' of thirteen-and-a-half - were dispassionately described, with Kupusami's hanging being termed possibly 'accidental', and

⁶¹ NCP, vol.8/1/10/5/3, Report of the Protector of Immigrants For the Year 1886, p.13.

⁶² *Ibid.*, p.9.

⁶³ NCP, vol. 8/1/10/5/4, Report of the Protector of Immigrants For the Year 1891, p.16.

⁶⁴ NCP, vol.8/1/10/5/3, Report of the Protector of Immigrants For the Year 1886, p.10.

⁶⁵ NCP, vol.8/1/10/5/8, Report of the Protector of Immigrants For The Year 1900, p.11.

⁶⁶ NCP, vol.8/1/10/5/3, Report of the Protector of Immigrants For the Year 1886, p.10.

Manga's 'strangulation while hanging' being attributed to shame after her relatives had heard Manga's husband 'accuse her of intimacy with a native.'⁶⁷ In these official reports, the testimony of witnesses to suicide or of family members was seldom noted, but it does seem that when questioned they, too, were often at a loss to explain the reasons for the suicide, or they declined to do so.⁶⁸

Thus, despite a large and detailed body of facts and knowledge, carefully amassed and tabulated by colonial authorities, from District Surgeons to Resident Magistrates and the officials of the Protector of Immigrants, the underlying motives for Indian suicides remained a mystery. Indeed, so too did the causes of insanity - temporary or otherwise - of the relatively small number of Indians who were committed to the Natal Government Asylum in Pietermaritzburg during this period.⁶⁹ Interestingly, the recovery rate of those Indians who were admitted to the Asylum was somewhat higher than that for either whites or Africans. The reasons for this remain unclear but may in part be explained by the fact that many Indian males who were given a psychiatric diagnosis were the victims of alcohol or drug abuse, and were able to recover after a period of enforced abstinence. It may also be because Indians who sought to end unbearable circumstances - whether rooted in personal psychology or social situations - turned more readily than others in Natal at this time to suicide. This latter supposition may be supported by sketchy information from another source, that of the law courts of Natal, where relatively few Indians were charged with the crime of attempting or threatening to commit suicide.⁷⁰ Perhaps this can be explained if Indians who intended to end their own lives were generally successful at doing so.

The sex of those who were charged with attempting to kill themselves was not recorded in the criminal statistics, and according to the records of the Protector, the number of Indian women who died intentionally was relatively low, 29 in all between 1880 and 1916. It seems dubious however that this was indeed an accurate reflection of the ratio of male to female suicides, because, if so, then the rate of self-killing by Indian women must have risen enormously by 1940, when the data collected by Meer indicates that suicide incidence was more-or-less equal amongst Indian men and women. What is interesting is that a reading of the statistics on the causes of deaths of Indian women in the earlier period shows very clearly that the mortality rate from 'unnatural causes' of Indian women was far, far higher than the official figures on suicide indicate. In the 24-year stretch from 1882 to 1906, at least 120 women over the age of 16 perished directly or indirectly as

⁶⁷ II, vol.8/4, Report of the Protector of Immigrants For The Year 1901, pp.13 and 26.

⁶⁸ NCP, vol. 8/1/10/5/9, Report of the Protector of Immigrants For The Year 1903, p.9.

⁶⁹ Parle, 'The Fools on the Hill', pp.26-32 analyses the diagnoses made by race and gender at the Natal Government Asylum at Pietermaritzburg between 1880 and 1916.

⁷⁰ NCP vol. 7/3/13-7/3/16, *Colony of Natal Statistical Yearbooks, 1906-1909*, 'Crimes and Offences Tried By Magistrates'.

a result of 'burns'. Whilst many of these deaths were described, especially from the late 1890s, as being 'accidental', the historic association between Indian women and self-immolation as a means of taking their own lives - whether as suicide or sati - is suggestive of the intentional self-destruction by Indian women going unrecognised or unrecorded by colonial officials. In 1903, for example, while there were no official figures for female Indian suicides, 10 women died from 'burns'.⁷¹ The year 1906 is the last for which I could find the manner of unnatural death categorized by sex: in this year, only one Indian female aged 16 was recorded as having died from hanging herself, but 16 women - the majority in their twenties and thirties - died from burns.⁷² When female suicides were recorded they were almost invariably the consequence of hanging or drowning, but as Meer shows for the period 1940 and 1960 the method of suicide most frequently resorted to by Indian women - almost 70% - was 'burning', as against less than 10% of Indian male cases.⁷³ It seems likely therefore that at least some of the Natal Indian women who died as a result of 'burns and shock' up to 1916 did not do so entirely accidentally.

The act of record-keeping on Indian suicide in Natal up to 1916 presents us therefore with something of a contradiction. On the one hand, the statistics so carefully compiled provide a fairly extensive amount of data for a relatively early period and a substantial length of time. They indicate clearly that suicide was not an uncommon act amongst indentured, and later, 'Free Indians'. Indeed, if my suppositions about women and death by fire are correct, the official statistics may obscure an even greater incidence of suicide in Natal at this time. On the other hand, it is important to recognise that the unprecedented surveillance of Indians helped to foster an association between Indians and suicide that has not been evident in the case of other 'races' in Natal. Part of this prominence resulted from the positioning of Indian suicide records not primarily in the criminal records, as was the case for Africans, but also in the Protector's Reports

⁷¹ NCP vol. 8/1/10/5/9, Report of the Protector of Indian Immigrants For The Year Ending 31st December 1903, pp.17-18. A large number of works, from a variety of disciplinary perspectives, have examined the discursive power of representations of sati in both the nineteenth and twentieth centuries. While most commentators agree that the actual incidence of sati has been small since it was legally outlawed in 1829, there is some debate as to whether sati constitutes suicide or a form of martyrdom. Sati was a central element in colonial and Indian male (re)constructions of gender and nationalist identities. This was clearly not the case in colonial Natal. Amongst many others, see: Mrinalini Sinha, 'Gender in the Critiques of Colonialism and Nationalism: Locating the "Indian Woman"', in Joan Wallach Scott (ed) *Feminism and History* (Oxford: Oxford University Press, 1996), pp.477-504; John Stratton Hawley (ed) *Sati, The Blessing and The Curse: The Burning of Wives in India* (Oxford: Oxford University Press, 1994); and Rajeswari Sunder Rajan (ed) *Real and Imagined Women: Gender, Culture and Postcolonialism* (London: Routledge, 1993). In any case, burning has historically been used as a means of intentional suicide in India.

⁷² II vol. 8/5, Report of the Protector of Indian Immigrants For the Year Ending 31st December 1906, pp.19-21.

⁷³ Meer, *Race and Suicide in South Africa*, pp. 277-278. Table 45: 'Distribution of Suicide By Method Used, Race and Sex, Durban, 1940-1960'. Table 46 on pp.279-280 shows that by 1970 burning was less frequently recorded as a method of self-killing, but it nonetheless remained the single largest category of method for Indian women. It was also the most common means of suicide for African women.

that sought to present - largely through statistics - a favourable indication of the general welfare of indentured labourers in the Colony.

Operating as overlapping and reinforcing discourses statistical tabulations of unnatural deaths and official commentary located the impulse to suicidal acts within the individual or the innate nature of 'the Indian', and refused colonial complicity in acts of self-destruction. Race therefore formed not only a basis on which data about subjects was gathered and categorized, it served as a self-evident explanation for behaviours and acts that might otherwise have required closer investigation and intervention by the state. Yet, there were other occasions when the distinctiveness of race gained a measure of expediency. The 1904 Report of the Health Officer for the Colony noted, for instance, that 'under the title European' the census of that year had included persons classed as "mixed races" in the returns 'the habits of such persons approximating to those of white people.'⁷⁴ From the same year onwards, the causes of death - including suicide - of Europeans and Indians were explicitly contrasted in the tables of the Health Officer. As with the reports of the Protector, a high incidence of a particular disease amongst Indians was in part ascribed to racial difference:⁷⁵

In the year 1905, 1, 875 [Indian immigrants] died The rate per living 1,000 was 20.55, as against 18.95 in 1904. Corrected for age and sex distribution to compare with England and Wales, the rates would be, 25.89, and 23.86. In contrasting these rates, racial lack of stamina has to be allowed for on the one side, against healthiness of occupation on the other, as manifested by the high percentage of agricultural labourers. Making all allowances, it must be conceded that the death rate is unduly high, and it is not unreasonable to attribute this, in great part, to [the] overcrowding It is not, however, to be forgotten that the Indian in his own country no less lives in overcrowded tenements, and that he has a special predilection for close quarters.

While the reports of the Health Officer were careful to establish the rates different causes of deaths between Natal's Indians and Europeans (or, sometimes, 'whites') they also insisted that 'a tolerably just idea of the true mortality [in the Colony] will be obtained by comparing the combined death rate of Europeans and Indians.'⁷⁶ The results meant a flattening of the difference in death rates: in 1909 for instance, the crude death rate for Europeans was listed as being 8.14 per 1,000 living persons in Natal; for Indians, 16.09; and for 'European and Indian Immigrants together', 12.21.⁷⁷ Such crude rates, however, effectively obscured the nature of difference in causes of death in Natal, not least of which through suicide, which in the years between 1904 and 1909 was consistently higher in Indians than in Europeans.⁷⁸ Through the placing of the figures

⁷⁴ NCP vol.8/2/5, 'Vital Statistics', Report of the Health Officer for the Colony of Natal, 1904, p.19.

⁷⁵ NCP vol.8/2/6, Report of the Health Officer For the Year ended 31st December, 1905, pp.11-12.

⁷⁶ *Ibid.*, p.7.

⁷⁷ NCP vol. 8/1/12/4/2, Report of the Health Officer for the Colony for the Year Ended 31st December, 1909, p. 2.

⁷⁸ *Ibid.*, p.14, Table VI: Summary of Causes of Death in Years 1904-1909.

for crude death rates alongside those of England, Wales, and of British-ruled territories such as New South Wales and New Zealand, statistical foundations for the reputation of the Colony as a healthy and respectable destination for settlers and capital were enhanced.

'A taboo surrounded by silence?': Suicide amongst Africans in Natal and Zululand in the late nineteenth and early twentieth centuries.

In studies of suicide in Africa it is commonplace to note that the available statistics are sketchy and therefore unreliable. In addition to this statistical blank, a wide variety of sources - literary, anthropological, medical, psychiatric, and anecdotal - have combined to form the conventional view that suicide amongst black Africans has always been rare, and that cultural and social taboos against self-destruction are particularly strong amongst Africans.⁸⁰ Indeed, it is the conviction that these strictures are now falling apart as Africans become more and more 'Westernized' that underpins many of the current explanations for rising suicide rates. For some societies and at some times this may be true. However, I would argue that if the prominence of suicide amongst Indians in Natal in the late nineteenth and early twentieth centuries can, at least in part, be explained by the technologies of record-keeping and a discourse of 'statistical thinking' that formed an increasingly central part of the colonial power-knowledge nexus, then the corollary is the dearth of information that we have about self-killing by both Africans and Europeans in Natal and the neighbouring territory of Zululand at this time. In the case of Africans, this was a consequence of two things: an inability to police or survey the African subjects of Natal, much less Zululand; and the absence of a psychiatric or medical concern with suicides amongst Africans at this time.

In the early twentieth century the colonial state was still severely hampered in its ability to gather information on its subjects. As late as 1908, there was no provision for the registration of births and deaths in Zululand.⁸¹ In the following year, the Health Officer for the Colony complained that the laws governing births, deaths and marriages in Natal were:

defective in many points which are essential for the provision of adequate information from which proper vital statistics can be compiled. The present Laws allow thirty days' notice for the registration of a death, and require that, if a body be buried without an order from the Registrar, notice shall be given to him of such a burial, but only within two months. No medical certificate of cause of death is demanded. ... It is obviously plain that

⁷⁹ Georges Minios, *History of Suicide: Voluntary Death in Western Culture*, Translated by Lydia G. Cochrane (Baltimore: The Johns Hopkins University Press, 1999), p.320.

⁸⁰ Many of these have already been touched upon in this paper. For literary representations of African taboos against suicide, we can note Chinua Achebe's *Things Fall Apart*; Okonkwo's suicide takes place within a society that regards suicide as an abomination.

⁸¹ NCP vol.8/2/9, Colony of Natal, Report of the Health Officer For The Year Ended 31st December, 1908, p.29.

these lax provisions will admit of a person dying of violence, poison, or any other cause, and being buried without an inquiry.⁸²

These problems were even more marked when it came to recording deaths amongst Africans. The retention of a measure of autonomy by African workers and producers into the early twentieth century, the limited nature of colonial infrastructures, and the space for manoeuvring by Africans within the system of indirect rule, meant that colonial officials were in large part reliant on the cooperation of chiefs and headmen in notifying them of unnatural deaths. Attempts were made to enforce the requirement that chiefs report deaths to the local Resident Magistrate, and heavy fines were imposed when they it became apparent that they had failed to do so. For instance, when in 1876 in the Magisterial District of Ladysmith, 'Mabala's daughter' killed herself before her wedding ceremony, it was not the matter of her suicide that earned the ire of the Secretary for Native Affairs, but the failure of the (unnamed) chief, his induna, Beje, and the official witness who would have attended the wedding, to report the death. They were fined £25, £10, and £5, respectively.⁸³ We can safely surmise that the colonial authorities were not informed of many incidents of intentional voluntary death that Africans themselves had recognized as such.

Thus, in the annual statistics and reports of District Surgeons and Resident Magistrates, appeared only occasional and random recordings of post-mortems undertaken into African suicides. Unlike the occurrence of suicide amongst Indians, most self-inflicted deaths by Africans did not receive particular attention from either the state nor from Africans themselves. This does not mean, however, that suicide was especially rare: in fact, the very lack of commentary on a relationship between suicide and 'the African' tends to underline the unremarkable nature of its occurrence. This impression is borne out through a reading of the magisterial and medical inquests that can be found scattered through the colonial archives. These reports attest that Africans who attempted or completed suicide came from varied backgrounds, and apparently took their lives for a variety of reasons. A few examples will suffice: 'Mavili, of the kraal of Chief Ngokwana' in Zululand hanged himself after murdering his wife, Nogusa, in early 1915.⁸⁴ In 1909, 'kraal head, Mqatshelwa Nqaiyana, in the Lower Umfolozi' region, reported to the Resident Magistrate that one of his wives, the 35 year-old Xotshwasi, had hanged herself from a tree, the morning after refusing to 'sleep in my hut'.⁸⁵ Chief Manqamu of the 'Mbonambi tribe' was arrested after setting

⁸² NCP vol. 8/1/12/4/2, Colony of Natal, Report of the Health Officer For The Year Ended 31st December, 1909, pp.1-2.

⁸³ 1/LDS, vol.3/3/4, H16/1876, Secretary for Native Affairs to Resident Magistrate, Ladysmith, 18 February 1876.

⁸⁴ CNC, vol.191, Minute Paper 1915/16, From Magistrate, Mtunzini Division to District Native Commissioner, Zululand, 2 January 1915.

⁸⁵ EPI/1, vol. 3/2/13, Minute Paper LU 197/09, 'Death of Xotshwana', 19 April 1909.

fire to his hut and apparently threatening to commit suicide by drowning himself in the sea.⁸⁶ As much as these testimonies give us a glimpse into African suicides in this region at the time, we can be sure that there were very many more, and that, as not all deaths that were agreed by witnesses and the authorities to have been self-inflicted were recorded as so being, these are now not easy to find amongst the official records. Serendipitously, in a search of a single box in the remaining records of Lower Umfolozi, for example, I came upon two very probable suicidal deaths that had not been specifically noted as such. In May 1909 a young woman named Nqobokazana died as a result of stabbing herself with an assegai; and six months later Banonile, wife of Mhlanhlo, died in a similar way, insisting as she died that '... her "heart" had directed her to cut her throat and accordingly she did so'.⁸⁷

After the death by hanging of Xotshwasi, her husband, step-son, and the Chief Wife all testified that they 'could not account for her actions'. This was a constant refrain in recorded testimony. In contrast to the opinions of the Protector of Indian Immigrants on the underlying racial characteristics of Indians, officials did not make overt connections between suicides by Africans and race. When Bafikile ka Mpepo, wife of Putili ka Nomageja, was found, hanging by her neck, A.R.M. Turnbull, Resident Magistrate of the Lower Umfolozi Division, decided that, despite discrepancies in the testimonies of various witnesses, including that of her husband, her suicide had little or nothing to do with a row she had had with Putili or the favour he had shown to another woman. Instead, he expressed the verdict that: 'the mere fact of her adorning herself with her beadwork before committing suicide indicates that she must have been of a jealous and selfish disposition, and ... her whole action was premeditated. In the opinion of the court, temporary insanity cannot be advanced.'⁸⁸ His chauvinism has been shared by many commentators on female suicide the world over, but his comments are not racialized. Nor were African suicides uniquely driven by the need for 'revenge': instead, the testimonies often reveal a history of troubled behaviour and relationships, sometimes accompanied by an apparent abuse of alcohol, and intra-familial interactions fraught with tensions and violence, especially between husbands and wives, and brothers and sisters. 'Look at this gun, and look at me for the last time, see how I finish myself off', said Umkonjiswa after repeatedly beating his sister and threatening to kill her, and shortly

⁸⁶ 1/EPI, vol. 3/2/7, Minute Paper LU 154/1902, 'Depositions charging Manqamu (lately Regent of the Mbonambi tribe) with the crimes or offences of Incendiarism and Attempted Suicide, while in a state of temporary Insanity', 10 March 1902.

⁸⁷ EPI/1, vol. 3/2/13, Minute Paper 198/1909, 'Death of Nqobokazana by stabbing herself with an assegai', 26 May 1909, and Minute Paper LU 727, 'Medical certificate and Report on Suicide, at Mhlalilo's kraal, Chief Manqamu's ward, Reserve IV, of a native woman, Banonilie Mhlahlo', 23 November 1909.

⁸⁸ 1/EPI, vol.3//2/4, LU 381/1897, Minute Paper, 'Depositions with regard to the suicide of one Bafikile ka Mpepo, a native woman, the wife of Putili ka Nomageja, of the chief Bejane's tribe', 16 July 1897.

before stepping outside their hut and fatally shooting himself in the face.⁸⁹ Often, the ultimate act of suicide seemed to have been precipitated by an argument like many others. And, as with suicides anywhere, both officials and those closest to the deceased were usually unable to comprehend the final thoughts and actions of the suicidal person.⁹⁰

Threatening to commit suicide was punishable by fine or a sentence of hard labour, and until 1916 British law required that attempted suicides be imprisoned.⁹¹ Reporting of attempted suicide or threats to do so would have required, in most instances, a determination by one or other party to bring the issue to the attention of the authorities. As Africans used the colonial law courts to settle conflicts in a variety of ways, such as disputes between husbands and wives, and fathers and sons, so too could the threat of suicide be used as a weapon in inter-personal conflicts. In the case of Regina vs. Usipuga in the late 1880s, the accused's husband, Mapiti, brought her threat of suicide to the attention of the Magistrate at Polela, asking that she be taken into 'proper custody'.⁹² Despite finding Mapiti's claims 'very much exaggerated', Usipuga was fined 30 /- and required to put up a surety of £5. Afterwards, she disappeared. An abusive relationship marked by beatings and sexual jealousy brought the suicidal threats of Umlizana to the court of the Resident Magistrate of Lion's River in 1883.⁹³ Charged with 'Wrongfully and unlawfully [attempting] to commit suicide, to the evil example of all others in like cases offending, and in Breach of the Peace', Umlizana nonetheless insisted that 'if he is set at liberty he will assuredly commit suicide if his wife continues to refuse to cohabit with him.' In the magistrates' courts of Natal and Zululand, every year between 1895 and 1909, at least a dozen such cases were heard. During 1903, 36 Africans - 29 from Natal and seven from Zululand - were tried for attempting to commit suicide. In the following year, of the 52 formal charges on the grounds of attempted suicide heard by magistrates, 37 were of Africans.⁹⁴ During 1904, there were 11 cases of attempted murder, and 18 of culpable

⁸⁹ SNA, vol. I/1/170, Minute Paper 1893/55, 'Suicide of Native Umkonjiswa of the kraal of Matumba, Xolo Tribe', Testimony of Ulutshintshi before Resident Magistrate, Lower Umzimkulu, 9 May 1893.

⁹⁰ For comparisons with suicide today see, for example, the compassionate and erudite survey of suicide both past and present in Kay Redfield Jamison, *Night Falls Fast*. On p.198 she sums up much of her discussion with the following: 'For some, suicide is a sudden act. For others, it is a long-considered decision based on cumulative despair or dire circumstance. And for many, it is both: a brash moment of action taken during a span of settled and suicidal hopelessness.'

⁹¹ Evans and Farberow, *The Encyclopedia of Suicide*, pp.22-23. After 1916, the person was placed in the custody of relatives or friends. I have not been able to establish when attempted suicide was decriminalized in South Africa, but magistrates did not always insist on the incarceration of those who had been found guilty on such a charge. Chief Manqamu, for instance, was released into the custody of family in 1902.

⁹² 1/HWK, vol.3/1/3, Minute Paper R214/1886, 'Regina vs. Usipuga Charged with attempting to Commit Suicide and Assaulting Her Child', 25 September 1886.

⁹³ 1/HWK, vol.3/1/1, Minute Paper 194/1883, 'Deposition of Nomahlazi Regarding the Attempt by Her Husband, Umlizana, To Commit Suicide', 28 August 1883.

⁹⁴ Figures extrapolated from NCP vols 7/3/2 - 7/3/16, *Colony of Natal, Statistical Yearbooks*, 1895-1909, 'Return of Crimes and Offences Tried By the Magistrates During the Year', and NCP vols. 8/2/1 - 8/2/6, *Blue Book on Native Affairs*, Bound Departmental Reports, 1899-1905, 'Summary of Crimes and Offences Committed By Natives and Tried in the Courts of Magistrates For the Year'.

homicide, making the number of persons charged with trying to kill themselves greater than those tried for killing others.

Statistical records of African suicides reflect the way in which the act was largely viewed in terms of criminality at this time. Self-murder was, in the main, regarded by the state as a threat to public order rather than as a medical or psychiatric problem. Furthermore, in the great majority of cases when Africans were charged with attempting suicide, a conviction was recorded. Very seldom, apparently, were Africans expressing suicidal intentions transferred to the Natal Government Asylum. Whereas the state had a vested interest in portraying suicides by Indians as in part due to innate racial characteristics, it was the apparent *absence* of suicide amongst Africans that would be taken up by colonial psychiatry as the more significant as a marker of racial difference. If Africans did not commit suicide, it was - as orthodox ethnopsychiatry would so strongly emphasize until the 1960s - because they did not experience depression, shame or guilt, and instead, turned aggressive feelings outwards in violent acts against others.⁹⁵ African taboos may indeed have kept acts of self-destruction somewhat in check, but the later silence surrounding the incidence of suicide was, I would argue, at least in part, a consequence of the concerns of colonial record-keeping.

'The burden of civilisation': Suicide and Whiteness in Natal, 1880-1916

In contrast to the situation with recording African suicides, until the early 1900s, suicides amongst Natal's European inhabitants were only occasionally noted in the criminal records.⁹⁶ It was not until after the establishment of the office of Public Health in 1901 that formal channels were created for the compilation of statistics about European self-inflicted deaths. Certainly, records of enquiries into suicidal deaths of whites can be found scattered throughout the archival collections of government departments during this period. In fact, many of them show how suicides were thoroughly investigated, with testimony about the actions and mood of the deceased prior to the suspicious death being sought from a number of possible witnesses, as well as the results of post-mortems by District Surgeons. In contrast to the exhaustive enumeration of Indian suicide statistics, however, there was no attempt to portray European suicides as problematic, let alone explicable in terms of racial characteristics.

⁹⁵ Jock McCulloch, 'Depressive Illness in Colonial Africa; 1920 to 1960', paper presented at the conference 'Colonialism and Public Health in the Tropics, June 18-19 1999 : York University, Canada. My thanks to Professor McCulloch for a draft copy of his paper.

⁹⁶ In the period 1870 to 1904, I was only able to find two instances where records of European completed suicides had been kept, these being three in 1873 and one in 1897.

It was in the Health Officer Reports after 1904, that European suicides were collated and enumerated for the first time. These show us that figures and patterns remain fairly stable over the six years for which we have data, with absolute numbers fluctuating between 12 and 17, with death inflicted by shooting the most common method of suicide, followed by the (presumed) self-administering of poison.⁹⁷ These figures are suggestive of gendered patterns of self-murder, but we cannot know this for sure as the sex of the suicides was not recorded.

Thus, when, in the early twentieth century, European self-killing was brought to light as a statistical category, it was done in a medical, rather than a solely criminal, context. Nonetheless, attempting or threatening suicide remained a criminal offence. Prior to 1906, this crime was noted only erratically, and therefore it is only with the systematic delineation of these figures by race in the *Statistical Yearbooks* after 1906 that we can get a sense of any regular occurrence. Of the 20 people charged with this crime between 1906 and 1909, half were convicted and sentenced to a prison sentence, in some cases with hard labour, while five were acquitted, and the remaining 'otherwise disposed of'⁹⁸.

It may, of course, be that relatively few Europeans actually attempted or achieved suicide in Natal during this period, but it is also likely that its incidence was under-reported. At a time when suicide was not only an offence, but also carried substantial social censure, District Surgeons, Magistrates, and police probably shared a reluctance to stigmatize colonists with the shame of a verdict of suicidal death. The attitude of the Chief Commissioner of Police of Natal towards criminality amongst different races is instructive:

The criminal population may be said to consist of casual offenders and habitual criminals, and I venture to suggest that the mode of prison treatment should be different for each class. The casual offenders may also be divided into two classes -- those who repent and those who do not. The latter will probably soon pass through the hands of the Police again, and eventually be numbered with the habitual criminals, but to the former, especially in European cases, where repentance may be considered sincere, a helping hand should be extended. There is this difference between European and Native offenders -- that to the European imprisonment generally means ruin, whereas the social position of the Native is in no way affected thereby, nor does it detract from his value as a labourer. In a small community like ours, a European finds it difficult to hide his identity, and no matter how desirous he may be of earning an honest livelihood after release from prison, he finds himself unable to obtain remunerative employment, and consequently lapses again into crime.⁹⁹

⁹⁷ Figures extrapolated from Table III 'Showing Detailed Causes of Death - Europeans Only' in the Reports of the Health Officer for the Colony for the Years 1904-1909 in NCP vols. 8/2/5-8/2/9 and 8/1/12/4/2.

⁹⁸ NCP vols. 7/3/12-7/3/16, *Colony of Natal, Statistical Yearbooks*, 1905-1909, Magistrates' Courts: Crimes and Offences Tried By the Magistrates'.

⁹⁹ NCP vol.7/4/2, Bound Departmental Reports, Part V - Judicial. Annual Report of the Criminal Investigation Officer For The Year Ended December 31st, 1895, p.E1.

By the late nineteenth century, statistics on suicide rates were becoming a central part of investigations into self-killing in the metropolitan West. This was gradually accompanied by a shift of attitude away from viewing suicide as a religious and criminal problem to one that should be explained by social or psychiatric factors. This did not, however, necessarily lead to a greater readiness to report suicides. In southern Africa at this time, too, fears were growing that whites, as members of the more 'advanced race' were more susceptible to insanity and to 'nervous breakdown' because of the stresses and strains of 'civilization'.¹⁰⁰ In the climate of a scientific racism based on social Darwinist principles that was increasingly forming the basis of state and institutional research in southern Africa at this time, suicide amongst whites could therefore occupy the paradoxical positions of signalling a source of shame and weakness as well as a sign of greater sensitivity and intelligence. The occurrence of European suicide statistics in both the criminal and the medical statistical tables of Natal can be seen as a reflection of this ambivalent attitude towards suicide. After World War 1, however, the shift towards a medical-psychiatric paradigm in accounting for the underlying reasons for whites' suicidal behaviours gained momentum, and, by the mid-twentieth century, as Meer suggests, helped to bring about both a greater reporting of its incidence, as well as a more sympathetic response.

Conclusions

In studies of suicide in South Africa, as elsewhere, the categorization of people on the basis of race - and statistical attempts to measure different rates of suicide between races - has been one of the key means of establishing the borders between 'normality' and 'deviance'. In Natal in particular there has long been an association between race and suicide. Much of the literature has traced the apparently high incidence of self-killing amongst those of Indian descent, while a lack of data has reinforced the view that suicide amongst Africans has historically been rare. However, that we have considerably more information about suicides committed by Indians living in Natal in the late nineteenth and early twentieth centuries, is, I would suggest, not simply the consequence of a greater readiness to seek relief from social, physical, or psychological, distress by those of this group, or groups, by self-murder. Nor does the paucity of records on both black African and white suicides necessarily reflect the absence of such acts. Rather, the prominence of Indian suicide rates is at least in part a legacy of state surveillance of Indians on the one hand, and an unwillingness or inability by the authorities to define and categorise suicide in whites and Africans on the other.

¹⁰⁰ See Sally Swartz, 'Colonialism and the Production of Psychiatric Knowledge at the Cape', pp.113-116, and Dubow, *Scientific Racism*.

This is not to suggest that the incidence of suicide amongst Natal's Indian population has been over-played. Indeed, it may be that it has been under-represented in the colonial records. Nor should a recognition that suicide may have occurred on a wider scale in the past than has generally been recognized in any way diminish the validity of the observation that suicidal acts are currently escalating amongst both black and white Africans. We should, however, be aware of the ways in which records of, and research into, suicide have become entwined with the concept of race. Because of colonial and later segregationist and apartheid discourses and technologies of record-keeping, it may be practically impossible to approach the study of the historical patterns of suicide in South Africa through anything other than racial categories.

Suicide is contagious. Clusters or epidemics of suicidal deaths have occurred throughout history, and are influenced both by long-established cultural continuities in attitudes towards the acceptability or otherwise of self-killing, and in response to more immediate triggers, whether social or psychological.¹⁰¹ Any understanding of suicide must take the interplay of the broader social and the personal into account. It is a matter of pressing urgency that patterns of self-killing be identified and monitored, but it is equally important that we avoid overly-simplistic generalizations about suicide based on racial categories, whether these be biologically or culturally determined.

¹⁰¹ See Redfield Jamison, *Night Falls Fast*, pp. 146-148 and pp.276-282.